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THE INFLUENCE OF FIRST LADIES ON MENTAL HEALTH POLICY

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ABSTRACT

Due to their personal and family experiences with mental illness, religious beliefs, formal education, socialization as caregivers, earlier success in changing state policies, and political ideology; several first ladies have chosen to influence federal mental health policy. The political advocacy of first ladies, and their preferred policies reflect presidential preferences, but over time they have become more autonomous, and systematic in their work as their accepted political roles multiply. This article traces the development of federal mental health policy, and the contribution of six first ladies from Eleanor Roosevelt to Laura Bush.

INTRODUCTION

First ladies have engaged in many different social roles during the history of the United States. They have served as supportive spouses, hosted social events in the White House, overseen renovations of the White House, campaigned for their husbands, edited presidential speeches, advised on cabinet appointments, championed important social causes, represented the president in foreign affairs, and developed and influenced social policy.[1] First ladies have performed all of these roles without being elected, appointed, paid, or even mentioned in the Constitution.

The role of the first lady reflects the status and concerns of women in the United States. For the past century, first ladies have attempted to improve the quality of life for children and families through their efforts to increase the availability and quality of mental health services. The Surgeon General's report on mental health estimates that 21 percent of all Americans have experienced a mental disorder during the past year.[2] *The Diagnostic and Statistical Manual of Mental Disorders* (4th edition-text revision; DSM-IV-TR) describes more than 200

[1] Watson, R. P. (2000). The presidents' wives: Reassessing the office of the first lady. Boulder, CO: Lynne Rienner Publishers.

[2] U.S. Department of Health and Human Services. (1999). Mental health: A report of the Surgeon General. Bethesda, MD: U.S. Public Health Service.

specific diagnostic categories for mental disorders that are separate from any diagnoses of physical disorder.[3]

In this article, mental health will refer to the successful treatment of psychiatric disorders, the reduction of psychological symptoms, and the enhancement of self-esteem, life satisfaction, and quality of life. Since approximately 60 million Americans experience mental disorders, and many friends and family members serve as caregivers, it is incumbent that the executive branch promotes policies designed to address mental disorders. Next, we examine the efforts over the past century of six first ladies from three Democratic, and three Republican administrations to influence federal mental health policy, and how this policy has changed over recent years.

Eleanor Roosevelt: Compassionate Liberalism

Eleanor Roosevelt took on a variety of issues as they arose, most of them growing out of her pre-White House career as a social and political activist, and many coinciding with New Deal programs. Her interest in mental health services started with her own experience of growing up in a family with an alcoholic father, and visiting an uncle who suffered from mental illness. In 1913, Franklin Roosevelt was appointed Assistant Secretary of the Navy, and he and Eleanor moved to Washington, DC. During World War I, Eleanor was a Red Cross volunteer, and worked in a canteen for soldiers, organized knitting projects to provide clothing, and regularly visited soldiers in military hospitals.

In her autobiography, Mrs. Roosevelt described that once a week she visited the Federal Naval Hospital and took flowers, cigarettes, and other items that might cheer the men who had returned from the war overseas.[4] The naval hospital filled rapidly, and one building was taken over at St. Elizabeth's Hospital in Washington, DC for the so-called "shell-shocked" patients. Some of them recovered, but others remained permanently hospitalized. Many of these veterans were kept in padded cells or in some kind of confinement. At this time, St. Elizabeth's was the only federal hospital for the "insane" in the country.

The hospital was understaffed, attendants were poorly paid, and Eleanor observed that many distressed patients gazed at her from behind bars, and were restricted to walking up and down on enclosed porches. Distressed by these sights, Mrs. Roosevelt persuaded the Secretary of the Interior, Franklin Lane, to investigate the living conditions at the hospital. Lane appointed a committee that later appeared before Congress, and asked for, and received, increased congressional funding for St. Elizabeth's Hospital; and for a time, it became a model for treatment of persons with psychological disorders.

