WE There was a man there who said that there's been recently a history of mental health in Alabama written and you figure in that rather prominently so I said I would be interested to see that so when he got back he sent me a copy of the book and it is a book about that big that goes into great detail really about the developments of mental health in Alabama the state hospitals and then when I came along we were trying to get community mental health things going and I worked for the Mental Health Associations so it has me quoted in there quite a lot and said what my goals were when I came there and a whole bunch of things

EAR S.R.E.B. is mentioned - Paul Pennygraw was mentioned

WE Have you seen that book?

EAR No, I haven't but I remember those people

Well, this was in Alabama when I worked in Alabama it was before I worked in NIMH so it was interesting they kind,of she did a very thorough thing which I think would have been enhanced - as a matter of fact when I wrote my thank you to the man for sending me the book I suggested that it would have been interesting for her to interview some of the principals involved rather than just going by the publications and things like that - she had copies of annual meeting agendas and various kinds of things of that kind which got recorded in the newsletters

EAR Who published the book?

WE I am not real sure if Catherine Vickery who is a psychologist and was a Professor for a long time at Alabama College,did the book and I don't know whether it was - I am not sure who published it - it is a paperback but it is very extensive and a good thing to have.

EAR I will have to get a copy of that maybe a prototype on a larger scale

WE Well, except that I don't think she did really interview people - some people are now going to their great rewards.

EAR And I've got some people I've got to catch before they go literally I missed Joe Bobbitt - I mean't to tell you about that - I just as soon put it off the record because it is not relevant.

WE You gonna lead me?

EAR If you wish - I do think though in one sense your responsibility in regional activities is a key aspect for all programs - What would you say - How would you say that the regional program was initially seen by Bob and people out in the field and what way do you think it most importantly led to the whole national programs development.

WE Well, of course, my first contact with the NIMH programs was through the regional people that I knew before I went there and you know it was Bill Hollister and people in Atlanta that I knew most and,of course, I had known Jerry Carter right along too because of the psychology _____ there and they were uniformly - they were held in great esteem by everbody who knew them - I know we looked to Bill and Claire Calhoun from Atlanta when I was down there in Florida first and then in Alabama. They always came with new ideas and of course, in Claire I found somebody that was a very good - he was a good support for what I was trying to do and, of course, he was a wise man.

EAR What year was this?

WE This was in 1952 - I went to Daytona Beach to work in the local Health Department right out of Duke and I was there for a couple of years and I met Bill and Claire some time that spring in Miami at a conference and Claire supplied what I had been needing the whole time - he put the whole thing into focus for me for public mental health in a way that I didn't - you know I just hadn't had this before. I had been associated with and knew something about public health previously because I had worked in it some in World War II but it was exciting and it just

WE(cont) made you feel like you were part of something that really was significant you know it was exciting and exhilarating to - it really was, and so my contacts with him for the rest of the time always had this quality about it even after I joined NIMH we always made opportunities - I made an opportunity to have a session with Claire Calhoun even when I was in Chicago and all around - it was marvelous to have that. I guess the feeling I had right along was that the regional office people were bringing ideas and support for things that ought to happen and perspectives and interpretations of what mental health could be as a community kind of activity and of course, for me one of the important things to begin with was the fact that community mental health was more than a clinical activity and I considered that the NIMH line about community mental health was broader than clinical activities from the very beginning. It is kind of interesting that more recently now in just the last very few years actually, have consultation and education in these various other things which are non-clinical, gotten the measure of greater respectability, although I do feel that the mental health movement for the most part - that is the mental health center movement its monies went all too much into clinical activities all around everywhere and I suppose there is a way to understand that because of the people primarily in charge of the monies were people who were clinically trained and didn't have a broad perspective on community mental health - that's what it comes to.

EAR What in the early days do you recall particularly vividly as incidents that gave you the feeling that this was in effect implementing this broad perspective - this exciting potential that you were talking about - can you document with a few particular incidents?

WE What did implement it?

EAR What you were involved in that you felt really was moving the program ahead in this larger context.

WE Well, I felt that for instance that the community services branch which was the one that I had contact with originally had a definite message that community mental health was broader than clinical services and so there was - the whole spectrum for program included such things and consultation and education and some understanding of how communities function and so on. So, I think that their persistence in this and the contacts for instance every year Jerry Carter had this meeting with state psychologists and I think a lot of this sort of thing got purveyed through that medium.

