

# The History of MHAM



CELEBRATING 70 YEARS  
OF MENTAL HEALTH ADVOCACY AND EDUCATION IN MINNESOTA

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MENTAL HEALTH ASSOCIATION  
of Minnesota **mham**

*Improving lives for people  
with mental illnesses*



# *This is the story of MHAM, celebrating 70 years of providing a voice of hope, help, and support to the Minnesota Mental Health community.*

**1773** First US hospital for individuals with mental illnesses opens in Williamsburg, VA.

**1840s** Dorothea Dix begins her crusade to establish state hospitals for people with mental illnesses. Prior to this, individuals with mental illnesses were incarcerated with criminals and left unclothed and in darkness, without heat or bathrooms.

**1900s** Psychoanalytical therapies developed by Freud, Jung, and others come into use.

MHAM is the state's first mental health advocacy organization. It started with the bell, ringing out advocacy for those without support, and has evolved into a strong voice of support, education, and resources for all. This is a tribute to the leaders and visionaries who moved MHAM through the years, never wavering in contributing to the organization's mission of providing improved lives for people with mental illnesses, despite facing the frustrating lack of resources, funding, and understanding. These leaders and supporters have been recognized through their various accomplishments and awards by the people of the state and within the nation's associations helping individuals with mental illnesses.



## MHAM Early Years, 1939-1959

***“Cast from the shackles which bound them, this bell shall ring out hope for the mentally ill and victory over mental illness.”***

***Inscription, Mental Health Bell, symbol of Mental Health America, oldest national advocacy organization: [www.mentalhealthamerica.net](http://www.mentalhealthamerica.net)***

MHAM was founded on May 8, 1939, as the Minnesota Mental Hygiene Society, at a meeting in the Hotel Lowry of St. Paul. Leading up to this meeting was a growing awareness of mental health issues among members of the State Conference of Social Work; six months of planning by a group of Twin Cities lay and professional leaders; groundwork by Dr. Magnus Petersen, Superintendent of Willmar State Hospital; and support from the National Committee for Mental Hygiene. The State Conference of Social Work provided the impetus and the venue for the Minnesota Mental Hygiene Society's first meeting. The conference keynote speaker, Dr. George S. Stevenson of the National Mental Hygiene Society,

encouraged attendance at the Society's organizational meeting. Dr. George Freeman, Superintendent of St. Peter State Hospital, was the luncheon speaker. His topic: "The History and Development of Care for the Mentally Ill in Minnesota."

MHAM's original and continuing goals are to:

- Improve the care and treatment of persons with mental illness and assist them and their families in gaining their legal and civil rights;
- Improve attitudes toward mental illnesses and the people affected by mental illnesses;
- Promote mental health and prevent mental illnesses.

Within a year of formation, the Society had 170 members, collecting \$456 in membership dues. These early years focused on getting organized, bringing forth the Society's articles of incorporation, bylaws, programs, and goals. The goals emphasized children's mental health at first, bypassing a public education campaign due to costs and effectiveness doubts. Pursuing legislative changes consistent with the Society's mission, members were successful in improving conditions in psychiatric state hospitals, as well as helping to establish the state's Mental Health Unit. By 1949, MHAM collaborated closely with the newly-formed Citizens Mental Health Committee, started during the tenure of Governor Luther Youngdahl, a strong champion of mental health rights and treatment options in the state. The Society and the Committee merged in 1953 to form the precursor of the Mental Health Association of Minnesota.

**1930s** Treatments commonly used in psychiatric hospitals to treat people with schizophrenia and other persistent mental illnesses include drugs, electroconvulsive therapy, surgery, insulin-induced comas, and the surgical removal of parts of the brain, commonly called a lobotomy.

**1942** Carl Rogers publishes *Counseling and Psychotherapy*, which suggests that respect and a non-judgmental approach to therapy is the foundation for effective treatment of mental health issues.

**1946** President Truman signs the National Mental Health Act, the first time in US history a significant amount of funding is set aside for psychiatric education and research.

**1949** The National Institute of Mental Health (NIMH) is created.

**1952** The Diagnostic and Statistical Manual of Mental Disorders (DSM) is published by the American Psychiatric Association, marking the beginning of modern mental illness classification.

Thorazine is introduced to treat psychosis.

**Mid-1950s** The numbers of people with mental illnesses hospitalized peaks at 560,000 in 1955.

A new type of therapy, called behavior therapy, is developed, which holds that people with phobias can be trained to overcome them.