During the 1920s in New York, Eleanor began to focus more on improving the day-to-day quality of life for average Americans. She joined a variety of women's associations, and spent a great deal of time examining legislation and committee reports from Congress. She outlined strategies to lobby for legislation that would expand the rights of women and children. Mrs. Roosevelt testified before the New York Senate committees on behalf of protective labor legislation and criticized her husband's plan for unemployment insurance.

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[3] American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (4th ed., text rev.). Washington, DC.

[4] Roosevelt, E. (1961). The autobiography of Eleanor Roosevelt. New York: Harper & Brothers.

After Franklin Roosevelt became president in 1933, Eleanor accepted an offer for a monthly column from Women's Home Companion, and donated her monthly $1,000 fee to charity. She asked her readers to share problems with her that puzzled or saddened them. By January 1934, 300,000 Americans had responded to her request.

Eleanor learned about the squalid living conditions of coal miners in West Virginia, and met with the Secretary of the Interior, Harold Ickes, to argue that the National Industrial Recovery Act could help address the community's problems. She supported other programs to reduce poverty and advocated the hiring of women, African Americans, and liberals within federal agencies. Eleanor wanted programs to focus more on dealing with the distress of poverty, and not just on material needs.

For example, she pressured Harry Hopkins, head of the Federal Emergency Relief Administration, to develop a youth program that would provide vocational guidance and education rather than military training.[5] She argued that the specific problems facing youths needed to be addressed, but only in a way that fostered a sense of self-worth. By providing job skills and education, she hoped that the new National Youth Administration (NYA) would foster a sense of civic awareness that, in turn, would promote a commitment to social justice.

In the White House, Eleanor revolutionized the role of First Lady. She was the first (and only) first lady to hold regular press conferences, write a daily newspaper column, publish books and articles, travel the nation on speaking tours, chair national conferences in the White House, address national conventions of social reform organizations, give a keynote address at her party's presidential convention, represent her nation abroad, travel across battlefields, and direct a governmental agency.[6]

After Franklin died, Eleanor was urged to run for governor or senator from New York, but declined. President Truman appointed her to the U.S. delegation to the United Nations, and she oversaw the drafting and unanimous passage of the Universal Declaration of Human Rights. She also served on the national board of directors for the NAACP, CORE, and other major civil rights organizations. One of her final efforts was to pressure John Kennedy to make concessions to civil rights in his platform before she would campaign for him. One could argue that Mrs. Roosevelt's compassion for less fortunate Americans had motivated a variety of efforts during her lifetime to establish governmental and societal institutions that helped support people, and reduce their psychological distress. The next several first ladies until Betty Ford would limit their activities primarily to the roles of wife, mother, sometime campaigner, social hostess, and caretaker of the White House.

Mental Health Policy Reforms from the 1940s to 1970s

After World War II, the Veteran's Administration was created to care for the unprecedented number of veterans with medical and psychological disorders. Also, the National Institute of Mental Health (NIMH) was established to coordinate funding for mental

[5] Black, A. M. (1996). (Anna) Eleanor Roosevelt. In L. L. Gould (ed.), American first ladies: Their lives and their legacy (pp. 422-448). New York: Garland.

[6] Ibid.

health research and training. In 1955, Congress created the Joint Commission on Mental Illness and Mental Health that developed a comprehensive mental health plan. The committee reported its plan in 1961 after President Kennedy took office, and recommended that instead of constructing large mental hospitals, the government should provide a flexible array of services for the mentally ill in the patients' communities. Part of the social problem of mental illness was that treatment disrupted patients' lives by taking them from their communities where family members and neighbors might help them to resume normal lives. As a response to the Joint Commission report, the NIMH proposed a series of community mental health centers. With the support of President Kennedy, who was personally interested in mental health because of his sister Rosemary Kennedy's mental retardation, and through timely advocacy by members of Congress, the NIMH, and the National Mental Health Association, Congress passed the Community Mental Health Centers (CMHC) Act in 1963. The mandate given CMHCs was different than that of traditional psychiatric hospitals, and it included care for persons with mental disorders in the community, crisis intervention, prevention, and consultation with other community agencies.[7]