EAR That was initiated by Carey

WE I think that a lot of people who had responsible positions in states got considerable set of ideas through that and of course through their contacts with regional people that they had contact with as well, so I think that probably as much as anything was crucial in getting some understandings of this thing

EAR In those early days what would you say was the perception at the State level of NIMH - I mean the variety of roles that obviously played not in the least of which was the availability of funding for a variety of things and holding meetings like the State psychologists but were there any two or three key identifications that marked for the way the State people looked at NIMH.

WE Of course, NIMH every year had a meeting with the State Mental Health Commissioner and there again there was a chance for the philosophy of NIMH to have some dissipation - disemination I guess is a better word - and of course, all the state agencies had contact with the regional people because there was the approval for state plans for spending federal money and that gave me a chance also to look at things other than strictly a narrow definition but I think that it took a long time for agencies to come to see NIMH as - I will use two examples -

WE(contd) in Maryland and North Carolina the mental health agency was the State Health Department and health departments had a long tradition of having Federal and State monies to do various things with and they sort of resented the mental health opportunities in a way and those two places didn't use their monies and I know that as late as the early 50's somewhere along there - well, late 50's - 57 - along in there - North Carolina was still turning back a whole bunch of the 314D money that was available to it and finally in North Carolina as in Maryland the health department lost the community health program - think it happened in Maryland too but I think of them of the two offices - the two state health offices - they were very much alike in this respect - they were in favor of this service but they didn't put anybody in charge who had real leadership and who could promote the development of the program and so they kept turning the money back each year and then, of course, what happened was that the sentiment in the State reorganized mental health and put it all in one agency - least that's what happened in North Carolina and I said lots of times that they deserved this to happen if they had understood it better - we had some of the same problems in the Mid-West when I was out there - mental health in a way was looked at as an interloper and the new thing on the block and of course, some people had some resentment about that and especially the fact it had considerable money and they were struggling along with a lot of programs they had been working with for some time with that much additional money so you can appreciate some of the feelings at that time. I think they came to feel - I guess this varied around the country but I do think State programs came to feel

WE(Cont) some closeness with NIMH and I think that they had some - well they were critical of various kinds of things schedules and you know crash programs to spend the money and so on - I think for the most part they came to be identified fairly nicely with the NIMH effort. That's the feeling I had - of course, I am talking now mostly really about community services programs as opposed to research or training or that sort of thing.

EAR Who were some of the key people in Washington that you personally dealt with in community services that you could kind of characterize from a standpoint of your interactions with them?

WE You mean before I went to NIMH

EAR Both before and after.

WE Well, of course, before I went I got to know Jerry Carter through Claire Calhoun and I heard about Felix and knew he was there - in fact, I remember hearing about him first when I was at Duke in Graduate School when they were organizing - I went there in 1948 and began hearing about him along in there. I suppose I knew that Bestermark was there - you knew that Felix was there and Bestermark was there and you knew whoever was head of community services - who was the first head of that?

EAR Not Curtis

WE No, it was - I never knew him - that guy went out to Nebraska - Lowery

EAR Oh, yes

WE Wasn't Lowery the first head of that.

EAR That's right

WE I never knew him - of course, I had gotten to know Bill Hollister when he was still in Atlanta then he became head of community services at some point there - I guess he followed Southern - did he? -

EAR Right

WE I guess I have sort of a vague feeling who was up there at that time.

EAR AFter you got in you didnt' have much interaction - well you did - you knew Allen

EAR(Contd) _____ very well.

WE Well, when I joined up I, of course, was stationed in Charlottsville and I made it my business to try to get to know the people around there some. For instance, I went to visit the Study Center - they didn't do a terribly good orientation job for new people when they came home. If you did anything it was kind of up to you so I visited the Study Center and met Allen Miller and Stan Yolles who was there then, Jim Osberg - I guess at that point Jim may have been back in Atlanta - I am not sure.

EAR I think he was.

WE I had met him before he was in Atlanta. Mostly, I knew the community services people I guess and had occasional contacts with other people.

EAR Lenny Dewell

WE Not very much - I had more contact with him when I was in Chicago region because we had several large city things and he was working on urban stuff and we brought him out to Detroit - they were having a lot of trouble there Cavanaugh was the mayor he set up some things there

EAR Nor, Joe Bobbitt very much?

WE No, they were mostly names to us and once in a while they would bring Joe over to the State Psychology meeting so we knew he was there - we knew Richard Williams and Joe Bobbitt - who else was in that group?-

EAR Lenny Dewell was in there later on.

WE Richard Williams and Joe Bobbitt were the ones

EAR A social worker with an irish name - Denny O'Keefe was that it?

