

An Address*

by

The Honorable John E. Fogarty

Mrs. Dupont, Ladies, and Gentlemen:

I think we can permit ourselves a few moments of triumph tonight, as we look back over the road we have travelled.

Let us look back for a moment--a long way back--and take a look at the road over which we have travelled. Where did the road begin? And where has it taken us?

First a look at its beginnings. The time is during the dreadful early days of World War II. The place--your local Draft Board. The persons--the Draft Board--the young men who were being called to serve their country--the physicians who were determining their fitness for duty.

It was then that the citizens of the United States, just recovering from a depression that had affected the welfare of almost every family in the land, just tooling up for the mammoth effort that was to bring us victory, and a precious if precarious peace, learned the truth about the state of our mental health. The Draft Boards knew. The young men knew. Their families and friends knew. They were "unfit for duty" by reason of mental disorder.

* Prepared for the Annual Banquet of the Eleventh Annual Meeting of the National Association for Mental Health, Deauville Hotel, Miami Beach, November 17, 1961.

Shocked as we were to find that the young men we loved had maladies that could not be detected by a microscope and for which there was no sure cure, we put aside this national problem to win the war.

Then came the peace. Our young men came home. A greater number than we would like to acknowledge were hospitalized for mental disorders in Veterans Administration hospitals. With the peace won--and our veterans hospitalized--we had the time, finally, to look around us, and to begin to take stock of how it was in our civilian life.

A recovered patient wrote The Snake Pit. A crusading journalist--who was--before his death last summer, the conscience and close friend of many of us--wrote The Shame of the States.

We had a mirror in which we could see the true and terrible state of our public mental hospitals. I shall not dwell on what we saw there. You know it in your hearts.

And you knew it then, or we would not be here tonight, looking back over the road we have travelled, and travelled together, before we proceed on our journey. Where did this road lead us, and why should we be triumphant tonight?

Let me mention a few facts. At that time, just after World War II, there were less than 5,000 psychiatrists in the country. There are now over 12,000. At that time, there were fewer than five hundred outpatient clinics treating mental disorders. There

are now over thirteen hundred. At that time, we spent, on a national average, only \$1.20 to support a patient for a day in a State mental hospital. The national average is now \$4.72. At that time, only three or four hundred general hospitals in the country were admitting psychiatric patients. This number has increased to over one thousand, and they admit--each year--more psychiatric patients than are admitted to public mental hospitals.

I could cite other facts. Few medical students in our undergraduate schools of medicine were being adequately trained in psychiatric principles.

The Federal Government was spending money for research into the Dutch Elm disease, the foot-and-mouth disease, and for a host of other epidemic disorders plaguing the plant and animal life of our country. However, facilities for research in the mental disorders--and the men to do the research--were practically non-existent.

There was no National Institute of Mental Health. And, while there was a very active National Committee for Mental Hygiene, there was--in a real sense--no national, voluntary health organization such as the National Association for Mental Health has become.

Somewhere in the mid-1950's the tide of public indifference that had washed, unheeded for generations, over our mentally ill, changed.

Long-held Congressional interest in these problems was supported and encouraged by public interest. The Mental Health Act was enacted and became law. The National Institute of Mental Health was created. And, from an appropriation which was essentially zero, has gradually developed a program which fruitfully uses an appropriation of over one hundred million dollars a year for research, for training, for grants-in-aid and mental health projects.

The National Committee for Mental Hygiene became the National Association for Mental Health, and grew in strength. The medical profession in general--and in particular the psychiatrists-- redoubled their efforts to train new colleagues, to devise new treatment methods, to improve the mental hospitals, to tell the public of their needs.

In the State capitols of the land, in hundreds of communities, through thousands of hours spent in public hearings, in committee meetings, in national, State, and local Mental Health Association Board meetings, our partnership was formed.

The Federal Government, in both the executive and legislative branches, joined hands with the voluntary organizations and the mental health professions to improve the care of the mentally ill and, through research to solve the problems of the mental disorders.

