

**Mental Health**

**in a**

**Growing Democracy**



**by Mr. Mike Gorman**

State of Illinois  
**WILLIAM G. STRATTON**  
Governor



**"MENTAL HEALTH IN A GROWING DEMOCRACY"**

by

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Washington, D. C.**

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**DEPARTMENT OF PUBLIC WELFARE  
Otto L. Bettag, M.D., Director**

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MENTAL HEALTH IN A GROWING DEMOCRACY

SPEECH AT

NINTH ANNUAL MENTAL HEALTH LUNCHEON,  
ILLINOIS DEPARTMENT OF PUBLIC WELFARE  
12:00 NOON, TUESDAY, APRIL 30, 1957  
THE ARMORY - SPRINGFIELD, ILLINOIS.

by

MIKE GORMAN, WASHINGTON, D. C.

EXECUTIVE DIRECTOR, NATIONAL COMMITTEE AGAINST MENTAL ILLNESS

Governor Stratton, Dr. Bettag, Members of the Legislature, Guests:

Some months ago, I was touring one of the largest mental hospitals in the State of New York. As you probably know, New York has the largest mental hospital system in the world. It has 120,000 hospitalized mental patients and the budget of its Department of Mental Health, including capital construction, has now reached the astronomic figure of \$230 million a year.

These figures were much on my mind as I walked into one ward and found a boy of ten hospitalized in a ward crowded with 88 adult patients. He was a very sick boy, but I felt he would get much sicker in the impersonal atmosphere of a 3,000 bed institution. I therefore asked the Superintendent of the hospital why the little boy was there. The Superintendent replied that his being there was an act of

compassion. He explained that New York State had only four or five children's units and the nearest one was 150 miles from the boy's home. So the boy was hospitalized there in order that his parents could come to see him once in a while.

I relate this incident because it epitomizes so much of our "care" of sick children in this great and growing democracy of ours. The best the wealthiest state in the nation could do for one sick boy was custodial institutionalization. And what is the future for this boy? The odds are about twenty to one that he will be hospitalized most of his adult life.

Unfortunately, the little boy in the New York institution is not an isolated example. Your State Department of Welfare recently completed a survey of residential treatment programs for children in this country. That survey revealed that only 13 states have specialized treatment facilities for emotionally disturbed children, and most of these have an inadequate number of beds. Is it not a shocking fact that 37 states are housing children with the adult populations of their mental hospitals? In Illinois, your two treatment centers for psychotic children have a combined capacity of 84 beds, but the survey points out that 306 children are in your state mental hospitals and an estimated 1,200 additional children should be hospitalized.

Your survey is further proof, if any is needed, of the failure of this democracy to handle mental illness in its early stages. A recent study by the Child Welfare League of America put the number of emotionally disturbed children in this country at about 500,000. Individual surveys by state and municipal agencies in the last few years have uncovered thousands of these emotionally disturbed children

rattling around from one agency to another, with no provision made for intensive psychiatric treatment.

How do we care for these children? How do we treat them, make them well again and return them to their communities so they can lead successful, productive lives? Do we do it by making windy speeches about cutting the budget?

During the past four months, we have heard a great deal about cutting the Federal budget. In all the sound and fury, there has been relatively little attention paid to the fact that the proposed Federal budget is less than 18 percent of our national income, the first time this figure has been that low since before the start of World War II.

For the coming year, President Eisenhower proposed \$2.8 billion for the various activities of the Department of Health, Education and Welfare. Although this sum is only four percent of the budget total, and 64 percent of it involves mandatory Federal payments for public assistance, the House of Representatives spent two weeks trying to rip large holes in it. Very little of the discussion seemed to relate to the essential fact that America is growing at a staggering rate. Since 1940, we have added approximately 40 million people to our population. We now have 12 million children under three years of age. At the present rate of growth, it is estimated that we will have 225 million people in this country by 1975.

In spite of these figures, there were many Congressmen who wanted to cut our Health, Education and Welfare expenditures back to the level of last year. This prompted Congressman Leo Gavin, a sound Republican from Oil City, Pennsylvania, to comment:

"To make an extremely simple comparison, it is like asking a man with a wife and five children to live today on the income he received ten years ago when he had but one child and prices were much lower."

