Public Relations for Mental Health

PUBLIC RELATIONS for new philosophies of care and treatment for mental illness was the theme of the annual meeting of the National Association of State Psychiatric Information Specialists in Chicago, May 21–22, 1963, when members and guests met to discuss issues related to preparation of the community and winning its support for community-based mental facilities and programs.

The association, consisting of public education and information staff in governmental, professional, and voluntary agencies, has among its stated objectives promotion of the goals of mental health programs and agencies by improved public relations, development of public support for these programs, and fostering cooperative public attitudes.

In his opening remarks, Harold P. Halpert, the association's first president, pointed out the increasing recognition of the value of the public relations function in mental health programs and the increased attention to this function by the nation's psychiatric leaders. He also gave a brief history of the organization and its activities in enhancing public education for mental health.

Dr. Harold M. Visotsky, deputy director of the Illinois Department of Mental Health, summarized the components of Illinois' new mental health plan. Emphasizing the importance of developing community awareness of new concepts and new ideas in mental health, he said: "Transmission of information is a strong weapon in building good mental health programs. Your ability will spell the difference between success and hopeless apathy."

At the first panel, devoted to elements in preparing the community for new mental health programs, Joel Edelman, public relations direc-

This report was prepared by Harold P. Halpert, consultant on communications, Research Utilization Branch, National Institute of Mental Health, Public Health Service.

tor for the Michael Reese Hospital, Chicago, stressed that good public relations begin with good performance. He discussed the various publics served by a hospital and methods of interpreting its program to them.

The importance of interpreting the agency's goals to its employees, the "internal" public, was reemphasized by the panel moderator, David K. Boynick, assistant to the Connecticut commissioner of mental health. Dr. Thaddeus P. Krush, clinical director of the community services division, Nebraska Psychiatric Institute, discussed difficulties in communicating mental health concepts to lay groups.

Ray D. Brown, director of public relations for the Milledgeville State Hospital, Ga., discussed the attitudes of high school students toward mental illness. A program in Georgia brings students into the hospital for 1-day seminars as part of an expanded educational effort to make citizens more aware of their role in insuring adequate care and treatment for the mentally ill. Surveys indicate that visiting the wards and talking with patients helps to allay the students' fears and anxieties, gives them a keener appreciation of the hospital's needs in trying to provide adequate services despite lack of personnel, and suggests the possibility of a career in mental health.

The second session dealt with the handling of emergencies related to antisocial acts of patients. Sgt. Patrick O'Shea, commander of the Chicago police department's special services program, told of policemen's need for help in identifying and handling mental patients. Maurice Fischer, city editor of the Chicago Daily News, emphasized the significance of mutual trust between mental hospitals and the press and of having available a responsible member of the hospital staff to answer reporters' questions.

Panel moderator, Margaret M. Farrar, director of education and information, New York State Department of Mental Hygiene, reported

that a study in her State revealed a significantly lower percentage of criminal behavior among former mental patients than among the population at large.

Handling community resistance was the topic for the final session, chaired by B. W. Tucker, chief of the Illinois mental health education services. A graphic and detailed account of the anti-mental health movement was presented by Harry Milt, director of public relations, National Association for Mental Health. The best preparation for anti-mental health attacks, he said, is a vigorous public information program to insure broad public understanding of mental health problems and of the goals and functions of community mental health agencies. He recommended that educational efforts be aimed primarily toward winning the support of key community groups and individuals.

Frances T. Roberts, program assistant, Connecticut Department of Mental Health, described how effective public relations helped deal with community resistance to establishment of a day-treatment center by a State hospital. The department had explained publicly its purpose in wishing to open this needed facility, but

that it would not force area residents to accept the center. The community resistance which followed was found to stem from the concern of property owners that real estate values in the neighborhood would decline.

The department decided to relinquish its option, but reaffirmed its desire to provide the community with this service in another suitable location. At this point, opponents of the center offered their help, and an advisory council of representative community leaders was formed to assist the hospital's board of trustees.

Good public relations, achieved by the mental health department, the hospital, the community's advisory council, and the local press, resulted in selection of another desirable site for the day center and in the development of additional resources of community organization and support for mental health programs.

At the closing business session, the National Association of State Psychiatric Information Specialists elected the following officers for the ensuing year: Margaret M. Farrar, president; David K. Boynick, first vice president; Ray D. Brown, second vice president; Francille Bailey, secretary; and Robert H. Branson, treasurer.

Prepaid Dental Care

More than one million persons in the United States are covered by some type of prepaid dental care plan. Usually administered by nonprofit dental service groups, insurance companies, or group practice clinics, the plans provide benefits ranging from the more basic types of routine dental service to comprehensive coverage. Employer contributions to a union welfare fund finance some; others are supported by contributions of both employer and employee or by periodic payments by the employee.

Since 1960, both the number of persons covered by prepaid dental care plans and the number of plans has doubled, and the range of services has tended to widen. New York is first and California second in population covered and in number of plans. One of the largest prepaid dental contracts was recently signed by the California Dental Service with Aerojet General Corporation to provide care for 115,000 employees and dependents.