STATEMENT OF DR. FRANCIS J. BRACELAND

representing the

AMERICAN PSYCHIATRIC ASSOCIATION

in support of the 1960 Budget

of the

NATIONAL INSTITUTE OF MENTAL HEALTH

April 16, 1959

Asking for money, no matter for whom or what, has always been a bit difficult for me and I am never very good at it. But when I look back at the situation when I testified in favor of the National Mental Health Act, 12 years ago, and compare conditions then and now, I feel not the slightest hesitancy in coming before you requesting funds for extending the program of the National Institute of Mental Health. For there is evidence on every hand that the money invested in mental health efforts is yielding results.

Both in and out of mental hospitals, there has been great progress. New treatment methods have been introduced and old ones improved. More patients are being released from hospitals after shorter stays. Community mental health facilities have increased in number and effectiveness. There is a growing public awareness of the nature of mental illness, a loss of the hopelessness which used to surround it, and a general realization that something can be done about it. There is widespread and growing interest in promoting good mental health at the community level and in overcoming such public mental health problems as alcoholism and juvenile delinquency. More people are being trained as mental health specialists. And most important of all, a great research effort has been mobilized to study, from many different angles, a great variety of problems related to mental illness and health. We have reached a point, in fact, where we can't afford to slow down or stand still, lest we lose the momentum gained in these first fruitful years of investment.

New Needs Develop with Progress

Though we have made great progress, we still have a long way to go. Viewed from a national, overall standpoint, the mental health effort is just getting well underway. There are still enormous needs to be met,

even more, perhaps, than when the program started. We still have the old problems with us, and a lot of new ones, too. For progress is dynamic and new needs are bound to develop along with our gains. The program is growing and should have the support it needs to continue to grow. And that means more funds than last year, because the same amount it had last year is not enough to cover its normal growth. Training and research programs are ongoing activities and commitments have already been made for them. They cannot be permitted to grind to a halt. Likewise, there are other areas where marked progress is evident but where problems are compounded with new developments and these in particular need additional support.

Progress in Mental Hospitals

Since my work is in the mental hospital area, I have been impressed most by the progress in the care and treatment of the mentally ill in the 12 years since the Mental Health Act was passed. There is recognizable evidence of this progress in the statistical fact that last year for the third straight year there were fewer patients in mental hospitals at the end of the year than at the beginning. This occurred in spite of the fact that first admissions to mental hospitals were up from the preceding year. It is thought by some that this downward swing in hospital populations is due mostly to the advent of the tranquilizing drugs, but this is only one of the factors responsible for the improvement. Actually, there was already noteworthy improvement evident as much as a year and a half before the first of the tranquilizers was introduced in 1953.

Even more important than the drugs, in my opinion, has been the basic change that has taken place in the philosophy of treatment for the mentally ill since the Mental Health Act was passed. The goal of treatment

has clearly become to rehabilitate the patient so that he is able to return to community living. This philosophy also includes the belief that the hospital itself must provide a therapeutic environment in which the patient will naturally improve. More attention is being given to the hospital milieu--the physical, psychological and social environment in which the patient lives from day to day. The concept of the open hospital, so successful in some British communities, has taken hold in the United States in modified form, with strikingly beneficial results in some places.

There are also refinements in our older methods of treatment which we cannot yet afford to discard. New techniques in shock treatment--the use of sedatives and muscle relaxation ahead of the treatment--have taken away much of the patient's fear of this method which has proved so effective in some types of mental illness. Such techniques as group therapy, psychodrama and occupational therapy are being used more and more in both State-supported and private hospitals.

While Federal funds have not been spent directly for improvement in mental hospitals, much of the progress I have noted can be ascribed to the focusing of public attention on conditions in mental hospitals prior to the passage of the Mental Health Act and to public education by mental health personnel in developing the NIMH program. Much of the improvement also rests on understanding gained through NIMH research and pilot investigations.

Mental Health Project Grants

Mental hospitals stand to profit directly from the NIMH program of Mental Health Project Grants for which Congress passed enabling legislation in 1956. These grants provide public and private agencies, institutions

and individuals with support to conduct studies and demonstrations aimed at improved methods of diagnosis, treatment, and rehabilitation of the mentally ill. These studies will help to develop new and improved methods in mental hospitals, as well as in clinics and other community mental health facilities and services. By their aid new methods and new projects may be tried. They will help to spread information about effective techniques from one community, hospital, and institution, to another. Whether the need be to study the effectiveness of auxiliary types of personnel in the treatment setting or the use of the day care center for the sick in various age groups or that very important undertaking, the assistance of the patient after he leaves the hospital, these project grants help to launch the studies which otherwise could not be undertaken. New ideas arise constantly. At present those Western states which are short of psychiatric training facilities are contemplating a series of TV presentations as teaching devices in psychiatric education. They are exploring possibilities of this, encouraged by the success of the University of Utah School of Medicine, which is keeping physicians throughout the state abreast of medical advances by the medium of television. This is an excellent idea with far-reaching potentialities but it will require funds to start, funds which in the end will surely bring excellent results. The background music behind all of these ventures has to do with either keeping the patient out of the big state hospitals or in getting him out of them quickly.

My own Institute has initiated a project to provide help for people who are having legal difficulty, along with emotional problems and difficulties with other people. The grant, which is sponsored by the Social-Legal Counseling Board of Hartford, Connecticut is supporting an agency that combines the old idea of legal aid with free clinical service and spiritual

counseling. It offers the help of a woman judge, an attorney, and a clergyman of the denomination to which the person involved subscribes. If he needs emotional assistance, he is referred to the clinic. He is given legal help if he needs that, and is provided also with a spiritual adviser. The agency's service thus cuts across the fields of law, psychiatry and social work. The project is designed to explore the potentials of such an arrangement to bring these professions together to work cooperatively for the welfare of the patient or client rather than at cross purposes as so often is true in such cases.

From the examples I have given you, you can see that this recently created grants program offers great possibilities for initiating improvements, fostering progress, and overcoming difficulties in many different areas. There were 65 projects approved for support last year which was the first year of operation for this program. Most of them are continuing projects involving two to five years of support, which means it will take almost the full amount of money allocated last year to keep them running this year. In the meantime, interest and new ideas are developing and the Institute expects an increasing number of new applications next year. I should, therefore, urgently recommend to you that next year's allocation for Mental Health Project Grants be doubled over what it was last year.

Drug Research Needed

A good example of how progress brings new needs and new problems is the advent of the psychoactive drugs in the treatment of mental illness which we have already mentioned. The rapid development of this type of therapy has opened up a whole new area of research that needs attention and support.

Dr. Morton Kramer, chief of the Biometrics Branch of the National Institute of Mental Health, has written a monograph on the need for more psychopharmacological research. In it, he points out some of the important implications involved in the widespread use of tranquilizing drugs. Among the many as yet unanswered questions which he raises are:

Basically how safe are these agents for the patient?

Authoritatively, what are their immediate as well as their long-range effects?

What really are the psychological effects of the drugs? Do they actually produce depressive reactions or other psychotic symptoms?

Is it safe to permit persons to drive automobiles while on these drugs?

Is it safe to use these drugs for children?

What effect do they have on the learning process? And so on.

These questions and many others need to be answered for each of the new drugs that are coming into common use. There were more than 40 of them on the market the last time I counted them. There are probably many more by now and even more in the process of development. All potential psychiatric drugs need thorough clinical and preclinical testing and thorough evaluation--not only for their effectiveness and safety, but also to determine conditions under which they will be most useful. We need to know the different effects of different drugs on different types of psychological disturbances and physical symptoms.

The psychiatric drugs not only hold great promise as treatment tools, but they also can be utilized as extremely valuable tools for learning more about the basic structure and functioning of the brain and central nervous system, both in health and in illness. This opens up a second area in

which both basic and clinical research is needed to take advantage of the great potentialities of the psychoactive drugs.

The NIMH Psychopharmacological Service Center, set up in 1956 to encourage and coordinate research in this field, has developed an extensive program with 132 laboratories and study centers conducting grant-supported research. This is a most valuable service and deserves continued support, for the work is being done in medical schools and in other established research centers.

Within the past year, the Institute has also set up its own Clinical Neuropharmacological Research Center at Saint Elizabeths Hospital, with the Hospital cooperating in an extensive program of both basic and clinical research. Saint Elizabeths, as you know, has a large population from which the Center can draw for its clinical studies. This makes it possible also to observe and evaluate different types of drug therapy and their effects on different kinds of psychotic symptoms. Dr. Joel Elkes, an outstanding pharmacologist and psychiatrist from Birmingham, England, who heads the project, is interested too in making scientific studies on how the use of the drugs affects the attitudes of both patients and staff members and how much such changes in the hospital milieu have to do with the improvement in patient recovery. Laboratories for basic research on the drugs themselves and on the biological and psychological reactions they cause have been installed in one of the buildings at Saint Elizabeths, which also serves as a center for clinical studies. This new Center, combining NIMH and Saint Elizabeths resources, strikes me as a most promising project in this important field of research, and one worthy of all the financial support it takes to get it off to a good start and keep it going.

Though you appropriated $6,000,000 for the support of research projects and programs in psychopharmacology last year, I do not know how much of it was used for this purpose, as tooling up is a difficult task. I do know that, having launched a thorough search for the information needed to use these new therapeutic tools safely and intelligently, there can be no question now as to the wisdom of providing enough funds to carry the search on through. It is our belief that this work will require not only the full $6,000,000 this year, but also an additional 20 per cent over that amount.

Broadscale Research Program

While I have singled out psychopharmacology because it is new and of immediate interest, I would not want to overemphasize it in relation to the tremendous over-all research effort the National Institute of Mental Health now has in progress. With the funds Congress has provided for this purpose from year to year the Institute has been able to direct the efforts of literally hundreds of scientists into avenues of research related to mental illness and health. Besides the important studies NIMH is conducting in its own intramural program, it is currently supporting, through research grants, a great variety of basic and clinical research projects in universities, hospitals, clinics and laboratories throughout the country. Scientists are studying the problems of mental illness and health from every possible angle and, while these problems are far too many and too complicated to expect major breakthroughs of dramatic causes or cures, the research is constantly yielding knowledge and understanding that makes for progress.

It would be sacrificing much of the investment already made if the scientists enlisted in the NIMH research program failed to push forward in their search for scientific knowledge on which to base treatment and preventive measures. It is a tremendous undertaking and one which will have to

be extended indefinitely and at increasing cost, if it is to produce even a portion of the knowledge we need to grapple with the complicated problems we face in this field. As one who has watched this nationwide research effort grow from almost nothing to its present impressive proportions, I urge increased support, to the extent of 50 per cent, for this invaluable program. Without extensive research, there could be no valid progress in overcoming mental illness, for unless we have knowledge on which to base our efforts, those efforts are likely to be wasted, and may even prove harmful.

Rehabilitative Services

I have my own definition of what it takes to rehabilitate a person who enters a mental hospital for treatment and it involves not only what happens to him while he is in the hospital, but also what happens in the community to which he returns.

Rehabilitation of a mental patient, as I see it, consists of five parts. The first thing required is treatment of the situation which the patient presents. That's what he came for and he wouldn't be there if he did not need treatment. The second essential is that the patient receive some education while he is recovering--that he is learning and doing something constructive each day. Idleness is demoralizing. Nothing could be worse for mental patients than just having to sit or wander around with nothing special to do. Some patients learn skills and increase their efficiency while in the hospital and this, in turn, helps them to get employment when they are able to leave.

The third factor in rehabilitation is the socialization of the patient. His trouble frequently lies in his inability to get along with others. People don't get sick in a vacuum. It is in their dealings with other people, their close personal relationships, that they get "all fouled up," to use the

vernacular. They can't get well without learning how to handle their emotional reactions to other people.

The fourth thing that must be done is to prepare the patient for a return to the community and his family. It is possible for us to help the patient a great deal in the neutral surroundings of our hospital but we must prepare him for the problems which he will meet when he goes out.

The fifth necessity is the preparation of the family and the community for the return of the patient. There is no use preparing patients by the best of rehabilitative procedures if the family or the community will not receive them when they recover.

With the help of new therapies, more patients than ever before recover enough to leave the hospital. But leaving the hospital is not as simple as it sounds. Under some circumstances patients are more likely to regress if they are released from the hospital than if they stay. Some are better off in the hospital than they are at home. Others have no home to which they can return. Some need continued treatment but are able to work or spend part of their day at home. Even those who are completely able to return to the community are bound to have difficulty in readjusting unless the community is prepared to help them.

Thus, a variety of rehabilitative facilities is called for: halfway houses, foster home care, day and night hospital care, sheltered workshops, outpatient clinics, and, above all, people and places within the community where they can turn for help when they need it.

Preventive Measures

Communities should be well equipped with services and facilities that would help keep people out of mental hospitals. Emergency treatment for mental illness should be made available either in outpatient clinics or in general hospitals. Treatment at the time an illness first becomes apparent, before the psychotic condition becomes deeply ingrained, can often prevent a serious long-term illness. People should not be sent to mental hospitals unless they need mental hospital treatment. One reason why hospitals are crowded is because people are sent there when they can't get care anywhere else. For example, there are hundreds of older people in mental hospitals who would be much better off if they could be cared for elsewhere. Communities should provide services and facilities that would enable older citizens to stay, and have their needs met, in their own community. Public health services should include provision for the treatment of alcoholism within the community. Schools and sheltered workshops should be provided for the mentally retarded. There should be more child guidance clinics and more residential treatment centers for emotionally disturbed children.

It takes a lot of money, and a lot of dedicated effort by professionally trained people to set up community mental health programs and keep them running. But with the help of Federal grants-in-aid every State in the Union has been able to at least make a start on establishing this sort of a program. Some of the more densely populated and wealthier States have made really impressive progress. But even such States as California and New York do not have anywhere near the services that are needed. In rural areas, particularly, there has been scant progress. Most of the clinics and other facilities are located in cities, and there are many rural areas where no help whatever is provided in the mental health, mental welfare field. The

Biometrics Branch of NIMH has reported that only 9 per cent of the professional clinical services are in rural areas in which 41 per cent of the population lives.

I agree heartily with the resolution passed last year by the National Association for Mental Health, in which the Association asked that Congress, this year, appropriate at least 8 million dollars for community mental health services. Money spent in this way is seed money. Communities won't, and often can't, go ahead on their own initiative to set up clinics and services, but once such services are established through the help of Federal funds, the communities that have them wouldn't know how to do without them.

Technical Assistance Projects

Scarcity of money is not the only reason that communities fail to initiate mental health programs. They hesitate because they do not know how to go about setting up and conducting such programs. To help overcome this difficulty the National Institute of Mental Health has made consultation and technical assistance available through the Regional Offices of the Public Health Service.

As an extension of this service, the Institute provides support for Technical Assistance Projects. These are special conferences primarily focused on a particular mental health problem with which the State calling the conference is concerned. For example, Wyoming had a project to consider the "Utilization of Community Resources in Mental Health Programs." Another, in Massachusetts, looked into "Mental Health Aspects of Alcohol Education;" South Carolina held one on "The Volunteer Resource Person in Community Mental Health." Last year 15 States took advantage of this type of grant support, to thresh out some of the troublesome questions they confronted in their efforts to develop new programs or revitalize ongoing ones.

