PRESIDENT'S ADDRESS

THE PRESENT STATUS OF THE MENTAL HEALTH PROBLEM

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One hundred years ago there was no recognized mental health problem. It is true, there were people who were mentally ill, but the problem they created for society was a problem of nuisance rather than of health. The public mental hospital movement was under way, but the major problem was to relieve society of a public nuisance, not to cure the psychotic person or to prevent the occurrence of mental illness. Fifty years later, at the turn of the century, public hospitals were almost wholly custodial institutions: lunatic asylums, not hospitals in reality. Indeed, as late as 1947 a prominent psychiatrist said in a radio program, "The conditions (in our state mental hospitals) are shocking, monstrous, horrible. The majority of public mental hospitals do not give treatment; they give custody, poor at that." Even in September 1948 the Federal Security Administrator in his report to the President on health stated, "Conditions in our state mental hospitals represent one of America's most disgraceful medical situations." After calling attention to overcrowding and the extreme shortage of personnel and funds, he continues, "One result of this poor support is that a majority of state mental hospitals do not give treatment. They give custodial care." For many years, well back into the last century, a relatively small number of people has been keenly aware that this country has a serious mental health problem. Such distinguished names as Dorothea Dix, Clifford Beers, and Dr. William A. White, are among those who saw the problem and devoted themselves vigorously and persistently toward the furtherance of its solution. The general public, however, remained ignorant and indifferent. Even in the last two or three years such books as *The Snake Pit, These Are My Sisters, Out of Sight Out of Mind, If a Man Be Mad,* have pictured current conditions in terms little different from those used by Dorothea Dix in her crusade one hundred years ago. At the present time, thanks to a few courageous and crusading individuals, the American intelligence and conscience are beginning to stir and to give promise of action.

There is without a doubt a major problem in the mental health situation in the United States. Perhaps, as the Surgeon General said some time ago, it is the number one health problem. The seriousness of this problem is indicated first of all by the large numbers of people who are mentally ill. At the end of 1946 there were 529,000 patients occupying the beds of the mental hospitals, and an additional 77,000 on the books of the hospitals as receiving some form of extra-mural care, making a total of 606,000 persons seriously ill mentally. This number is larger than the number ill from polio, cancer, and tuberculosis combined. Since the number has steadily increased for many years, it is undoubtedly larger today. In 1946 there were 153,000 first admissions to mental hospitals. For every person on record as a patient in a mental hospital there are many who receive private treatment or no treatment at all, and so do not enter the records. It has been estimated that there are 8,000,000 people in the United States who are mentally ill seriously enough to be in need of treatment. Of the men rejected for military service in World War II, about 35 per cent were for neuropsychiatric disorders, and at least one-third of the post-war applications for disability pensions are on psychiatric grounds. One out of twenty persons in the nation will spend some part of his life as a patient in a mental hospital, and one out of ten will need psychological or psychiatric treatment. On any day, about half the patients confined to hospital beds are mental patients.

Further evidence of the existence of a mental health problem of major proportions is to be found in the fact that mental hospitals are so crowded and so deficient in staff that seriously inadequate care is given to the patients who are admitted to them. Figures released by the Public Health Service, Mental Hygiene Division, reveal that the average daily resident patient population in 1946 in state mental hospitals was 444,785, and that the normal capacity was 382,426, indicating an overcrowding of 62,359 or 16.3 per cent. The range was from 13 per cent under capacity to 58.4 per cent over capacity. It is common knowledge that in many state mental hospitals beds are placed in the corridors and that some patients lie even on the floors, with or without mattresses.

