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**New York Heritage
Documentation Project**

**A Strategic Plan for
Documenting
Mental Health
in New York State**

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A Strategic Plan for Documenting Mental Health in New York State

The story of mental health in New York State is a compelling and critical part of our history as New Yorkers. But significant elements of that history are in danger of being lost. We have very limited information that reflects the lives and perspectives of people diagnosed with psychiatric conditions or their families; the social workers, medical personnel, and support staff, who provide services and assistance; the state, local, private and community institutions and organizations run by professional, non-professional, and recipient-controlled groups; the range of research and treatment philosophies and approaches; and policy and legislation.

Significant developments happened in New York during the 19th and early 20th centuries, but critical developments also follow World War II, and continue today — for example, widespread use of psychiatric medications, deinstitutionalization, establishment of civil rights and legislation to protect mental health service recipients, and the emergence of self-help strategies.. Changes in scientific and popular perceptions of mental health have merged with the economic and political forces of each period to shape mental health policy and legislation, diagnosis and treatment, organizations ranging from large, state-operated institutions to community support groups, and the private lives of millions of New Yorkers. Central to this process during the 20th century has been the development of mental health professions and the emergence of both a mental health advocacy movement and a mental health consumer/survivor/ex-patient movement.

Throughout, the issues have been controversial, often centered on how one views — or experiences — particular mental health services and the system as a whole as along the spectrum between enlightened and helpful, at one end, and or barbaric and oppressive, at the other. The history is filled with stories that range from high ideals, visionary leadership, dedicated service, determined advocacy and activism, and courageous recovery to political cynicism, economic expediency, prejudice and stigma, neglect and abuse, and appalling suffering. All of this is part of the history we need to ensure survives.

In organizations, groups, and families around New York, there are rich resources that tell unique and compelling stories about people, families, communities and organizations involved in mental health concerns. These resources are not unusual. They are the ordinary results of our lives and work that hold extraordinary information. The kinds of records that may be of value can include letters, diaries, newsletters, brochures, case files (with proper access restrictions), minutes of meetings, photographs, administrative files, reports, special databases, electronic mail, web sites and a wide variety of information produced as a person or group goes about daily life and work. Many people think they have nothing that is an “historical record”—but they in fact may be unaware of the treasure trove they hold for the future.

A Word on Language

People diagnosed or identified as mentally ill have been subjected to prejudice and discrimination in this country throughout our history. This prejudice has been reflected in the language used to identify both the phenomena and the people; even terms initially considered neutral or technical tend to become tainted and therefore pejorative. To combat prejudice and discrimination, people and groups, especially the recipients of mental health services, are continually searching for and adopting terms intended to restore dignity and respect to the language used in the area of mental health. At this time, there is no standard nomenclature. Among the terms currently in use are, for extreme mental and emotional states, mental illness, mental disorder, and psychiatric disability; and for individuals, people with psychiatric histories, recipients of services, consumers, psychiatric survivors, ex-patients, and people diagnosed with mental illness. These terms are used interchangeably in this plan, reflecting a range of people whose perspectives and experiences are important to include in the documentary record of mental health in New York. (Some pejorative terms, such as lunatic, insane, mad, or crazy, were in standard, formal usage during earlier historical periods and are now common in idiomatic speech. While these terms are therefore likely to appear in historical and current records and may need to be used in that context, this plan does not, of course, employ them as acceptable terms to describe people or psychiatric phenomena. However, some of these terms are being reclaimed by some people who identify as psychiatric survivors as part of their strategy to combat prejudice and discrimination.)

