

# Mental Health Programs of the States

—Recommendations Based on Studies of Current Practices—

By RILEY H. GUTHRIE, M.D.

*This report is based on two volumes prepared and published by the Council of State Governments, 131 East 50th Street, Chicago, Ill.: The Mental Health Programs of the Forty-eight States, a report to the Governors' Conference, 1950; and Training and Research in State Mental Health Programs, a report to the Governors' Conference, 1953.*

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RECOGNIZING the growing demand for more effective mental health and hospital programs in the United States and the States' responsibility in this field, the governors of the 48 States at their 41st annual meeting in June 1949 adopted the following resolution:

"Mental hygiene and the care and treatment of the mentally ill create some of the most important social and financial problems confronting the States today. In order that the States may be enabled to deal adequately with these

problems much additional information is needed with respect to personnel, administrative practices, and physical equipment.

"The Council of State Governments therefore is directed to make a comprehensive factual study of the activities and facilities of the several States in this field and to submit its report to the Governors' Conference."

Accordingly, such a study was made and the report, *Mental Health Programs of the Forty-eight States*, prepared by a special research staff with the assistance of a technical advisory committee. Information was gathered through the offices of the governors of the States and from State mental health authorities and persons concerned with the care of mental patients.

In general, the study dealt with these questions: What are the real needs? What can be done now to meet these needs? It was recognized that answers to these two questions were needed as a basis for sound State programs.

More specifically, the study provided information on the historical background of the care of the mentally ill, the scope of the present problem, legal aspects, institutional organization and administration, financial aspects, mental hospital buildings and equipment, quantity and quality of personnel, quantity and quality of care and treatment, and special activities related to mental health and hospital programs such as community relations, clinics, programs for special groups of the mentally ill, and re-

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*Dr. Guthrie is mental hospital adviser for the National Institute of Mental Health, National Institutes of Health, Public Health Service. He was a member of the Technical Advisory Committee and of the Advisory Committee on Mental Health, which assisted in the preparation of the volumes on which this paper is based.*

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search. The tables and graphs prepared to support conclusions are informative and suggest methods of improving current practices.

Preceding the presentation of the factual data in the report is a summary of the material and recommendations. This is a strategic position for them because they serve to stimulate interest in the supporting material.

### **Facilities and Activities**

The 40 recommendations made merit thoughtful consideration. The first, based on the finding that hospital space for the care and treatment of the mentally ill is an evident and urgent need in most States, specifies that, to the extent possible and feasible, adequate hospital space should be provided promptly. Study findings also indicated that modern equipment and facilities and additional personnel should be provided.

Studies of psychiatric needs for observation, care, and treatment of children which may lead to the development of appropriate treatment programs on a statewide basis are recommended. Such programs are essential for the early detection of significant symptoms.

Problems of the aged, including the need for community facilities for them, are given recognition.

Recommendations concerning legal aspects of patient care include these: deletion from the statutes of outmoded terminology, provision for voluntary admission of patients to hospitals, and simplification of procedures for admission of involuntary patients.

Organization and administration of hospitals for the mentally ill were found to be chaotic in some instances. To remedy this situation, it is recommended that comprehensive mental health and hospital programs be established under the administration of a single integrated State agency. The organization should follow clearly defined lines of authority.

Consideration of financial factors motivated the recommendation that patients contribute to the cost of care and treatment in accordance with financial ability, but that such ability not imply preference in hospital admission or treatment. The contribution made by the patient or his family is considered to be therapeutically

advantageous in minimizing the stigma sometimes attached to hospitalization for mental illness.

The States should assume financial responsibility for public care and treatment of the mentally ill. This has reference to the divided State-county financial responsibility found in some States, resulting in serious disadvantage to patients.

In recognition of budgeting as an important function of administrative management, it is suggested that the National Association of State Budget Officers in cooperation with State mental hospital authorities study ways and means of developing improved State hospital budgets and that they report their findings to the Governors' Conference. This is a practical suggestion that could be followed without delay.

Recommendations concerning the plant and equipment specify that building programs be established to reduce existing overcrowding, that fire resistant structures be provided, and that basic standards of sanitation in respect to kitchen and dining room facilities, water supply, sewage disposal, and general housekeeping be met. These are matters of concern to health officers.

The need for adequate personnel in the various categories is mentioned, and the States are urged to appraise the existing situation and provide for the necessary professional and other staffs.

