STATEMENT

By Arthur S. Flemming, Secretary of Health, Education, and Welfare, April 20, 1959

Care of Mental Patients

TENS of thousands of mentally ill patients in our Nation today are receiving disgracefully inadequate care and treatment.

While there has been some encouraging progress against mental illness in recent years, the situation as a whole is one that I believe the American people would find genuinely shocking if they knew the facts.

I recognize that this is an immensely difficult problem, aggravated by too little scientific knowledge and to a considerable extent, even today, by old fears and superstitions.

One thing, however, is clear: The resources we are devoting to mental illness today fall dreadfully short of meeting the problem. We have not yet mounted an effective attack on mental illness in this country. The fact is, we are barely holding the line.

One does not need to dig very deep into this problem to uncover some shocking deficiencies. I am satisfied that, on the whole, we are beginning to make real progress in the area of research. But in the area of hospital care and treatment, we are far behind.

Many of the 277 State and county mental hospitals in this country are still little more than custodial institutions with wholly inadequate funds, personnel, and facilities for even the simplest methods of treatment.

For the Nation's public mental institutions—where about 9 out of 10 of those in mental hospitals are today—the average expenditure for both care and treatment is only $4.07 per patient per day. When we compare this with the average cost of $26 per patient per day in general hospitals, exclusive of physicians' fees, we get some idea of what the great majority of patients in public mental institutions are up against.

The average expenditure of $4.07 per patient per day in public mental institutions becomes even grimmer when we take into account the fact that most mental hospitals today devote their best facilities and personnel to the treatment of newly admitted patients whose chances of recovery are greatest.

Today, a patient entering a mental hospital has a 50–50 chance of getting out during the first year. After the first year, however, with the resources currently available, the chances of recovery decline sharply. If a patient does not respond to intensive treatment during the first few months, he must be shifted to the chronic wards in order to make room for new admissions.

Patients who do not get well the first year now have only 1 chance in 5 of ever leaving the hospital and after 5 years only 1 chance in 100.

I am advised, however, that the condition of the longer term patients is by no means as hopeless as the statistics would suggest, that a great many of them could be restored to normal, productive lives if adequate treatment were available. Surely a far greater effort than is possible with the resources available today is needed to rehabilitate the longer term patients—the forgotten men and women of the back wards of our mental institutions.

That this would be a fruitful expenditure of time and effort was proved rather dramatically by a study at a Maryland State hospital. In this project, 72 men patients, all of whom had been in the hospital for more than 5 years and some for more than 10 years, were taken from

different wards and placed in a convalescent cottage where the professional staff could give them close attention.

The doctors concluded that 55 of these 72 patients were well enough, after intensive treatment, to leave the hospital if they had the incentive to do so and a suitable home to go to. For some it was too late—they had lived at the hospital so long that it was home to them and they did not want to leave. But 26 of the 72 did leave, and all but one of these got jobs and became self-supporting.

To keep such persons in mental hospitals all their lives is not only to fail in a duty of common humanity but it is false economy. Let us say that it would have cost $1,500 a year, the national average, to maintain these 25 patients in the hospital for the rest of their lives and that they had an average life expectancy of 20 years. This would amount to a total cost of $750,000—three quarters of a million dollars to maintain in a mental institution for the remainder of their lives 25 men who proved to be perfectly capable of becoming productive members of society.

Similar evidence that large numbers of patients in mental hospitals today need not be there was produced in a study supported by the National Institute of Mental Health at a hospital in California. In this study, 235 long-term patients were given intensive treatment and their record of improvement compared to that of a matched control group. The recovery rate among the special treatment patients was 2½ times that of patients in the control group.

It must be recognized, of course, that it is not easy for a former mental patient to make the transition from hospital to community life. One of the greatest difficulties in making the transition has to do with earning a living. Here there are positive barriers, far more formidable ones than those which many employers put up against hiring the physically handicapped.

A great deal more needs to be done to pave the way for employment of former mental patients, an area that does not require large outlays of money but the priceless ingredients of public compassion and understanding.

The Department of Health, Education, and Welfare, I am happy to report, has been quietly working on this aspect of the problem as an employer. Several persons who have been patients at St. Elizabeths Hospital are employed right now in various agencies of the Department and are doing very well.