In 1950, the Society promoted Minnesota's first Mental Health Week (April 23-29). That year also saw the formation of the National Association of Mental Health. In 1955, MHAM became an affiliate member of NAMH, now Mental Health America. In 1956, MHAM created a pioneering educational program for the business community, challenging Minnesota companies to address the issue of mental illnesses in the workplace, while a year later MHAM was instrumental in securing passage of the 1957 Community Mental Services Act, which established community mental health centers throughout Minnesota. This action coincided with the development of county chapters in 1956, providing a national-state-county attack on the problem of mental illness. MHAM saw national recognition in 1956 for its successful "Bellringer" fundraising campaign, using 4,000 trained volunteers to collect \$73,000 in communities statewide.

## MHAM Growing Years, 1959-1979

The membership grew from 500 in 1958 to 57,000 in 1965. In 1961, MHAM's budget started to come in partly from community and united funds, and faced a highly-publicized attack of misrepresentation and misspent funding. Due to the negative publicity, MHAM's budget suffered dramatic cuts. In 1963, MHAM helped form the Minnesota Mental Health Planning Council as an advisory group to the State Department of Public Welfare.

**1963** President Kennedy signs legislation that starts the community mental health center movement to move people out of institutional care and into community care.

**1960s** Many people with serious mental illnesses are removed from institutions and directed toward local mental health homes and facilities. The number of people institutionalized in the US drops from a peak of 560,000 to just over 130,000 by 1980. Some of this deinstitutionalization is made possible by anti-psychotic drugs, which allow many patients to live more independently. However, many people become homeless because of inadequate housing and follow-up care.

**1968** DSM II is published.

**1978** Medical Assistance (MA) is added for community mental health services, such as outpatient and day treatment.

In 1967, MHAM pushed for the first major overhaul of the state's antiquated commitment procedures with the near-unanimous passage of the Hospitalization and Commitment Bill. In 1973, MHAM helped to establish a statutory right to treatment and a Patient's Bill of Rights in the state hospital system, while continuing to monitor the 1967 Hospitalization and Commitment Act.



In 1976, MHAM addressed a setback when a patient at the State Hospital at Anoka stole a set of keys and escaped from a secure intensive care unit. After the escape, the patient murdered an Anoka resident. MHAM addressed attacks on patients' rights by familiarizing the public and media with recent developments in psychiatric care. In 1977, MHAM inaugurated REACH, a mutual support group for family members and friends of individuals with mental illnesses. The program design was to provide understanding and reassurance to each individual (thus, the acronym REACH). MHAM also released significant reports on shock therapy and psychosurgery to the public and media, which focused on the issue of informed consent in its coverage.

## MHAM to Modern Times, 1979-1999

In 1978, MHAM celebrated Mental Health Month with five Minnesota governors at a significant fundraiser and symposium, resulting in a debt-free year after frustrating financial shortfalls. The REACH program accumulated national awards and grant-funding in 1979, while the "I'm Thumbbody" self-esteem building program reached 7,000 elementary school children in 1980. In 1983, MHAM was awarded a McKnight grant, which helped, in part, to establish the Law Advocates Network of trained advocates available to help current or former psychiatric patients. In 1986, mental health advocacy and education came to northern Minnesota with the opening of the Duluth office. MHAM has extensive experience educating the public regarding depression and suicide prevention. MHAM offered a federally funded program—the Depression/Awareness, Recognition and Treatment (D/ART) Program—from the late 1980s through the late 1990s, when federal funding ended. This was a cooperative initiative of the National Institute of Mental Health (NIMH) and the Washington Business Group on Health, providing support to employers and employees in the workplace. A key message of the D/ART Program was to treat depression before it led to a crisis, such as a suicide.

**1980** DSM III is published.

**1986** Case management is established as a distinct benefit under Medicaid; Medicaid amendments improve mental health coverage of community services, add rehabilitative services, and expand clinical services to homeless individuals.

**1987** In Minnesota, the Office of the Ombudsman for Mental Health and Developmental Disabilities is founded.

In 1987 and 1989, MHAM successfully lobbied to gain the passage of the Adult and Children’s Mental Health acts, while 1995 saw the passage of Minnesota’s landmark Insurance Parity Law and 1997 the Patient Protection Act. In answer to “What We Do,” in 1993, MHAM answered:

- Represent and reflect the rights, interests and needs of persons with mental illness in Minnesota;
- Promote effective and efficient efforts across the diverse groups in the state who share our basic concerns;
- Identify, develop and disseminate accurate information based on current scientific research about mental health and mental illness—its prevention, identification and treatment.

**1990** Brain imaging is used to learn more about the development of major mental illnesses.

**1994** DSM IV is published.

**1998** Psychology advances to the technological age with the emergence of e-therapy.

In 1998, MHAM joined forces with the National Alliance for the Mentally Ill in Minnesota, now the National Alliance on Mental Illness (NAMI-MN) to create a more unified education program for both organizations, and MHAM began working toward a formal merger with the Minnesota Depressive and Manic Depressive Association.