The community mental health movement in the United States evolved into a political as well as a therapeutic endeavor that attempted to reach many underserved and underprivileged groups. Those active in the movement conceptualized psychological disorders in the context of poverty, and other environmental stressors; and some influential psychologists advocated the view that mental illness was not due to individual weakness or immorality.[8] This was essentially a view that those with mental illness were often as much victims as blameworthy individuals. The policymakers who supported community mental health legislation were generally liberal Democrats and, together with mental health professionals and patients' rights activists, made the movement more social change oriented. With its emphasis on benevolent, rather than punitive, measures for social control, community mental health legislation and programs became an incarnation of the Progressive Era.[9]

Although spending money and passing laws are ways for political leaders to make claims about solving social problems, they can also use rhetoric and imagery connected to these problems to unite political coalitions. In the 1960s, the federal government supported community mental health not only by providing funds but also by legitimating the movement's approach and concerns.[10] Presidents Kennedy and Johnson were vocal in their support for community mental health as part of their vision of a New Frontier and a Great Society. Their rhetoric and policies were centered on the creation of a better society, in which more people, such as those with problems in living, would be included. They avoided claiming that individual character defects were to blame for social ills.

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[7] Levine, M. (1981). The history and politics of community mental health. New York: Oxford University Press.

[8] Humphreys, K. and Rappaport, J. (1995). From the community mental health movement to the war on drugs: A study in the definition of social problems. American Psychologist, 48(8), 892-901.

[9] Rothman, D. J. (1981). Conscience and convenience: The asylum and its alternatives in progressive America. Boston: Little, Brown.

[10] Humphreys and Rapport.

BETTY FORD: THE PERSONAL IS POLITICAL

Following several Democratic presidents' efforts to establish mental health treatment and research institutions; a Republican first lady, Betty Ford, influenced the use of mental health services in a more personal way. While Gerald Ford was President, Betty spent many hours in the Washington Hospital for Sick Children, and comforted disabled and emotionally disturbed children. She also supported efforts to eliminate the abuse of older people, and improve nursing homes for the poor and ailing elderly. Mrs. Ford campaigned, and sought support for these causes among people involved in the arts and humanities.[11]

One event became a turning point in Betty Ford's life, and changed her perceived capacity to influence others. In September 1974, a month after entering the White House, she was diagnosed with breast cancer. Despite the very private nature of her condition, Mrs. Ford made an important decision that would have a tremendous social impact: she decided to make her condition known to the public. She discussed the uncomfortable issue of her breast cancer diagnosis and mastectomy with the media.

According to an article in *Ms.* magazine, Betty Ford said that "there had been so much cover-up during Watergate that we wanted to be sure there would be no cover-up in the Ford Administration."[12] By disclosing her breast cancer and mastectomy, Betty Ford was personally responsible for increased public awareness of cancer related issues, and for the reduction of stigma surrounding cancer.

After Mrs. Ford went public to alert as many women as possible to the benefits of early detection, millions of women scheduled appointments at breast cancer clinics across the country. Among the lives saved was Happy Rockefeller, the vice president's wife, who underwent a mastectomy shortly after Betty did. The First Lady received over 55,000 cards and letters from women who had mastectomies or who were encouraged by her experience to get check-ups. For the first time, Mrs. Ford truly understood the extraordinary power she held.[13]

Following Gerald Ford's defeat in 1976, and the Fords return to California, Betty became dependent on pain-killing pills for her osteoarthritis, and on tranquilizers and alcohol for her anxiety. Her family became increasingly concerned about her erratic behavior, and her deteriorating physical and psychological health. In early 1978, family members persuaded her to check into the Alcohol and Drug Rehabilitation Service of the Long Beach Naval Hospital. Doctors encouraged her to tell the public about her substance abuse, which she refused to do at first, fearing much embarrassment would befall her husband and family.[14] Eventually, she realized that disclosing her alcoholism could help others to seek diagnosis and treatment, as had occurred after her disclosure of her cancer and mastectomy four years previously.