These patients were started in carefully selected jobs, working at the Department during the day and returning to St. Elizabeths at night. Nearly all of these patients have gone on from these especially selected positions to regular employment either in the Department or in private industry.

Statistically, of course, this program is not significant. Altogether only about two dozen patients have been involved so far. But the success of this program, it seems to me, should have great significance for all employers.

I think everyone would agree that much could be accomplished if industry, large and small business, public and voluntary agencies, and others concerned applied effort and time toward breaking down the barriers to employment of former mental patients.

There are also large numbers of patients in mental hospitals today who, although not employable, could be cared for much more satisfactorily outside the hospital.

The traditional idea of caring for all mentally ill people in one big institution, regardless of the type or severity of their illness, is being seriously questioned by competent authorities as an effective means of dealing with this vast and complex problem. There are, for example, thousands of elderly people in mental hospitals who could be cared for much better in nursing homes or other facilities more suited to their needs.

A concerted movement in this one direction alone would greatly reduce overcrowding of mental hospitals and the heavy burdens now imposed on limited hospital staffs.

The National Institute of Mental Health provides advisory services and matches State funds to help communities build facilities and provide services for such people. The Institute also offers mental health project grants specifically designed to support projects for the development of new and improved methods of care and treatment for mental patients.

A fully effective attack on mental illness requires not only greater effort to get people out

of mental hospitals but also much greater effort to keep mental and emotional disorders from developing to the point where a mental hospital is the only answer. For this we need many more clinics and other outpatient facilities for the less seriously disturbed and more day-care centers and psychiatric units in general hospitals for those whose conditions require more extensive treatment.

The consensus of those with whom I have discussed this problem appears to be that one of the greatest potentials in the whole field of mental illness lies in earlier diagnosis and earlier intensive treatment.

In this connection, the National Institute of Mental Health is supporting a study to determine the feasibility of incorporating protection against mental illness in voluntary health insurance programs. Such a development, I am convinced, would go a long way toward encouraging people with incipient mental or emotional disorders to obtain competent professional advice and assistance before their ailments reached a serious stage. There have been several instances, I understand, where a few ounces of prevention in the form of intensive early treatment have worked wonders with persons who in the normal course of things probably would have landed in mental institutions.

The great need today is for more professionally trained personnel in all fields of mental health.

The American Psychiatric Association in December 1957 published results of a study of professional staff in public mental hospitals as of 1956. This study shows that the number of physicians, psychologists, registered nurses and other nurses, and attendants was grossly inadequate.

The minimum APA recommendations for physicians in mental hospitals is 1 to every 94 to 98 patients. The actual ratio in 1956 was 1 physician to every 184 patients, or a shortage of 55 percent.

The recommended ratio of clinical psychologists is 1 to every 400 to 500 patients. The actual ratio of 1 psychologist to every 769 represents a shortage of over 35 percent.

The recommended ratio of registered nurses is 1 to every 15 patients. The actual ratio of 1 registered nurse to every 77 patients in 1956 represented a shortage of over 80 percent.

The APA recommends that in addition there be one other staff member (nurse or attendant) to every five patients. The actual ratio of one to every seven patients in 1956 represented a shortage of about 25 percent.

Because of these shortages, I am told that the potentials inherent in the new tranquilizing drugs are as yet largely unrealized. These drugs do not cure mental illness. They are effective in calming disturbed patients to the point where they can be reached with treatment. If the treatment is not available, the effect of the drugs is lost.

WHO Publications

Medical Education. Annotated bibliography, 1946–1955. 1958; 391 pages; $6.75.

First Report of the Expert Committee on Water Fluoridation. WHO Technical Report Series No. 146; 1958; 25 pages; 30 cents.

Post-Graduate Training in the Public Health Aspects of Nuclear Energy. Fourth report of the Expert Committee on Professional and Technical Education of Medical and Auxiliary Personnel. WHO Technical Report Series No. 154; 1958; 53 pages; 60 cents.

These publications may be obtained in the United States, directly or through a bookseller, from the Columbia University Press, International Documents Service, 2960 Broadway, New York 27, N.Y.

