

PROGRESS TOWARD MENTAL HEALTH - A JOINT RESPONSIBILITY

Address to National Governors' Conference on Mental Health

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by

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Mr. Chairman, State Governors and Distinguished Guests:

I consider it a deep privilege to be given this opportunity to talk with you about a problem which is very close to my heart.

Fifteen years ago I began my service on the House Appropriations Subcommittee which deals, among other things, with the various programs of the Department of Health, Education and Welfare. I have had the honor of serving for eleven years as chairman of that subcommittee, and I consider it the most rewarding experience of my life.

In the year in which I began service on the committee, the National Institute of Mental Health was created. The Congress had received voluminous testimony to the effect that mental illness was the largest and most neglected health problem in the country.

We were careful in drafting the legislation to restrict the role of the federal government to a stimulatory one -- placing its major emphasis upon research, training and matching clinic grants to aid the states in developing additional ammunition for an all-out fight against mental illness.

As we developed our limited federal program, we made it a point to call before our subcommittee each year expert non-governmental witnesses to keep us informed on progress at the state and local level. At these annual hearings, we were heartened to learn of the tremendous leadership being supplied by the National Governors' Conference.

Your 1949 study, "The Mental Health Programs of the 48 States", was a landmark volume outlining existing conditions in the state mental hospitals. Following the publication of that study, the 1951 National Governors' Conference authorized a survey of ways in which the several states could develop alternatives to custodial institutional care of the mentally ill.

The historic First National Governors' Conference on Mental Health in 1954 in Detroit was an inspiring indication of your determination to find new methods of handling the nation's Number 1 health problem.

In 1955, all of these efforts culminated in the first significant reduction in our mental hospital population load since the establishment of the first publicly supported mental hospital in Williamsburg in 1773. In the five years since 1955, there has been a remarkable drop of 23,000 patients resident in our state hospitals. Testimony before our committee indicated that this historic drop resulted from a number of factors -- the introduction of new drugs, the doubling of the number of psychiatrically trained personnel in state hospitals and the increasing availability of new psychiatric facilities designed to hold patients in the community.

This remarkable accomplishment could not have been achieved except through the intensive cooperation of federal, state and local governments.

Let me give you an example. Fifteen years ago, when the program of federal matching grants for clinics and other community mental health services was introduced, the federal government contributed \$2.00 for every \$1.00 matched by the states or localities. Last year, in a community mental health service program which had grown to a level of \$91 million, the federal contribution was only \$6 million -- less than 7% of the total program.

In many parts of the country, the federal matching grant provided the spark which ignited a grass roots, local community effort to establish a mental health clinic.

Despite these and other advances, the burden for the care of the mentally ill continued to place a heavy financial load upon the states.

We received testimony earlier this year to the effect that the 50 states are spending approximately \$1.2 billion annually for the maintenance and treatment of patients in state institutions for the mentally ill and the mentally retarded.

In the light of these mounting expenditures, and in view of the fact that victims of mental illness still fill more than 50% of all of our hospital beds, leading figures in American medicine began to talk publicly of the need for a comprehensive, fresh look at the whole gamut of mental illness. The original impetus for this study was given by Dr. Kenneth Appel of the American Psychiatric Association. His eloquent call to action resulted in the formation of a non-governmental Joint Commission on Mental Illness and Health, with the American Psychiatric Association and the American Medical Association playing the key roles in its founding.

In 1955 the Congress passed legislation, which I was proud to co-sponsor, providing partial financial support to the Joint Commission in its work. We made it clear that we wanted this to be a completely independent and unfettered study, and we set no conditions or restrictions other than the expressed hope that the Joint Commission would include as many representative national organizations as possible.

I am very proud of "Action for Mental Health", the final report of the Joint Commission on Mental Illness and Health. It represents six years of dedicated work on the part of individuals appointed by 36 national organizations.

It doesn't pull any punches. It says that only 20% of our mentally ill are housed today in hospitals which provide active treatment, rather than mere custodial care. This concerns me deeply, both as a resident of Rhode Island and a citizen of this great country.

It says that we are spending too little on treatment of the mentally ill -- that for four or five dollars a day we cannot perform any therapeutic miracles.

Most of all, I like the fact that the report states over and over again that to improve the care of the mentally ill, all levels of government -- federal, state and local -- must join together in a united effort.

It calls for a tripling of expenditures for the mentally ill during the coming decade, and it calls upon the federal government to assist state and local governments in achieving this goal.

In stressing the importance of a comprehensive attack, may I give you the example of a problem which at one time seemed insoluble?

In 1955, I was asked to address a small organization in Rhode Island composed of the parents of mentally retarded children. I didn't know much about mental deficiency, so I listened more than I talked. I had heard the familiar statistics about there being 5 million mental defectives in the country and 300 more born each and every day to American families, but I had never before looked into the eyes of parents to whom these children had been born. They told me of the hopelessness of the treatment outlook; of the difficulties of getting these children into any kind of school; of the tragic air of rejection and defeatism which seemed to engulf all professional and public discussion of the plight of these children.

That day I determined to do something about mental deficiency. I had been told that this was a state problem -- that traditionally the states maintained institutions for the custody of mental deficient.

I did not agree that it was solely a state responsibility. It seemed to me that it was my duty as a parent to do something about other children less fortunately endowed than mine. It was my duty as a citizen of Rhode Island to do something about the mentally retarded of that state. Finally, it was my duty as a Congressman to help alert the nation to the problem.

Over the past six years, we have increased federal programs in the field of mental deficiency. We now have a ten-year program for the training of teachers of the mentally retarded. We have aided also in the establishment of diagnostic clinics for evaluation of the mentally retarded, and it is most heartening to note that there are 80 of these clinics today, whereas there were none less than a decade ago.