Not only is there serious overcrowding, but there is an even more serious shortage of personnel from physicians down through every category to attendants. In 1945 in state mental hospitals there was an average of one physician for every 295 patients. The standard set by the American Psychiatric Association is one for every 150 patients. There is a need, therefore, for about twice as many physicians as are now in residence in the state mental hospitals. By following approved ratios it is discovered that in order to reach accepted standards the present number of attendants must be multiplied by about 2, the number of graduate nurses by 4, of psychiatric field workers by 4, of therapists by 8, of psychologists by 90. This condition of overcrowding and deficiency in personnel inevitably means inadequate care and treatment. Poor custodial care is unavoidable, and genuine therapy is far below any reasonable standard. It has been estimated that 20 per cent more cures could be effected if proper and adequate treatment could be provided. Under adequate treatment, six patients could be sent home cured and restored to normal productive life for every five who now are returned to their homes in sound mental health.

The amount of money expended on state mental hospitals also indicates a problem, not because it is so large but because it is relatively so small. In 1946 the annual per capita expenditure in the state mental hospitals of the nation was $436.72. The monthly per capita expenditure was $36.38; the daily expenditure $1.20. Only ten years ago the per capita expenditure was $269.05, or 74 cents daily. This expenditure covers all maintenance costs, salaries, upkeep, clothing, and all supplies. The average per capita daily cost for food in that year was about 25 cents. The salary scales for employees from superintendents down are generally much below those of the employees of the employee of comparable responsibility in the business and the industrial world. A short time ago, according to Wright, the salaries of attendants "ran as low in some states as $45 per month, plus maintenance; nurses were paid as little as $50 per month; doctors $150." In many instances they work on 12 hour shifts, 72 hours a week and sometimes seven days a week. It is commonly known that their living conditions are very poor.

As serious as the situation as regards our state mental hospitals may be, it is not the most important phase of the mental health problem. The matter of most serious concern is the fact that so little has been done, through out-patient clinics and child and family guidance centers, to correct less severe mental illness or to prevent mental illness from occuring. If early treatment through clinics could be given many cases of severe illness, psychosis could be prevented. This being the case, the very small number of out-patient clinics in the nation is evidence again that a mental health problem exists. The need for clinics as stated by health authorities is at least one clinic for every 100,000 general population. This would call for about 1400 clinics in the nation and there are actually only about 800. Some states approximate their average need but six states have none at all. There are 345 child guidance clinics in the nation, but 13 states have none and many states have only a small number in a few large centers of population. Sixty-seven per cent of the 345 child clinics are in five states: New York, Massachusetts, California, Pennsylvania, and Illinois. Many of the mentally

ill who cannot be received into hospitals because of overcrowding could be successfully treated by clinics as out-patients. The fact is, many persons are sent to hospitals, because it is the only opportunity, poor as it is, for treatment and care, who could be well cared for by clinics at less expense to themselves or to society. Out-patient clinics are recognized by mental health leaders as an urgent need. This is a part of the problem, and it is very real to juvenile courts, the welfare agencies, the schools, and to many families.

Evidence in great variety and quantity of social disorganization also points to a mental health problem. Every year in the nation 350,000 persons are disabled by accidents. It has been estimated that 60 per cent of these are due partly to personality disorders and about 30 per cent have no other cause. There are 600,000 chronic alcoholics in the United States. Nearly 2,000,000 crimes are committed annually in this nation, and there is abundant evidence that many of these are due basically to mental disorder. There are 300,000 or more juvenile delinquents in our courts every year, and they are not the result of hereditary viciousness but of poor guidance or none in childhood. There is an average of one divorce for about every five marriages. More people lose their jobs from personality maladjustments than from inefficiency due to lack of skill or technical knowledge. These various forms of social disorganization and others are in large measure symptoms of poor mental and emotional adjustment and actual mental illness.

