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INTRODUCTION

The Legacy of William (Bill) A. Anthony: Past, Present and Future

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William (Bill) A. Anthony was a pioneer in the field of psychosocial/psychiatric rehabilitation and recovery. He established the Center for Psychiatric Rehabilitation at Boston University and served as the editor/coeditor of the *Psychosocial Rehabilitation Journal* (later *Psychiatric Rehabilitation Journal*). He helped to clarify ideas, principles, policies, and practices that promoted the right and ability of people living with psychiatric disabilities and mental health challenges to aspire to and achieve their own vision of a meaningful life. This introductory article briefly overviews Bill's contributions to psychiatric rehabilitation and recovery of people with mental health challenges and his influence on recent work in this field, a sample of which is presented in the current special section dedicated to him. To conclude, the article overviews this special section, which reports on studies in the United States and elsewhere, addressing supported education, recovery colleges, photovoice to promote community integration, and policy developments in Israel.

Impact and Implications

This article summarizes the seminal impact of Bill Anthony's body of work on the field of psychiatric rehabilitation and recovery. Additionally, it traces the broad implications of his vision and contributions to the field, to the four articles presented in the special section, as examples of current work that will lead to future developments built upon his legacy.

Keywords: psychiatric rehabilitation, mental health recovery, supported education, community integration, mental health policy

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This special section is dedicated to the legacy of William (Bill) A. Anthony (1942–2020), a coeditor and editor of what was first called the *Psychosocial Rehabilitation Journal*, now the *Psychiatric Rehabilitation Journal*, from 1982 to 2011. Bill was a pioneer of psychiatric rehabilitation and a champion of recovery, for people with mental health challenges. Rather than primarily focusing on the disorder or psychopathology, Bill shifted the paradigm of mental health services by applying the principles of physical rehabilitation to helping people with psychiatric disabilities (W. A. Anthony, 1979, 1982). He viewed the role of rehabilitation science and practice as delivering effective services in partnership with individuals, regardless of their symptoms and diagnoses (W. A. Anthony & Farkas, 2011). This introduction to the special section overviews Bill's contributions and outlines their influences on the articles published in this section.

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Psychiatric Rehabilitation

Psychiatric rehabilitation developed in the United States beginning in the late 1970s as a key response to deinstitutionalization. As Bill expressed it: "Deinstitutionalization focused on closing buildings; rehabilitation focuses on opening lives" (W. A. Anthony et al., 2002, p. 3). Under Bill's leadership, the Center for Psychiatric Rehabilitation (CPR), Sargent College, Boston University, was established in 1979. Over the subsequent decades, Bill and CPR, as well as other national and international researchers and advocates (e.g., Team for the Assessment of Psychiatric Services) in the United Kingdom (Leff et al., 2000), helped to establish the conceptual foundation and evidence base for the field of psychiatric rehabilitation, clarifying its mission and tools, and incorporating it into various mental health services. Bill formulated the aim of psychiatric rehabilitation as working in partnership with people who have psychiatric disabilities to reach their definition of a meaningful life by enhancing their functioning so that they are satisfied and successful in their environments of choice, with the least amount of ongoing professional intervention (W. A. Anthony, 1979; W. A. Anthony & Liberman, 1986; M. D. Farkas & Anthony, 1989). This specification permitted the operationalization of outcomes and the subsequent development of concrete skill and support strategies to achieve them. CPR designed a training

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technology to teach these skills and support strategies to providers, regardless of mental health background or discipline (Cohen et al., 1985, 2007, 1986, 2007, 1991, 2007; M. Farkas et al., 2000). The technology identified the competencies needed to deliver the strategies, organized within a logic model, described as helping a service participant "choose–get–keep" valued residential, vocational, educational, and social roles (M. D. Farkas & Anthony, 1989). The "choose–get–keep" logic model and accompanying strategies led to the development of service models to incorporate psychiatric rehabilitation to achieve these roles (M. Farkas & Anthony, 2010). For example, Bill and his team pioneered methods to help people achieve educational goals, known as supported education (Sullivan et al., 1993; Unger, 1993), and enthusiastically supported the development of models formulated by others, such as supported employment (Becker & Drake, 1994; Bond et al., 2023) and supported housing (Tsemberis & Eisenberg, 2000). Outcome studies later established the feasibility of using the choose–get–keep techniques to effectively integrate psychiatric rehabilitation into an overall mental health services system in a variety of settings—vocational, educational, residential, and more (e.g., Ellison et al., 2002), while improving outcomes such as quality of life, mental health (Shern et al., 2000), and goal attainment (Swildens et al., 2011).