These Technical Assistance Projects have proved very helpful, I am told, and continue to be more and more in demand. I hope earnestly that Congress will see fit to provide a budget large enough to cover a far more sizeable sum for this purpose than the $66,000 that was spent last year.

Manpower Problem

Obviously, it takes a great number of highly trained, qualified people to organize and carry on a broad scale program of research and action such as that which is called for by the National Mental Health Act. Moreover, most of the required personnel must be drawn from professions which are still new and in which there has been, and still is, an acute shortage of manpower. At the time the Act was passed there were very few people trained in the four most needed professions--psychiatry, clinical psychology, psychiatric nursing and psychiatric social work. And what was more fundamental, there was little opportunity for people to acquire the highly specialized and expensive training required to enter these fields.

The National Institute of Mental Health has made a great effort to remedy this situation through its well organized and well received training program. With funds allocated by Congress, the Institute has provided financial assistance to many medical schools, hospitals, and other training centers to help them expand and improve their facilities so that more and better training would be available in these four disciplines. It has also provided some 5,000 traineeships to help promising individuals take this training.

In spite of these fruitful efforts, there still remains a tremendous shortage of personnel trained in the mental health disciplines. According to Dr. George W. Albee, Director of the Task Force on Manpower for the Joint Commission on Mental Illness and Health, there is one psychiatrist for every

19,000 people in the United States; there is one psychologist to each 11,000 people; there is one trained psychiatric social worker to every 78,000 people.

This shortage of trained people is acutely felt in the mental hospitals all over the country, as well as in the NIMH effort to get the people it needs for its program. To give you an example, a survey recently made in some of the Western States brought out the fact that in one of the State hospitals studied, there were only 18 psychiatrists where they should have 44 to meet APA standards; there were only 5 psychologists where there should have been 12; 44 graduate nurses where there should have been 150; one occupational therapist where there should have been 12; and two social workers where there should have been 75.

Psychiatric Training for M.D.s

In my capacity as a member of the NIMH Advisory Board, I note that the Institute is still working hard to provide training and encourage people to train for the four major mental health specialties. In the meanwhile, several other types of training programs have been started which will help relieve the manpower shortage and also make more psychiatric knowledge available to people in key positions for implementing the over-all mental health effort.

One of the most promising of these new training programs and one which the American Psychiatric Association heartily endorses, is the one that offers residency traineeships and support of post-graduate courses in psychiatry to practicing physicians.

Since the general practitioner training program was launched, just ~~three~~ five months ago, the National Institute of Mental Health has received more than 100 applications for traineeships and post-graduate courses. Within a month there were applications for more than 900,000 of the original

appropriation of 1.3 million dollars. And applications continue to pour in, attesting to the widespread interest among medical practitioners in the psychiatric approach to healing and public health.

Another training program aimed at getting psychiatric principles into general medical practice is the one giving grant support for psychiatric training of medical students at the undergraduate level. This program is already well established. There are active grants, to a maximum of $25,000, for teaching costs in 86 medical schools and schools of osteopathy. In addition to teaching grants, schools have been offered $600 student stipends for extra-curricular clinical or research training in psychiatry for medical students. This program, initiated in the summer of 1957, has had enthusiastic acceptance and 737 stipend units have been awarded during the current year. Here is a farsighted venture which eventually should help to relieve our shortage of clinicians.

Another new program for undergraduate training for medical students will be activated in 1960. Its purpose is to promote, among medical students, an understanding of human behavior and its importance in health and illness. Grants are offered to medical schools in support of training programs in the basic sciences of human behavior. While this program is not expected to take hold as rapidly as that for psychiatric training, several pilot projects have demonstrated the feasibility of this type of training in medical schools and there is a real need for this program. Applications have already been received from close to 50 medical schools.

Some of the new programs also offer support for psychiatric training for nurses and welfare specialists.

Training for Research

The research fellowship program set up in 1947 has helped hundreds of individual workers in the biological, medical and social science areas to receive training while they worked on research projects. For more mature scientists, the career investigator program has offered support for advanced study and experience. These programs should be continued and expanded. But they do not meet the need for specialized training for people to do research on problems related to mental illness and health.

To help meet this need, the Institute initiated in fiscal year 1959 a new program of support at the doctoral level to train research personnel in various fields of psychology--child psychology, social psychology, experimental psychology, etc. The purpose of this program is to develop research personnel to undertake work in such mental health problem areas as retardation, juvenile delinquency, alcoholism, and aging. Another important new research training program is the one designed to supplement the traditional training in other related fields, so that each researcher can bring to bear a number of interdisciplinary research skills in working on mental health problems. Under this program, behavioral scientists, biological scientists, epidemiologists and social scientists will be able to receive doctoral and pastoral training in mental health fields. Psychiatrists, psychologists, psychiatric social workers and psychiatric nurses, on the other hand, will be able to receive postdoctoral training in the research skills and techniques of the biological and social sciences. For the most part these research training programs are new. But a great many applications have been received from institutions that are equipped to give training for mental health research and a number of grants have been awarded.

The Institute has taken the right approach to the manpower problem by directing its efforts towards providing more opportunity to train for work in the mental health field. We cannot hope to accomplish what needs to be done unless our universities, hospitals and other training centers graduate enough people with the proper training to do the job. I hesitate to think of the condition psychiatry would be in today were it not for the help of this Institute in training personnel, particularly psychiatrists. I mentioned this in writing up the report of the Mental Health Section of the Hoover Report. Conditions would be absolutely chaotic without the assistance of that large number of workers provided for by stipends from the National Institute of Mental Health. The N.I.M.H. needs nine million dollars more than it had last year to continue its training program, to pay for normal expansion and growth of the older ones, and to encourage the beginning of new programs. The training of competent personnel is the very foundation upon which the whole mental health effort rests. I particularly urge that you give the N.I.M.H. training program all the support it can use.

Additional Funds Needed

As the country moves forward toward objectives set by the Congress in the Mental Health Act, as the program broadens in its scope, and as new needs and new problems arise, the cost of financing further progress is unavoidably high. We need additional funds to protect the investment we have already made and to make further progress possible in an area so vital to our national well-being.

There is little point in pouring billions of dollars into the skyrocketing science of the physical universe unless we match it with what is needed to achieve and maintain a population of people sound enough in mind

and body to cope successfuly with the problems brought about by the sudden sweeping changes affecting the world in which we live. Today more than ever before, we need to give attention to the mental health of the nation.

For these reasons, Mr. Chairman, I feel strongly that the funds for the mental health program should be substantially increased this year. To hold the line is to retreat at the very time that we are beginning to see light. I would like to see at least 75 million dollars for mental health activities in 1960. With these funds the Institute could push forward in research in all of the areas outlined above, all of which are essential, and I know that you gentlemen will do what you can to see that our advance, so recently started, will not be handicapped now.

I am Dr. Francis J. Braceland. I am a psychiatrist and have been in the practice of psychiatry for approximately 28 years. At present I am the Psychiatrist-in-Chief of the Institute of Living, an old mental hospital in Hartford, Connecticut. Here today I represent the nearly 11,000 members of the American Psychiatric Association, the oldest of the national medical societies.

I have held various positions in psychiatry, among them the presidency of the American Board of Psychiatry and Neurology, the American Psychiatric Association, and the Association for Research in Nervous and Mental Disease; also the chairmanship of the Section on Nervous and Mental Diseases of the American Medical Association, and of the National Health Forum. I was Chief of the Psychiatric Section of the Bureau of Medicine and Surgery, U. S. Navy, in war time and am at present Reserve Consultant to the Surgeon General, U. S. Navy and U. S. Army, and a member of the Advisory Boards to NIMH and to the Defense Department. I was also a member of the Medical Task Force of the Hoover Commission and one time Head of the Psychiatric Section, Mayo Clinic, and Professor of Psychiatry, Graduate School, Mayo Foundation, University of Minnesota.

The American Psychiatric Association is appreciative of the opportunity to testify before this Committee. It is aware of the fact that it is through the wisdom and foresight of your Committee and the courage and dedication of your distinguished Chairman, in company with Senator Hill, that the cause of the mentally ill--a group which cannot speak for itself--has been furthered. In the name of the psychiatrists of the nation and many others of our confreres, we would like to acknowledge to you the indebtedness of those whose task it is to care for these sick and misunderstood patients.

The following is a detailed budget request of the American Psychiatric Association for the fiscal year 1960 operations of the National Institute of Mental Health

GRANTS	FISCAL 1959 APPROPRIATION	RECOMMENDED FISCAL YEAR 1960
Research Projects	18,834,000	27,000,000
Research Fellowships	1,396,000	2,000,000
Training	18,213,000	29,000,000
State Control Programs	4,000,000	5,000,000
DIRECT OPERATIONS		
Research	6,921,000	8,000,000
Review and Approval	863,000	1,200,000
Training Activities	100,000	100,000
Professional and Technical Assistance	1,730,000	2,200,000
Administration	362,000	500,000
TOTAL	52,419,000	75,000,000

Testimony before

Subcommittee on Labor, Health, Education and Welfare

of the

Committee on Appropriations

House of Representatives

Hon. John E. Fogarty,
Chairman

February 29, 1960

Francis J. Braceland, M. D., Sc.D
Hartford, Connecticut

My name is Francis J. Braceland. I am Psychiatrist-in-Chief at the Institute of Living, a mental hospital in Connecticut and one of the oldest in the nation. I have been President of the American Psychiatric Association, President of the Association for Research in Nervous and Mental Disease and Chairman of the Section on Nervous and Mental Diseases of the American Medical Association. I have had the honor of appearing before you on various occasions and today I speak for the American Psychiatric Association and also as one of the representatives of the National Association of Mental Health. I am appreciative of your courtesy in permitting me to testify.

Fourteen years ago when the National Mental Health Act was passed, our Nation had just emerged from a devastating war. At that time a number of us appeared before you in uniform to testify about the great need for a federal mental health program and I had the privilege of being among the group. Those of us who had served in the medical department of the Armed Forces during World War II were terribly distressed by the shortage of psychiatric personnel and by our lack of knowledge in this field, both of which seriously interfered with effective military operations. There is no need for me to recount for you any of the distressing details of those days--you know them well. Since that time, fortunately, we have made tremendous strides in our ability to cope with mental disease. When all is said and done and all factors considered, we can safely point out that this change is traceable directly to the funds that Congress has appropriated during the intervening period to establish and develop a broad mental health program in the United States, centered in and directed by the National Institute of Mental Health. No one knows better than those of us here that we have by no means solved all the problems--many of them, most of them, are still with us. But we have made a noteworthy beginning.

When we did come before you to testify in favor of the National Mental Health Act in 1946, the general atmosphere was largely one of helplessness in the face of a problem so immense that one hardly knew where to begin to tackle it. We were fearful of even disclosing its size lest people get discouraged and turn their attention to something else. Today we have a great mental

health movement in progress. This movement is like a large body of water that has begun to churn and to flow. It took a great deal to get this inert mass into action, to bring it to the point of motion but today, there is an unbelievably widespread interest in mental health and mental illness throughout our country, an interest which has penetrated every level in our society. Today we have a favorable climate in which constructive mental health work can be done effectively.

The situation in the mental hospitals has improved vastly in the past decade. During 1959, for the fourth consecutive year, there was a drop in the number of resident patients in public mental hospitals in the United States. At the end of 1959, there were some 2,000 fewer patients in these hospitals than at the end of 1958. This is a small decrease, perhaps in view of the money spent one might think it pitifully small, but it is an important decrease. It marks once again the trend of the reversal of the curve which heretofore had led to larger and larger mental hospital populations year after year. One thing that is exceptionally interesting about these decreases is that they are taking place in spite of an expanding population and rising admission rates. What is most heartening is the fact that net releases are going up -- by 8.5 percent between 1958 and 1959, as compared with 7.7 percent the year before. (In 1957 there were 150,413 releases; in 1958, 161,972; and in 1959, 175,727). This is the most heartening change in our mental hospital statistics. There is something else happening which I find hard to define for you--one must feel it. Those of us who have lived in mental hospitals for years sense it. It is a feeling of hope, of activity, even of

bustle. The old apathy is disappearing, people are now trying to outdo one another in advancing the cause of sick people. They are willing to treat vigorously those who heretofore would have been considered lost.

So many factors are involved in bringing about these increased improvements that it is hard to ascribe them to any single cause. However, one thing is certain, no matter what individual improvement factors are elicited it could not have been done without the seed money which you have appropriated annually to the mental health program. In the final analysis, this has been the spur which led to these advances. The investment of this "seed money" has also impelled many states and local communities to appropriate funds and to make the necessary efforts to establish and develop their own mental health programs. There is a danger, though, in all of this. Now that we have reached the point where our investments are beginning to pay off, we cannot yield to the temptation to relax our efforts. This happened in France. It is spurious reasoning to believe that now that things are brightening and drugs are helping we can ease our efforts. If this were to happen, it would indeed be most tragic. Having once started the forces moving, we must keep them going; we must keep applying the necessary impetus.

Although we still have to learn a great deal about mental illness, our knowledge in this field has already far outstripped our ability to apply it. I am particularly distressed by the fact that the shortage of personnel in our mental hospitals makes it impossible for us to apply the knowledge that we have been able to acquire at the expense of long and arduous research. Severe shortages

of personnel have made it necessary for us to concern ourselves so much with custodial problems that we have not had the chance to keep up with the new advances. Research and new findings cannot help the mentally ill unless there are doctors, nurses, and other needed personnel to apply these findings and to treat the patient. I, therefore, strongly urge the Congress not to withdraw its supporting hand with regard to training mental health personnel, particularly personnel concerned with the care of the mental patient. This was one of our main requests when we came before you originally. During the war we had to train our physicians in 90 day courses.

If confirmation of the grave shortages of mental health personnel is needed, one has only to review the bleak picture contained in Dr. George W. Albee's analysis of mental health manpower trends, as published by the Joint Commission on Mental Illness and Health. At the present time there are some 10,500 psychiatrists in the United States. It is conservatively estimated that we need at least twice that number. The shortages of trained clinical psychologists and psychiatric social workers are also severe. The shortage of trained psychiatric nurses is particularly acute. The ratio of nurses in general hospitals is one to every three beds; in psychiatric hospitals the ratio is 1 nurse to every 53 beds. After making an exhaustive study of the needs and of our current trends in training psychiatric personnel, Dr. Albee concludes that, unless there is a major change, not only will we not be able to catch up with the demand for trained psychiatric personnel, but we will begin to slip back and lose ground in the next 15 years. The present rate at which we are producing new psychiatric personnel is not keeping up with the population growth.