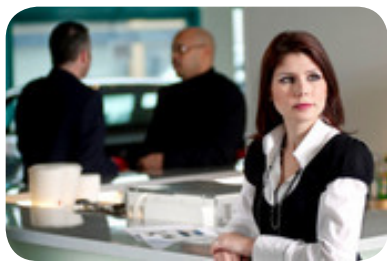
***In 1983, 15 year-old Tim Fiskal of Evansville made a “Run for Mental Health”: he ran 257 miles across the state, from Breckenridge to Duluth, to raise awareness of depression, which contributed to the death of Tim’s father. The run, sponsored by Land O’Lakes, raised almost \$4,000 and captured significant media attention.***

### MHAM Today: 1999-2009

Some of the most successful and fun fundraisers over the years included benefits, such as the Moods, Muses & Music Benefit Concert in 1999, at the occasion of MHAM’s 60th Anniversary. The initiatives presented in 1999 included:

- Educating the public about mental illnesses and recovery;
- Pushing for needed reforms at the state legislature;
- Advocating for people who have trouble anywhere in the system;
- Promoting better mental health practices by employers;
- Helping people with serious and persistent mental illnesses to succeed on the job;
- Providing much-needed support for people with mental illnesses and their loved ones.

In 2001, the Association chaired the Mental Health Legislative Network and gained passage of the Mental Health Act of 2001, the most comprehensive update of mental health laws in Minnesota since 1987. In October 2001, MHAM received the Minnesota Council of Nonprofits “2001 Minnesota Nonprofit Mission Award” for program advocacy.



In 2002, MHAM reached over 200,000 participants with its ongoing education activities. MHAM maintains extensive information resources and referral information sheets, which are regularly updated. MHAM has extensive experience educating employers and employees about depression and mental illness in the workplace through its ongoing Business Initiative. In 2000 and 2001, MHAM hosted conferences with the Center for Health Law & Policy at William Mitchell College of Law, entitled

“Best Mental Health Practices in the Workplace: It’s Your Business.” MHAM researched and produced a study entitled “Best Mental Health Practices in the Workplace: A Report on Minnesota Employers.” MHAM also produced “Mental Illness in the Workplace: A Resource Guide for Minnesota Employers,” to help employers access the resources needed to support employees with mental health disabilities. In 2003, the project staff initiated an update, taking into account dramatic changes in the economy and world events such as 9/11, the downturn in the economy, and the Iraq War.

In 2004, MHAM established a Latino Education and Advocacy program aimed at providing culturally sensitive services to the Latino community in Minnesota. Through this program, MHAM distributed materials written in Spanish, provided individual advocacy services in Spanish, developed a list of resources and agencies

**1999** The Substance Abuse and Mental Health Administration (SAMHSA) and NIMH publish *Mental Health: A Report of the Surgeon General*, which focuses on a public health approach to mental health and mental illnesses.

First White House Conference on Mental Health is held.

First Secretarial Initiative on Mental Health is prepared by the Department of Health and Human Services.

**2001** After the September 11 attacks, organizations begin to focus on helping people cope with traumatic events. The materials and resources produced prove helpful in subsequent circumstances of workplace and school violence, natural disasters, and providing services to returning service men and women.



that provide services to the Latino community, and developed an advisory committee to oversee the program.

*Remembrance and Recovery* was published in 2005. This book was the result of writing workshops offered to individuals living with mental illnesses. Through the workshops, individuals learned how to tell their stories of recovery in their own words. These stories were then published. This book provides hope to those living with a mental illness and a greater understanding about recovery for others.



In 2007, the Governor's Mental Health Initiative began coverage for all mental health benefits under the state health care programs, including prescriptions. This accomplishment is part of MHAM's long legacy of advocacy and awareness. Also in 2007, MHAM established the Youth Education Program to reach adolescents and young adults with messages about early detection of mental illnesses, strategies to stay healthy, and messages to reduce stigma. Out of this program grew a curriculum suitable for use by health educators at the high school and college levels. This curriculum will soon be available for download from MHAM's website. Easy access to this curriculum will help MHAM reach youth in Greater Minnesota more effectively. The curriculum will include lesson plans and a resource list for more information.

In 2008, MHAM welcomed a new Executive Director. Under new leadership, the agency set about re-evaluating its goals. Out of this process came a new brand identity and a set of Principles of Service:

- Promote respectful, ethical advocacy
- Seek strategic partnerships and support community engagement
- Provide and promote education
- Lead public policy dialogue
- Advance health care transformation

**2008** Congress passes the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, which prohibits group health or self-insured plans covering more than 50 employees from imposing caps or limitations on mental health or substance use benefits that are also not applied to medical and surgical benefits.

**2009** *Next to Normal*, a musical featuring a character living with bipolar disorder wins three Tony Awards on Broadway.