A Word on Confidentiality

State agencies and private institutions that provide mental health services operate under strict legal and ethical codes to protect the privacy of individuals who have psychiatric histories or have official interaction with mental health service providers. The intent of this project is to make available the historical record of mental health as a vital part of New York's history while maintaining strict adherence to the law and to ethical principles regarding privacy. It is imperative that repositories or other organizations that hold mental health records be aware of and adhere to these legal and ethical codes. For more information about policies and procedures related to privacy and the confidentiality of records, the following resources are available:

- “Your Right to Know: New York State’s Open Government Laws,” a booklet published by the New York Department of State and available by calling (518) 474-2518 or on the Web at www.dos.state.ny.us/coog/rt2know.html.

The purpose of this documentation plan is to:

- identify the priority areas for attention in the next decade;
- provide specific goals that need to be achieved if we are to adequately document mental health in New York;
- identify the actions necessary to address the critical documentation gaps;
- identify partners, stakeholders, and participants who should be involved in this process.
- Provide an approach to documenting mental health that can guide the development of local and regional plans

Who is the plan for?

This plan is intended to inform those who are or have been involved with mental health issues, services, and experiences about the value of records they create as part of their daily life and business. It is also intended to inform archivists, librarians, and other historical information specialists about the documentation needs they should address. Finally, it is intended to raise awareness and involvement of those who use records relating to mental health to ensure the survival of critical information. These groups all have important roles in identifying, preserving, and making historical information accessible in appropriate ways. These may include:

Records creators such as:	Records custodians such as:	Records users such as:
<ul style="list-style-type: none"> • Recipients of mental health services • Psychiatric survivors/ex-patients • Families of recipients • Social workers • Psychiatrists • Psychologists • Counselors • Clergy • Medical personnel • Nurses • Policy researchers • Legislators • Lawyers • Hospital and facility administrators • Staffs of mental health-related organizations • Mental health advocates and activists 	<ul style="list-style-type: none"> • Records managers and archivists in <ul style="list-style-type: none"> ▪ State government ▪ Local government ▪ Private and non-profit organizations • Medical records officers • Librarians • Museum staff • Regional and local historians 	<ul style="list-style-type: none"> • Mental health service providers in <ul style="list-style-type: none"> ▪ State government ▪ Local government ▪ Private and non-profit organizations • Mental health policy researchers • Mental health advocacy groups • Patient/ex-patient groups • Mental health researchers • Scholars • Genealogists • Artists and Writers

Scope of the plan:

This plan focuses on documenting experiences, treatment, and issues relating to mental health in New York State. It does not encompass mental retardation and substance abuse; although these are closely related topics, they have different approaches to diagnosis and treatment, and their inclusion would have created a project of unmanageable scope. The plan generally approaches mental health from a statewide perspective. However, certain regions of New York have advanced innovative treatments or policies that merit particular attention. The plan will focus on 19th as well as 20th century activity, with an emphasis on capturing information from the World War II era to the present. This period evidenced highly significant changes in mental health

activity, and the resulting records are more likely to still exist intact within organizations, groups, or individual ownership.

Defining priorities for mental health documentation:

Within the parameters of mental health, there are many topics, issues, events, and individuals that could be the subject of documentation efforts. Realistically, not everything can be documented, nor should it be. Instead, we have attempted to prioritize those topics within mental health in New York that are most important to document either because:

- they had major impact or influence;
- they are unique or innovative in the field;
- they are illustrative of common experience;
- they affected or involved a wide number of individuals; or
- they were significant for a considerable period of time.

To inform the decision on priorities, the following steps were undertaken:

- **Conducted background research** to identify critical developments, trends, events, functions, legislation, individuals, and organizations in New York history, and nationally as relevant. Copies of the research information compiled are available from the New York State Archives.
- **Defined topics/subtopics** for potential documentation emphasis within the topic of mental health.
- **Identified existing documentation** to determine what historical records already exist for the defined topics/subtopics. A summary of the documentation assessment is provided in the "Preliminary Finding Aid to Mental Health Records in New York State."
- **Consulted** with state government, local government, non-profit and private organizations, mental health care recipients, mental health professionals, mental health support and advocacy organizations, and consumer/survivor/ex-patient groups to seek their advice on the major issues and on what priorities should be established.
- **Identified priorities and documentation needs** to provide parameters for the development of this documentation plan. The priorities and documentation needs provide the framework for this plan.