Research facilities were developed in all parts of our country. Hundreds of brilliant and eager men and women went to

work in research laboratories and wards. They devised new tests and new instruments for their investigations. They examined the content of hallucinations; they developed ways of measuring the length of dreams--and their frequency. They traced back the developmental factors that made one child in a family become mentally sick, while another remained well.

They used mice, rats, monkeys. They developed new ways of caring for patients who had been hospitalized for several years. They tried to keep the newly sick patient functioning in the community.

Other young men and young women--some of them your sons and daughters or the sons and daughters of your friends--became psychiatrists, psychiatric social workers, psychologists, supervisors of psychiatric nurses, social scientists.

The States increased their appropriations for State mental hospitals. Both the number and the quality of the staff in these hospitals improved. The new drugs began to be used. Patients who had been considered hopeless left the hospitals, and a good number of them never returned.

In mental hospital wards all over the country, the charts that measure the rise and fall of psychotic symptoms reflected calmer ward atmospheres. Fewer patients were restrained; outbreaks of hostility decreased; isolation rooms grew fewer. Rooms previously used to calm patients by placing them in wetpacks for hours were transformed into occupational therapy rooms and used by the same patients.

A few volunteers started to visit their local State hospitals. They were joined by others. And, as the volunteers worked with the patients, they grew less fearful of the patients-- and the patients grew less fearful of the possibility of being released from the hospital. The patients discovered they had friends in the community.

Thousands of the mentally ill, their families and their communities, found that the statement "The Mentally Ill Can Come Back" is true.

The build-up has begun. We have formed our partnership. We have travelled the first leg of our journey.

We have earned the moment of triumph we are celebrating tonight. But we had best pause for only a moment, for we have miles to go before we can report "mission accomplished."

That this might be true became evident in 1955 when the professional groups and the public recognized the time had come to re-evaluate our progress. Goals that had seemed remote were suddenly obtainable, and we needed a coast-to-coast road-map.

We needed to send ahead a scouting party which would come back and report on the conditions of the road ahead. Where were the road-blocks? Where were the pit-falls? Was there any danger of an avalanche? How large a raft would be needed to cross the river?

The Mental Health Study Act of 1955 was passed. It provided for the establishment of a rather unique scouting party--the Joint Commission on Mental Illness and Health. Congress appropriated one million, two hundred and fifty thousand dollars for its expenses, and the National Association for Mental Health and thirty-five other private and public agencies contributed additional funds.

I suggest that no other funds appropriated by Congress--or contributed by you--since then will prove to have been so well spent.

As a result of the Commission's work, we know where we are, and how far we must go, if the problems of the mental disorders are to be solved, and the mentally ill of this country cared for properly. Let me review with you some of the Commission's recommendations, as outlined in its Final Report.

First of all, the Commission, before proceeding on its task, carefully defined the viewpoint from which it would investigate its areas of concern and make its recommendations.

It decided that--and I quote--

"The Commission should act on a conviction that the solution of the problem of mental illness in America is far more important than the preservation of any tradition, institution, procedure, alignment of professional responsibility, or set of theoretical assumptions....The Commission should be ready to recommend radical reconstruction of the present system, if such is indicated."

Their investigations have resulted in bold and brilliant recommendations, and for this I am deeply grateful.

The Report recommends, first of all, that more funds be expended in long-term research programs, and to finance the careers of persons dedicated to investigating, the possible causes and cures of the mental disorders. I believe this recommendation should be followed.

The Report recommends that steps be taken to make certain that every person in the country who becomes mentally ill will have the facilities he needs, and the trained personnel he needs, available to him in the early stages of his illness. I believe this recommendation should be implemented.