After her successful treatment, she became an advocate for support of similar programs. With the cooperation of her family, friends, and medical professionals; she helped found the

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[11] Davis, K. L. and Refkind, L. J. (2002). The role of first ladies in healthcare reform. White House Studies, 2(3), 287-298.

[12] "Betty Ford: Today Still Speaking Out," *Ms.* (April 1984), p. 41

[13] Ashley, J. S. (2001). The social and political influence of Betty Ford: Betty Bloomer blossoms. White House Studies, 1(1), 101-109.

[14] Davis and Refkind

Betty Ford Center for Drug and Alcohol Rehabilitation, which opened in 1982 in Rancho Mirage, California. For more than 20 years, the program has treated celebrities and ordinary citizens with drug and alcohol problems.

The larger impact of her efforts was to help break down the stigma associated with psychological disorders by speaking out about her anxiety and substance abuse, obtaining professional help, and making treatment more widely available to others. Mrs. Ford's advocacy for substance abuse treatment was consistent with a Republican philosophy of viewing problems as occurring within individuals, and expecting individuals to help themselves, and mobilize their local communities to generate funding for mental health treatment.

ROSALYNN CARTER: POLITICAL LEADER OF SYSTEMIC CHANGE

Rosalynn Carter, as part of a Democratic administration, chose to take a more systemic approach to mental health policy. Mrs. Carter has been a visible, active leader in the mental health field for more than 30 years, and she has also been an enthusiastic supporter of the Special Olympics. As First Lady of Georgia, and of the United States; and in the years since, Mrs. Carter has pushed for reform on a number of mental health issues such as reducing stigma, parity for treatment options, payment by insurance providers, increased brain related research, better access to improved mental health services, and early intervention for children. In her book, *Helping Someone with Mental Illness*; Rosalynn reported that, during her childhood, she knew one of Jimmy's cousins who was in and out of the state mental hospital in Georgia, and that her visits to the hospital had a deep impression on her.[15] Also, her early social life focused on church activities with her Lutheran grandmother, Baptist grandfather, and Methodist parents that encouraged service to less fortunate others.

Mrs. Carter's public service commitment to mental health issues began when her husband was Governor of Georgia from 1971 until 1974. While she was campaigning, Rosalynn learned about the serious deficiencies in state mental health services. When she became the First Lady of Georgia, she served as a volunteer at a mental health facility. Also, her husband appointed her to serve as a member of the governor's commission to improve services for the mentally and emotionally handicapped. The commission compiled a report that was sharply critical of mental health services, and outlined a comprehensive care plan to shift the treatment from large institutions to community mental health centers. Over the next three years, the number of community mental health centers grew from 23 to 134, and the mental health programs became models for other states.[16]

Mrs. Carter focused on mental health as her central policy concern while First Lady of Georgia, and she expanded her involvement as First Lady of the nation. During the 1976 presidential campaign, she stated, "It has been fifteen years since anyone has even done a report on mental health care, and the programs have become so splintered that it's time we look at all of them, and give some direction to national health care for the mentally ill."[17]

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[15] Carter, R., and Golant, S. K. (1998). Helping someone with mental illness. New York: Times Books.

[16] Smith, K. B. (1996). (Eleanor) Rosalynn (Smith) Carter. In L. L. Gould (ed.), American first ladies: Their lives and their legacy (pp. 556-582). New York: Garland.

[17] Carter, R. (1984). First lady from Plains. Boston: Houghton Mifflin, p. 140

As President, Jimmy Carter appointed Rosalynn the honorary chairperson of the President's Commission on Mental Health. President Carter gave the commission one year to conduct a study of the nation's mental health system, and prepare a report. In 1979, only a small percentage of Medicare and Medicaid funds were available for mental health, and only one-half to one percent of the federal budget was dedicated to research in mental health. The report included a list of 117 recommendations for improving mental health care, ranging from mental health insurance to community mental health centers, and addressed rural mental health needs. Once the report was completed, the task of the administration became the implementation of the commission's recommendations.