What is Documentation?

For the purposes of this plan, documentation consists of valuable information about mental health in New York that may be found in a wide range of formats (paper, photographs and slides, motion picture film, audio- and videotape, computer disks and tape) typically collected by archival repositories. Three-dimensional artifacts also tell important parts of the story, and much

of the information in this plan will be useful to those collecting such objects. The focus of this plan, however, is on archival documentation. Organizations that are committed to collecting material culture may want to consult with the New York State Museum or other museum professionals for guidance.

A Strategic Plan for Documenting Mental Health in New York State

Summary of priorities and goals

Priorities	Goals
Document the experiences of people who receive mental health services.	<ul style="list-style-type: none"> • Document recipient experiences of treatment and therapy • Document recipient experiences related to the social environment, including societal attitudes toward people with psychiatric histories • Document recipient experiences related to the physical environment • Document experiences of particular types of recipients
Document the experiences of family members and others close to people with psychiatric histories.	<ul style="list-style-type: none"> • Document organizations and groups that explicitly address issues for families • Document families' experiences and perspectives found in records created for other purposes
Document the functions and services of mental health support and advocacy organizations and consumer/survivor/ex-patient groups	<ul style="list-style-type: none"> • Document advocacy for and critiques of mental health policy, programs, and services, including legislative advocacy, public relations activities, and advocacy and critiques directed at service providers • Document professional, volunteer, peer, and family support activities for people with psychiatric histories
Document significant approaches to the diagnosis and treatment of psychiatric disorders.	<ul style="list-style-type: none"> • Document the development and use of diagnostic methods and tools • Document the development and use of treatment methods • Document self-help approaches and alternatives to psychiatric treatment • Document research trends
Document the mental health and related services provided by institutions, organizations, and individuals and the training and personal experiences of service providers.	<ul style="list-style-type: none"> • Document the provision of mental health services, including diagnosis, treatments and therapies, social and recreational programs, self-help and peer-to-peer programs, and other services • Document research and professional educational functions that take place in mental health facilities and their impact on the mental health services provided • Document aspects of mental health-related facilities insofar as they pertain to mental health issues • Document roles, responsibilities, training, and experiences of mental health professionals and service providers
Document the policies and legislation that have defined, influenced, and funded mental health services.	<ul style="list-style-type: none"> • Document the initiation, development and implementation of state legislation defining and funding mental health services. • Document the initiation, development and implementation of federal legislation influencing and funding mental health services in New York. • Document the initiation, development, and implementation of

Priorities	Goals
	<p>local legislation influencing and funding mental health services.</p> <ul style="list-style-type: none"> • Document relevant state and federal judicial court rulings. • Document stakeholder groups' efforts to influence and respond to laws, regulations, policies, and procedures. • Document other influences on mental health policy in New York State, such as drug companies, media, law enforcement, and national advocacy organizations.
<p>Document societal attitudes toward mental health issues and people with psychiatric histories</p>	<ul style="list-style-type: none"> • To document societal attitudes toward mental health issues by collecting records of all kinds that reveal, express, or respond to such attitudes. • To document societal attitudes toward mental health issues by including this topic in descriptions of records collected for other purposes (for example, in describing a collection that documents the development of mental health legislation, note that it contain significant statements referring to or expressing societal attitudes).

Priority: Document the experiences of people who receive mental health services.

The issue: New York's efforts to provide mental health services have spanned two centuries and involved many hundreds of thousands of individuals. In the state system alone, as many as 93,000 individuals in one year have been recipients of mental health services. Yet fewer than 85 collections of records exist in New York that document the experience of individuals. In the main, those consist of medical records and case files that provide one perspective on people with psychiatric histories. The voices of service recipients are virtually silent in the historical record.