The Report recommends that no mental hospitals--of more than 1,000 beds--be built. It further recommends that present State hospitals of five, ten, or even fifteen thousand beds, be gradually replaced by community clinics, general hospital psychiatric units, special intensive treatment centers, and such aftercare and rehabilitation services as day hospitals, night hospitals, or foster family care. Though I doubt there is any "magic" in the thousand bed figure, I think we should work toward the intent of this recommendation.

The Report recommends that a national training and recruitment program be launched to expand and to extend present efforts to stimulate the interest of American youth in mental health work as a career. I believe in this recommendation.

The Report recommends that volunteer work with mental patients should be encouraged and extended. I believe in this recommendation.

The Report states that the average person--meaning most of us here--must learn what the various forms of mental illnesses are like and learn means of coping with it in personal contacts. I believe this to be true.

These recommendations, so carefully worked out by the brilliant and public spirited men who prepared the Final Report, are recommendations with which few of us would quarrel.

But the Report, true to its objectives, also suggests some measures that are somewhat controversial and that, I suspect, may be rather difficult to implement.

I am thinking now of its recommendation that expenditures for public mental patient services should be doubled in the next five years--and tripled in the next ten.

I am thinking, too, of the recommendation that the States and the Federal Government work toward a time when a share of the cost of State and local mental patient services will be borne by the Federal Government.

I think the needs on which these recommendations are based are real. I think the Federal Government must play a role in filling these needs. As a Congressman I am ready to consider carefully any realistic proposals that look as though they may fill the needs upon which these recommendations are based.

And I pledge my continued interest in your efforts, in your communities, in your States, in the national arena, to finally defeat, control, wipe out, and prevent the mental disorders.

Furthermore, I believe our economy can provide the funds necessary for this task.

Now suppose we did triple the amount of money we spent for the mentally ill in our communities and hospitals. This would produce, among other things, a considerable increase in the average cost per patient day in our mental hospitals--but the average cost would still be one-half of what it costs to maintain a patient today in a general medical and surgical hospital.

Let's look at it another way.

If each person in the country contributed equally to the cost of supporting our mental hospitals, and the amount spent for them were tripled, our annual "bill" would be thirteen dollars and twenty-six cents--less than most health insurance plans charge a family several times a year. And if we tripled expenditures for community mental health programs, the bill for each of us would be less than one dollar annually.

I don't see how we can afford not to make this attempt.

However, this I know: these expenditures and these recommendations and these attempts to control, cure, and prevent the mental disorders will not be made or implemented unless you, as the citizens most concerned with this problem, triple and quadruple your efforts.

I am in Congress. And as a member of Congress and Chairman of the House Appropriations Subcommittee, I can influence legislation, have a hand in determining the amount of Federal funds spent for these purposes. And I can pledge my best efforts to make the Final Report of the Joint Commission become the last report in which it can be correctly stated that we have neglected and rejected our mentally ill. But I certainly can't do it single-handedly. Nor can I do it even with the support of every single member of the House and the Senate.

For my colleagues and I in Congress, and my fellow legislators in 50 different State capitals, are your elected representatives. We are of the people. We are by the people. But we need to know what the people are for.

If you--like me--support and believe in the recommendations of this Final Report, we want to know it. We want your letters. We want your presence at public hearings. We need your help in planning for, and developing, and enacting suitable legislation. Above all, we need to know that you are ready to foot the bill for these reform measures.

Before we can move, we must know that the direction we would take is the one you have chosen us to take.

Yes--the road ahead is a long one, and one on which we are bound to meet some road blocks, a pit-fall or two. But we need not expect an avalanche, and we have the know-how needed to build some sturdy rafts.

The Joint Commission Report has indicated where we must go. But we need not take only the Joint Commission's word for it. For Thomas Jefferson, with a wisdom that still seems fresh, said almost 175 years ago,

"Laws and institutions must go hand in hand with the progress of the human mind....As new discoveries are made, new truths disclosed, and manners and opinions change with the change of circumstances, institutions must advance also, and keep pace with the times."

I thank you, ladies and gentlemen.