For the recommendations that did not require congressional action, President Carter asked government agencies affected by the proposed changes to develop timetables and plans to implement the recommendations. The remaining proposals were written into legislation in the form of the Mental Health Systems Act, and President Carter submitted it to Congress in May 1979. As the legislation made its way through Congress, Rosalynn worked to gain support for the bill from interest groups and healthcare organizations.[18] In February, 1979, Mrs. Carter also testified on behalf of the bill before the Senate subcommittee on Human Resources that was responsible for the legislation. She followed Eleanor Roosevelt as the second first lady to testify before Congress.

In September 1980, the Mental Health Systems Act was enacted and funded by Congress. It was the first major reform of national mental health programs since 1963. However, most of the funding for the act was withdrawn within a month of President Reagan's inauguration in January 1981. The changes in mental health policy that did not require congressional action were not easily reversed, and remained in effect.

After returning to Georgia, President and Mrs.Carter formed The Carter Center. Mrs. Carter's advocacy goals provided the framework for the Center's Mental Health Program, formed in 1991. She led the annual Rosalynn Carter Symposium on Mental Health Policy, a meeting of national mental health leaders, and led the development of the Carter Center Mental Health Task Force. In December 2000, the Program, as co-sponsor, convened its first conference on the international level, the Inaugural World Conference on the Promotion of Mental Health and Prevention of Mental and Behavioral Disorders. In addition, Mrs. Carter has chaired the World Federation for Mental Health's (WFMH) International Committee of Women Leaders for Mental Health since its establishment in 1992.

In 1992, to focus attention on the plight of those suffering from mental illnesses, WFMH designated October 10th as World Mental Health Day. To increase awareness of this special day, WFMH created an International Committee of First Ladies for Mental Health, and Rosalynn was the chairperson. To expand the scope of committee involvement to include not only first ladies, but also female members of royal families, and heads of state; the name was recently amended to International Women Leaders for Mental Health: A Committee of the World Federation for Mental Health Consisting of Royalty, Heads of State, and First Ladies. Working together with mental health leaders of various countries provides an important opportunity to produce positive change for citizens with mental disorders.

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[18] Chanley, V. A. (2001). The first lady as presidential advisor, policy advocate, and surrogate: Rosalynn Carter and the political role of the first lady. White House Studies, 1(4), 549-561.

NANCY REAGAN: INDIVIDUAL CHANGE WITHOUT GOVERNMENT PROGRAMS

In 1982, First Lady Nancy Reagan became involved in substance abuse prevention with the famous three-word command that was emblematic of a more conservative view of the nature of substance abuse problems, "Just say no." She traveled around the country visiting substance abuse treatment centers and schools, and spoke about the seriousness of the drug problem in the United States. She delivered numerous speeches on the issues of drugs and drug addiction, attended countless anti-drug conferences, appeared on television specials regarding drug abuse, and appeared in a televised documentary, "The Chemical People" shown on PBS. Mrs. Reagan also guest starred on the television show "Different Strokes" in a cameo role for one episode discouraging drug use among young people. She hosted 18 foreign first ladies at the First Ladies Conference on Drug Abuse at the United Nations. By May 1987, Nancy had traveled to 60 cities in 30 states and seven foreign countries for anti-drug awareness.[19]

Mrs. Reagan's public statements reflected a view of substance abuse resulting from an internal defect in the abuser. By advancing such a view of substance abuse, the Reagan administration took advantage of the claims made about substance abuse throughout American history. Historically, moral and cultural conservatives have defined the social problem of substance abuse. In politically conservative times explanations for problems are often intra-individual; this approach deflects criticism of and attributions of responsibility to government officials. The treatments that follow from such a model are programs that focus on spiritual enlightenment, punishment by moral condemnation or imprisonment, psychotherapy, and biological treatment. Administrations can adopt superficially progressive programs to help those with internal defects, but, in essence, such policies are conservative in that they accept the claim that the government has minimal responsibility in relieving the problems of individuals.[20]

