

A Brief History of Disability and Health, Peer Support, and Case Management: Merging Paths

Tom Seekins, Ph.D., Research Director, Rural Institute on Disabilities and Professor, Department of Psychology, University of Montana



A Brief Overview

- Ancient times and Early History
- Dark Ages
- Institutions
- Community Based Services and Independent Living – the New Paradigm of Disability
- Health as an overarching framework
- Peer Support
- Case Management

Ancient Times

- In ancient Greece and Rome, those who could prove that they could not work (because of a disability) were provided public supports and subsidies.
- Ancient Rome assigned guardians to intellectually impaired, mentally ill, and deaf who could not speak – early case managers.

Dark Ages

- Shifted from part of the natural course in life to demonology
- Devil caused epilepsy
- Demonic possession caused MR and MI
- Exorcism was a the cure – procedural

Age of Reason

- Frances Bacon (1605) wrote a refutation of mental illness as punishment and suggested we study
 - Mental faculties, and the interaction of body and mind
 - Do individual case studies
 - Examine the relationship between society and the individual

Institutions and Medicalization

- Brought on by increasing populations and their concentration in cities, the first public mental hospital was developed in London – Bethlem – and started taking patients with Mental Illness (1300s).
- Germany in 1385 and Spain in 1409
- Often administered by the emerging professional physicians.
 - Jean Charcot (1880s) - In the Paris General Hospital used hypnosis to trigger and treat hysteria; trained Freud.

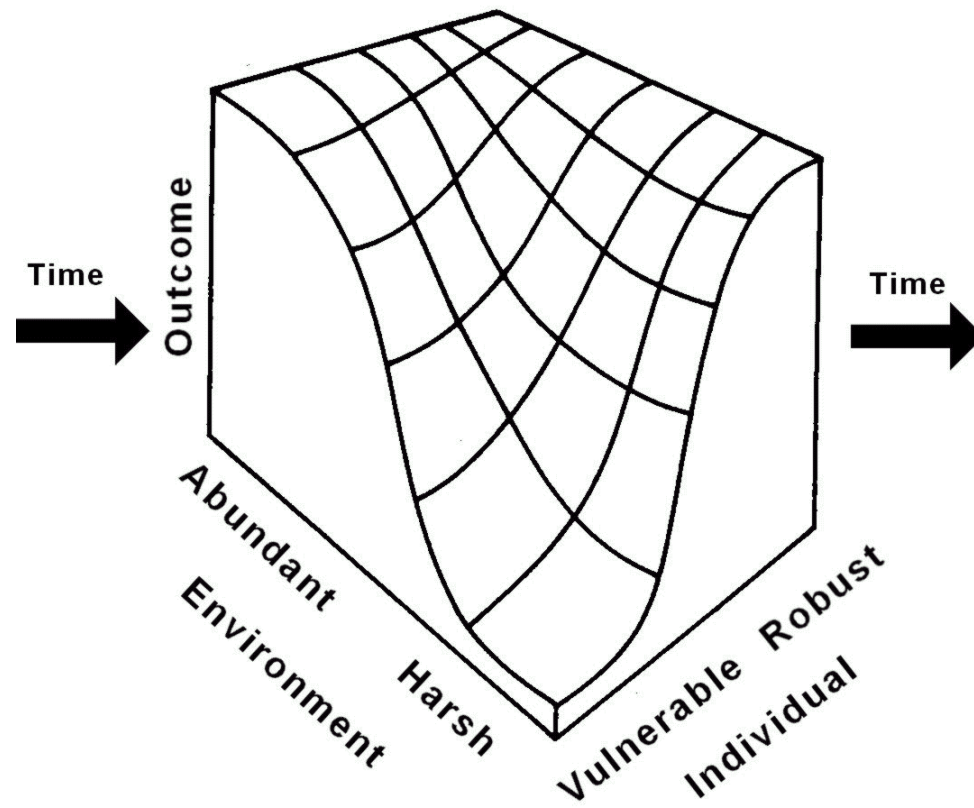
De-Medicalization and Self-Care Movements

- By the early 1970s, society was becoming alarmed at the expansion of authority of the medical profession – defining too many human experiences as illness and building industrial systems to “treat” them (e.g., Illich, 1976).
- There were growing calls for “normalizing” human experiences and taking personal responsibility for managing one’s life.

Community Based Services and Independent Living

- These movements coincided with De-institutionalization movements affecting those with mental illness and intellectual disabilities.
- Rapid expansion of community-based services.
- Desire of Korean War veterans with disabilities to get out of nursing homes and back to life.
- Late 1970s the IL movement emerged; leading to the passage of Americans with Disabilities Act.

The New Paradigm of Disability



Health

- World Health Organization (1948) defined health as a state of complete physical, mental, and social well being and not merely the absence of disease or infirmity – implying social and environmental determinants of health.
- LaLonde report (1974) was first modern government document to argue that the focus on medicine as health is misplaced – that health must be seen as a broader umbrella.

Health and Wellness for People with Disabilities

- Toward Independence (National Council on Disability, 1986) set a national goal of providing health and wellness programs to prevent and manage secondary conditions.
- WHO (1999) released the new International Classification of Disability, Function, and Health that reflects the New Paradigm of disability and establishes “participation” as the gold standard for outcome measurement.

Peer Support

- Peer support is a critical feature in independent living.
 - Informal and formal, paid and unpaid providers
- It has proved to be an important resource in health promotion and wellness for people with disabilities.

Streams of Peer Support

- There have always been examples of people helping each other but the earliest modern reference to peer support groups is the 1939 publication of Alcoholics Anonymous by Bill Wilson.
- Peer support groups share a common problem and a desire to overcome it.
 - Self-organizing and organic - informal
 - Supported by professionals – formal organization, structure, and process.

Theoretical Bases of Peer Support

- Social support (instrumental and emotional), experiential knowledge, helper-therapy principle, and social learning theory, social comparison theory (sense of normalcy).

Historical Roots of Case Management

- Late 19th century from social work and the Settlement House movement.
- Late 1960s and early 1970s as part of the emerging health and human services systems emerging from the Great Society and community systems movements.

Case Management

- “An approach to service delivery that attempts to ensure that clients with complex, multiple problems and disabilities receive all the services they need in a timely and appropriate fashion” (Rose, 1992 p. 5).
 - Assessment
 - Planning
 - Facilitation
 - Advocacy
 - Follow-up
- Authentic relationship is a key to success.

Peer Support as a Resource in Case Management

- Peer support may be a particularly useful resource in organizing and providing supports to people with disabilities living in rural areas where there are scarce professional resources.
- Explore the connections between health, disability, peer support, and case management.