Seven years ago, in their book "Ethics in a Business Society", Marquis Childs and Douglass Cater wrote:

"In 1950, the richest nation of the world spent less than five cents of each Federal tax dollar for public assistance for widows, orphans, the aged, and the blind, to help educate the Nation's youth, rehabilitate the handicapped, eradicate slums, erect low-cost public housing, improve the people's health, meet the cost of all national parks, museums and libraries, and support the school-lunch programs... For the Nation as a whole, our use of public funds, local, State and Federal - for health, education and assistance to the needy - amounts to two-thirds of our spending on liquor and tobacco."

That was in 1950, and in 1957 Secretary Marion B. Folsom had to plead with the Congress not to emasculate a budget for Health, Education and Welfare which took only four cents of every Federal budget dollar. While he was successful in some areas, eliminated from his program were such key items as \$2 million to support research on why people become dependent upon Public Welfare; \$2,500,000 to train professional workers to help restore persons receiving public assistance to productivity; and \$1,500,000 to inaugurate a limited Federal program on aging.

The cost of all of these programs together is less than the cost of one B-52 bomber.

The same epidemic of false economy seems to be hitting some of the State legislatures this year. These moves threaten the great forward push against mental illness which began at the close of World War II and really got under way in 1949, when the National Governors' Conference authorized its initial study of state mental health programs.

Describing the great strides forward made during the past few years, Governor G. Mennen Williams of Michigan, chairman of the Mental Health Committee of the National Governors' Conference, told the National Health Council in March of this year:

"Certainly the most dramatic statistic in the mental health field at this moment is the fact that, according to our Interstate Clearing House on Mental Health, 34 states either have almost stabilized or have reduced their mental hospital populations at the end of fiscal year 1956. This was the first time, since 1945, that resident populations in mental hospitals did not increase at the rate of 10,000 per year or more. The decrease, taking total national figures, came to approximately 7,000 under the resident patient figure of 1955. This decrease is particularly spectacular when viewed against the fact that first admissions in 1956 were at their highest point in history."

However, Governor Williams warned that "the road we have chosen to reach our goal of a nation healthy in mind as well as in body is a long one, and we have to date traversed only the first few miles of it...We have indeed established a beachhead and massed for a breakthrough".

We are faced with a real choice at this moment. In guiding us, we have the sorry lesson of past reform movements in the field of mental illness. Up until recently, we had cycles of a few years of

public indignation and limited reforms, then a return to apathy. However, we have now mounted the most sustained offensive against mental illness in our entire history, and we must not let the budget cutters and the false economizers deter us from our goal.

I am happy to note that the Governor of Illinois is pushing on in his crusade to lift the level of care and treatment for 50,000 patients confined in this state's mental hospitals and schools for the retarded. Over the past few years, you have shown a slow but steady rise in the level of care given to these patients. Your per diem cost has gone up from \$1.37 per patient in 1945 to \$2.95 in 1956. However, you are still below the national average and the full sum proposed in the Governor's budget will be needed to bring you within striking distance of your sister states. You have also shown a slow but steady increase in the number of employees per patient. While there has been a considerable improvement in the period since 1945, you still have quite a way to go to reach the national average.

In order to increase your staffing, you must pay the dedicated workers in your institutions a decent salary. The recent survey completed by the Council of State Governments shows that you are not paying salaries competitive with those in states of comparable size. Paying inadequate salaries is ultimately false economy because the high rate of employee turnover which plagues all of our mental hospital systems today is far more expensive than the payment of good wages.

I respectfully urge the Department of Personnel of your state to give particular attention to the salaries paid to attendants. These dedicated people, who are the backbone of the treatment programs in



every one of your institutions, must receive adequate compensation. And if there are any professional budget cutters in the Illinois legislature who make speeches similar to those I have heard in recent weeks in the U. S. Congress, I invite them to put in a month as attendants and then examine with a microscope the pay check they receive for such devoted work.

