

# A Brief History of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

1785

The earliest legislative reference to mental health care in North Carolina was passed in 1785. Until the success of Dorothea Dix 71 years later, the diagnosis and treatment of the mentally ill was left, not to physicians, but to jailers and wardens.

1841

Governor Morehead recommended to the legislature the establishment of "an asylum for the protection of the unfortunate lunatics." His interest and attempts to bring action failed until 1848 when Dorothea Dix came to North Carolina at her own expense. She said "I come not to urge personal claim nor to seek individual benefits. I appear as the advocate of those who cannot plea for their own cause. In the providence of God, I am the voice of the maniac whose pleading cries come from the dreary dungeons of your jails and penetrate not the halls of the Legislature. I am the hope of the poor crazed beings who pine in the cells and stalls and cages of your poor houses."

1856

As a result of Dix's untiring efforts, the North Carolina legislature provided funding for the first state hospital, a small twenty-four (24) bed hospital in Raleigh that rose from twenty-four beds to over three thousand in the 1940s and fewer than 500 today. It is the only state hospital in the United States named for Dorothea Dix.

1880

A state hospital for Black people was opened in Goldsboro later to be named Cherry Hospital to honor Governor Gregg Cherry. It served the entire state Black population until the 1960s when the civil rights legislation rightfully demanded that all state hospitals take individuals of all races.

Gregg  
Amy  
Jessica - Flower

1883

It became necessary to build another state hospital in Morganton (now named Broughton Hospital to honor Governor Melville Broughton) to serve white people in the western part of the state.

Late 1880s, 1920s, 1930s and 1940s

The hospitals were described as asylums which, indeed they were. Very little treatment was given except observation, isolation, seclusion, sedation, hot packs, cold packs, electric shock, hydrotherapy and restraints.

1914

Established in 1911, Caswell Center (originally named the North Carolina School for the Feeble Minded) opened its doors to people with mental retardation and other developmental disabilities. The center is the oldest of the five State operated mental retardation facilities in North Carolina.

Late 1930s

Efforts were made to improve mental health services, especially on a local basis. A study in 1937 recommended a fourth hospital, but this was delayed by the advent of World War II.

1948

A rehabilitation hospital used by the army to provide services for the ill or wounded soldiers became the State Hospital at Butner in 1948. It was later renamed for Representative John W. Umstead, who represented Orange County in the North Carolina General Assembly for 14 terms.

1949

The North Carolina General Assembly set up and appropriated funds to establish the North Carolina Alcoholic Rehabilitation Program under the Mental Hospital's Board of Control.

1940s and 1950s

Representative Umstead successfully championed dramatic improvements in mental health facilities, treatment, personnel and administration. Dr. David Young also provided a great deal of support to this initiative. Dr. Young was the General Superintendent of State Hospitals and an employee of the Hospitals Board of Control. He practiced private psychiatry and taught the introduction of psychiatry at the UNC Medical School.

## 1950s

There were few trained psychiatrists in North Carolina in the 1940s and 1950s. Duke and Bowman Gray Medical Schools had small staffs to begin to train psychiatrists. Later, UNC and East Carolina University started programs. Representative John Umstead, Dr. David Young and others recognized the need for more psychiatrists as a result of psychiatric and physical problems causing deferments from military service during World War II, and were helpful along with Dr. Reese Berryhill, to get a four-year medical school in 1954.

## Late 50s and early 60s

Institutions now known as Murdoch Center (1958), J. Iverson Riddle Developmental Center (1963) and O'Berry Center (1957) began serving populations with mental retardation and other developmental disabilities.

## 1960s

UNC, the Legislature and John Umstead, Chair of the Hospitals Board of Control, established a program to train psychiatrists. Area mental health programs as we know them today followed from the Federal Comprehensive Mental Health Centers Act. This gave money based on population for construction and staffing.

With the advent of better and more qualified personnel along with new drug therapy in the 1950s, patients who were once untreatable were being discharged from institutions. As a result, more attention was turned from custodial care to therapy, rehabilitation and resocialization in the hospitals and communities.