Programs of inservice education for ward personnel are recommended. These are of benefit to the patient; ultimately, the State will get increased return for the money invested in salaries.

Adequate provision for therapeutic programs, including psychiatric, medical, and ancillary activities, are considered of primary importance. With an appropriate therapy program, an institution is a hospital; without it, merely a custodial institution.

Since food is an important part of therapy, a competent dietitian should be in charge of well-organized food services.

The study well demonstrated the need for adequate and standardized records and statistics in State hospitals for the mentally ill. Recordkeeping processes need to be improved in order to have accurate and current information

relative to patients and the operation of mental health programs.

Perhaps the most important and far reaching in its implications is the recommendation that more attention be given to research in the field of mental illness.

### **Training and Research**

Interest of the State governors in mental health programs continued high, and in 1951 they requested the Council of State Governments to make a second study, this one to deal specifically with ways in which the States might work toward prevention and cure of mental illness. The resulting report is thus centered around training and research programs, but, both by implication and direction, it goes far beyond these fields.

The report, *Training and Research in State Mental Health Programs*, is based on information obtained from State departments and agencies concerned with mental health and from hundreds of individual research scientists employed in State institutions. Both through its marshaling of facts on current training and research in the State systems and its recommendations for improvements, it can provide a basis for notable advance in early years ahead. The recommendations are given below.

#### *Responsibility of the States*

Each State should appraise the breadth and adequacy of its entire present mental health program in the light of future needs, and within the limits of its resources, assume necessary additional responsibilities for the early recognition, treatment, and prevention of mental illness.

Mental health training and research programs should be encouraged and supported by the States, and specific appropriations made for them.

It is recommended that a position of director of training and research be established within the mental health agency in each State to assume responsibility for the coordination of mental health training and research within the State's jurisdiction. It is recommended further that, where possible, regular meetings of the heads of all State agencies concerned with

mental health be held for the purpose of integrating their efforts. A technical advisory committee, composed of scientists and educators in the field of mental health, should be established in each State to advise and assist the mental health agency and other State departments concerned in the coordination of training and research activities.

The States should encourage their mental hospitals and clinics to affiliate with teaching centers in order to encourage greater participation of State hospitals in field training and internship in the biological and social sciences. Through joint university-hospital staff appointments and other means members of university faculties should be encouraged to originate and participate in research in State mental hospitals. The State mental health advisory committee can be active in promoting close communication between hospitals and teaching centers.

All States should cooperate with the Public Health Service in the adoption of uniform terminology and statistical reporting procedures in the field of mental health.

#### *Training*

The States should appraise the personnel situations in their mental hospitals and support, where necessary, training of increased numbers of personnel. They should take steps to encourage an increase in the number of students at the graduate and undergraduate levels in the profession immediately concerned with psychiatric treatment and also in the basic biological and social sciences which affect progress in the field of mental health. State institutions which are not accredited for residency or as affiliate training centers for psychiatrists, clinical psychologists, social workers, nurses, and other professional groups should endeavor to raise the level of teaching and supervision in their institutions to secure accreditation.

More extensive and effective inservice training programs for all grades of personnel should be provided in State hospitals. In the larger hospitals such programs may be the responsibility of a training or a research and training officer.

Narrow specialization within the field of mental health does not make for the best care

and treatment of mental patients. Inservice training for all hospital personnel should include lectures and seminars designed to acquaint each professional group with the special knowledge and skills of the other professions represented. In many cases basic courses in hospital orientation, patient management, general psychology, psychiatry, the special therapies, and the functions of each occupational group can be organized advantageously into a common curriculum for most of the hospital staff. Inservice training also should provide for interchange of experience in the actual work of the different groups so that each staff member may both understand and assist in duties other than those of his specialty.

Individual States should consider the advisability of providing stipends for graduate training in psychiatry, psychiatric social work, psychiatric nursing, clinical psychology, physical and occupational therapy, public mental health, and the basic biological and social sciences.

Salary scales should be adjusted to reduce to the extent possible differences between public and private scales so that public mental hospitals may compete effectively for the limited personnel available to fill treatment, teaching, and research positions.

Hospitals, clinics, and other agencies conducting research also should make every effort to provide those factors, both tangible and intangible, which influence morale, through administrative support of teaching and research programs.

Hospitals and other mental health facilities should use part-time services of professional persons within the community to as great an extent as other requirements permit.