Also in 2008, MHAM revisited the workplace materials developed earlier and began the Mental Health in the Workplace program. Minnesota employers were surveyed to identify effective and innovative mental health practices in the workplace. Results of these surveys were published in the fall, along with an updated mental health resource manual for employers.

MHAM has moved into the digital age by providing resources on its website: <http://www.mentalhealthmn.org> and continually finding ways to connect to those in need of advocacy and support. The website features a blog (an online journal of updated information and announcements), as well as a



discussion forum and a wealth of support resources for any kind of interaction with the mental health community, including listings for support groups, online screening tools, and significant reports with important research.

In this age of health care reform, mental illness health benefits remain threatened. In 2010, Minnesota residents are set to lose benefits under the elimination of the General Assistance Medical Care Program. MHAM remains committed to challenging this act when the legislature reconvenes.



## Selected MHAM Publications and Awards

Over the past 70 years, MHAM has published membership materials and resources for educating the public. Some of these publications have been the following membership and advocacy newsletters:

- Minnesota Mental Health Bellringer
- The D/ART Board
- In Defense of Rights
- The Line
- The Legislative Line
- Focus in Minnesota
- Legislative Update
- Focus Update
- Mental Health Forum
- The Voice

In addition, MHAM has recognized volunteers and outstanding leadership with the following awards:

- MHAM Volunteer of the Year
- MHAM Client Advocacy Award
- Dwight Dixon Advocacy Award
- Chapter Volunteer of the Year
- REACH Volunteer of the Year
- State Volunteer of the Year
- “Min” Himmelman Award
- David Vail Advocacy National Award
- George D. Carr Award
- Mental Health Media Award
- Gloria Segal Award



## MHAM's Future

Through the unwavering support of MHAM volunteers and visionary leadership, the future of the organization remains a bright beacon in challenging times. What does the future hold for mental health advocacy? The issues MHAM is committed to support include:

***The mission of the Mental Health Association of Minnesota is to enhance mental health, promote individual empowerment, and increase access to treatment and services for persons with mental illnesses.***

- To ensure and maintain parity in health care coverage for mental health;
- To increase funding for community-based services;
- To improve services in local communities through county funding from the state; and
- To ensure due process for social services.

MHAM's guiding principle toward improved lives is that an educated society can reduce the discrimination associated with mental illnesses. Through science-based information, MHAM will create a greater understanding of mental illnesses, treatment options, and the importance of promptly seeking help for mental health concerns. As people recover from a mental illness, we will use their stories of hope to bring changes in attitude and perception about the people we serve.

***Special thanks to Paula Seeger for volunteering her time and talent to put together this history.***

## MHAM Leadership 1939-2009

MHAM Board President	Year	Executive Director
Dr. Haddow M. Keith	1939-1941	
Rev. Edgar F. Witte	1942-1943	
Dr. Eric Kent Clarke	1944-1945	
Dr. Alan Challman	1946-1948	
Herbert W. Rogers	1949	
George S. Siudy	1950-1952	
Pastor Fredric M. Norstad	1953-1955	
Merrill M. Cohen	1956-1957	Max R. Williamson (1957)
James R. Oppenheimer	1958	Max R. Williamson
Mitchell V. Charnley	1959	Max R. Williamson
York E. Langton	1960-1962	Florence Lehmann
Judge Donald S. Burris	1963-1964	Florence Lehmann
Ray Lappegaard	1965	Florence Lehmann
Mrs. Catherine Henry	1966-1967	Einar M. Martinson
Dr. M. E. Van Nostrand	1968	Einar M. Martinson
William McFadzean	1969-1971	David Ziegenhagen (1970)
Alan R. Anderson	1972-1973	David Ziegenhagen
John Westrom	1974-1975	David Ziegenhagen
Judy Schotzko	1976	Paul C. Messplay
Archie Givens	1977	Paul C. Messplay
Jane Klinge	1978, 1989-1991	Paul C. Messplay (1978) George Carr (1989-1991)
Dale Simonson	1979	Paul C. Messplay
Sharon Fischer	1980	Paul C. Messplay
Connie Edwards	1981	George Carr
Pat Franciosi	1982	George Carr
A. Louis Champlin, Jr.	1983	George Carr
David Krogseng	1984-1986	George Carr
Bonnie Martin	1987-1988	George Carr
Margie Simon	1992-1993	Kathleen Kelso
Hal Freshley	1994-1997	Kathleen Kelso
Howard Knutson	1998-1999	Tom Witheridge
Susan Segal	2000-2003	Sandra L. Meicher
Laurie Kramer	2004-2006	Sandra L. Meicher
William Hippee, JD	2007	Sandra L. Meicher
Peter Thelen	2008-2009	Edward T. Eide

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[www.mentalhealthmn.org](http://www.mentalhealthmn.org)  
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