We are providing research grants to assist medical scientists to unravel the underlying mysteries of the various forms of mental deficiency, and although progress has been slow, these scientists have already identified ten metabolic errors producing mental retardation, and they have developed corrective treatment for several types of mental deficiency which previously doomed children to a lifetime of institutionalization.

Again I would like to stress the fact that the federal role in this development has been a relatively small one.

The truly spectacular progress in the provision of educational opportunities for the mentally retarded child has been largely the result of enlightened state

effort. Forty-eight states now have legislation providing for special classes for the mentally retarded in the public schools, double the number of state programs which existed ten years ago. In 1950, no state had passed legislation requiring local school districts to provide for the trainable mentally retarded -- those who were not capable of receiving formal education, but who could be trained for a specific vocation. Today, more than twenty states provide such training for these children.

I could cite many comparable examples in this one field of mental deficiency to fortify my point that only through a united effort at all levels of government have we finally overcome the ancient superstition that all mentally deficient children are doomed to a lifetime of incapacity.

And may I remind you that behind all these efforts there has been a groundswell of citizen support. In 1950, when the National Association for Retarded Children held its organizational meeting, there were forty parents of retarded children present. Today, there are more than 50,000 members of this organization in one thousand local associations in every state in the country.

Who knows then who provided the key which opened the door to a new day for thousands upon thousands of these previously doomed children?

I don't know and, quite frankly, I don't care.

In the years ahead, I want to see this problem of mental deficiency licked, and I don't care who does it -- the federal government, state government, private research foundations, or increased citizen effort.

However, I have a strong suspicion that it is going to take all of these to do the job.

I am therefore delighted that President Kennedy a month ago announced the appointment of a panel of experts from all walks of American life to develop an action program leading to the eventual conquest of mental retardation. Stressing the tremendous amount of human disability caused by the various forms of mental deficiency, the President said:

"The manner in which our nation cares for its citizens and conserves its manpower resources is more than an index to its concern for the less fortunate. It is a key to its future."

Pointing out that "the limited resources of the state institutions have been taxed beyond the breaking point", the President called for a comprehensive, coordinated attack upon mental retardation through a clear definition of the inter-locking responsibilities of the federal government, state and local governments, and private resources.

By the same token, the problem of mental illness cannot be limited to any one jurisdiction of government. The mentally ill person who breaks down in Rhode Island, or Nebraska, or California, or here in Illinois, is not only a citizen of that particular state -- he is a citizen of this entire country, and his loss is a loss to all of us.

In these critical times, our country can ill afford the staggering losses of manpower exacted by mental illness.

In 1950, as President of Columbia University, former President Eisenhower established the Conservation of Human Resources project to study ways in which this democracy could increase its manpower strength.

In "The Lost Divisions", the first volume in a monumental study of this subject, the Columbia project noted that mental illness was the greatest single cause of manpower loss to our democracy, both in peace and in war. In World War II, for example, the total manpower loss from mental illness -- approximately 2,500,000 men -- would have been sufficient to man 177 Army infantry divisions. Noting that 40% of the total manpower loss to our armed forces was due to mental disorders, the study pointed out that this was larger than the total number of soldiers the Army sent to the Pacific Theatre of Operations during all of World War II.

Receiving this report as President of the United States, and as Commander-in-Chief of the Armed Forces, General Eisenhower commented:

"The people are the Shield of the Republic. The United States has only 6% of the world's population. It cannot possibly win the peace, nor if need be, repel an aggressor, by numbers alone. Our one chance for security and leadership is to develop our human resources to their optimum."

In the fight against mental illness, for the first time in our history we now have a comprehensive, thoroughly documented action program as outlined in the final report of the Joint Commission on Mental Illness and Health.

I am frankly delighted with the enthusiastic response the report has received from our leading medical organizations, from members of the executive and legislative branches of government, and from citizens organizations throughout the land.

The American Psychiatric Association, which has instructed every district branch of its organization to study the report and work with state medical and political leaders in its implementation, recently devoted its entire Annual Mental Hospital Institute to a discussion of the report.

The American Medical Association, through its Board of Trustees, has characterized the Joint Commission report "as an historical contribution to the promotion of mental health, and prevention and care of mental illness." Just a little over a month ago, here in Chicago, the AMA brought together delegates from the leading professional and lay organizations in the country to prepare a set of working recommendations for the First Annual American Medical Association Congress on Mental Illness to be held in 1962.

It is my understanding that the National Institute of Mental Health has prepared a position paper endorsing the major findings of the Joint Commission report and outlining a federal-state matching program over the next five years.

In several recent speeches Secretary Ribicoff, noting that the Department of Health, Education and Welfare has been evaluating the Joint Commission's findings, has promised that "our resulting proposals will be an integral, important part of our future program."

This great Conference of State Governors has indicated its high appreciation of the Joint Commission report by devoting a special panel to it at its annual conference earlier this year, and by now sponsoring this important two-day meeting to discuss what legislative mechanisms we can develop to carry out the report's major recommendations.

I doubt that we can achieve absolute perfection in developing substantive legislation. I like what Dr. Alfred Stanton of Massachusetts recently wrote about our task:

"Enacting any program involves the likelihood of mistakes, but the worst mistake we could make now would be to respond inadequately", Dr. Stanton observed. "We have the chance of a generation to enact what is necessary and possible."

We must not miss this opportunity.

I will do all in my power to implement the recommendations of the Joint Commission, because I believe in them. But neither I, nor the Congress as a body, can develop the necessary legislation unless we receive a clear mandate from the states and from the citizens at large.

This Conference has a golden opportunity to define such a mandate, and we in the Congress await your recommendations with the deepest interest.