Goal: To document recipient experiences of treatment and therapy, including:

- Types such as drug, surgical, electroconvulsive, and homeopathic treatments; psychotherapy; music, art, and occupational therapies; and self-help and recipient-run alternatives
- Forced versus voluntary treatment
- In settings such as state psychiatric centers and their predecessors, hospitals, group homes, out-patient facilities, private offices

Goal: To document recipient experiences related to the social environment, including societal attitudes toward mental health issues, in:

- Institutions such as state psychiatric centers and their predecessors, hospitals, correctional facilities
- Day treatment homes, group homes and other private facilities
- Unified service counties
- Family and other non-mental-health-related settings

Goal: To document recipient experiences related to the physical environment in:

- Institutions such as state psychiatric centers and their predecessors, hospitals, correctional facilities
- Day treatment homes, group homes and other private facilities
- Family and other non-mental-health-related settings

Goal: To document experiences of particular types of recipients, including such characteristics as:

- Age: Children, juveniles, and the elderly
- Ethnic/racial groups: Central and Eastern Europeans, Latino/as, Asians, Native Americans, and African-Americans
- Gender
- Sexual orientation
- Economic status
- Immigrants
- People involved in the criminal justice system

Existing documentation

The State Archives search for publicly available mental health documentation uncovered voluminous case files from the state psychiatric centers, some dating back to the 19th century. These may offer valuable information about the experiences of patients in the hospitals, but rarely in their voices or from their points of view.

Where to look for more records (preliminary suggestions only)

For first-person accounts by mental health consumers and ex-patients:

- OMH Bureau of Recipient Affairs
- Organizations that are part of the consumer/survivor/ex-patient movement,
- Mental health advocacy and support organizations, statewide and local, may collect first-person narratives by consumers and ex-patients.
- Numerous mental health related web sites in New York that contain a wide range of first-person narratives.
- Newspaper stories and features on mental health may contain first-person accounts.

For case histories and other third-person accounts that may describe or provide information about recipients' experiences:

- The records of municipal and county mental health departments
- Other government agencies such as the New York City Department of Homeless Services, the Immigration and Naturalization Service, law enforcement agencies and the courts that may serve or otherwise encounter people with psychiatric histories
- Private mental health service providers
- Mental health advocacy organizations

Priority: Document the experiences of family members and others close to people with psychiatric histories

The issue: In our society where mental health issues have been poorly understood, its affects have often been felt powerfully by the families, friends, and coworkers of people with psychiatric histories. Documentation of such experiences may be found in some patient case files, family correspondence with mental health service providers, or personal correspondence and diaries, but generally such experiences have not been deliberately or consistently recorded or collected. Therefore, these voices, too, are virtually silent in the historical record.

Goal: To document organizations and groups that explicitly address issues for families

- Organizations and groups created by and/or for families of people with psychiatric histories
- Programs for families within broader mental health organizations

Goal: To document families' experiences and perspectives found in records created for other purposes.

- Case histories
- Administrative correspondence with service providers, law enforcement, or other agencies
- Families' personal papers
- Letters to the editor or newspaper articles

Existing Documentation

The State Archives search for publicly available mental health documentation uncovered few if any records that address the experiences of families. The correspondence files of the directors of state psychiatric centers and state hospitals, however, frequently contain letters from patients' relatives.

Where to look for more records (preliminary suggestions only)

- Private mental health service providers, advocacy organizations, and self-help groups correspondence files.
- Organizations and support groups, statewide and local, for families of people with psychiatric diagnoses.
- Newspaper accounts and letters to the editor

Priority: Document the functions and services of mental health support and advocacy organizations and consumer/survivor/ex-patient groups

The issue: Mental health issues, policies, practices, and the experiences of people engaged with the mental health system have led to the formation of numerous groups, ranging from informal support groups of current and former mental health care recipients to large statewide non-profit organizations, that engage in a wide range of support and advocacy activities. Most support and advocacy organizations and groups, under-staffed and focused intently on their missions, seldom devote scarce time or resources to documenting their work or caring for the documentation they do create. Therefore, this critical component of the history of mental health in New York is virtually absent from the historical record.