Although this is a bleak picture it is a better picture than we saw 14 years ago when the National Mental Health Act was passed. At that time we had only 4,000 psychiatrists. We have increased that number 2 and ½ times, so that we now have one psychiatrist to every 16 and ½ thousand people. But it takes a long time to produce psychiatrists and other professional mental health workers. Support for their training must go on over a number of years and it must be continuous. Such training also presupposes appropriate training centers adequately staffed with qualified teachers. The past 14 years have seen important advances in this area too. There are many more graduate training programs in psychiatry and psychology, more residents are being trained, and the total supply of trained mental health workers is increasing. These advances have been made possible by the Federal grants which have enabled training centers to establish teaching departments, employ faculty, and provide stipends for trainees.

As someone who is very close to the situation, I can personally assure you of the great good that is being done by one of these various training programs -- including the general practitioner training program. This program has met with a tremendous response from family doctors eager either to enter the field of psychiatry or to increase their skills in handling mental and emotional disorders in the course of their regular practice. Personally, I prefer to see them in the various courses which their Academy sponsors. I am reluctant to take family doctors from the villages and towns where they are badly needed, but I see the wisdom of some of them entering the field and all of them gaining knowledge enough to be able to handle the ordinary emotional problems which they

encounter. This program has untold possibilities for helping us cope with the drastic shortage of personnel in this field.

Today there is widespread interest among physicians in treating mental and emotional disorders and other conditions that 5 years ago the average family doctor would not have touched. The previous skepticism toward psychiatry that was manifest among so many physicians is now almost a thing of the past. Most of the credit for this change can be attributed directly to the fact that you appropriated funds which made it possible to provide psychiatric orientation for all interested physicians. In 1946, when the National Mental Health Act was passed, the well-developed departments of psychiatry in medical schools were not numerous. Some schools had no departments, others had departments which one could not point to. Today virtually all of the medical schools in the United States have well-developed departments of psychiatry, many with full-time staffs. Training grants to the medical schools have been responsible for this great change which is bringing training in psychiatry to practically all future physicians. These grants have also served as seed money, attracting other sources of support. They have pointed the way and encouraged university support, from other funds, for departments of psychiatry. The result has been that in a little over a decade, funds provided by Congress have helped to do more than move mountains -- they have helped to move men's minds and their hearts.

There is great need now to expand the various types of psychiatric education, to develop programs designed to teach more about the principles of human behavior in the medical school.

A start has been made in this direction, but much more needs to be done if the general physician of the future is to be equipped with the scientific background required to treat emotional disorders in their patients. Again, as someone who is very close to the field of educating mental health personnel, I can assure you that any money spent for educating general practitioners in this field is money very well spent.

As a hospital director, I am particularly interested in men being trained for hospital work. We need them by the thousands. I am aware of some unrest about men being trained for private practice but I assure you that men in private practice can keep many people out of the hospital, and the more people we can keep out, the farther ahead we are. Rashi Fein, who prepared the report on Economics of Mental Illness for the Joint Commission, estimates that the direct cost of keeping a person in a mental hospital for one year is close to $2,000. This does not count indirect costs, such as loss of earnings, welfare payments to dependents, etc. Even leaving aside the humanitarian aspects involved, the savings that can be effected by avoiding mental hospitalization in the first place are tremendous. Any cutback in training funds now would soon see us back as we were in pre-war times. I say this advisedly, for just as medical schools today compete for men with the more glamorous physical sciences, so too does psychiatry compete with medicine for candidates.

We need to train more people to do research in the field of mental health. We need more graduate training programs to produce more psychiatrists, more clinical psychologists and psychiatric

social workers. We need to train special personnel to do mental health work in the community; to work in special problem areas such as juvenile delinquency, alcoholism, aging and retardation. Many excellent training programs are already in progress in all of these areas, but much more needs to be done.

There is one point in connection with these training programs that I would like to respectfully call to your attention. Large-scale support of training has brought with it some special problems which are working hardships for universities and training centers, and which may jeopardize their ability and willingness to participate in this work. Universities and hospitals, as we know, plan their programs on an academic year basis. They obligate themselves with regard to staff and other commitments during the spring for the year beginning July 1st. The Federal Government, though, working on a July 1 to June 30 fiscal year, frequently is unable to make funds available before September or October of the year in question. Because the amount of funds appropriated for training grants is not sufficient to cover all of the applications which have been approved by the National Advisory Mental Health Council, the schools themselves are not sure exactly how much help they will receive until it is too late for them to make adequate plans. Under the circumstances they are faced with one of two alternatives. They can either employ staff late in June on the basis of notification of approval of grants by the National Advisory Mental Health Council and take a chance of over-extending themselves if there are insufficient funds to pay the full amount of their grant. Or they can play it safe, and wait

until they know exactly how much they are getting. If they do this, if they wait until August or September before making their final plans, they then run the risk of not being able to get the needed staff. Mental health teaching staff is in short supply and they will not wait around. If the second alternative is followed, the result may be that the money appropriated for mental health training will not be used to best advantage and that the whole year's time may be lost.

It seems urgent that some way be found to adjust the periods of grants so that the first payment on a continuation grant for any given year could be paid out of the preceding year's funds. I am not familiar with the administrative details that would be involved in this, and I am sure they would be involved, but it seems to me that this could be a matter of adjustment that the staff of the National Institute of Mental Health might be instructed to make. I am sure that any administrative discomfort resulting from the necessary adaptation would be repaid many times over in the increased strength of training programs and the increased encouragement we could give to training groups to do more and more in this field.

I would therefore like to respectfully call your attention to an item which is in the budget figures proposed by the citizens' group. This is a nonrecurring item that would permit such forward financing of training grants. The National Advisory Mental Health Council of which I am a member suggested some time ago that a sum of $5 million be allotted each year for a period of 3 or 4 years in order to provide the necessary backlog with which to begin forward financing. The budget proposed by the citizens' groups has a single

item of $16 million for this purpose, and I now believe that if this is possible it would be best to institute this plan all at once.

There are one or two other areas in the field of training that I would like to stress. One is the need for support of training in the biological and social sciences. This kind of training is necessary in order to produce qualified research workers. Some programs have already been initiated to train mental health personnel in the research techniques of the biological and social sciences, and to train biological and social scientists in the field of mental health. By using both of these approaches, we can hope to expand the ranks of trained personnel who can carry on mental health research. One of the reasons that research in this field has been so neglected in the past is that people who were trained to do clinical work did not have the necessary skills to do research, and trained biological and social scientists did not have the necessary mental health background.

Another area in which increased efforts need to be made is in the training of pharmacologists to do research in the field of mental health. The new psychopharmacological agents have opened up tremendous vistas, tremendous opportunities for rapid advancement. We need to follow up the many new exciting leads. We need to refine our knowledge about drugs useful in treating mental and emotional disorders. We need to learn more about the drugs we already have and to discover new and more effective drugs. In order to do this we need trained pharmacologists. The National Institute of Mental Health has already announced support for training along these lines, training programs in which universities, medical schools and

pharmaceutical companies would cooperate. Great good would be done if we could stimulate further development of training programs in neuropharmacology, behavioral pharmacology, and related areas in order to build a strong core of research workers to study all of the complicated relationships between biochemical activity and behavior.

Before I begin to talk about the needs in the field of research, I would like to mention in passing two additional important developments which I believe are directly attributable to Congressional support of mental health work. One is the great interest in the whole field of aging in the United States today. One meets this interest at every turn in the practice of medicine and in the community, in the medical societies and in all types of local civic organizations and other groups that are preparing for the White House Conference on Aging next year. A great deal of the interest and enthusiasm for activity in this very important field can be directly related to funds made available by Congress and to the work of the National Institute of Mental Health on mental health of the elderly. The Congress also should not be hesitant in taking credit for the fact that they were willing to appropriate money through the National Institute of Mental Health to tackle the very difficult problem of juvenile delinquency. Congress was not content to sit and wring its hands like Cassandra. Instead, you felt that something could be done and started planning for necessary activities in this field. And though it is only in its early stages, I can see from the energetic approach that the investigators are taking that

something will be done about juvenile delinquency, which at present is a disheartening blot upon our escutcheon, not only for now but for what it portends in the future.

I would like to talk briefly about research. As a member of the National Advisory Mental Health Council, I have had the opportunity to go over a great many of the projects which are now being supported by mental health research grants. As a tax payer I am just as jealous of the public funds spent for this or any other purpose as is the next person. I would like you to know that these projects are all given the most rigid scrutiny by very competent boards of review. A great deal of very, very important work is being supported by research grants and we are beginning to amass a great deal of knowledge. However, much more support is needed. We just do not have sufficient funds to support all of the excellent applications now being received. If we merely payed all of the grants that were approved last year we would exhaust this year's funds and not be able to support any new projects. I have seen many instances where projects were approved, applicants were notified that their projects had been approved, and then we just did not have the funds to cover them. This is particularly serious in view of the potentialities for advancement. We have made very rapid strides in mental health research during the past 10 to 15 years. The whole field of psychopharmacology has developed during this period, a field which has had far-reaching effects in terms of treatment of patients and in providing tools for research. I will not burden you with all of the technical details about research in neurophysiology, new

knowledge about the structure and function of the brain and central nervous system, new findings in the fields of biochemistry and neurophysiological correlates of behavior. You have heard all of these details from the witnesses who have preceded me. Suffice it to say that both in the extramural grant program and in the intramural research programs conducted by the National Institute of Mental Health there are many, many fascinating leads, many exciting beginnings which must be pursued. The whole field of mental health research is like a vast glacier which has begun to thaw and has started moving, which must not be allowed to freeze up again for lack of necessary funds. Instead, we must try to get this glacier moving even faster.

During the past decade, there has been a veritable revolution in the quality and amount of care given to mental patients. This field of patient care is one in which I can really discourse at length. I would like to assure you gentlemen that you have no idea of how much can be done for the mental patient today. The change that has taken place in the last 10 or 12 years has been tremendous. I am not leaning too heavily upon the opening of many institutions alone but also upon the opening up of more parts of closed-type institutions. Of course, some people are so sick that, temporarily, they need the protection of a closed corridor during the acute phase of their illness. However, the idea should be to get them out of the closed ward as soon as possible. New treatments and new hospital procedures have been inaugurated, and great stress is placed on making the hospital a therapeutic environment. Mental hospitals

have improved so much that today the disturbed ward in a first-class institution looks as good as the convalescent ward used to look. Undoubtedly a great part of the reason for this great change is the advent of the tranquillizing agents. This whole field of psychopharmacology has been or will be ably discussed by witnesses who either have or will appear before you. I would like my testimony on this subject to rest on what they have said but I do want to add the following: This is one of the most exciting things that has happened in the field of mental health. After World War II we settled down to the feeling that drugs and chemistry had nothing further to add to this field, and then there was this tremendous explosion. The discovery of these new drugs, which have untold value for treating patients, has put remarkable therapeutic tools in the hands of doctors everywhere. And one of the most important things about these drugs is that they have given the doctors hope. I cannot stress too much the importance of a hopeful attitude on the part of the doctor in encouraging improvement on the part of the patient. If the doctor is hopeless the patient knows it, he feels that he will never get well, and he doesn't. If the doctor has hope that the patient can recover, this enthusiasm is communicated to the patient and it almost invariably results in improvement. There is no doubt of the great value of these adjuncts in the treatment of mental illness. These drugs are used at my own institution constantly and judiciously, and they are of the greatest assistance. Those of us who have been around mental hospitals for the past 30 years can see the great difference they have helped bring about. We are now

able to control a person in the throes of an attack of manic without the great danger to his health and to the welfare of others that used to be the rule. Also we can help to preserve the great dignity of the human being and spare him the humiliation which these illnesses used to bring with them or in their wake.

But all of these important developments -- new treatment methods, a therapeutic environment, an open-type hospital, etc. -- can only be applied in institutions which have sufficient personnel. Given sufficient personnel and funds, there is a wealth of things we are already able to do for the patient. I will not burden you with details about night hospitals, day hospitals, halfway houses, convalescent care and aftercare treatment plans, sheltered workshops, and other rehabilitation techniques; you already know about them. I <u>can</u> assure you, though, that all of these things <u>do</u> work if we have the money and the people to put them into effect. All of them mean fewer patients going into the mental hospitals there to regress, and more patients getting out into the community faster than ever before.

There is great need for encouraging all of these new developments in rehabilitation of the mentally ill, in the integration of community and hospital facilities, in improved methods of treating mental patients both in and out of the hospital, in providing emergency psychiatric care, and so on. The mental health project grants that have been made possible under Title V of Public Law 911 have encompassed some very remarkable things. They provide invaluable help in improving hospital care and treatment. They support the

trial and development of new community programs which emphasize prevention and early detection of mental illness. Project grants support demonstrations aimed at better use of existing facilities and the creation of more effective alternatives to hospitalization -- for example, bringing psychiatric care to underdeveloped areas, initiating emergency psychiatric service programs, providing outpatient treatment for former hospital patients, establishing and expanding day and night hospitals, setting up small units in mental hospitals where the environment can be more therapeutic. One application that I know about has to do with treating psychotic children of pre-school age. Though the number of such children is not very great, the distress they cause their parents and other children is very, very great indeed. Instead of wringing our hands about this problem and lamenting the tragedy of it, we now try to treat these children. A number of them are eventually able to join other children in regular classes. In any case we are not just "writing them off." There are all sorts of possibilities for important work under this Title V grants and I would urge you to give it greater support.

Another area that needs increased support is the whole field of community mental health. Many States still lack basic mental health facilities. Of the 1300 psychiatric clinics in the United States, 50 percent are in Northeastern cities, and 67 percent in cities over 50,000 population. Many broad areas of the country have no clinics at all and no ready access to psychiatric treatment. We need 3500 full-time clinics if we are to reach our goal of one

clinic for every 50,000 people in the United States. Some of the poorer States need funds to set mental health programs going. They need increased technical assistance. The National Institute of Mental Health is doing an excellent job in providing States with the consultation they need to develop effective community programs, and these I would remind you, are the programs which stress early detection and prevention of mental illness. Some very important things are beginning to take place in this field. States are beginning to develop mental health programs in the schools, residential treatment centers for emotionally disturbed children, and programs in the field of alcoholism, aging, juvenile delinquency. All of these State controlled programs need continued and increased support.

Another extremely important area that needs attention is the field of rehabilitation of the mentally ill. I have spoken to you about this before. This is a matter which has a very tragic aspect. It does the patient no good to get well in the hospital, if his family and the community are not willing to accept him. It is still an unfortunate fact that many employers are unwilling to hire former mental patients. Funds are needed to acquaint people throughout the country with the abilities of former mental patients. We need to launch a broad program as was done in the case of physically handicapped people and which has produced such wonderful results. We need to get across to the public the knowledge that mental illness is not an "All or None" affair. The symptoms do not last forever. As a matter of fact, everyone of us has had some

symptoms of emotional distress at one time or another. The public must be made to realize that it is absolutely not true that "Once mentally ill, always mentally ill." Much more needs to be done by rehabilitation personnel in placing former patients in productive occupations. I would also urge that a great deal more be done to acquaint the public with the facts about mental illness in order to create a favorable community climate in which the final rehabilitation of the patient can proceed at a rapid rate. The National Institute of Mental Health, mental health voluntaries, many types of citizen's organizations are disseminating information about mental health and mental illness, and are conducting public education programs. These activities have helped to correct many of the misunderstandings, but much more needs to be done. Especially with the current emphasis on rehabilitation and on treatment in the community, there is greater need for community acceptance of the mentally ill, for jobs for recovered patients, and for tolerance of former patients during their convalescent period.

