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## Introduction

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## INTRODUCTION

HONORABLE JOSEPH SCHNEIDER\*

This volume focuses on some of the significant issues which grew out of the recommendations of the Governor's Commission for Revision of the Mental Health Code of Illinois. The commission was established in October 1973. The recommendations of the commission after three years of effort reflected the work of the commission members, a dedicated staff, and a great deal of involvement by both lay and professional persons and organizations. Under the able legislative leadership of Senator Richard M. Daley and assisted by Senator Dawn Clark Netsch and Representative Elroy Sandquist, most of the hopes and aspirations of the supporters of the commission's report were enacted into law.

During the past fifteen years, there has been a great deal of litigation and resulting case law in the mental disability field. The right to treatment, the right to rehabilitation, the right to education, and the right to be free from harm are the legal doctrines which have evolved. These doctrines influenced the work of the commission. The central themes reflected in the commission's recommendations include respect for the worth of the individual, the right to receive adequate services, and the individual's right to only minimal intrusion by government in restricting liberty and self-determination.

The prevailing mood throughout our country today demands more openness and greater accountability with regard to mental health law issues. The new laws in Illinois are responsive to this mandate. When, as chairman of the commission, I transmitted our report to the Governor, I stated that, in the past, interference in the lives of people often was justified by a promise of treatment, rehabilitation, or habilitation, but that promise was not always fulfilled. It was our hope that the old shortcomings and some of the hypocrisy in dealing with the mentally disabled would be replaced with statutory honesty.

I recall that at the first hearing in the Illinois Senate on our legislative proposals, one of the senators felt overwhelmed by the massiveness of the proposed legislation and asked me what I really thought was

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essential if they could not consider all of the proposals. After over three years of hard work, I was taken aback by the question. I replied that if some of the recommendations had to be delayed, I would give the highest priority to the need for guardianship services, a human rights authority, and legal services. These three related forms of advocacy were desperately needed in the State of Illinois. It took over two years of legislative effort, but a significant amount of the proposals were passed as a result of tremendous work in the legislature. One of the crowning achievements was the establishment of the Guardianship and Advocacy Commission.

Left unfinished in the legislature was a proposal relating to zoning. If deinstitutionalization and normalization are to work, we must have laws which welcome the mentally disabled into our block, our neighborhood, and our community. Also left unfinished was the commission's proposal for a statewide locally planned system for both community and state institutional services. The proposal would strengthen local authority and also clarify, broaden, and strengthen the duties of the Illinois Department of Mental Health.

This volume does not cover all of the new legislation, but it does give insight into some of the innovative concepts. Although there is a wave of optimism as a result of the successful passage of the commission's recommendations, it is only the beginning. Laws are not self-executing and what may appear to be a model of legislative reform is of little value unless it means reform in action. The challenge to those who participated in the work of the commission and in the legislature, as well as to those who have participated in this symposium and read these articles, is to see that the promise that has been made to the mentally disabled is fulfilled.