Goal: To document advocacy for and critiques of mental health policy, programs, and services, including legislative advocacy, public relations activities, and advocacy and critiques directed at service providers, etc., by:

- Government agencies
- Non-profit organizations, including grassroots and peer-led organizations and groups
- Unincorporated, less formal groups

Goal: To document professional, volunteer, peer, and family support activities for people with psychiatric histories by

- Government agencies
- Non-profit organizations, including grassroots and peer-led organizations and groups
- Unincorporated, less formal groups

Existing Documentation

The State Archives search revealed only five collections statewide that document advocacy organizations, and none that document support groups or self-help/peer-run organizations.

Where to look for more records (preliminary suggestions only)

Support and advocacy activities are carried out within four segments of the mental health field:

- Government agencies and private mental health service providers that have advocacy or support divisions or programs
- Organizations of mental health professionals that engage in advocacy and public education
- Mental health support and advocacy organizations
- The network of peer-led, self-help organizations and groups representing the consumer/survivor/ex-patient movement

Priority: Document significant approaches to the diagnosis and treatment of psychiatric conditions.

The issue: New York has been at the forefront in the diagnosis and treatment of psychiatric conditions since the 1840s. Diagnostic and treatment research pioneered in New York has ranged from moral treatment to fever therapy to psychotropic drugs and surgical approaches. A number of nationally and internationally known research institutes and organizations have sponsored path-breaking work throughout that time. Significant individuals in the development of new diagnostic tools and treatments have worked in New York universities and institutions. Many of these developments were controversial and remain so today. Yet the documentation of the efforts over two centuries is extremely sparse: statewide, fewer than 100 collections of records exist that document diagnosis, research, or the development of treatment approaches.

Goal: To document the development and use of diagnostic methods and tools, including:

- Diagnostic philosophies
- Diagnostic and Statistic Manual I–IV
- Opposition to diagnostic approaches

Goal: To document the development and use of treatment methods including:

- 19th century treatments such as: moral treatment, homeopathic treatment
- 20th century treatments including: psychoanalysis, drug therapy, electroconvulsive therapy, surgical treatments
- Ex-patient and other critiques of treatment types

Goal: To document self-help approaches and alternatives to psychiatric treatment

- Self-help groups
- Recipient-run alternatives that issues such as housing and employment
- Self-directed rehabilitation or recovery strategies
- Spiritual programs and practices
- Alternative or complementary medicine

Goal: To document research trends including:

- 19th and 20th century research approaches
- Federal/state/local government-sponsored research
- Privately sponsored research
- Peer-controlled research and theory
- Funding of research

Existing Documentation

The State Archives search identified only 54 collections that document topics in diagnosis and treatment. Given the range of diagnosis and treatment approaches developed and used in New York over a century and a half and the enormous number of individuals affected, this historical record is clearly inadequate.

Where to look for more records (preliminary suggestions only)

- Pioneering and long-standing research facilities and the medical schools that have offered psychiatric training.
- Sponsors of mental health research
- For alternatives to medical models of diagnosis and treatment, some self-help, peer led organizations

Priority: Document the mental health and related services provided by institutions, organizations, and individuals and the training and personal experiences of service providers.

The issue: A variety of state, local, and private organizations have been involved in providing mental health services since the early 1800s. The 19th century witnessed both public and private workhouses and asylums, the Superintendents of the Poor, the Commissioners in Lunacy, and the State Board of Charities. In the 20th century, services were provided through state hospitals, psychiatric centers, community-based care organizations, the Office of Mental Hygiene, county departments of mental health, and private treatment centers. In all of these organizations, service providers have included doctors, psychiatrists, nurses, clergy, social workers, and other mental health care professionals. The mental health recipient movement emerged in the 20th century also, providing services, support, and advocacy for individuals and families affected by mental

health issues. Approximately 110 collections statewide document the institutions that have provided mental health services for over 150 years. Fewer than 90 collections document individuals who provide mental health services.