Despite these advances and the popularity of psychiatric rehabilitation in the 1990s and 2000s, the question of whether psychiatric rehabilitation would remain viable as a field of study and practice rather than a historical footnote was an ongoing concern. Many mental health professionals recognized the need for rehabilitation to complement treatment interventions such as psychotropic medications and psychotherapies. However, neither the recognition of the need for it nor the presence of related training materials and other resources, meant that psychiatric rehabilitation was well understood or practiced well. Because psychiatric rehabilitation is practiced by a variety of types of professionals, with related research appearing in a wide range of professional journals, a clear focus on psychiatric rehabilitation has been difficult to maintain. In addition, its success in becoming a widely accepted and critical part of mainstream mental health delivery has also paradoxically made it difficult to maintain a focus on its unique characteristics. Nonetheless, by the late 1990s, its success in helping people achieve valued roles contributed to shifting the emphasis on mental health services toward the vision of recovery.

Recovery

In contrast to psychiatric rehabilitation, most other mental health services were generally heavily influenced by the mistaken assumption that people with serious mental illnesses do not recover but rather that their well-being and functioning deteriorate over time (Bond et al., 2001; M. Farkas et al., 2005). Yet decades of empirical evidence, both quantitative and first-person accounts, supported the notion that recovery from serious mental health challenges is not only desirable but also possible and even common (Harding & Zahniser, 1994). As an ally of people with mental health challenges, Bill listened to the voices of people with such lived experience and described the individual recovery that occurred with and without mental health services. In a seminal article with considerable impact on mental health services and policy, Bill helped clarify the notion of recovery as personal and the importance of people with such lived experience in the related transformation of mental health services (W. A. Anthony, 1993). Bill and his team spent the next decade or so advocating, along with others in the field, for a greater focus on such recovery, clarifying the meaning of recovery for mental health services (W. A. Anthony, 1993, 2000; M. Farkas et al., 2008; Gagne et al., 2007), its implications for relevant research (W. Anthony, 2003, 2004; M. Farkas & Anthony, 2006; Spaniol et al., 2002), as well as its implications for the further development of psychiatric rehabilitation as a recovery-oriented practice (W. A. Anthony & Mizock, 2014).

With Bill's leadership, CPR contributed to the identification of the core values of recovery-oriented practice, such as self-determination, full partnership, and hope (M. Farkas, 2007; M. Farkas et al., 2005). Bill focused particularly on the value of "personhood" and the belief that, just like anyone else, people with psychiatric disabilities have talents, interests, and aspirations that have to be prioritized in mental health recovery-oriented services. These ideas and techniques related to creating psychiatric rehabilitation and recovery-oriented services continued to influence the field even into the mid-to-late 2000s (e.g., Akhtar et al., 2021; Rudnick & Roe, 2011; Tondora et al., 2014).

Overview of the Special Section

As editors and coeditors of this journal for a little more than 40 years, Bill, along with other CPR staff who served in that role, contributed to ensuring the growth of the field and its knowledge base.

The articles in this special section reflect a small cross-section of areas that represent the breadth of current work directly influenced by Bill Anthony. These articles span three continents and involve distinct ways to study different mental health service models. The systematic review of supported education, authored by Hofstra et al. (2023), a mostly Dutch group trained in the "choose–get–keep" approach, addresses the outcomes of efforts to achieve people with mental health challenges' aspirations for higher education, the issues grappled with in past research, along with suggestions for growing the body of evidence in this area.

Aviram et al.'s (2023) article reports a policy analysis of an Israeli national mental health reform, addressing a sociopolitical approach to psychiatric rehabilitation. The article reflects the influence of Bill's work on systems development, in which transformation at the policy level ensures that psychiatric rehabilitation addresses social support as well as personal skills development for service users.

Russinova et al. (2023) present the study of an innovative intervention for community integration of people with mental health challenges using a visual technique called "photovoice." Led by CPR trainers and researchers with and without lived experience of mental health challenges, it demonstrates the influence of Bill's commitment to developing, implementing, and evaluating interventions in partnership with people with mental health challenges.

Bill's contributions to the clarification of a vision of recovery and the development by CPR of an adult education framework for the delivery of recovery and rehabilitation services called the Recovery Education Center, influenced the work reported in the Bowness et al. (2023) article. It laid a foundation for the future development of the Recovery College model in the United Kingdom. Bowness et al. add to our understanding of this service model widely used outside the United States through an investigation of Recovery College students, demonstrating the ways in which Bill's belief in the universal principles of recovery-oriented mental health services has become adapted to various cultures and societies.

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The special section underscores the fact that Bill's legacy of ideas, principles, policies, and practices promoting the right and ability of people with mental health challenges to both aspire to and achieve a meaningful life, will continue to influence a broad range of stakeholders, such as researchers, systems administrators, agency leaders, service providers, people with mental health challenges, their families, and with it, the future of recovery-oriented psychiatric rehabilitation services.

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