A mental health problem is also indicated by the fact that the leaders in mental health freely admit that our knowledge in the field is very inadequate and that one of our greatest needs is for research. We need research to determine the causes of mental illness and the methods of prevention and of treatment. There is still disagreement concerning the extent to which hereditary or constitutional factors are responsible for mental illness as contrasted with experiential or environmental factors. Why and to what extent shock therapy is effective, the possibilities and dangers of brain surgery as a method of therapy, the therapeutic use of music, painting, and dramatics all are questions as yet only partially answered. Actually, relatively little intensive research has been done to this date. Public and private agencies spend on research $100 per year per case of polio and 25 cents per year per case of mental disorder. In 1946 Congress appropriated five times as much money for the study of plant disease as it did for mental health. More money is spent annually on the prevention of soil erosion than on the prevention of mental illness. Recently a state legislature refused to vote $10,000 for psychiatric research, but voted $200,000 for testing for Bangs' disease among cattle. Great sums of money should be spent on research on polio, cancer, tuberculosis, plant disease, soil erosion, and disease among food-producing animals, but large sums should also be spent on research to prevent and correct human erosion in the realm of mental health.

The inevitable conclusion from these facts and others not stated is that this nation has a grave mental health problem whether or not it be generally recognized. It *is* our most important health problem. It is a problem, not merely on a national scale, but a problem of major proportion in every state. It is especially grave in Oklahoma. In the year 1945 there was an average daily resident-patient population of 7,446 in the four mental hospitals of the state with a normal capacity of 6,450, an overcrowding of 15.4 per cent. There were 19 physicians, and by the standards of the American Psychiatric Association 50 were needed. There were 7 graduate nurses and 187 needed, not one psychologist and 7 needed, 14 therapists and 37 needed, 2 social workers and 14 needed, 458 attendants and 931 needed. In ratio of all employees in mental hospitals to the number of patients, only one state rated lower than Oklahoma.

In patient per capita expenditure, Oklahoma is just as deficient. The annual per capita expenditure in 1945 was $217.43 as compared with the national average expenditure of $385.90. The average monthly per capita

expenditure was $18.12, compared with the national average of $32.16. The Oklahoma daily per capita expenditure was 59½ cents, and the national average $1.05½. Oklahoma again ranks 47th among the states.

In 1945 in Oklahoma there was an inadequate number of psychiatrists in private practice, no public mental health clinic, and only a limited amount of out-patient clinical work by the mental hospitals. School psychologists were rare and no court in the state dealing with juvenile delinquents or adult criminals made regular use of psychological or psychiatric services.

The social problems that exist elsewhere in the nation and that spring from personality disorders exist in no less degree in Oklahoma. We have an abnormally high automobile accident rate. In some communities the divorce rate is practically equal to the marriage rate. Sex crimes keep some of our communities in perpetual fear. Juvenile delinquents, guilty of serious offenses, are brought into our courts in large numbers; in some instances as many as 90 or more new cases per month are brought to a single court.

Discouraging as the status of the mental health problem has been and still is, there is now evidence of progress. For many years in the United States the National Committee for Mental Hygiene, The National Mental Health Foundation, The National Congress of Parents and Teachers, and the Commonwealth Fund have been promoting the cause of mental health, and they are now intensifying their efforts. The International Congress on Mental Health, held in London in August of this year, was attended by representatives from many nations and by large numbers from the United States, but regrettably only two from Oklahoma attended. In 1948 there were 34 states with state mental hygiene associations, and 26 states had state mental health departments or their equivalents. In July 1946 the National Mental Health Act was passed; it was made effective in 1947 with an appropriation of funds for operation. This act provides for a National Advisory Mental Health Council to assist the Surgeon General in the Department of Public Health Service. It authorizes and makes financial provision for the National Institute of Mental Health, to be housed in a spacious building near Washington D. C., with its primary function that of research into the problems of mental health and disease. The act also provides funds for research through other channels, for the training of psychiatrists, clinical psychologists, nurses, and psychiatric social workers, and for aid to states and communities in providing out-patient clinical service.

Further evidence of progress is found in a steady increase in the annual per capita expenditure. In 1946 this expenditure was $436.72 as compared with $260.05 ten years previously, an increase of 62 per cent. During each year of the ten year period there has been a substantial increase, indicating a definite trend. It is particularly heartening to note the attention given to mental illness by the Armed Forces and the Veteran's Administration. There are now 49 veteran mental hospitals, 42 veteran clinics, and out-patient care is provided through many general hospitals for service-connected mental illness.