WE Yes, I remember him but I didn't really know him then. Even then it was beginning to be a sizable outfit and, of course, our line in it was through community services or whatever its successors name was.

EAR Okay, now without being asked to blow your own horn and without asking you to be immodest - what would you say your own contribution to the program

EAR(Contd) had been in terms of your responsiblity while you with NIMH - feel free to say what you think.

WE Well, I think that I brought ideas and stimulation to people in the field - I know that some of my people in the Region 3 later on when I - when you get ready to leave places people kind of tell you and people found my ideas and ~~and~~ the means with which I was trying to help them promote things of use I was very much interested in promoting what you might call organization development kinds of activities so we had a bunch of those going in different places of one sort or another and I think that people got stimulation out of contact with me there I think. When I went to Chicago I think there is no doubt that there was a similar kind of thing and I really was the friendly regional office person who tried to listen to things that they had to say and to carry the messages and bring back ideas and so on. I don't think I can point to any particular big thing that we did in any one of those places. We had one of the early sort of a staff development activity in Chicago region as I recall - I still have the proceedings or whatever it was we developed on that - it really was trying to look at staff roles and the function of mental health staff - in a way maybe it was sort of a regional - what did we call those grants we had at the state hospitals?

EAR There were two.

WE Not the HIP the other one

EAR Incerpts Training.

WE It was kind of a regional conference that preceded those maybe or went along with those. I remember that being very stimulating.

EAR We started that when I was in the main branch.

WE One other thing that we tried to do something about was we did a combination

WE(Contd) of things with Region 7 when I was in when I was in 5 to try to do something about the disordered offender and we had a conference and some things back and forth and nothing great ever came of that but it was an effort - it recognized the problem of the inforensics and here is kind of a no man's land of people between mental health and and corrections and the question each of our states in Region 5 had some problems with - to deal with - of this sort and some of them were in corrections and some were in mental health. Region 7 - not all of those states had any forensic facilities so there was some discussion about whether it made sense to develop a regional kind of approach to forensics disordered offender - I don't know what if anything ever came of that.

EAR I don't know.

WE A few times there was sort of state house sponsored - the Governor sponsored that activity and may be that was one but they - for instance the counterpart in the midwest to the Southern Regional Education Board really never came off.

EAR There were really only two _____

EAR Did you every have the feeling and in what way did it reveal itself that in some respects the regional program was kind of a step-child of the Washington central program - for example, in all the regions there was kind of underlying friction between the people in the training program and the people in the regional office when the people in training wanted to go visit and they didn't always let the regional office people know that they were coming - people like myself often violated that informal agreement when we didn't go out in the field. was that illustrative of some of the underlying, undercurrent.

WE Well, yes there was some of that - there is no question that there was. We were supposed to be part of the same outfit but people there just didn't know we existed you know and we would hear about their having come after they

WE(Contd) had been there if at all and some times it wasn't anything as clear cut as somebody who was in training who had gone and visited a University because that was a fairly direct kind of thing and maybe there wasn't much of a role that we should _____ people to have had in that. Of course, we were concerned about the supplies of personnel to man mental health facilities in that respect probably needed some input in relation to it because I can remember that way back when I was in Florida the training branch at NIMH never talked to anybody but Universities and I that was a very sad deficiency because there was almost no communication between University training programs and field facilities. It is much better now - much better but at that point there was just none and I think that it may be and this is something to that I think organizations don't recognize all the time and that is that the examples they set are frequently played out down the line and I think that maybe national organizations don't pay enough attention to that and we frequently say well do as I say - not as I do - I use to - when I was in the regional office - try and say don't look at the way things are in Washington - the way to think about this that at the service delivery level there has to be coordination and collaboration and this can take place at that level even if they don't speak to each other back there in Washington. I use to talk that all the time and the crucial place is at the service delivery level but I, of course, know that what happens there is affected by what is going on back there - the way the laws are written and so on - even in this state this year we had a big move of _____ separate itself out and become a division and its made a schism thats - it is very unfortunate already - I would have had to fire somebody if I had been the mental health Commissioner and he didn't - he felt that it would

WE(Contd) backfire if he did but she just took advantage of him scandously I think and it started a lot of the low morale that is going on n this state right now and the new Governor is related to that issue - that's not all of it it contributes. But, to get back to the other issue there, I think that some of the step-child feelings that Regional office people had are normal to a dispersed organization - field installations always get paranoid about central office activities - especially if directives come down that you should do this and that and you have had no hand in formulations of those. I really did feel that we had a pretty good opportunity to participate in most of the things that affected us though - I think that community services branch and his successor and so on and Stan use to have meetings with us. I thought for the most part we had an opportunity to have input and you know we used to go out to Boulder or wherever it was we went every year and had our annual meetings - some of those were - I thought they were useful things although and some feelings got aired once in a while at them and I felt that was important too, but I think some of that is to be expected in a dispersed organization - it is just absolutely that fact and I do feel that honestly that there were a great many central office people who had no understanding of and no appreciation for the role that the regional office people had - they just had no conception of the need to build a relationships and they felt they should go in and out freely and these are not pure research people or pure trained people - their other kinds of people that were there who violated this thing and had no appreciation for it.