### *Prevention*

The urgent need for extending the area of prevention calls for increased research to determine the relative value of various new preventive measures. Future studies, for example, should evaluate scientifically the effectiveness of early treatment measures, such as those of clinics and child guidance centers, the results of improved prenatal care to reduce congenital brain damage, new chemicals which may prevent the onset of some diseases, the usefulness

of school classes in "human relations," and the results of improvement in community and family environments. Since it is generally agreed that the foundations of mental disease are most commonly developed in childhood, studies of biological, psychological, and social development of children should be stressed.

### *Research*

The kinds of training and research programs to be undertaken by the States should be determined by individual State resources and needs. The following considerations, however, should be examined closely in formulating a State training and research program:

1. States which already possess major teaching centers, especially universities or medical schools, should coordinate their training and research activities to make maximum use of these institutions and their laboratories.

2. State-sponsored research efforts should be concentrated in or near existing facilities.

3. Many significant research problems, however, especially those dealing with the effectiveness of existing treatment methods, with genetic, family, and community factors in the cause of mental disorder, and with methods of preventing it, can be pursued advantageously in many areas without large research centers.

4. The most critical prerequisite to research is scientific personnel.

5. Since successful research normally requires continuity of personnel, facilities, and financial support, the States should make every effort to assure sustained financial support, and thus avoid wasteful interruptions of the research program.

6. Excellent opportunities for important research on mental disease exist in State hospitals, even where hospital personnel lack time or training to undertake it themselves. The States should encourage use of their hospital facilities by qualified scientists from other institutions.

If headway is to be made against the rising number of admissions to mental hospitals, time and facilities for research should be made available to qualified research workers in them. Research activities in State mental hospitals should be coordinated under a research director. In small institutions, the research director may be the clinical director or superintendent; in

others, the scope of the research program may require creation of a separate position. This may be particularly desirable if responsibility for the hospital's training program also can be placed under it.

Research laboratories in State institutions should be encouraged to undertake fundamental research in the biological and social sciences as well as to seek practical solutions to immediate problems.

It is suggested that all States arrange for the use of scientific exchange services by members of their hospital staffs to increase the economy and effectiveness with which research is conducted. Staff members also should be encouraged to publish completed research findings in scientific journals and personally to present papers at professional meetings.

#### *Interstate Cooperation*

Where individual States find it impractical to provide adequate training for members of mental health professions in short supply, it is recommended that they enter into appropriate interstate arrangements for academic and clinical training.

It is recommended that States participate jointly in mental health research suitable for such cooperation and that they investigate practical means to cooperate in supporting and enlarging the research activities of institutions in their regions, under arrangements by which the personnel and cost of facilities and equipment may be shared equitably.

Interstate cooperation for research could be facilitated markedly through leaves of absence for hospital and university personnel in States lacking major research centers to spend periods of time at research institutions in other States.

All States should cooperate in periodic regional mental health conferences.

It is suggested that the States establish an interstate clearinghouse, the functions of which may include the following:

1. To maintain up-to-date information on the mental health programs of all States, especially with reference to the scope, nature, and results of training and research activities, and to make the experiences of each State available to all.

2. To cooperate with Federal, local, and private agencies in making maximum use of existing resources in the promotion of mental health.

3. To aid in initiating arrangements, where requested, for interstate cooperation in academic and field training and in use of existing research institutions.

4. To provide expert field consultation for States wishing more detailed assistance in establishing effective mental health programs.

#### **Current Developments**

Since the publication of this volume, two significant events have taken place which demonstrate that the State governors are still concerned with mental health problems and are giving considerable attention to improving State mental health programs. One was the adoption of a resolution at the Southern Governors' Conference, held November 1-4, 1953. The other was the National Governors' Conference on Mental Health, February 8-9, 1954.

The resolution adopted at the 1953 conference directed the Southern Regional Education Board to begin an immediate survey of facilities for the training of psychiatric personnel in the South and to report those best qualified to take additional students from other States; and to initiate a survey of institutions doing mental health research and recommend those capable of being enlarged to do additional research.

The resolution further specified that upon completion of these surveys, but, in any event, not later than July 30, 1954, a southern regional mental health conference be held to discuss the surveys and to draw up interstate arrangements in mental health research and training. It also suggested that the individual States make official surveys of their training and research facilities—with particular emphasis on raising mental institutions in each State to the level of residency or affiliate accreditation—and that the results be presented to the 1954 regional mental health conference. Finally, it stated that the Southern Regional Education Board be requested to report the results of its study and any action taken to the 1954 Southern Governors' Conference.