Many social programs, including community mental health, were curtailed in the Reagan-Bush era, but the public substance abuse treatment network increased in size. Policymakers in the Reagan administration replaced a problem that had historically been defined by progressives with one that had historically been defined by social conservatives. The federal government reduced its financial support of community mental health centers, and related programs that emphasized the social and environmental causes of their clients' problems. A new group of political activists in public substance abuse agencies, often located in the poorer areas of large cities, emphasized the need for individuals to overcome moral, spiritual, and physical defects to stop substance abuse.

Although the community mental health movement was broader than any one government policy, federally funded community mental health centers became the visible, institutional embodiment of the government's values and goals. After two decades of strong support, in 1981 the government began scaling back funding to community mental health centers beyond what had originally been planned. Under the Omnibus Budget Reconciliation Act of 1981 (PL

[19] Davis and Refkind.
[20] Davis and Refkind.

97-35), the Reagan administration reduced the federal role in community mental health, repealed Carter's Mental Health Systems Act, and replaced direct federal funding for community mental health with smaller block grants to the states.[21] At this time, only 750 of the envisioned 2,000 community mental health centers were in place.[22] The financial strain left these centers fighting for survival.[23]

Although the Reagan administration curtailed funds for community mental health centers, it pumped increasing amounts of money into substance abuse treatment and prevention programs. From 1981-1991, funding for federal drug programs increased by 679 percent. In contrast, total federal outlays only grew 95 percent over the same period. The Reagan administration also created the Office of Substance Abuse Prevention, the Office of Treatment Improvement, and the post of drug czar.

From 1989 to 1993, the Bush administration continued many of the same drug fighting policies of the Reagan administration. In 1991, President Bush proposed to appropriate $1.674 billion for substance abuse treatment, and $1.396 billion for substance abuse prevention, which included hundreds of millions of dollars for substance abuse research grants.[24] However, within three weeks of taking office in 1993, President Clinton eliminated the majority of jobs at the Office of National Drug Control Policy.

HILLARY CLINTON: SUPPORT FROM THE VILLAGE AND THE GOVERNMENT

Hillary Clinton's advocacy for mental health care programs has its roots in her childhood, and her formal education. In her 2003 autobiography, *Living History*, she described her devout Methodist upbringing that advocated serving others in need.[25] Her church activities led to meetings with black and Hispanic teenagers in downtown Chicago, and an awareness of the effects of poverty and prejudice on the self-esteem of less-privileged peers. During her law school years at Yale University, she helped draft guidelines for the treatment of abused children at Yale-New Haven Hospital, and observed distressed children being treated at the Yale Child Study Center. As First Lady of Arkansas, Hillary focused on improving parenting instruction with the introduction of the Home Instruction Program for Preschool Youngsters (HIPPY). Also, she founded the Arkansas Advocates for Children and Families, and served as chair of the Arkansas Education Standards Committee.

Shortly after Bill Clinton's inauguration in 1993, Hillary was named to head the President's Task Force on National Health Care Reform. She was following in the path of earlier Democratic first ladies: Eleanor Roosevelt had served as Assistant Director of Civilian Defense, and Rosalynn Carter had been named Honorary Chair of the President's Commission on Mental Health. However, neither Mrs. Roosevelt nor Mrs. Carter had the staff, funds,

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[21] Omnibus Budget Reconciliation Act of 1981, Public Law 97-35.

[22] Mosher, L. R., & Burti, L. (1989). Community mental health: Principles and practice. New York: Norton.

[23] Goplerud, E. N., Walfish, S., & Apsey, M. O. (1983). Surviving cutbacks in community mental health: Seventy-seven action strategies. Community Mental Health Journal, 19, 62–76.

[24] Humphreys and Rappaport.

