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# THE COMMUNITY MENTAL HEALTH CENTERS ACT: AN EVALUATION OF ITS CONSEQUENCES

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On October 1, 1963, President John F. Kennedy signed the Community Mental Health Centers Construction Act (CMHCA). The CMHCA shifted treatment for the mentally ill from state mental hospitals—viewed as toxic and impersonal—to a community setting. As a starting point, I looked at the specific text of the CMHCA and the associated philosophies behind a community-based intervention. The Act was designed to not only reduce the number of patients in mental institutions, but also to promote individualized care, increased social freedom and opportunities, a recognition of cultural and environmental influences on mental health, and active patient participation. I then turned my attention to research regarding the unintended structural flaws and far-reaching consequences of the CMHCA. Training gaps among the staff led to the neglect of many patients with significant and chronic mental illness, and a decreased number of psychiatric inpatient facilities left many without capable supervision or a place to reside. Rates of homelessness, crime, and arrest among the mentally ill reveal the impact the Act had on the lives of many mentally ill individuals, who suffered from harassment and stigmatization, or found themselves in criminal justice settings without adequate treatment.

I finally shifted my focus to researching the key elements of empirically sound treatment that are most effective in mitigating some of the unintended repercussions of the Act. This research is significant in shaping how we think about the treatment and care for those suffering from mental illness. It is crucial that those working with mentally ill clients are trained extensively in evidence-based treatments that reduce relapse rates, decrease stress, and result in higher rates of long-term employment and self-sufficiency. The effects of the CMHCA can allow us to think about the additional responsibilities that accompany a shift into the community setting: the importance of high-quality community housing services for the mentally ill, greater supervision to prevent harassment and vulnerability, and the presence of trained mental health provisions in prisons so the mentally ill can receive proper medication, therapy, and support.