In summary, I urge increased support for these tremendously important mental health programs. The recommendation in the field of research is for a total of $36.8 million for grant-supported activities. This covers the regular research grants as well as grants in psychopharmacology and Title V grants. I would also urge serious consideration for an increase in the amount allocated for research fellowships. I think we could well use close to $3 million for this purpose. I respectfully urge your very favorable consideration of sizeable increases for training activities. The total being

recommended by the citizen's group for this purpose is $46 million of which $16 million is for a nonrecurring item to adjust project period dates. I also urge that you give favorable consideration to increasing the amount appropriated for State control programs to a total of $6 million. The good that can be done with these funds is tremendous. This would bring the total appropriation for grant-supported activities to $92 million. I also urge favorable consideration of moderate increases in direct operation. The intramural research program conducted by the National Institute of Mental Health offers one of the greatest opportunities in this country today to make noteworthy advances. This activity should be well supported. Review and approval of grants is a mammoth task and a very important one. This work must be done very carefully in order to insure the success of the research and other grants programs. The training and the professional and technical assistance activities conducted by the National Institute of Mental Health staff are likewise extremely important, both in terms of community mental health programs and the total psychopharmacology program. I strongly urge that you give very favorable consideration to the proposal set forth by the citizen's group for a total appropriation of approximately $105 million for NIMH for fiscal year 1961.

Before I conclude, gentlemen, there is one further matter that I would like to discuss. It is a problem which disturbs me quite considerably, to which I would like the Congress to give its careful attention. This is the matter of the inadequate quarters,

the almost impossible working conditions under which the staff of the NIMH has to operate. Shortage of space has been a problem for some time. Now I understand that a new building is in process of construction. However, as far as I can see, it probably will not be large enough to house three-quarters of the people now on hand, let alone any additional staff that may have to be employed to take care of further program expansions. I am not, of course, familiar with the details of the construction now going on, and no one has told me about it. However, from what I have been able to observe, I am afraid that it will not even be possible to bring back the people from Silver Spring to Bethesda. This works a considerable hardship. With the various program elements separated from one another, it is very difficult to plan and carry out an integrated program. Much very valuable time is lost, there is unnecessary waste motion, and it really is most unfortunate that such a vital program should be hampered because of lack of adequate office space for personnel. If the laborer is worthy of his hire, he is also worthy of fit surroundings in which to do his work. I hope that Congress will consider this whole problem favorably and take needed action.

Three years ago I appeared before you and asked that you stay with us for another decade. Perhaps I was a little foolhardy at that time in predicting that some wonderful things would happen in science in general, and in psychiatry in particular during the next 10 years. I would like to reiterate that request. Having gotten us well started, don't leave us now. Don't withdraw your

support. Keep the program going at the levels it needs. The work that is being done with your help holds out great hope for the mentally ill and, indeed, for all people--hope for the welfare and dignity of sick people and hope that we can ultimately prevent many mental and emotional illnesses.

Testimony of Francis J. Braceland, M. D., Sc. D.

representing the

American Psychiatric Association

in support of appropriations for the

NATIONAL INSTITUTE OF MENTAL HEALTH

before the

Subcommittee of the

Committee on Appropriations

U. S. Senate

Senator Lister Hill, Chairman

June 15, 1961

DR. FRANCIS J. BRACKLAND, M. D.
Respresenting

THE AMERICAN PSYCHIATRIC ASSOCIATION

Mr. Chairman and Gentlemen of the Committee:

I appear here today as a representative of the American Psychiatric Association to speak to you on behalf of the mental health activities conducted by the National Institute of Mental Health. As a representative of thatpart of the medical profession most intimately concerned with mental health problems, I,along with the offficers of our association, am appreciative of your many courtesies, and appreciate, too, that you will hear us today. Our purpose, frankly, is to urge increased support for these mental health activities.

As I begin my statement I am aware of the dangers of being repetitive, but I am anxious to call attention to some of the advances which have been made in our field in the last 15 years; changes due largely to your interest and intercession, and to your willingness to place large sums in the hands of the NIMH for the alleviation of the distress of sick and misunderstood people. Also I am anxious to keep before the minds of all of the authorities the low state we were in when you gentlemen decided to come to our rescue in the fight against mental illness. The situation was wretched and in common decency we cannot revert to it.

Listen, if you please, to Albert Deutsch's* description of his visits to more than two dozen institutions during 1946 and '47, just 14 years ago.

* The Shame of the States- Albert Deutsch, p. 448,449

These institutions were located near the great centers of culture and in the larger states "In some of the wards, he says, there were scenes that rivaled the horrors of the Nazi concentration camps - hundreds of naked mental patients herded into huge, barn-like, filth-infested wards, in all degrees of deterioration, untended and untreated, stripped of every vestige of human decency, many in stages of semi-starvation.", etc. I spare you the rest of his description except one sentence: "The writer heard state hospital doctors frankly admit that the animals of nearby piggeries were better fed, housed and treated than many of the patients in their wards."

I speak of these distressing things in order to have a base line to judge the distance which we have travelled since the passage of the mental health act. Although things are not yet as they should be, you are aware of the fact that we have made progress.

I have spoken to you before of conditions in World War II-- it was the impetus which we received immediately after it that has given us a good start. During World War II, for example, there was an unfortunate lack of psychiatric personnel to take care of our men. Those of us who were heads of psychiatric services in the military forces had to set up hurried programs and try to produce partially trained psychiatrists in 90 days. The number of psychiatrists has tripled since those days, thanks largely to the impetus of funds made available by Congress. Today, for the first time in history, our military services are able to secure a reasonable number of well trained psychiatrists. Men who are emotionally

disturbed or mentally ill now are being recognized as ill and are being treated for their illnesses. This is a far cry from the situation during World War II when we could do nothing but funnel the men who were mentally ill back into the civilian population for them to become an even greater problem there. Our ability to go as far as we have toward providing adequate psychiatric care for our Armed Forces as well as for our civilians is a direct result of Federal support of psychiatric education. Before you got into it, this type of training was in the doldrums except for the small support afforded by two foundations. I said this in the report of the mental health section of the Hoover Commission and I would like to reiterate it here. I most earnestly request that you never let the personnel or psychiatric training situation get in that distressing state again. The need for increased training stipends is especially pressing.

To return to the public mental hospitals, improvements there have been equally dramatic. I need do no more here than let the figures speak for themselves. For the past five years the resident population in public mental hospitals has been declining steadily. As someone who has lived intimately with mental hospitals for the past 30 years, I can assure you that there is no comparison between the hospital of today and the hospital as it was a generation ago. The changes in them have been truly remarkable. The fact that the total population of public mental hospitals has shown a decrease for four consecutive years is alone justification for our expenditures. The figure was 559,342 at the beginning of 1956, and by the end of 1959 it had dropped to 542,721, a decrease of nearly 17,000; each one a human being with all of the dignity that that implies. Most of them have family members who love them.

Another important development is the fact that the mental hospital now has become but one small part of the total armamentarium of available treatment resources. We have recognized that many of the symptoms we used to see in mental patients were a result, rather than a precipitating cause of their hospitalization. Particularly is this true in situations in which the patients were simply housed and confined and were without treatment. As a result, practitioners everywhere are making a strong effort--and in many cases a successful one--to treat mental patients outside of the hospital, except, of course, when the hospital is the definitely indicated clinical resource.

Some very exciting things are happening today in the treatment of the mentally ill. You have probably already heard of most of them. I shall not labor the problem nor dwell upon it unduly, but the importance cannot be overemphasized of the day hospital and the night hospital where patients can be treated in the community while retaining their ties with home and job; of the half way houses and other convalescent treatment centers; of the increased numbers of mental patients being treated in psychiatric wards of general hospitals; of the emergency psychiatric treatment being given in the patient's own home. All of these have extremely important sociologic as well as economic components. You have heard, also, of the great increase in the number of outpatient mental health clinics. The number of these clinics increased 16% in four years, and today every state in the country has such facilities.

As a result of all these improvements in the amount and kind of outpatient psychiatric care available in the community, it is usually only the quite sick patient who enters the mental hospital today. For example, practically the main form of schizophrenia that we now see in the private

psychiatric hospital is paranoid schizophrenia and these patients are only hospitalized when they are ill enough to prevent their living with their families and in society. This, I think, is proof that the private psychiatrist is doing a good job in maintaining the less severely ill person in the community. Even those very sick people who do reach the hospital are being helped. Today, no one is regarded as "lost," as they were a decade or two ago. It was most distressing, in the past, to see a patient enter the hospital and to know that there was nothing we could do for him, that he was just to be put aside to remain in the hospital for the rest of his life. Now there is hope for all of these people--even for the chronic schizophrenic who heretofore was thought to be hopelessly ill.

The seed money put out by Congress has also produced some very exciting research results. We have gone along looking for a dramatic breakthrough in our fight against mental illness, and meanwhile have failed to notice that we already have amassed a great fund of knowledge which has benefitted many mentally ill and emotionally disturbed patients. One of the most marked advances that the hospital physician sees is the increased and relatively recent use of antidepressant drugs which are potent and workable. This is extremely important because, as people live longer, we are seeing more depressions of middle and later life in our mental hospitals. At first, we thought the success of the new antidepressant drugs was just another passing phenomenon. However, we are finding that the number of patients who require electroshock treatment is decreasing, and the number who react favorably to stimulants and antidepressants--including those who were thought to be beyond the influence of drugs--has been increasing in a most encouraging manner.

The range of progress has indeed been broad, covering improvements both within and outside the hospital, and successes in treatment and

in research. In a recent volume that I have gotten together, but have not yet published, I noted some of the things that I think have advanced the cause of mental health. I have already spoken of one of them; namely, the appropriations from Congress for mental health activities through the National Institute of Mental Health even at times when funds were hard to come by. As a result of this leadership, research and training of personnel have gone forward.

I would like to pause here to pay tribute to the NIMH and to its Chief, Dr. Robert H. Felix. The wonderful work which this group has accomplished is plain for all to see. Without them and their dedicated efforts I assure you we would be far, far behind our present position. I commend them to you heartily in my own name and in the name of those for whom I speak.

As times change, disease patterns change too. We now know that there are multiple causes for disease and many of these causes are to be found in the patient's environment. Technological advances, the continual flux of taste and habits and mores, and the profound disturbances to our culture caused by a rapidly changing environment, all have a strong and constantly changing influence on patterns of disease. We are now beginning to see greater numbers of young people in our mental hospitals who suffer from character disorders which may result, and do result, in serious problems and great distress for themselves and their families. I am glad to see that Congress has taken cognizance of this, and is supporting increased activity in this area as well on problems of older people.

Another important reason for our advances has been the dedication of the various categories of mental health personnel. I want particularly

to pay tribute to those workers who have stayed in the mental hospitals and continued to do the hard and often thankless work that needs to be done there, despite the greater financial lures from the outside. A third important factor has been the inservice training programs in mental hospitals and the changed attitude on the part of mental hospital personnel. The new hopeful approach to the fight against mental disease has done as much to improve conditions in the mental hospitals as have the new drugs. It is true, of course, that the new therapeutic atmosphere in the mental hospital was given great impetus by the inception of drug treatment. Together both of these new developments have helped to advance the application of the concept of the open hospital, which in itself has resulted in some really revolutionary progress in the treatment of mental illness.

In a talk I gave at the 1955 convention of the American Hospital Association I predicted that the mental hospital of the future will be a therapeutic community patterned as much as possible on daily life. It will be an integral part of the community it serves. From its educational programs will come a better understanding of the forces that promote mental health, a greater appreciation of the nature of mental illness, and improved treatment for the mental patient. I stated that the community eventually would adopt the mental hospital as it has the general hospital This, I hope, was not wishful thinking.

There has been much talk about the goals to be achieved, and in many places, real progress has been made in improving the therapeutic potentialities of the mental hospital. But we cannot act as though the task has been accomplished. The sad truth is that mental hospitals are still grievously overcrowded--in many cases they have twice as many patients as they should have. The staffs and the patients in these hospitals still need all the help that we can give them. We talk of the many advances

that have been made--and they have been made--but, according to the final report of the Joint Commission on Mental Illness and Health, "Comparatively few of the 277 State hospitals--probably no more than 20 percent--have participated in innovations designed to make them therapeutic, as contrasted to custodial, institutions." This is indeed a sad commentary, and it indicates that though progress has been made, not all or nearly all of the hospitals have caught up with it.

I shall not mention the matter of laws governing the hospitalization of mental patients. Another Congressional committee is concerning itself with these problems, but attention needs to be given to this area too. The welfare of some of our patients is being jeopardized as a result of laws which militate against prompt and adequate treatment. Another grave problem has to do with hospitalization insurance for mental illness. One large insuring body which deals with hospitals will not pay for patients if they are in a mental hospital. This state of affairs is about as reasonable as paying for surgical operations for patients only as long as they are not in hospitals which specialize in surgery. This inequity is also about to be perpetuated if the King Bill, H.R. 4222, is passed. On the top of page 15 it excludes pay for patients if they are in institutions primarily for the care of tuberculosis or mentally ill patients. In some states, too, the patient is covered only if he is being given electroshock treatment--an unbelievable proviso. I would respectfully ask your support in abolishing these inequities.

I am particularly interested in the establishment of a sufficient number of small action-oriented hospitals which can provide immediate treatment for acute patients, and in new efforts to rehabilitate chronic patients who have been in hospitals for a long time. We must do all we can to get them

out of the hospital and do whatever possible to help them become self-supporting.

I also see a great need for breaking down the remaining antipathy to mental illness that many people still seem to have. This antipathy crops up in some strange places. Since it obviously is impractical to attack the illness or the mentally ill themselves, those who share this antipathy attack the people who care for the mentally ill. This kind of attack is hard to understand. Mental illness is still a tremendous health problem in this country. The mentally ill still occupy approximately half of all the hospital beds in the country. Alcoholism, juvenile delinquency, divorce, and many other mental health problems which stem from emotional upset, are still major social problems. I find it very hard to understand what it is that these people are against when they attack those who are attempting to do something about a distressing illness which was neglected for a long time.

Obviously, there is great need for a broad program of public education. This can truly come about as a by-product of community participation in the work of the mental hospital. As more and more citizens contribute their services as volunteers and in other ways, they will be able to assist in disseminating accurate information about the needs of the mentally ill and what must be done to meet these needs.