[25] Clinton, H. R. (2003). Living History. New York: Simon & Schuster.

formal training, or political clout of Mrs. Clinton. Unfortunately for Mrs. Clinton, her husband's political opponents quickly challenged her health care reforms. To achieve her goals, Hillary had closed meetings to the media and the public, causing frustration and anger. The Association of American Physicians and Surgeons brought suit in federal court to open the meetings. A federal judge ruled that the task force was guilty of misconduct in withholding documents; later, however, the United States Court of Appeals for the District of Columbia held that Mrs. Clinton was a "de facto officer or employee" of the government, and that the Task Force was not obligated to open its hearings.[26]

When the Task Force unveiled its sweeping, controversial reform plan, a variety of physician's groups, drug companies, and insurance companies lobbied Congress to stop it. Several senators offered compromises that might have won the support of both the Democrats and Republicans, but the First Lady remained unyielding, particularly on the provision of universal coverage. After Democratic Senator Daniel Patrick Moynihan began to criticize the health care cost estimates as "fantasy" numbers, the health care plan was soundly defeated in September 1994.[27] However, some of the elements of the program, such as parity between medical and mental health treatment, were later incorporated in the insurance coverage of federal workers.

For a time, Mrs. Clinton adopted a more traditional First Lady role, addressing women's groups and conferences, and touring Asia with her daughter Chelsea. She started a weekly syndicated newspaper column, *Talking It Over*, like Eleanor Roosevelt had done 60 years earlier. In 1995, she attended the United Nations Fourth World Conference of women in Beijing, China. Hillary criticized the governments of China, India, Bosnia, Iran, and others, for their poor human rights records, especially the lack of women's rights. In 1996, she published *It Takes a Village*, a book that described her parenting experiences, and reviewed a variety of psychological research on raising children, and improving community programs to prevent mental health problems.[28]

Following her years in the White House, Mrs. Clinton has earned another opportunity to affect mental health policy with her election to the Senate from New York in 2000. Aspects of the Clinton health care plan are part of the campaign platforms for several Democratic presidential candidates for the 2004 election.

The Second Lady, Tipper Gore, also served as a mental health advisor in the Clinton Administration. Mrs. Gore joined the Task Force on Mental Health Benefits in 1994, and pressed for parity between mental and physical health benefits, and supported projects that helped decrease the stigma of mental illness. Her knowledge of mental health policy stemmed from her academic work in earning a master's degree in psychology from George Peabody College at Vanderbilt University. In addition, Tipper revealed her own treatment for depression, and helped publicize the experiences of others who were treated for mental illness during the first ever White House Conference on Mental Health that she chaired in 1999.

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[26] Gutin, M. (2001). Hillary Clinton. In R. P. Watson (ed.), Laura Bush: the report to the first lady (pp. 165-169). Huntington, N.Y.: Nova History Publications.

[27] Clinton.

[28] Clinton, H. R. (1996). It takes a village: and other lessons children teach us. New York: Simon & Schuster.

LAURA BUSH: COMPASSIONATE CONSERVATISM

The current First Lady, Laura Bush, has occasionally focused on the mental health of children, starting with her efforts in the 1990s as First Lady of Texas. She promoted a program for abused and neglected children called Greater Texas Community Partners run by the state Department of Child Protective services. The agency set up volunteer-run "Rainbow Rooms" where child-abuse caseworkers could get free clothes, diapers, formula, and other supplies for children. The statewide program spread to more than seventy cities.[29] Laura also advocated for an Adopt-A-Caseworker program in which child abuse caseworkers were supported by a business, church, or school with material supplies, and appreciation for their work.

Mrs. Bush's policy efforts from the White House have included helping to organize a summit on early childhood cognitive development in July 2001. However, the emphasis of the summit was preparing children for school rather than dealing with developmental disorders. Mrs. Bush has also influenced children's mental health by her efforts to provide support and reassurance to children after the terrorist attacks of September 11, 2001. She wrote two letters, one for elementary school students, and one for middle and high school students that were sent to every state school superintendent. The letters explained that family, teachers, and school counselors were available to listen and talk about the recent national tragedy. A week after the attacks, Mrs. Bush appeared on the Oprah Show speaking on ways to help children cope with the stressful events, and their consequent anxiety and sadness.