In Oklahoma, too, there are many signs of progress, though some conditions are still much below standard. Overcrowding in the state mental hospitals is now 12.8 per cent as compared with 15.4 per cent in 1945. Personnel has increased slightly, but only slightly, in some categories. A striking gain has been made in the annual expenditures. The annual per capita expenditure in 1945 was $217.43, or 59½ cents per day. In the fiscal year ending June 30, 1948, the per capita expenditure was $453.84 or $1.24 per day. This amount is higher than the national average was in 1945.

Outside the mental hospitals many activities have been going on that have done much to awaken interest on the part of the public and to accomplish practical good. For more than fifteen years the Oklahoma Congress of Parents and Teachers has had a state chairman for Mental Hygiene and

has given a place to mental health in its programs and publications. The Family Institute of the University of Oklahoma has done much constructive work in mental hygiene, though the term, mental hygiene, has been little used. A recent series of articles in the *Daily Oklahoman* on Oklahoma State Mental Hospitals has aroused interest and concern throughout the state. In December 1946, on the call of the State Chairman for Mental Hygiene of the Oklahoma Congress of Parents and Teachers, the Oklahoma Committee for Mental Hygiene was organized. This organization set up a permanent office and personnel, established a full-time Mental Hygiene Clinic in Oklahoma City and sponsored a mobile clinic unit, assisted by the University of Oklahoma and the American Business Club of Oklahoma City. Both the clinic and the mobile unit have substantial success to their credit. Special mention should be made of the work done in Tulsa over a period of years by the Superintendent of the Eastern State Hospital at Vinita. He has come to Tulsa one day each week during the school year, to work with children referred to him by the schools. In addition he has set up a preventative program in some classrooms. Excellent results of his work have been reported.

The greatest gain in progress was the passage by the last legislature of the Oklahoma Mental Health Act. This act provides for a State Department of Mental Health with a Mental Health Board of five members and a Medical Director who has supervision of seven state institutions, including the four mental hospitals. In addition the Medical Director is authorized to promote mental health generally in the state. Significantly, in this act the term the "mentally ill" is used instead of "lunatic" or "insane". Six procedures for the admission of the mentally ill to the hospitals were established, including voluntary admission. Investigation of the care and treatment of the patients is authorized and required, and penalties are established for abuse of patients.

It is of especial significance in terms of progress that three local Community Chest agencies, Lawton, Tulsa and Oklahoma City, have included child guidance clinics in their budgets for considerable amounts. In Lawton a clinic, principally for children and their families, is held two days each month. In Tulsa no clinic is now operating, but arrangements are practically completed to open a full-time child guidance clinic in September, 1949. A psychiatrist has been employed as Director, to give full time. A half-time clinical psychologist from the University of Tulsa is at hand to give service. In Oklahoma City the Mental Hygiene Clinic, established by the Oklahoma Committee for Mental Hygiene, will be supported by the Community Chest. The administration of this clinic will continue to be a function of the Oklahoma Committee for Mental Hygiene.

It is of more than ordinary significance that a mental health clinic has been opened on an expanded scale very recently by the University of Oklahoma Medical School. This will not only add to the clinical services of the community and the state but will afford opportunity for the training of psychiatrists and psychiatric nurses.

This has been a recital of rather tedious facts, and yet back of these tedious facts and impersonal figures of deficiency and need lies distress even to the point of tragedy in several thousand homes in Oklahoma and in families throughout the United States. Progress is being made and hopefulness is mounting in the state and in the nation. There is much yet to be accomplished in this state before our mental hospitals can be adequately manned and so enabled to give adequate treatment to their mentally ill patients; much to be done before every mentally ill person in the state not in a hospital can have ready access to clinical service, and much to be done before all the children of the state and their parents can have guidance service within their reach. The mental health problem in serious proportions is with us yet in the state and in the nation.

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