It appears that we now have a vista of what the future picture should be like with regard to the field of mental health. The problem is how to make that vista an actuality. We have a long way to go in order to do it, and there are many serious difficulties to be overcome. Surely, the blueprint for at least the next ten years will be the report of the Joint Commission on Mental Illness and Health, for which Congress provided

the necessary financial assistance. Although my colleague, Dr. Ewalt, was largely responsible for the consolidation of this report, I do want to comment on it. It is a fine, warm, carefully conceived, and thoroughly documented report, which can well become the Magna Carta of the mentally ill if its recommendations are carried out. I do not believe there is any need for other surveys for a long time to come. The pressing need is to implement the findings of this group for it will redound not only to the benefit of the sick and their families but also to the welfare of the nation.

One of the principal recommendations of the report was the urgency of continued, additional support for mental health research. There is no need for me to comment further to this committee about the value of such investigations. Ultimately, this is where the answers to mental illness will be found. It is important that we have much more research and a careful sifting of the findings so that scientific knowledge can be utilized in treatment.

I would like to commend the extramural research program of the National Institute of Mental Health which the Congress has so wisely supported. As a member of the National Advisory Mental Health Council I have had the privilege of reading many of the applications for research grants. Hundreds of these projects are being undertaken throughout the country. As a result of this research we have come a long way already. So many excellent scientists are turning their attention to psychiatric problems that I cannot help but feel that even more noteworthy advances will occur in the immediate future.

I would like to emphasize the need for expanded support of basic research. If the Government does not support this kind of research, it will not be done. Research facilities throughout the country are now tooled up as a result of funds currently made available by Congressional

appropriations and it is only through more such grants that basic new advances will be made. I am anxious to see long-term research in mental health and the endowment of gifted individuals to give them enough financial security so that they can get started in a research career in the field of mental health. In too many institutions, teaching loads are heavy and promotion depends upon the production of scientific papers. This encourages the short-term and sometimes piecemeal type of research, and I am fearful, therefore, that the long-term research project, which is particularly needed in mental health, will be neglected.

Even though I seem to return again and again to the subject, as I see it the major need today, and the most pressing one in the field of mental health, is to train more personnel--psychiatric personnel, psychological personnel, medical personnel, and paramedical personnel. If we ever are to implement the recommendations of the Joint Commission's report, if we ever are to sift out and apply the knowledge that we have already acquired through research, if we ever are to overcome the very difficult problems we now face, we must have more mental health personnel.

The need is almost too obvious to mention. As testimony, we have not yet caught up in our mental hospitals with much of the current therapeutic progress. We do not have enough personnel, and those that we do have are too involved in the daily work of the hospital to have much opportunity to apply new techniques and procedures. In order for a hospital to be a true treatment center, we need more rather than less personnel. We must not make the mistake they did in France where they assumed that, with the new drugs, it was possible to cut down on the number of mental health personnel. This is the road to disaster. If the new drugs and the new improved therapies are to be effective, more personnel are needed to help

motivate and activate the patients on the road toward becoming responsible and self-sustaining citizens.

Similarly, it takes more rather than less personnel both inside and outside the hospital to keep the discharged patient in the community. If we fail to continue drug treatment under careful medical supervision, if the former patient fails to secure employment, if he finds that he is being rejected by family, friends, and the community, then there is only one place left for him where he can feel safe and secure--that is the hospital. As proof of this, one need only point to the rate of schizophrenic patients who have to be returned to the hospital because the community is unable to provide them with the necessary support. In the New York hospital system the return rate is over 30 percent and in several other states it is as high as 39 percent. Every one is agreed that if these people were properly taken care of outside the hospital, the return rate could be substantially reduced--probably cut in half.

There is no doubt at all but that it is an excellent idea and a definite step in the right direction to involve the community in the work of the mental hospital. It will bring the patients closer to the community and give the community better understanding of what goes on in its institutions. It would be idealistic, however, to expect that this move alone would suffice. For the proper accomplishment of treatment we must return again to the thing I have already spoken of several times here today: the training of personnel in sufficient numbers and to a satisfactory degree of proficiency. You will have to excuse me for this somewhat tiresome repetition; I feel like a clergyman exhorting the wrong people. This Committee knows the importance of training sufficient personnel but many others do not. Should we fail in this particular aspect of our program, we could readily fall back to where we were several generations ago and we would find ourselves facing the same deplorable conditions that we had

before we started our march forward.

I would like to speak briefly about the importance of continuing psychiatric training for general practitioners. I am delighted to see the ever-increasing number of patients being treated in the community by non-psychiatric physicians. The caliber of this treatment has improved considerably over the last few years. This speaks well for the medical profession in general, and in particular for the Academy of General Practitioners who, in all parts of the country, are initiating lecture and seminar courses in psychiatry. Family physicians are attending these courses religiously, and are benefiting extremely from them. They will now be able to do things for mental patients that they never were able to do before.

I have had an opportunity to observe and take part in many of the psychiatric residency programs for general practitioners, and I am much impressed by them. Of course, I am not too happy about taking doctors who are needed in other branches of medicine and training them to be psychiatrists, yet I do see the wisdom of educating a man in the area of his greatest interest. Also, men who have had long experience in family practice bring a wealth of knowledge to the field of psychiatry. Although this program of psychiatric training for general practitioners has not been going on very long, it looks as though an excellent job is being done. If Congress had not had the wisdom and foresight to initiate and support this program, we would not have the 200 general practitioners being trained in psychiatric residences at the present time. This may not seem like a large number, but trained mental health personnel is a precious commodity and it takes a very long time to produce them.

I would like also to urge continued support of a new program, initiated in 1960, which is aimed at integrating instruction in the

behavioral sciences in the education of the modern physician in the medical school. I think the practice or comprehensive medicine will be the answer to many of our problems in the future. In the past, we have tried too often to divide the body and the mind in treating illness. This is impossible; the two cannot be divided. I am therefore glad to see that future physicians will be well grounded in their approach to the ills of both body and mind.

There is one other area in the training program to which I respectfully request that Congress give increasing attention. That is the program of research fellowships. I believe that the funds for these fellowships need to be increased considerably. Each fellow has moved ahead one year in his training program and is now at a higher stipend. Unless there is an increase in these funds, there will be no room for additional fellows except replacements for those who have completed training. Last fiscal year, the National Institute of Mental Health had to turn down 52 applicants for research fellowships for lack of funds. I think that this is extremely unfortunate. Progress against mental illness depends upon the training and development of competent research workers. If we turn these people down, they may shift their attention to other fields of research and we will forever have lost research potential for the field of mental health.

There are many other pressing needs in the field of mental health to which I could speak. I do not wish to belabor the Congress with all of these problems. You are as familiar with them as I. You recognize the importance of providing more community mental health services, of developing facilities and resources to meet the rehabilitation needs of discharged mental patients, of establishing more outpatient clinics, providing increased treatment facilities in the psychiatric wards of general hospitals,

applying new research knowledge as rapidly as possible, and developing and improving new types of treatment methods and techniques. Underlying all of these needs and essential to the accomplishment of progress in any of these areas, however, is the ever-present and even more pressing requirement for all types of mental health personnel. In the final analysis, gentlemen, the greatest problem is our lack of sufficient mental health manpower. I would urge remedying this situation as we tool up for the implementation of the broad advances which are suggested in the report of the Joint Commission which you had a hand in establishing and a very large hand in financing.

MENTAL HEALTH ACTIVITIES
Public Health Service

1962 Program Needs
(In thousands)

Activities	1961 Approp.	1962 Needs
Grants:		
Research:		
Regular Programs	$18,304	$22,224
Psychopharmacology	8,500	11,000
Mental Health project grants	5,700	10,000
Clinical research centers	1,000	3,000
International medical research	500	500
Research costs for Career Research Professorships	186	960
Scientific evaluation and planning Grants	45	45
Institutional research grants	0	4,771
Total Research	34,235	52,500
Fellowships	2,300	6,170
Training	39,470	40,300
(Adjustment of project period dates)	(11,114) 1/	(0)
State control programs	6,000	10,000
TOTAL GRANTS	82,095	108,970
Direct Operations:		
Research	8,521	10,300
Review and approval of grants	1,573	1,900
Training activities	102	300
Professional and technical assistance	2,806	3,200
Administration	664	900
TOTAL DIRECT OPERATIONS	13,666	16,600
Construction of Joint Mental Health-Neurology Research Building	5,139 1/	0
GRAND TOTAL	$100,900	$125,570 2/

1/ 1960 non-recurring items

2/ Excludes projected needs for (1) non-matching construction grants, and (2) direct construction needs (e.g. Animal Behavior Studies - NIH Farm)

Testimony of Francis J. Braceland, M. D., Sc.D.

representing the

American Psychiatric Association

in support of appropriations for the

NATIONAL INSTITUTE OF MENTAL HEALTH

before the

HOUSE APPROPRIATIONS SUB-COMMITTEE ON

LABOR, HEALTH, EDUCATION AND WELFARE

Rrepresentative John E. Fogarty, Chairman

March 8, 1962

My name is Francis J. Braceland, M. D. I am presently Psychiatrist-in-Chief of the Institute of Living, a Clinical Professor at Yale University, and a Lecturer on Psychiatry at Harvard University. I have been appearing before this Committee for many years and had the privilege of appearing in 1946 advocating the passage of the Mental Health Act.

At various times I have held positions which have made me acquainted with the situation nationally. It was my privilege to write the mental health portion of the Hoover Commission report. I have been the President of the American Psychiatric Association, 1956-57; President of the Association for Research in Nervous and Mental Disease, 1957; Chairman of the National Health Forum, 1957. I have also been the Secretary and President of the accrediting body for psychiatrists, the American Board of Psychiatry and Neurology. During the war, especially the last two years, I was the Chief of the Section on Nervous and Mental Diseases of the U. S. Navy. I have been a psychiatrist for thirty years.

I come today to speak for the American Psychiatric Association and to represent my professional colleagues.

It has become even more obvious since last I appeared before you that mankind is entering upon what probably will be the greatest period of change that has ever been known. "Something seems to be happening," de Chardin the French paleontologist says, "to the whole structure of human consciousness and a fresh kind of life is starting. In the face of this upheaval and shaken by it," he warns that "no one can remain indifferent." The recent trip of a brave and modest young man into outer space seems to bear out this prophecy and to give evidence of technological advances, the result of vast cooperative efforts which almost beggar description. It is certain that we, in the practice of medicine and especially of psychiatry, cannot become indifferent for the most important element in these various ventures is man. It is man who will conceive the plans, build the machines and carry the projects out to fruition. When all things are considered it is the minds of men which represent the nations greatest resource and we are here today to talk about the minds of men. People and their talents, technological and humanistic are now in great demand and it has been said that, "the race which does not value trained intelligence is doomed." We are concerned here today with minds, some of them quite brilliant which have gone astray and are suffering from mental disorder in its various phases and various durations.

It has always seemed strange that a nation like ours which displays a humanitarian interest in individuals and which is rightly occupied in providing the best possible education for each person, is willing to withdraw its interest almost entirely once that person has displayed any evidence of emotional or mental disease. It is almost confirmation of Chesterton's wry observation that, "It is strange that men can see sublime inspiration in the ruins of an old church and see none in the ruins of man."

I know that this Committee is fully aware of the contents of the volume, Action for Mental Health, and I know too that it played a large part in providing the funds and launching that project so I shall not dwell upon it for too long but I would like to merely touch upon a few salient points which are to be found in the Final Report before discussing such mundane but admittedly important things as budget. Among others, the Report quotes Alan Gregg who had a facility for putting problems in proper perspective. In 1944 he said:

> No other specialty of medicine has had a history so strange nor a relation to human thought so intimate as psychiatry. The three most powerful traditions or historical heritages of psychiatry are still as they have been from time immemorial, the horror which mental disease inspires, the power and the subtlety with which psychiatric symptoms influence human relations and the tendency of man to think of spirit as not only separable but already separate from body. These are the inevitable and inveterate handicaps of psychiatry.

He then added with great prescience that while the struggle had been waged with patient heroism, none the less admirable for being at times perhaps despondent and bewildered, he found it a battle not yet fully won. "So-called mental diseases are still regarded by mankind with fear, aversion and ostracisms, etc."

All of these things may still be said today and although those of us who have been in clinical practice and in mental hospitals for more than a quarter of a century have noticed a general softening of attitude and an awakening of interest in the problems with which we contend, this interest is only a beginning awakening and we are now in about the same position as our medical confreres were about forty years ago. The sad fact remains that there is still a Cinderella cast to our professional features and although we look much better than we did in 1946 when the mental health act was passed, what good apparel we have would disappear were it not for the support afforded us by the Federal Government through the understanding and assistance of this Committee and its

counterpart in the Senate.

Regrettable as it may seem, the fact also remains that the support of the larger foundations is no longer given to the psychiatric field and disaster would ensue were it not for federal assistance in this field. This is not poetic language--it is hard cold fact. The research programs of many institutions are being maintained through federal grants and it is only through the medium of training funds that the specialty is able to attract and educate the men who are holding the line against mental disease in the face of a population increase. Our knowledge has advanced and new drugs have proved to be a boon but now increases in personnel are needed in order to be able to utilize this knowledge and apply it in the treatment of patients. This mistake was made in France of thinking that now that potent drugs were available a saving could be made in public institutions by a cut in personnel. The carrying out of this idea almost resulted in catastrophe for without specialized help the new medications could not be utilized and that personal care which is curative in mental illness would not be furnished.

When the program which granted training stipends to general practitioners desirous of studying psychiatry was initiated, it was thought by some of us (and I was among them) that when the first rush was over that the applications for this type of training would fall off rapidly. Instead of that the program has caught on and there are many more applicants for these stipends than there are stipends to give them. From personal observation of a number of these men I am of the opinion that they are making valuable additions to the battle against mental illness. Some of the first generation of finished products educated under this program are coming out now and it is fair to say that they will surely justify the time, effort and funds which have been expended upon them.

From first hand experience with some of these men I can

truthfully say that they embody many of the qualities we have always wanted to see in psychiatrists. The examining boards in the specialty always believed that the candidates who came before it would have been better off had they had some experience in general practice but felt it could never insist upon this for medical education and internship and draft and specialty training had kept the man in a training status for too long already. These men who have been trained with stipends from the General Practitioners Program, therefore, represent not only a bonus for the care of the mentally ill but a control program which places men with experience in general medicine in the psychiatric field.

We have also had personal experience with training programs in psychiatry for men who desire to remain in their own particular field but realize that they need more knowledge of the emotional aspects of problems which they face. In our own hospital once weekly we have from 30-50 practitioners who work three hours in class and seminar--some of them coming from 40 miles away. This program for which you appropriated funds is, therefore, paying off. These men are even seeking experience in psychiatric clinics in their off hours and also seeking specialist opinion for some of the daily problems they encounter in their practices.

These projects merit our support. Last year there were approved applications for grants in this program which would have totaled nearly eight million dollars yet they had funds to pay for only four million eight hundred dollars of this total. This year the President's budget suggests five million five hundred thousand and the American Psychiatric Association joins with its colleagues of the citizen's groups and asks that this amount be raised to nine million dollars.

This is a fruitful source of supply of capable men whose ministrations are needed badly in the present day problems which face us

in the psychiatric field.