President George W. Bush has initiated another consideration of federal mental health policy. President Bush established the New Freedom Commission on Mental Health in April 2002 as part of his initiative to eliminate inequality for Americans with disabilities; charging it with the first comprehensive study of the nation's public and private mental health service delivery system since President Carter's 1978 Mental Health Commission, 25 years ago. The Commission's Report, released in 2003, declared the existing system a fragmented, inefficient maze of private, federal, state, and local government programs with scattered responsibility for services that frustrates both people with mental disorders and providers of mental health care, and called for dramatic reform at all levels of the mental health system.[30] However, no new funding is currently dedicated to this reform plan.

The Commission's Report recommends parity of insurance coverage between the costs of mental and physical health services. However, differences may exist in how Republicans and Democrats define parity, and in how they allocate financial resources needed for parity. Although conservatives tend to focus on the individual and biological causes of social problems, liberals often accept enviromental and social group explanations. Thus Republican legislators may be more likely to limit insurance coverage to the most severe mental disorders that are generally treated with medication in an effort to minimize governmental expenditures. One recent estimate is that approximately 5 million people suffer from severe mental illness.[31]

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[29] Felix, A. (2002). *Laura, America's first lady, first mother*. Avon, MA: Adams Media Corporation.

[30] President's New Freedom Commission on Mental Health. (2003). Achieving the promise: Transforming mental health care in America.

[31] Health care reform for Americans with severe mental illnesses: Report of the National Advisory Mental Health Council. (1993). American Journal of Psychiatry, 150(10), 1447-1465.

In contrast, Democratic legislators may be more likely to extend mental health insurance coverage in the form of comprehensive services including medication, psychotherapy, and community support services to many more of the approximately 60 million who suffer from any of the more than 200 diagnostic categories in the Diagnostic and Statistical Manual of Mental Disorders.

CONCLUSION

First ladies have contributed substantially to federal mental health policy, and the availability and use of mental health services. Many of the recent first ladies of the White House were formerly first ladies at the state level. Their activity at the state level served as a reliable predictor of their involvement with federal mental health policy. Personal and family experiences with mental illness elicited aspects of the caregiving role for most of the first ladies described here. Also, the Christian ethic of serving the less fortunate has provided motivation for government and volunteer efforts to improve access to mental health. The recent efforts of Hillary Clinton and Tipper Gore, both of whom have graduate degrees, show the importance of more specialized education in understanding and developing federal mental health policy.

In general, Democratic first ladies have played a more active role in mental health policy than Republican first ladies. This partisan divergence can be explained partially by their distinct ideological philosophies about both personal responsibility, and whether the federal government should attempt to provide funding for comprehensive mental health services. At this point, our preliminary observations about partisan divergence must remain speculative because there are not enough activist first ladies in American history to facilitate a robust comparative study. However, the influence of first ladies in mental health policy has accelerated, and become more systematic over the past century. Since the public policy component of the first lady's job will likely continue to grow, future scholars will be able to draw concrete conclusions concerning partisan differences between Republican and Democratic first ladies.

The role of first ladies in the policymaking process is part of a research agenda that seeks to study the Office of the First Lady as a political institution. This essay argued that first ladies have been instrumental in effecting change in mental health policy. In addition to giving due credit to first ladies, who have often worked without significant accolades, or any monetary compensation, research on their role as policymakers also contributes to presidential scholarship. First ladies are now firmly part of their husband's electoral coalition. Polls regularly measure the popularity of first ladies, and both national party organizations measure the public's approval of "would-be" first ladies during a presidential campaign. Therefore, the policy issues that first ladies pursue can have a measurable effect on the popularity of a president's administration. The time has come for scholars to monitor which policy issues first ladies choose, how they enact their proposals, and whether divergent approaches to the office influence executive governance.