On the positive side of the ledger, Illinois has been one of the leading states in the use and evaluation of the tranquilizing drugs. One of the first reports in the medical literature came from Doctors Dean C. Tasher and Marianne Chermak of Manteno State. In the past year, Dr. Werner Tuteur and his associates at Elgin State have contributed several excellent reports on drug usage and cost savings resulting from widespread use of the tranquilizing drugs. Galesburg State Research Hospital, under the leadership of Dr. Lester Rudy and Dr. Harold Himwich, has pioneered in both drug evaluation and in fundamental biochemical research leading to a more complete understanding of the processes of aging. Probably the outstanding state research hospital in the country, Galesburg has achieved an international reputation for its research work.

The research and drug evaluation work is beginning to pay off in dramatic fashion. In the period from June, 1955 to June, 1956, there was a reduction of 500 patients in your state mental hospitals. Figures for the last six months of 1956 indicate that the reduction will be much greater by June, 1957.

Impressed as I am with these achievements, I think your greatest contribution has been the establishment of the Mental Health Fund. Established by the 67th General Assembly in 1951, this Fund has re-

ceived more than \$18 million from the relatives of patients. The collection of this Fund has been accomplished on a fair and equitable basis, since the average monthly payment from those families able to pay is only \$42.30, and the maximum monthly rate is set at \$60.00.

With these funds, you have supported a large number of research projects and a growing number of scholarship and training programs.

Last October, you began the construction of an \$8 million Illinois State Psychiatric Institute with allocations from this Mental Health Fund. This modern 400-bed Institute is planned as the focus of a dynamic new research and training program in Illinois.

Equally impressive is the fact that you have leaned heavily upon the state's medical and psychiatric leadership in the administration of this Mental Health Fund. Your Illinois Psychiatric Advisory Council, which approves all research projects supported by the Fund, includes some of the top names in American psychiatry. Your Research and Training Authority, established by the 1955 legislature and empowered to spend up to \$1 million a year from the Mental Health Fund for grants to non-state institutions, is likewise composed of top names in medicine and psychiatry. I know of nothing comparable to this Authority in any state in the nation, and I think you ought to know that you have blazed a trail which I hope many states will follow in the years to come.

The Mental Health Fund has also been a major source of support for clinics and other community mental health services. In 1953, six community clinics were aided by this Fund, while in the current fiscal year, 23 community mental health clinics are receiving such support. In the current year, you are appropriating more than \$600,000 for these

community mental health services. While this is an appreciable sum, it falls far short of the needs. Considering the size of your state, you should be appropriating three to four million dollars a year for the support of community mental health services. In the current fiscal year, New York State is spending \$9,300,000 in matching grants to communities for the support of clinics and other preventive mental health agencies.

There are many other exciting developments in Illinois which time does not permit me to treat in detail. Your volunteer program, which enlists the time and compassion of thousands of your citizens each year, is growing evidence that the stigma associated with mental illness is falling by the wayside. Of equal merit is your pioneer program in conducting a complete physical examination of each patient in a state mental hospital. This is proof positive that Governor Stratton chose wisely when he picked an expert in tuberculosis to become medical director of the Department of Public Welfare.

I cannot let this opportunity go by without saying a word about Dr. Otto Bettag. During the first several years of his administration, he was on the receiving end of a considerable amount of embittered criticism. He had the courage to stick to his guns and he has proven to all of us in the mental health field that he is one of the best administrators in the entire field. In fact, Governor Stratton, if you decide to trade him, I hope you ask for at least a million dollars and six major league ball players in return.

Although you have come a long way in Illinois you are aware, I am sure, that there is much which remains to be done in developing adequate treatment programs for mental illness. Our greatest weakness at

the present time is the lack of community facilities and personnel to treat mental illness at its onset, before it freezes into an untreatable psychosis. In the few minutes remaining at my disposal I can only list the most important challenges we face:

THE GENERAL PRACTITIONER:

In the past year, a major movement has been started to train the general practitioner in psychiatric skills so that he can be a powerful ally in treating the people he sees in his daily contacts. The American Psychiatric Association has launched an ambitious program to educate the general practitioner and has employed a full time psychiatrist in its central office to spark these programs throughout the country. The American Academy of General Practice has set up a strong committee devoted to this problem, and it is working in close cooperation with the American Psychiatric Association. In a few states, local medical societies and local chapters of the American Academy of General Practice have joined in sponsoring pilot training programs.