It is the regular training programs in the field of mental health and mental illness, however, which are the backbone of the whole psychiatric program. The need for highly skilled personnel in this field remains urgent. I have said before and am compelled to repeat again that without a constant supply of capable individuals undergoing training in psychiatry and its related fields we will be fated to return to our former unenviable position. You have no idea of how dependent this field is upon your help. Were it not for these stipends many, very many men, in fact, would be unable to undergo training. Since the war, most of the young graduating physicians are married and the advent of children, welcome as it is, places a financial burden upon them which will scare them away from training and move them precipitately into practice unless help is forthcoming. Some of the men who were trained through the medium of the assistance received from these scholarships are now occupying positions of influence in the psychiatric field and are ready capable and willing to train others.

Last year eight and one half millian dollars worth of approved applications for training could not be paid. The year before that it was seven and one half million dollars worth. This year it appears as though there will be over twelve million dollars worth of applications which will fall by the wayside. These results are cumulative. There is also a shortage of funds for approved programs in nursing psychology and social work. There is a danger involved here. The field is ready to train, they have the facilities, the faculty and the students but all too many of them fail to receive support even though their programs are approved. One becomes concerned in contemplating this and wonders how long these groups will be willing to wait before they get discouraged and turn their attention to more productive channels.

The President's budget for the regular programs is $35,350,000 but the American Psychiatric Association joins with its fellow citizens and urges you to allocate forty-five million dollars for this extremely important phase of this great problem which has been a scourge in years past.

I cannot emphasize strongly enough the crying need for man power in this field. If we are to even nearly approximate the need for the future we must start to train more psychiatrists and other mental health personnel now. The Joint Commission Report encouraged a doubling of Federal, state and local funds for mental health services in the next five years and a tripling within ten. Unless we make a start toward this goal now we will find ourselves consistently short of manpower and unable to achieve the advances which new attitudes and new therapeutic agents have made possible. The shortages exist at all levels and they, like overcrowding in mental hospitals, have hung over us and impeded our progress for over one hundred years.

The Research Fellowships Program strikes us as a particularly valuable method of making progress in the psychiatric field. Moneys given to a freewheeling investigator who does not have to be worried about the necessity of "moonlighting" frequently pay off and when it does the return is a hundred fold.

It is indeed a shame to awaken the interest of men only to let them down at the last moment when they become willing to lend a hand to understand the illnesses which have been designated as our number one health problem. The President's budget calls for an allocation for these fellowships of $2,892,000 Actually, this could easily be doubled and as a result return grant profits and we again agree with our colleagues that $7,000,000 would enable this program to get started fairly.

Before leaving this aspect of the subject I must tell you of my admiration for the committee which picks these men. Theirs is a difficult task. A large number of extremely capable young men are considered carefully and all too often it is difficult to select them for nearly all of them seem to hold so much promise.

As to regular research grants, I am afraid that you have heard me talk of them for so many years that I shall run the risk of boring you. To me, as a clinician, the new ideas which are emerging are fascinating; they seem ever old yet are even new and it is more and more evident that progress does not move in a straight line or circle--rather it moves as a spiral with each new advance one rung higher. Today, with your permission, I shall simply offer you several short quotations, paragraphs, none of which are my own but which definitely echo my sentiments and say things more pungently than can I.

Experience has shown that medical research pays handsomely as a form of expenditure for public good. Alan Gregg once remarked, "The research institute, like the Bank at Monte Carlo, may have to pay out heavily for some unfortunate venture but as Pastuer said, chance favors the prepared mind and over the years medical research stands to win--stands to discover the facts more valuable than the cost of its failures." The analogy is not exact, let us put it more precisely. No donor of funds can be promised a discovery but if he will continue giving money to well-chosen workers who have sensible leads, experience soon shows that sooner or later he will be rewarded.--"A grant of $15,000 a year for 7 years to the Queen Charlott Hospital in London for the study of puerperal infection--was the sum that was needed to bring suplhanilamide to the attention of the English speaking world."[1]

[1] The Furtherance of Medical Research, Alan Gregg, Yale Press, 1941.

The drug had been known for years but awaited proper application and the saving in life, health, etc., is already a return thousands of times larger than the expenditures for the investigation.

My second quotation is a part of an editorial in the last issue of Science by Graham DuShane. After noting a recent attack upon the grants awarded to Harry Harlow for a six year program of primate research and the evident misunderstanding involved, it points out that the sub human primates offer unusual advantages for research--they occupy the unique position of being the animals most similar to man in physiology and in mental capacity. "Their bodies and brains are far more like ours than those of other animals. Hence they react to physical stresses, to disease, to psychic disturbances in much the same way that we do. It was not caprice that led us to use a chimpanzee for our first sub-orbital test shots. The brilliant achievement of Colonel Glenn last week owes something to what was learned from Ham's flight. Nor was it an indifferent choice that led to the use of monkey kidney for the cultivation of polio virus. The virus will grow on monkey kidney. Of course, it will also grow in human kidney but that is a tissue hard to come by." Then to come to something even more applicable to any field. "Monkeys reared in isolation are emotionally crippled: those brought up by artificial "substitute mothers" seem for a time to be normal but when adult they are unable to act like mothers toward their offspring. Monkeys have still another advantage as research subjects, they grow up in 2 to 3 years and can be kept in controlled environment and subjected to planned experiments. Studies of this kind provide new insights into human behavior that could be obtained in no other way." He then asks whether the critics suggest we carry out such studies on human beings? Or do they perhaps think it unimportant to try to understand behavior? Or, dangerous to study

motivation?

These are timely observations upon research and they are particularly applicable today. Before I leave this subject I would like to recall a statement attributed to Menninger in 1949. "It is reasonable to assume that there are not a dozen full time research workers in the field of psychiatry in the United States at the present time. This number would be slightly increased if we included those individuals who are working in clinical psychology." If one were to compare the 1949 situation with that of the present day everyone would be vastly encouraged and I respectfully recall to you that these advances are due to your encouragement and assistance and that of the corresponding senatorial committees. Whether we like it or not, if you gentlemen allow your sustaining hand to be removed we will retrogress, for without your continued help research in our field will rapidly return to 1949 status.

In the face of all of the wonderful things which lie before us and hopeful of more and more fruitful new ideas, I am emboldened to ask that the President's budget be amended and that thirty-three million dollars be appropriated so that this important work may be carried on.

As to psychopharmacology, I know that the subject will be well covered by Mike Gorman so I shall not chance being repetitive. It is my belief that the various drug studies are slowly but surely coming of age. My own hospital is taking part in the nine hospital study and I note with pleasure the care and scientific acumen being used to properly evaluate the use of the Phenothiazines and other tranquilizing drugs. These studies when completed and placed beside the excellent studies being made in the Veterans Administration Hospitals will have

authoritative importance for they are well designed and well controlled. Along with them there are numerous other investigations being carried out with the assistance of the Psychopharmacology Service Center and the investigators of several universities. Included in these projects is one which will formally test for the first time the influence of the physician in the treatment of the patient with medication. It has been known for years that some physicians can give drugs and get a marked effect while others can give the same drug and seemingly accomplish very little. This has been variously termed, "the art of medicine," "bedside manner," "the physician-patient relationship", etc. Fortunately now the level of therapeutic ardor of the physician will be evaluated along with the potency of the drug which he prescribes.

In the beginning I was slow to cast my vote for antidepressive drugs. At first I was unable to believe that they would be able to raise patients from depressions which seemed to come from deep within them. I am more convinced now by far and I have seen and clinically used some agents to "pick up" persons who were becoming quite depressed and successfully used others in depressions which had been longerlasting. I am quite sure now that some of the studies under way soon will clarify the properties and determine the proper usage of these drugs and this will indeed be a noteworthy step forward. One still must insist that none of these agents is a panacea and realize that all of them are still in need of careful study and evaluation. It will be a boon to mankind if they can be depended upon, for depression is the stock in trade of many psychiatrists today. There is a plethora of persons in middle age groups who become depressed for various reasons and to be able to treat them while keeping them at work will be a worthwhile service which will justify any expenditures made to accomplish it.

I shall not go into the details of the early efforts at clinical drug evaluation or describe the preclinical research which is being undertaken; this you are well aware of. This overall effort is a remarkable step forward and it too merits your continued support. It is being done wisely and with high scientific acumen, it merits more assistance than the $11,385,000 being requested to accomplish it and I respectfully add my plea and that of our Association to those which you have already heard and ask that this part of the budget be increased to $15,000,000.

I would, while I am on the subject, quote one more paragraph from a book recently published. Its author is an authority in his field and he is commenting upon research in general. In speaking of the personnel at Bethesda, La Sagna says (p.177) "The researchers number over 2,500 and include some of the finest scientists in the country." "The research output is as high or higher per man than any other research group in the country and the Bethesda scientists accordingly have a high morale which helps explain their lack of desire to leave for other pastures." The scientists of the NIMH are included in this encomium and already it is obvious that we have come a great distance from the conditions which obtained in 1949. These advances help to buttress our requests for additional funds to carry on this work.

There is just one other important feature of the present day psychiatric picture that I would like to present to you; namely, the state mental health programs and the impending further inclusion of more communities in the overall mental health picture. This program will need your particular blessing and assistance. It is a logical direction in which to move but the communities are going to need help

to get started--the pumps will need a great deal of priming. It will all have to be done carefully for we will have to recall that when the communities did have care of mental patients earlier in the nation's history, unaided they did not do too well. If state and local mental health programs are expected to carry the major responsibility for direct services to the people of the nation they are going to need help.

The present plan which invisages satellite or daughter branches of the state hospitals within larger communities and attached to general hospitals is well conceived but all plans must proceed carefully and be thought through so that they do not become the glamor parts of the system and the old hospitals simply become warehouses for patients who have not responded to treatment. There will always be some patients who cannot be treated in the community for the frustration tolerance of the people is not high insofar as mental illness is concerned. Then too with children in the homes they will have to be thought of before patients who are demonstrably ill are allowed to return home. Unless there is a startling breakthrough in psychiatric research, one which at this moment is not visible, all of our plans for change in the community handling of patients will have to be by evolution rather than by revolution.

The World Health Organization pointed out some time ago that the psychiatric units in the general hospital are too often expected to conform to the ward pattern of the rest of the hospital with the patients in modern antiseptic surroundings. It noted, too, that general hospitals are prone to refuse admission to such wards to patients who are grossly disturbed or appear to be poor risks. To this observation may be added another; namely, taking the most promising patient, the one acutely ill into the general hospital psychiatric ward--giving symptomatic treatment and with the abatement of symptoms discharging him with no

assurance the improvement will stand. As a result, sooner or later some of these patients along with others more chronic are funneled into the community mental hospital. The W.H.O. suggests that these problems may be avoided if there is close liason and responsibility between the staffs of the two institutions so that both can be operated in conjunction rather than in opposition to each other.

These are but some of the problems which the community services program of the NIMH has to face. Their duties include: (1) furnishing professional and technical assistance to communities which request it. This function too will certainly have to be greatly increased in the future if the changes spoken of by the Joint Commission are to be implemented. (2) The program of grants in aid to states has already born fruit and has furnished the nucleus around which the state governors may enlarge upon their plans. (3) The mental health project grants cover a wide range of essential efforts and their potentialities are too varied to mention. A grant to the Children's Clinic in Hartford to enable the Clinic to run a nursery school for children with mental illness and to slowly seed them into groups of normal is an example of the type of project they assist and from this particular one it is certain that some children who otherwise would be lost will be rehabilitated.

This segment of the NIMH program, therefore, acts as an agent by which recent advances and knowledge attained from research and pilot efforts are tried out in practice. If they work they are incorporated further into our overall programs and become part of the general effort to apply whatever knowledge obtainable.

That the various combined efforts of NIMH, the state and local

workers, the volunteers and members of various mental health groups have been successful is testified to by the fact that Federal, State and local funds budgeted by states for community mental health services reached a peak of 91 million in 1961, 40% higher than in 1960. I know that some of the members of this Committee have addressed some of the meetings of citizens of various states who are interested in mental health and can attest to the new found interest in the subject which is being expressed throughout the land. Mr. Gorman has told you of the enthusiasm expressed by the governors of the various states and this was demonstrated also by the fact that last year twenty-two million dollars was budgeted for local mental health services. The federal grant in aid of six million dollars represented 7% of the total amount budgeted.

I know you have already been told by Dr. Felix and Mr. Gorman of the various Community Mental Health Acts and the Mental Health Clinics, the comprehensive programs springing up to consider the problems of pathologic aging, alcoholism, drug addiction and juvenile delinquency so I spare you that repetition. I would earnestly suggest that the President's budget which calls for $9,516,000 for Title V be increased to $11,000,000. This expenditure will prove to be exceedingly worthwhile as "seed money" for greater action on the part of states and local communities. Applications for these grants have increased and will continue to do so and the scope of coverage in terms of areas of investigation and increased geographic distribution makes this an exceedingly worthwhile national program. Last year approximately ninety project grants were connected with mental illness, were awarded and seventy concerned with after-care and rehabilitation. Undoubtedly the requests for these grants will increase steadily.

One last word. A quick survey of the breadth and number of varied investigations being supported by NIMH grants, which have to do with schizophrenic, is the most encouraging sign that I can see on the

mental health horizon. Over 276 research investigations directly concerned with tracking down the various causes of this despoiler of young minds, many of them brilliant, gives promise and assurance that increased knowledge will soon enable us to see the various factors in the illness in a single framework. When this happens, we will be able to make still greater inroads upon it and still greater advances in our treatment of it.

All of these advances have been made possible in great part by the vision of you gentlemen of the Congress. By means of various combined efforts gradually we will be able to rehabilitate more and more individuals who earlier would have languished in mental hospitals.

NATIONAL INSTITUTE OF MENTAL HEALTH - PROPOSED FISCAL 1963 BUDGET

RESEARCH GRANTS	PRESIDENT'S BUDGET	CITIZENS REQUEST
Regular Programs	$28,591,000	$33,000,000
Psychopharmacology	11,385,000	15,000,000
Title V	9,516,000	11,000,000
General Research Support	3,900,000	5,000,000
Clinical Research Centers	1,000,000	6,000,000
TOTAL-RESEARCH GRANTS	$54,437,000 [1]	$70,000,000
RESEARCH FELLOWSHIPS	$ 2,892,000	$ 7,000,000
TRAINING GRANTS		
Regular Programs	$35,350,000	$45,000,000
General Practitioner	5,500,000	9,000,000
Research Training	3,800,000	7,000,000
TOTAL-TRAINING GRANTS	$44,650,000	$61,000,000
STATE CONTROL PROGRAMS	$ 6,750,000	$15,000,000
DIRECT OPERATIONS	$18,170,000	$22,150,000
TOTAL REQUEST-FISCAL 1963	$126,899,000	$175,150,000

1 - Administration total for Research Grants includes $45,000 for scientific evaluation and planning grants.

TESTIMONY ON HR3688 AND HR3689

(Facilities for the Mentally Ill and the Mentally Retarded)

Presented to the Subcommittee on Public Health and Safety of the

House Committee on Interstate and Foreign Commerce

March 27, 1963

on behalf of

The American Psychiatric Association

by

Francis J. Braceland, M.D., Sc.D.