Goal: To document the provision of mental health services, including diagnosis, treatments and therapies, social and recreational programs, self-help and peer-to-peer programs, and other services provided by:

- Institutions such as state psychiatric centers and their predecessors, hospitals, correctional facilities
- Day treatment homes, group homes and other private facilities
- Recipient-controlled or –influenced organizations
- Unified service counties
- Public and private schools, colleges, and universities
- Individual or group-practice psychiatrists, psychologists, counselors, therapists, and other mental health professionals

Goal: To document research and professional educational functions that take place in mental health facilities and their impact on the mental health services provided, including.

- Nursing schools and affiliated training programs
- Internships
- Research programs

Goal: To document aspects of mental health-related facilities insofar as they pertain to mental health issues, including

- Architecture and design
- Administration (fiscal, personnel management, policies)
- Maintenance
- Human services (food, shelter, interior design and furnishings, clothing, recreation, etc.)

Goal: To document roles, responsibilities, training, and experiences of mental health professionals and service providers including:

- Medical staff: doctors, nurses, technicians
- Private practitioners: psychiatrists, psychologists, therapists, counselors
- Support staff and others who interact regularly with recipients
- Professional associations

Existing Documentation

Documentation of the Office of Mental Health's and its predecessors' facilities statewide is extensive. In all other topics covered by this priority area, the documentation is extremely sparse.

Where to look for more records (preliminary suggestions only)

- General hospital psychiatric units
- Private residential and non-residential mental health agencies
- Self-help networks and groups
- County and regional mental health associations and programs, public and private
- Professional organizations of mental health service providers

Priority: Document the policies and legislation that have defined, influenced, and funded mental health services.

The issue: Mental health care services have been heavily affected by federal, state, and local legislation. Legislation drives funding, which generally determines or has a major affect on the extent and type of treatment and services provided. New York was among the first states to determine that providing mental health services was a governmental responsibility; it also has had and continues to have major roles in research, diagnosis, and treatment. As a result, federal legislation in this area has a massive impact on New Yorkers. New York's own legislation is often ahead of, and influences, the development of federal legislation; similarly it affects an enormous number of people, institutions, and service providers. Fewer than 25 collections statewide document the development of mental health policies and legislation in New York.

Goal: To document State initiation, development, and implementation of legislation defining and funding mental health services including:

- 19th century laws such as the 1827 "Act Concerning Lunatics" and the State Care Act of 1890
- 20th century laws such as the 1954 Community Mental Health Act, the 1927 Mental Hygiene law, and its 1977 recodification.
- The 1973 Unified Services Act
- De-institutionalization, its genesis and consequences
- Key issues such as recipients' civil rights, forced versus voluntary commitment, involuntary outpatient commitment ("Kendra's Law").

Goal : To document the initiation, development, and implementation of federal legislation influencing and funding mental health services in New York including:

- The Mental Health Act of 1946, the Mental Health Study Act of 1955, and the Mental Health Act of 1975
- Federal funding agencies, including the National Institute for Mental Health

Goal : To document the initiation, development, and implementation of local legislation influencing and funding mental health services:

Goal: To document efforts to influence and respond to laws, regulations, policies, and procedures by stakeholder groups such as:

- Mental health workers
- Recipients of care and consumer/survivor/ex-patient groups
- Families of people diagnosed with psychiatric conditions

Goal : To document other influences on mental health policy in New York State

- Pharmaceutical companies
- Print and broadcast media
- Police, INS, Selective Service
- National advocacy organizations

Existing Documentation

While laws and regulations themselves are documented in the historical record, the ideas, processes and activities that resulted in the passage and implementation of laws and regulations are almost absent from accessible archives.