In testimony before a House of Representatives Appropriations Committee this year, I appealed for the modest sum of \$1,300,000 to be granted to the National Institute of Mental Health for the support of pilot projects in the training of the general practitioner. Although this sum is equal to the sum needed to train only two B-52 pilots, the budget cutters had their way and the proposal was rejected. However, we are far from beaten and I am certain this program will soon receive the support of the Congress.

PSYCHIATRIC UNITS IN GENERAL HOSPITALS:

The statistical unit of your Department of Public Welfare, which incidentally is one of the best in the country, recently completed a

survey of psychiatric beds in general hospitals. Outside of Cook County Hospital, which has 330 beds but can hardly be described as a real treatment unit, you have only a few hundred beds in your general hospitals devoted to psychiatric treatment. It is generally agreed that 10 percent of general hospital beds should be devoted to psychiatric treatment, instead of the few hundred you have.

However, increasing progress is being made in this area. It is estimated that there are now 25,000 beds in general hospitals open to psychiatric patients. This is about one-third of the current need. In recent years New York, Pennsylvania and Connecticut have developed programs of state aid for psychiatric beds in general hospitals, and I strongly recommend that Illinois follow this new pattern. It will be more economical in the long run and it will gradually bring the treatment of mental illness back into the main stream of medical practice, where it belongs.

COMMUNITY TREATMENT FACILITIES FOR CHILDREN:

This is probably the biggest challenge of all. There are only 30 residential treatment centers in the country, which are altogether capable of handling about 2,000 children a year. This is a job requiring the combined efforts of state and local governments. This year, after lengthy hearings, the chairman of the Senate Committee on Public Health of the New York State Legislature introduced a bill to provide for matching state and local grants for the establishment of residential treatment centers for children. Although the economy wave engulfed this proposal, I am confident that it is the pattern which will be followed in many states during the next decade.

In the challenges I have enumerated above, I have only sketched the building blocks needed to make our communities mentally healthy. Few would dispute the statement of Dr. Franklin Ebaugh that our state mental hospitals are monuments to the failure of our communities "to create the necessary conditions for the full, healthy adjustment of individual minds."

Our communities and our country as a whole determine the extent of mental illness by the values they pursue. Dr. Andrew Tomb, one of the nation's leading general practitioners, has frequently pointed out that the community itself can be sick, and that a chain reaction can be set up which produces a high degree of mental illness.

If we are to create a mentally healthy America, we must begin a searching examination of our values. Why, for example, does our Federal Congress and many of our state legislatures place a higher value upon bombers, guided missiles and six-lane turnpikes, than upon human beings? Why do we have to beg for a dollar before an appropriations committee while the military boys get billions without any blood, sweat or tears?

As a conception of what mental health could mean in our growing democracy, I commend to you the following statement from a recent speech by Yale Professor Harold Lasswell:

"We believe that the mind and body of an American should be sound and healthy. To deny this is to argue for a diseased and defective America...It is courting disaster to allow mental disease and defect to co-exist with modern science and technology. Infirmities of the mind are themselves serious deprivations of human values. They are deprivations of mental and physical integrity - of well-being. It

offends our conception of human dignity to put up with remediable and preventable damage to the mind."

Margaret Mead has described mental health in a democracy as a moving target, one which expresses a strong and continuing hope rather than a passive state of being.

We are a prosperous and growing people and our vision must grow apace. We cannot afford to join Harry Byrd and his colleagues in nostalgic excursions into the 19th Century. Cutting back health and welfare budgets to last year's level is a denial of the prime fact of a growing people with higher standards of human dignity and welfare.

I earnestly beseech all of you here today to take a firm stand in favor of the human race. Fight hard for those unfortunates who are in your care - who cannot speak for themselves. If you do not falter, we will win and this democracy will be a healthier place in which to live and raise our children.