Federal Publications

Swimming Pools. Disease control through proper design and operation. *PHS Publication No. 665; 1959; by Jerrold M. Micheal; 147 pages; 75 cents.*

Design, construction, operation, and maintenance of swimming pools and the effect of each on disease control practices are discussed. Prepared as a training and reference guide for use by the Communicable Disease Center in its courses for public health personnel, this manual is intended also for use in State and local inservice training programs.

Swimming. *PHS Publication No. 98 (Health Information Series No. 7); revised 1959; leaflet; 5 cents, $2 per 100.* Cautions swimmers against overexertion, and warns of unseen dangers. Emphasizes safe practices.

Municipal Water Facilities. Communities of 25,000 population and over, continental United States and territorial possessions, as of January 1, 1958. *PHS Publication No. 661; 1959; 83 pages.*

Changes which have occurred in the organized community water facilities of approximately 850 municipalities since 1956 are reflected in this inventory. Directed to industries, other private agencies, and all levels of government, the report should be useful in planning for broad water developments, industrial expansion, and national emergencies.

Health Statistics From the U.S. National Health Survey. Persons injured, by class of accident, United States, July 1957–June 1958. *PHS Publication No. 584–B8; 1959; 62 pages; 40 cents.*

This report adds information to that already published from the health survey on class of accident and on age, sex, and urban-rural residence of persons injured. The tables cross-classify characteristics of the population with medical attention and activity restriction resulting from injuries. They also relate the persons injured to income level and to major activities of working, keeping house, retirement, and school attendance.

Appendixes carry technical notes on methods, give definitions of terms, and show the content of the questionnaire used to collect the information.

National Water Quality Network. Annual compilation of data, October 1, 1957–November 30, 1958. *PHS Publication No. 663; 1958; 239 pages; $1.50.*

Approximately a dozen chemical determinations and data on coliforms, plankton, organic materials extracted by activated carbon, and radioactivity are set forth in this first annual report following establishment of the water quality network.

The raw data, presented chronologically, were obtained from about 50 sampling stations set up by the Public Health Service and operated cooperatively with local and State agencies. Statistical and other analyses of the data will be published separately.

Psychopharmaca. A bibliography of psychopharmacology, 1952–57. *PHS Publication No. 581 (Public Health Bibliography Series No. 19); 1958; by Anne E. Caldwell; 258 pages; $1.50.*

Approximately 2,500 articles dealing with psychopharmaca, defined as drugs that primarily affect the mental state, are indexed in a subject list of drugs and again in an author list. The articles are concerned with the effects on psychological, behavioral, and encephalographic reactions of normal subjects, patients, and laboratory animals. They were published between January 1952 and December 1956, with a partial listing for 1957.

To aid the user in locating entries in the subject list, a drug index lists chemical, code, trade, and generic names of drugs, names of drug groups, trade names of drug combinations, and terms for special therapeutic and research techniques. An ancillary subject list of special conditions contains articles referring to the aged, alcoholism, children, and pain.

Viral Hepatitis. Clinical and public health aspects. *PHS Publication No. 435; revised 1959; by Heinz Eichenwald and James W. Mosley; 56 pages; 20 cents.*

Directed to public health workers and physicians, this manual contains comprehensive discussions of the diagnosis, prevention, and treatment of hepatitis, and of the role of the health department during an epidemic. Appendixes outline information applicable to the operation of mass inoculation clinics, procedures to be employed in an epidemic area, and forms useful in obtaining family and case histories.

Budget Payment Plan of the Nevada State Dental Society. *PHS Publication No. 651; 1959; 18 pages.*

A dental postpayment plan is analyzed to ascertain characteristics of the people who obtain loans to purchase dental care and the nature of the care they purchase.

Sex, age, occupation, family income, and number of persons covered by notes are included in the study of characteristics of the borrower. Frequency of occurrence and expenditures are shown for the various types of dental service provided.

This section carries announcements of new publications prepared by the Public Health Service and of selected publications prepared with Federal support.

Unless otherwise indicated, publications for which prices are quoted are for sale by the Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C. Orders should be accompanied by cash, check, or money order and should fully identify the publication. Public Health Service publications which do not carry price quotations, as well as single sample copies of those for which prices are shown, can be obtained without charge from the Public Inquiries Branch, Office of Information, Public Health Service, Washington 25, D. C.

The Public Health Service does not supply publications other than its own.