I am Francis J. Braceland and I have been a psychiatrist for over 30 years. I graduated from Jefferson Medical College in 1930 and was an intern and Chief Resident at Jefferson Hospital until November, 1932, when I began my psychiatric fellowship training at the old Pennsylvania Hospital in Philadelphia. I was then a Rockefeller Fellow in Psychiatry in Zurich, Switzerland, and at the National Hospital, Queens Square in London. I returned to be Clinical Director at the Pennsylvania Hospital until 1941 when I was appointed Professor of Psychiatry and Dean of the School of Medicine, Loyola University.

I have since occupied the following positions:

1942-46 - Special Assistant to the Surgeon General, U. S. Navy and war-time Chief of the Psychiatric Section, I am a Rear Admiral, Medical Corps, USNR-Retired.

1946-51 - Head of the Section of Psychiatry, Mayo Clinic, and Professor of Psychiatry, Graduate School, University of Minnesota.

1951 until present - Psychiatrist-in-Chief, the Institute of Living, Hartford, Connecticut, and Clinical Professor of Psychiatry, Yale University. Since 1959 Lecturer on Psychiatry, Harvard Medical School.

I have been in the past: President, American Board of Psychiatry and

Neurology, 1953; President, American Psychiatric Association, 1956-57; President, Association for Research in Nervous and Mental Disease, 1957; Chairman, American Medical Association Section on Nervous and Mental Disease, 1956; Chairman, National Health Forum, 1958; President, Board of Examiners for Certification of Mental Hospital Superintendents, 1955; Vice-President, World Psychiatric Association, 1961 - . I have served as a member of the Advisory Council to the National Institute of Mental Health.

Mr. Chairman and Members of the Committee:

I appear here today as a representative of the American Psychiatric Association and I bring you the respectful greetings of its President, Dr. C. H. Hardin Branch, its officers and its members. In their names I am asked to register approval of House Bills HR3688 and HR3689. Our organization, the oldest professional medical society in the nation, has been accustomed to speak also for legions of patients whom its membership has cared for down through the years, during periods when no one else seemed to bother. Therefore to say simply that we approved seems mild and not expressive enough. We feel much more strongly than that. We regard these bills as milestones in the progress of humane and scientific care and treatment of the mentally ill and the mentally retarded.

Before I continue my testimony, there is one observation that I would like to make, even though it might be considered gratuitous. You will hear a great deal of testimony, but none of it, especially mine, will be half so eloquent, so concise, so perceptive or so convincing an endorsement of these bills as the Special Message of February 5, 1963, from the President of the United States Relative to Mental Illness and Mental Retardation. I am not dissembling - neither he nor you need encomiums from me - but the message did encompass the whole situation and showed deep understanding of the plight of our patients and the difficulties we

have faced in trying to treat them. I shall not try to embellish his message but rather simply to emphasize from a professional standpoint some facts pertinent to these bills.

BACKGROUND

It was 17 years ago that my colleagues and I appeared before this Senate Committee to tell of the suffering, the distress and the terrible waste of manpower we had encountered in the military services and which was occasioned by mental and nervous disorders in service personnel in World War II. I remember that we were hesitant about telling the whole story; for we feared that if we did, someone might think the problem so vast and overwhelming that they would want to invest in something more hopeful and amenable to treatment. We had just learned the hard way in wartime that a man disabled by mental or emotional disorder was just as much a loss to his country as if he had been seriously wounded. This was not a pleasant bit of knowledge. It was, however, reality. We had learned also that there was previous little that we knew about effective treatment for these sick men and that there were pitifully few of us to carry out what we did know. You responded to the urgent requests of the U. S. Public Health Service, the military, the professional societies, and other citizens by passing the National Mental Health Act, the manifold benefits of which will never be completely estimated. Without this act or something akin to it, the whole problem of mental

illness and the care of distressed people in this nation would have been in chaos for another decade. By means of this legislation we were enabled to train professional and auxiliary personnel; to begin some and to enlarge other research efforts; and in general to raise the knowledge of our profession and the level of treatment of sick and distressed people to their present high planes.

RECENT ADVANCES

Things have moved rapidly since those early days; the situation, while by no means near solution, is markedly better. There has been an arrest in the climb of the state hospital census, despite the nation's population increase. Some mental illnesses have been conquered. We have attracted to our specialty some bright young men and women from the fields of medicine and nursing, and an aura of hope pervades the whole psychiatric discipline, probably more than ever before in its history. Numerous research projects are under way, and among the people working on them are brilliant scientists from other fields, who have become interested in ourproblems and in the predicament of our patients. Family doctors have become much more involved in helping to care for emotional problems, for they have realized for some time that a large segment of their practice is concerned with emotional disorders masked by physical symptoms. To help prepare these physicians and to impart to them some of the knowledge which we have acquired, numerous courses have been set up for them in various parts of the country, subsidized by grants from the National Institute of Mental Health.

Attitudes inside of mental hospitals also have changed; people are now expected to get well, and, encouraged to do so, they are prone to respond. But even with all of the improvement--and it is an accepted fact that mental hospitals have markedly improved--there are still far too many of these institutions which remain custodial in nature. The Joint Commission on Mental Illness and Health notes that only 20 percent of them are real therapeutic centers and implies that, for one reason or another, the others have not taken advantage of new knowledge which is available.

In recounting our advances, I find no need to spend too much time discussing the new drugs--the tranquilizers and the anti-depressants. You have heard a great deal about them, I am sure, and you will hear even more about them and their successors in the future, for chemistry and pharmacology will surely continue to contribute more of their leaven--the fruits of their constant research. Actually these drugs have been a Godsend and are probably the most important single element in our recent progress.

THE NEXT PHASE

Our appearance here today, therefore, is in one sense a return visit to tell you that a portion of the mission which we set out upon with your blessing and your help seventeen years ago has been accomplished, and it is now time for the next move forward. Fortunately, the initial element in that next step is embodied in the two bills which are before us today for consideration. They are the beginnings of the implementation

of the President's plan for the relief of mental illness and for a serious attack upon the problems of mental retardation, conditions which have been neglected and problems which are fraught with emotional distress.

HOW WE GOT OUT OF THE COMMUNITY

I know that you have little time to listen to past history, but please let me mention briefly a period in our history when construction of institutions for mental patients was a serious consideration. In the middle of the last century Dorothea Dix was busy importuning legislatures to build state hospitals to care for the patients whom she was laboriously collecting from cellars, garrets, jails and run-down municipal asylums. She reasoned that the state--a larger segment of government--would provide better care for these patients. The legislatures responded and did build state hospitals--big and strong, and grim and destined to last--and, whatever else they have done, gentlemen, they have lasted and patients are still being cared for in many of them.

The communities were willing, perhaps even glad, to have these patients moved, for neither they nor the doctors knew what to do for distressed, retarded and ill people. If the patients were quiet and tractable, they were allowed to roam at large in the towns but, if they were not, they were incarcerated--and all too often, when they were incarcerated, they were forgotten. Once these individuals were out of sight and safely stored in hospitals, they were, more often than not, also out of

mind. To make matters worse, when this transfer had been accomplished, the citizens voted for economy and, as the state hospital census went up, its staff and personnel ratios went down, with results which are too well known to you to elaborate here. These patients were then, as they are now, the last to benefit in good times and the first to suffer in bad times.

I have no intention, gentlemen, to denigrate the state hospital system. There have been, and are, good ones and bad ones. There is now, and always have been, a large number of men--physicians particularly--with strong social consciences who performed dedicated work in these institutions, often against frustrating odds. Basically, the community has been at fault. We, the citizens, have gotten what we paid for.

NEED FOR RETURN TO THE COMMUNITY

It is time, high time, to change all of these things, however. There is urgent need to bring the patients back to the community. We know much more about them now. We know they can be helped--not all of them unfortunately, but most of them--and that efforts can be made to prevent the illnesses of the others from becoming chronic. Unhappily, a number of sick people will go on, and will become chronics, despite all efforts to prevent it. Even then, however, there is no need to give up. If time permitted, I would tell you many interesting stories of people who have left chronic disease hospitals and taken their places in the community long after hope that they

might do so had been abandoned.

Another thing has happened in the past several decades which indicates that the time is ripe for the return of our mentally ill people to the community. This is the growing rapprochement between psychiatry and medicine. This is an important--in fact, an essential and determining--influence in any change in the direction and location of treatment efforts. To meet the mental health needs of an advancing social order it has become obvious that there must be a sustained cooperative effort to return psychiatric patients to the community medical field. Changes in the practice of medicine, like changes in the practice of psychiatry, have made this possibility much more feasible and workable.

Actually, a large part of medical practice has emotional overtones, and the new interest and willingness of the community doctors to partake actively in the care of mentally ill and retarded patients augurs well for the future of all concerned. It is axiomatic that one cannot be emotionally ill without some physical involvement, and one cannot be physically ill without his emotions being involved, for man is one, whole and entire, and any fragmentation of his treatment is artificial.

It is reasonable for us to visualize an important part of future psychiatric effort to render proper diagnostic service and alleviate emotional distress as being community based. This base should be in a center which offers a variety of treatment possibilities. It could be in a private group practice with necessary facilities, a private mental hospital which had the essentials required to carry out the

mission, a general hospital or medical center, or indeed a state or federal complex which was available and properly staffed and functional.

It has been said frequently in the past that too much dependence has been placed upon hospital psychiatry. This is partially true, but it was often so because of the low frustration tolerance of people in the community. A man might have any type of physical illness and be sure of getting both treatment and understanding in the community. But let there be any hint of mental symptoms, and there would surely be a strong suggestion that he be rapidly hospitalized. Also, it should be mentioned that for a long time hospitalization was all that we had to offer these patients. One accusation that was often made was that too large a portion of state hospital budgets had to be spent for maintenance and general care of patients rather than for active treatment. This, unfortunately, was often true. The construction and staffing of the comprehensive community centers should alleviate most of that difficulty, however, and put hospital psychiatry into its proper place as simply one of several possibilities for the care of sick people.

TIMELINESS OF THE BILLS

Nationwide, there is at present a growing appreciation of the need for more community clinics, guidance centers and outpatient as well as inpatient facilities. The provision of these services will be a major factor in the avoidance of long-term

hospitalization and the chronicity of mental disorders. For many years psychiatry has emphasized the value of early recognition and early treatment of mental disease. With further public education and with the provision of community facilities such as those we discuss here today, and with early treatment and a variety of treatment facilities in a community center, families will be more inclined to seek help early rather than late.

Despite the fact that some patients with long-standing illnesses are recovering under modern treatment methods, sometimes to the point of social remission, it is really in the early stages of illness that the most effective treatment can be given and there is the best outlook for future stability. The old Adagia of Erasmus still holds good: "It is better to treat at the beginning than at the end." Brief hospitalization is desirable for many reasons other than economy, and certainly the humanitarian aspects of the early return of a loved one to the family need not be elaborated upon here.

It is reasonable to believe that the construction of these centers in the community will lead to a closer identification of the townspeople with the problem and a much more ready acceptance of responsibility for fellow citizens who become ill. Close proximity to family, family doctor, and to consultants who know the patient will in many instances make unnecessary the expensive duplication of treatment and

surgical facilities, and certainly will prevent the dissipation of psychiatric effort on medical problems which ought to be handled by other physicians. It is hardly necessary to add, however, that, while all of these new efforts are being made, we will have to keep in mind those patients who remain in state hospitals and not let up in our efforts to restore them to family and job.

As important parts of the comprehensive mental health center, one can readily visualize the value of day and night hospitals. Only when the patient cannot be handled on an outpatient level with the help of day care would it be necessary to resort to 24-hour hospitalization. There is no doubt but that there will be a fair number of these patients; some few will even go on to longer illnesses, but not nearly in the numbers we have been accustomed to expect. The idea is to treat patients early and vigorously and so prevent chronicity.

PRESSING NEED FOR FOLLOW-UP CARE

The comprehensive community centers would also be available to patients after discharge from mental hospitals; this is particularly important. In most states the readmission rates of discharged schizophrenic patients presently is 30 to 40 percent, which is much too high. The patient returns home; there is no one to direct him to take his medication; he slips backward a bit and has trouble getting a job; and before long the poor fellow, discouraged, gravitates back to the state hospital. It is the only place where he is comfortable and feels he is being cared for.

The policy of treatment in outpatient departments or of brief hospitalization cannot be expected to pay off unless the patient is able to maintain his gains in the community. It is essential, therefore, that he keep in contact with family and friends and be prepared during his hospitalization for the problems he will meet when he goes out. Equally important is the preparation of the family and community for the patient's return. There is little use in giving the patient the advantages of the best in treatment and rehabilitative procedure if the family or community will not receive him when he recovers. Hence the pressing need for community centers with their variety of inpatient-outpatient care, day centers and rehabilitation facilities and places within or near them where patients can turn for help when they need it.

ESSENTIALS OF COMPREHENSIVE COMMUNITY MENTAL HEALTH CENTERS

The essential components of a comprehensive mental health center would be inpatient and outpatient care, the day hospital and the diagnostic clinic. No matter what else is available, these elements are necessary. Emergency service could be provided from the clinic through the person's family physician if he has one or through any clinician in practice. It will get the doctors in the community into the act, as it were. It will include them in the care of the mentally ill; they will be able to make rounds in the center and in various parts of it to take care of their patients.

Treatment at the moment of crisis often is more effectual than at any time thereafter; it might be crucial and might indeed prevent long-term illness. The psychiatric clinic itself should be made flexible enough to handle emergencies as they arise on a 24-hour basis and, certainly, flexible enough to permit follow-up care so that the essential doctor-patient relationship may be maintained, even if briefly and intermittently. Many patterns of professional practice will emerge in the establishment of these centers and many events will transpire which will unify and coordinate the community's efforts, which now are widely scattered.

Certainly, the cause which these bills advocate is just and the purpose of these centers praiseworthy. The intent is to furnish an early defense against chronic illness. It is essential that all efforts be made to help restore patients to their families and to their fullest mental, physical, social and vocational capabilities. We have here an excellent opportunity to utilize skills, which heretofore have been dormant, for the alleviation of conditions which have too long been neglected.

Prevention, mental health consultation,treatment where necessary, and after care--these are the essential duties of the personnel of the center. Diagnostic services, day and night hospitalization, 24-hour hospitalization, and transitional after care--all are added aids to the solution of the problems which, the President noted, "Occur more frequently, affect more people, require more prolonged treatment, cause more

suffering by the families of the afflicted, waste more of our human resources and constitute more of a financial drain upon both the Public Treasury and the personal finances of the individual families than any other single condition."