EAR You know when I came in 58, Vestermark, one of the first things he told me was, we do have a regional office but training program is separate from regional program and you just do your job and you don't have to have anything to do with them and in fact, I vividly recall Lenny Duall coming in one day and talking to me about it when I was a new program analyst in training branch - he was then doing other kinds of things that he wanted to have meetings of program analysts and I was scurrying back _____ and then Lenny Duall comes and talks to me. This

EAR practically the first I was there and you know what should I do - he said you just be pleasant with him but your responsibility is here and I took that seriously and I think there was that kind of unfortunate split between some of the programs. If you had to kind of identify any one part of your responsibility in NIMH that you think may have made the most difference in terms of what took place - could you put your finger on something that fits in that category or is it all too interelated?

WE Well, I think it really is pretty interelated - I think that - of course, a lot of people did this but one of the things we did was hold the fort. I think we promoted progressive new things that were exciting and that we were part of and that I, for one, was very proud to be part of the NIMH group. I know especially when Kennedy was President it was really - I really identified strongly with the Administration and what they were trying to do and it made being there very respectable. It may be that some other kinds of attitudes ~~were~~ where I was would have ~~been~~ made things somewhat different but I think for the most part I represented what we were trying to do overall and kept that foremost but in terms of any very specific thing that made this very specific difference I doubt if I could point to that.

EAR You had mentioned before the state health programming and the mental health program was kind of a new boy on its feet so to speak, but how would you characerize aside from the fact that mental health did come along somewhat later - how would you characterize the difference between mental health programming, both at the national and state level, and other health programs that you had anything to do with. Was there anything about mental health programs beside the content area for today, what I am leading up to is - do you think that the mental health people identified more intimately with their programs than other health people did with their respective programs?

WE Well, I think for the most part there was a lot more enthusiasm and high identification, I think a lot of programs were plodding and they were weighted down with for instance

WE(Contd) welfare had all this books full of regulations and so on to contend with and they had been around so long - from time to time - well there just wasn't anything much exciting it was - it seems to me that some of this even pervades comes to pervade the attitudes of the people that work in it there were creative people there but in a way they were custodians of the regulations and that was unfortunate but I think that mental health had more of an opportunity to break new ground and before everything got kind of set in certain forms of regulations and so on that made it exciting and also attractive to a lot of people. I guess locally sometimes they paid more money and people wanted to come for that but that wasn't the whole reason - people came to it because it did provide some excitement and an opporunity to be creative and not be utterly bound by a set of regulations. They had more room to move around in and I think one thing that was really a landmark and we still have not recovered from it and that was when we decided to do national comprehensive mental health planning - I think we were the first ones in the field to really do that and I think that unfortunately, comprehensive health planning and mental health are still wide apart and I think that is unfortunate. I am not sure how much better they are going to be under the HSA's _ I hope it is going to be better but mental health was not doesn't in many of the health systems areas in this state mental health is barely represented.

EAR And, in another direction what do you think the contribution of the NIMH was specifically to our field in terms of psychology - what were the things that you saw happening within your purview in terms of psychology that would very clearly leave the responsibility of NIMH programming and result of NIMH programming.

WE Of course, the support of research that is a large part of it - provided opportunities for people to do research in the field which they might not have had otherwise and of course, the support of training which produced a great many more psychologists - also the diversity of training - they didn't just support one kind of individual in training - I think all that was really a plus. They underwrote the training of social psychologists as well as clinical psychologists, researchers and one thing that hasn't been supported nearly enough I think, and this could apply to pscyhology as well, and that is administration - I think we are still way behind in providing appropriate training for people to be administrators in the field - that's not only psychology but psychology could be part of that. I think that through training of course, more psychologists were available to the mental health movement and they came with updated curricula and they came out with a different person as compared with those people we had there earlier and this was a very important thing.

EAR You touched on one possible deficiency with not enough emphasis on administrative training - were there any other attributes of the program that you see as perhaps not taking full advantage of opportunities that they might have taken advantage of?