Where to look for more records (preliminary suggestions only)

- Records of relevant legislative committees, committee members, and chairs at the state and local levels
- Records of lobbying and advocacy organizations, the New York State Lobbying Commission
- Records of politicians' campaign positions and policy statements in office regarding mental health
- Minutes, publications, and correspondence of stakeholder organizations and individuals related to mental health policy and legislation
- Newspaper and other media accounts, letters to the editor, editorials

Priority: Document societal attitudes toward mental health issues and people with psychiatric histories

The issue: Societal attitudes toward mental health issues and people with psychiatric histories have exerted enormous influence over all aspects of the history mental health, from methods of treatment, legislation, funding, and the design and operation of facilities to the personal behaviors of mental health workers, family, friends, and fellow citizens toward people considered mentally ill. The organized opposition of many people to the siting of mental health facilities and programs in their communities during the past quarter century is a dramatic and tragic case in point. Societal attitudes are pervasive in the historical record, embedded in case histories, professional communications, personal correspondence, newspaper accounts, and so on. But records have rarely been collected or described in order to document this topic.

Goal: To document societal attitudes toward mental health issues by collecting records of all kinds that reveal, express, or respond to such attitudes.

- Newspapers, books, and other print media; film, television, and radio; Internet sites
- Case histories, professional correspondence and documents of mental health workers
- Development of policy and legislation
- Records of organizations, groups and individuals who address stigma and related issues
- Records of recipients of services and consumers/survivors/ex-patients
- Records of families of people diagnosed with psychiatric conditions

Goal: To document societal attitudes toward mental health issues by including this topic in descriptions of records collected for other purposes (for example, in describing a collection that documents the development of mental health legislation, note that it contain significant statements referring to or expressing societal attitudes).

Existing Documentation

The State Archives search did not identify any collections explicitly documenting societal attitudes toward mental health issues.

Where to look for more records (preliminary suggestions only)

The items listed under the goals above suggest a number of places to seek documentation. Public debate around major legal and policy developments such as the deinstitutionalization of mental health services and the passage of “Kendra’s law” tend to include extensive public and private expressions of attitudes about mental health.

Actions to Improve Mental Health Documentation

Organizations engaged in the documentation of mental health may enhance their success by incorporating the following actions into their plans:

- Make personal contact and create ongoing dialogue with individuals in all facets of the mental health field: mental health recipients, particularly those active in mental health organizations, policy makers, service providers, advocates, families of recipients
- Include and work with members of particular population groups that may have special needs or experiences with mental health issues — groups such as children, elderly people, members of ethnic or cultural minorities, etc.
- Provide training, technical assistance, and publications that will help organizations improve the management and preservation of their records.
- Use oral histories to gather and preserve information currently missing from the documentary record.
- Develop statistical approaches to the analysis of mental health data.
- Use this plan as a guide in terms of both content and method, but adapt it to fit your locality and the particular needs, missions, resources, and priorities of the organizations involved in the documentation work.

Next Steps

This strategic plan identifies the most critical priorities that must be addressed to ensure an even and equitable documentation of mental health in New York. Some of the responsibilities for accomplishing this plan fall to the New York State Archives and Records Administration. Many, however, are the responsibility of others. These include statewide and regional archives, historical societies, museums, and libraries whose missions and service areas currently encompass mental health issues, organizations, and individuals. It also includes organizations that create records themselves in the process of providing mental health services, information, or advocacy.

The plan identifies broad documentation priorities and targeted goals to improve documentation in the most critical areas. We encourage organizations, individuals, and groups to become involved in this effort to redress a serious gap in New York's historical record. The need is great, the benefits are substantial, and the issue is compelling.

We welcome your comments, suggestions, or proposals for how to accomplish the goals in this plan. For further information on how you can assist in this effort, please contact:

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