SOME POSSIBLE ROAD BLOCKS

While mass education, it is devoutly hoped, will finally erase certain misconceptions which hamper progress, that utopian time has not yet arrived. People still have erroneous ideas about mental illness. They tend not to consider as mentally ill a person who shows no violent or bizarre behavior though he may be suffering from a condition which if untreated would lead to disabling chronicity, suicide or homicide. People do not link up the human tragedies featured daily in the newspaper--premature deaths, suicide, brawls, alcoholism, etc., with emotional disorder. They do think in terms of "fate", or of "crackpots", or "people who should be locked up". All of this is an indication of widespread unwillingness to understand that some of these persons, though not all, are sick.

The emotional set of a segment of the community toward mental illness has deep historical roots. It is still equated by many people with the mysterious and the uncanny and by some with that which is evil and shameful. The logical outcome of this is the thinking by some that mental illness is something of which the patient himself is "guilty". Hence the tendency to hide mental symptoms and be adjudged "not guilty". Thus one misses out on hospitalization early, when treatment is most

effectual. The antiquated laws on hospitalization and confinement in some parts of the country have done little to improve this situation. These are truths which psychiatrists have contended with for generations but still the lesson has not been learned. All too often precious time is lost before a psychiatric disturbance becomes florid enough to bring action, and damage is done not only to the patient but also to the family and sometimes to the community.

Therefore a major job of public education needs to be undertaken if these units are to be used effectively. Once the community understands that effective psychiatric treatments have been developed and that they are most effectual if applied early, this stumbling block should be eliminated. With general acceptance will come community interest and participation, which are the basic ingredients of social progress.

One thing will have to be made clear and spread broadcast. The mere building and operation of a comprehensive mental health center will not eliminate mental disease in the community. Nor will the mental hospitals empty out quickly. There has always been mental disease and as far as can be determined now, there always will be. The feasibility of reducing the present patient load in state hospitals, however, is not a figment of the imagination. It probably can be done within a decade. Early treatment in the community with an emphasis on rehabilitation will materially cut down the state hospital admission rates. Aftercare in community

clinics will materially reduce re-admissions. Halfway houses, day centers, nursing homes for older patients--all of these outlets for sick people who do not require intense supervision--will help to reduce the census of these institutions. Added to this there is the undoubted fact that a number of chronic patients who have been hospitalized for long periods do get well, whether under some particular drug or activation program. This is a most encouraging prospect.

A problem will probably arise in attempting to coordinate the various isolated services in communities and bring them under one aegis in order that they be able to function more efficiently. While some reluctance to give up long-held privilege and to work in close cooperation with other groups will be encountered, this difficulty should be gradually overcome. Some differences will probably never be bridged, but they will be taken care of by time and attrition. All of this indicates the necessity for laying down ground rules early in the planning of the comprehensive centers and thus forestalling many problems before they disrupt a much-needed addition to the fight against mental illness.

Questions will be asked regarding these centers. Is the concept medically sound? The answer to that question can be given without hesitation. The concept is not only medically and psychiatrically sound but it is a highly desirable step forward which in the long run will mark a great advance in treatment. It is simply the advocacy of a change in the locus of treatment, a change in the right direction

and one which will prevent a patient from being alienated from his family.

The next question has already been asked: "Who is going to pay for all of this?" The answer is that we already are paying, according to the President's message, $2.4 billion a year in direct public outlays for service--about $1.8 billion for mental illness and $600 million for mental retardation. This is exclusive of the many indirect costs in anguish, wastage, etc.; the cost of these factors cannot be estimated. Here again will be a change of locus of payment and in this change I believe a much better chance of preventing long-term illness. I do not pose as an economist and my financial prognostic ability leaves much to be desired, but in my judgment this cannot prove to be a costly mistake. People are going to need treatment and if they can get it early and in the community they not only have a better chance of recovery but they also have a better chance of paying for service either individually or by means of one of the various insurance plans which must surely and hopefully become interested in these worthwhile efforts.

You will notice that I have confined most of my testimony to the cause of the mentally ill, the field which has occupied me most in my professional career. Nonetheless I would like to espouse the cause of the mentally retarded most heartily. This group has long been neglected, and it is with all sincerity that the members of the American Psychiatric Association endorse legislation which will react to the benefit of this group.

There has been a conspiracy of silence regarding both of these afflictions. This silence has been due to misunderstanding and fear. Behind the jokes about these patients and the cartoons about psychiatrists there is wonderment and dread. These sick people are not a race apart, they are--under certain circumstances--you and I, and they and their families cry out for help. You have in your power to make the initial step toward giving that help by passing these bills.

- END -

STATEMENT OF FRANCIS J. BRACELAND, M. D.

PAST PRESIDENT OF AMERICAN PSYCHIATRIC ASSOCIATION AND MEDICAL DIRECTOR OF INSTITUTE OF LIVING AND CLINICAL PROFESSOR OF PSYCHIATRY AT YALE AND LECTURER AT HARVARD

Dr. Braceland. Thank you very much, Mr. Chairman. I am glad to be here, and ask your permission to put the statement in the record and to comment upon it briefly.

Mr. Roberts. Let it be included in the record.

(The statement of Dr. Braceland is as follows:)

Dr. Braceland: Thank you sir.

There is a page or two in the front of my statement trying to explain me, but I have been at this for 30 years. In order that Mr. Nelsen not be alone and that he has a representative here today. I would like to tell him that I was the first psychiatrist at the Mayo Clinic, and was also a professor at the University of Minnesota.

We appeared before the Committee or the counterpart of it for the first time seventeen years ago, Mr. Priest in the House and Senator Pepper in the Senate. We were unifrom. Dr. Felix was one, Dr. Menninger and I were the others. We were representating the services advocating sincerely the passage of the National Mental Health Act. We had been through a great deal. I was the Chief of Psychiatry in the Navy, Dr. Felix in Public Health, and Dr. Menninger in the Army. And we saw the waste of a great many men at a time when the nation needed them. At that time we had no one to turn to and we had to make a lot of 90 day wonders to care for these men. We were continually worried about what would happen to our patients in the future.

Well, it was the National Mental Health Act which has enabled us to rise to the standards that we have reached today. Through the training of men, through the backing of research, and by reason of the knowledge and the level of the professional treatment that we have attained, we have made our speciality into a

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a much more effective profession.

There was an arrest in the rise of the hospital census beginning. I believe in 1956, and by that time some of the mental illnesses had been conquered, and some others prevented from becoming chronic.

There were courses for general practitioners set up and subsidized in part by the NIMH, and in general there was a more optimistic atmosphere in mental hospitals. Before that it was as if there were a sign on the gate "All ye who enter here leave all hope behind." But when it was seen that the census did not have to continue to rise yearly -- (this was at the time of the advent of new drugs and various methods of treatment) -- then people took heart, they were expected to get well, and many of them did get well.

But still there are too many of these institutions which are custodial in nature. The Joint Commission noted that really only 20 percent of the state hospitals were really therapeutic centers. I agree with my colleague, Dr. Ewalt, however, (I was on the Commission with him) that this bill is satisfactory the way it is; it is not something to be tampered with by every group which has some special cause in mind. We like the bill the way you have it, gentlemen, it will take early care of the mentally ill.

One has only to go back 30 years and realize what some of

these places were and to see what we are correcting. I agree with Dr. Ewalt also in that I wouldn't denigrate my colleagues who ran these hospitals. The public got what it paid for, and many dedicated men stayed at work in them just because they had social consciousness which kept them on the job, they could have done much better outside.

We completed the first phase of our task reasonably well, gentlemen, if you please. And it is time for the next step. We return to you therefore, seeking help for the next phase. Now it is time that many of the community efforts be coordinated and worked out together. These resources are spread out at the present time, and this is wasteful of funds and of personnel. The two bills under consideration here are indeed timely for implementation of the President's plan, and in addition to being a further advance toward mental health we are glad to note there is to be a serious attack on mental retardation.

We have mentioned that we would like to bring our patients back to the community. You may say to me, "Well, how did you get out of the community in the first place?" Well, a hundred years ago -- and I am not going to regale you with history -- when Dorothea Dix started to collect these people from the municipal asylums, which were also alms houses, and from garrets and jails and basements, she thought

that if she could get them into the state institutions that being in a larger government institution they would get better care. Well, the people were glad to see them go, and the doctors were glad also , for no one knew what to do about them. But, when they got them out of the state, however, they also were out of mind, the cnesus enlarged, the staff lessened, and we soon had the situation that we are bewailing today.

It is time therefore to bring these patients back to the community to make a start first at preventing illness, then at treating it quickly when it appears because it has been known since the time of Erasmus; that the time to start treatment is early rather then when the illness has already become chronic.

Now, family doctors and physicians in general hospitals are willing to be of help. That was not always so. But it is axiomatic that one can't be ill physically without emotions being involved, and it is just as true that one can't be sick mentally without some physical aspects of the problem manifesting themselves. This relates us solidly to medicine.

The important part of our effort for the future, then, is to render a diagnostic service quickly to treat the patient in the community, not to let him get away for too long where he is forgotten by his family, where the wife gets a job, the children grow up and perhaps become ashamed of him, where no one wants to hire him, and the only place the poor fellow will be

comfortable is back in a mental hospital.

We need a center that offers a variety of treatment possibilities, close to general hospitals, but not necessarily adjacent to them. They can also be near private non-profit institutions or even government facilities.

There are many other aspects of the problem, which will have to be worked out by the state authority which is controlling the program. The fact that private practitioners of medicine are becoming vitally interested in the program delights us. It augurs well for the future. Private mental hospitals are interested -- I run one of them. We have 48 full time physicians, many of them in various stages of their training. These new centers should help to put hospital psychiatry in its proper perspective as just one of the elements in treatment and not the only element.

Heretofore, whenever a person showed even one mental symptom, away he would be sent. If he had diabetes and needed regulation, this could be done in the home or in the hospital for a short period. But let a poor fellow have one hallucination or delusion and off he went, and usually his banishment for a long time.

We have said that these bills are timely. They come at a time when we know what to do for people who are becoming ill. We can be of help to a great many of them. The situation is very much better than we ever suspected it could be at this

time. We never thought that we would live to see so much interest in this problem. It was neglected for so long. There is an incentive for people now to accept help earlier. Heretofore they have been fearful that they might be stigmatized. The construction of these centers therefore is likely to lead to closer identification with the townspeople.

In 1955, I told the American Hospital Association that we longed for the day when the community would adopt mental patients and mental hospitals like they did the general hospitals. They are proud of their general hospitals and consider them their own. Not so the mental hospitals -- they are outside of the pale.

All the while we are making new improvements, however, we can't forget the people who remain in the state hospitals. There will always have to be a place for people whose illness will take a long time to heal.

There is a pressing need now for follow-up care and these centers should meet that need. Some patients leave state hospitals, fail to take their medicines, and where there is nobody to care for them, they neglect themselves and gravitate back to the hospital. There is no use of treating patients expertly and then casting them off. Someone must follow them in order to help him maintain what they have gained.

You have been told, gentlemen -- though you already knew them very well -- the essentails of the requisites of these centers. It is your hope I am sure as it is ours that various types of

institutions will colloborate in these new efforts. In patients, out patients, diagnostic centers, day and night hospitals are the essential elements for the centers. One can add to these but without the four elements mentioned the center would not be complete.

There are some road blocks that will be sure to arise to complicate matters. The question will arise, is this idea medically and psychiatrically sound? We can say unhesitatingly it is medically and psychiatrically sound. Who is going to pay for it? We are paying fo it now, to the tune of about three billion dollars. If you don't hold me to closely to it, I will say I believe that the situation in New York is not quite as expensive as was indicated and there are not as many as 130 thousand patients. I think there are 100,000 patients, and that includes a number of retarded too.

The bills for all of this in a state like New York come close to about $300 million, So we are paying for it now. We would like to catch the illnesses early, and put these people back into the community faster. Will we be able to gather together these various isolated centers and stop the wastage of personnel? I think so.

I would like to mention one word also in behalf of Title II of the bill, which helps to train the doctors and the various types of personnel needed in the centers. Now, with automation, putting people out of work, it ought to be possible for us to

retrain many of them and to perhaps reduce the personnel shortage which has hampered us for so long.

You have been very good to listen to me and I am appreciative. I would be glad to answer any questions that I am able to answer.

(The statement of Dr. Braceland follows:)

Mr. Roberts. Doctor, I was just remarking to one of my colleagues that we on this subcommittee feel that we are highly privileged to have men of your caliber and your training and experience to come and tell the story of this problem.

We appreciate the fact that you gentlemen are important people in the nation and in your community, and that you take time from your busy lives to come to Washington and try to help us work out what we believe to be very useful legislation.

And I just want to say that you and the other witnesses today have the thanks of our subcommittee.

I haven't any questions except that I would like to congratulate you on a fine statement.

Dr. Braceland. Thank you, sir.

Mr. Roberts. The gentlemen from New York.

Mr. O'Brien: Just one question.

I take it, Doctor, that you feel that in New York if we take the $300 million cost figure -- I don't know how exact that is, it might be $400 million -- that we have an opportunity through these bills to reinvest a substantial part of that in a way that would do us more good, is that correct?

Dr. Braceland. Yes, Mr. Congressman.

And I think you have had a little sample of it already. I think that in one or two places you have tested two or three wards which

would imitate what we are trying to do to see whether it would work, and it not only works and the patients get out much quicker, but it influences the rest of the hospital, and the ward upstairs will say, well, they are not better than we are, and it lifts up the tone and the morale of the whole institutions.

I think you have been sampling a little bit of your own up there and have proven that this will work.

Mr. O'Brien. Thank you.

Mr. Roberts. The gentlemen from Minnesota.

Mr. Nelsen. I was curious, years ago in Minnesota I think an operation was performed, lobotomy.

Dr. Braceland, Yes.

Mr. Nelsen. Is that still practiced to any degree?

Dr. Braceland. No, not to any degree Mr. Nelsen, because once you cut those fibres in the brain you can't tie them together with pink ribbons.

Now, it happens occasionally in one or two types of illness, but very, very rarely, and we are reluctant to do it.

I may have said this earlier, Mr. Nelsen, but I am getting along in years and as my body gets shorter my anecdotes get longer -- I was Chariman of that committee of Governor Youngdahl's advisory --

Mr. Nelsen. I was in the legislature at that time.

Dr. Braceland. And I remember we had a great deal to do about all this.

Mr. Nelsen. Another point I would like to touch on, I think we all recognize, and I think all the committees have recognized, that the main impetus comes from the states.

And in your judgment, this bill which is intended to provide that incentive to get things moving, in your judgment, does this protect adequately so that we don't lean too much on the Federal Government in the future, but it starts our states moving, and then we will do a better job?

Do you think there is adequate protection in this bill to guard against the possibility that too much will be expected from the Federal Government on a long range basis in the future?

Dr. Braceland, I think that the committee has it nicely built into the bill.

There is a certain percentage for the construction, and only a certain time allotted for helping with the staffing.

And I think also that it has been proven, because I am afraid to have to tell you, I have been coming down for a number of years looking for funds for the NIMH -- this money seeds the states, the states now have come out so much further than we ever thought they would, and the seed money has come from the feed money that has been put in.

And I think it is well protected.

Mr. Nelsen. Thank you.

Mr. Roberts. Thank you again, Doctor.