WE Well, I don't know how this could have been managed but there must be a way to coordinate and cooperate, collaborate with other agencies in the community that happens some places and doesn't happen very well in other places and I am not sure what NIMH could have done about that but it is still an area that needs a lot of attention. I think that for instance in Atlanta now they have dispersed all their mental health people around in various places - they have no identification - no identity as mental health people except for instance anybody who does mental health may also do family planning and it tends to dilute the effort and it is not visible in quite the same way - I don't know whether that has happened in other places or not but there is still a great discontinuity of effort I think that there

WE(Contd) for instance they have training monies in Atlanta that you can use for certain things but mental health is almost excluded - there putting out _____ all the time now to do certain kinds of things that regional office persons use to provide - you know consultation - various kinds of things - they just don't have qualified people around anymore - it's really very unfortunate it is sad to see as a matter of fact - the people they have hired who come to do a mental health job don't know what the hell they are doing and maybe somebody fresh out of school and just doesn't know from nothing really - hardly anything of content to say anything of programming - it is sad.

EAR Well, we have a couple of minutes left and I just want to give you the chance perhaps in terms of what we said up to now and anything else you might have come to mind that you would think would be an important perspective - what I am really after is the first 25 years,after 1971 it has gotten so complicated you would have to wait another 25 years to find out what that means, but you touched on a couple of things for example - the Kennedy Administration, which I think was a high point to some extent even the Joint Commission Report and the stuff that_____ Were there any other things that you think are important to emphasize in terms of those 25 years that we haven't touched.

WE Well, to me it's a very significant 25 years - I just think about it in exhileration really for what was developing there and obviously, the climate was right for this to come along and of course, you had some people there who could help do that but following World War II obviously, the climate was there to do something about mental health and I still think of it as the best field of all and of course, I guess be forgiven for some positive prejudices there partiality.

EAR It really was a time of very important growth just were lucky enought to be there.

WE Right, just a great time and I guess, you know in a way I never expected I wouldn't go on just being there - I never had in mind that I would be elsewhere and I suppose if it hadn't been North Carolina I would still be around some place but this is kind of a special place that happens to be my home state and if I had never gotten this kind of an opportunity I would probably be still around some place but I really do hate to see the way things have happened - maybe some of it is inevitable that you have a rise in certain kinds of things and get to be ordinary in one sense.

EAR I think organizations have a have kind of life cycle almost as much as people

WE Oh, I don't think there is any doubt about that but then something else comes along and claims their attention and the funding I guess much like alcoholism did - considerable monies as it should have - I really hadn't thought much about - if I were going to design it all how would I design it - I have not put a lot of time in that - I know that at the state level here which I have gotten to know because I took a couple of years off from here and was an administrator in one of the regions in the state and I resent what's going on now because a lot of good people are leaving and the - we had developed - made long strides toward a single program - what I mean is an integrated program of community and institutions rather than having two mental health programs - an institutional and a community one - we made a lot of strides toward having it one program and they are already tearing that up which I think is unfortunate so what I would really like to see in this country is a completely integrated community mental health program that includes the other facets - including whatever institutional needs there are - I think that the mental health center

WE(Contd) idea was a very good idea and I think that if we could realize it more along the lines of the way it was visualized it is still a viable notion. I do think that it was caught too much on the clinical side - too much of that but you can understand some of that too by the kinds of needs that communities have but if you could make a services fabric that includes mental health and all of its appropriate interelationships with other services and still administer the thing - that's really what's needed but we have learned some things that have helped contribute to that.

EAR Well, you know I don't know how many people give Stan Yolles credit but I think it was obviously Bob Felix initially but I think really Stan had the basic concept of what you are talking about and the translation at the local level inevitably gets caught up with all kinds of realities and practicalities and politics and self-serving needs of individuals in groups, etc., etc. and I think that's just the nature of the beast and there is not much you can do about that except try to temporize it some way but I think you are absolutely right I think the basic concept is a terrribly important one and a very creative idea and the history is interesting when you stop and think that the Joint Commission Report in effect said over simplify it more of the same - more money in this and more money in that - smaller hospitals but everything larger in terms of dollars worth than ever before and then that got translated when the Kennedy Administration came into this whole new communityhealth center concept with a really basic reallocation of the conceptual framework of what you were going to do so we will see what happens.

WE Well, I don't think there is any doubt that Stan's enthusiasm for getting that implemented was a very important force.

EAR And, his organizational genius - there are some people

NLM NOTE: interview tape ends abruptly here