Under the leadership of Dr. Eugene Hargrove, a former professor in the department of psychiatry at UNC, and with legislative approval, the State was divided into four regions, designated as Western, North Central, South Central and Eastern regions. Broughton Hospital serving the Western Region, John Umstead serving North Central, Dix serving South Central and Cherry serving the Eastern Region. The 41 community area programs were set up across the State. Some of the larger areas were one county programs and others two or more. Smaller populated counties made up other areas.

## Late 1960s

In 1967, the Commission of Mental Health set up a Division of Alcohol under the leadership of Deputy Commissioner, Dr. R.J. Jack Blackley.

In 1968, the first group home for people with developmental disabilities was established in Forest City.

#### 1960s and 1970s

Much progress has been realized in the 1960s and 1970s. Between 1959 and 1979, the Division reduced its hospital population by greater than 60 percent while the number of patients on the rolls of the 41 area programs increased from 2,600 to 69,000, as reported by the Division. This is evidence of North Carolina's commitment to mental health on all levels.

#### 1971

The Executive Organization Act of 1971 created the Department of Human Resources. This newly created department brought together a number of free-standing departments, including mental health and social services. These departments became divisions in the new Department of Human Resources.

The Department of Mental Health was placed under the Department of Health and Human Services and became the Division of Mental Health, Developmental Disabilities and Substance Abuse Services.

#### 1973

A complete revision of the mental health code was enacted by the legislature. The code has been revised and enhanced through the years, but generally states that patients have a right to treatment, to privacy, and the right to be treated with dignity. This patient "bill of rights" is posted in each state hospital.

#### 1981

The General Assembly decided to consolidate the different commissions, councils, and advisory groups in North Carolina. The Drug Commission, Alcohol Advisory Council and the Mental Health Commission were consolidated and some members of each became the Commission on MH/MR/SAS.

#### 1980s and 1990s

A number of variables placed pressure on the system of care. Hospital expenses continued to rise against budget crises. Rapid growth in Medicaid funded services and revenues caused attention to the system. Area programs were not able to maintain growth and services. There was a nursing shortage, unfavorable attention in the media, and a threat from the federal government to withhold funding. These activities and others signaled the need for reform.

1990s

Between 1995 and 1999, The General Assembly contracted for a series of studies and audits of the MH/DD/SAS system of services. A state audit revealed that oversight of local programs was too removed from both the local government structures and the state.

2000

House Bill 1519 created the Legislative Oversight Committee for MH/DD/SAS to develop a plan to reform the state system.

2001

Calling for the first major reform in 30 years, the North Carolina Legislature passed Session Law 2001-437 that requires sweeping changes in the state's public system for people with mental illness, developmental disabilities and substance abuse problems. The Legislation was followed by State Plan 2001: Blueprint for Change, the state's plan for implementing system reform over a five-year period. The plan supports the reduction in the number of state hospitals and the number of community programs and places more mental health efforts in the community closer to home and families in contracted programs.

The services are monitored through the present area community program—now called Local Management Entity (LME). There would be less direct care by the LME programs and more by contracted agencies with present area of LME staff being reduced. There is hope and expectation that former area staff will be hired by contracting agencies. The LME staff would be more administrative rather than providing direct services. Also, under mental health plan special efforts will be given to the severe and persistent mentally ill.

2001-2004

The early process of reform centered on establishing and communicating a clear understanding of the anticipated sweeping changes. Later, clarifications and adjustments were made to the Plan and toward the expectations of reform. The current phase focuses on "system transition" or the process of fleshing out details that allows the Division to implement a comprehensive public system.

Today

By working together—consumers, families, citizens, advocates, local and state officials and providers—can achieve the long-term goal of a reformed system. This system of care will provide people with the necessary prevention, intervention, treatment, services and supports they need to live successfully in their community.

### References

Adapted with permission from A History of Mental Health Programming in North Carolina, March 2003, by Dr. R.J. Jack Blackley, M.D. Dr. Blackley is the former director of what is now known as the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services from 1981-82.

For more history on North Carolina's MH/DD/SAS services, view the web site at [www.dhhs.state.nc.us/mhddsas/](http://www.dhhs.state.nc.us/mhddsas/), The State Plan 2003: Blueprint for Change and The Report to the Legislative Oversight Committee on The Division's Transition Plan, dated November 12, 2003.