REMARKS OF CONGRESSMAN JOHN E. FOGARTY AT ANNUAL MEETING OF THE WARWICK COMMUNITY GUIDANCE CLINIC, INC. SUNDAY EVENING APRIL 8, 1962

A friend of mine once remarked that, "After everything's said and done, there's more said then done." While this may seem like an inauspicious opening for a speech, I repeat it because I feel certain it's originator never had an opportunity to witness the kind of old-fashioned hard work that has resulted in this clinic.

Back in 1955 the founders of the Warwick Community Guidance Clinic combined talk and action. They took stock of the mental health needs of this community and planned accordingly, using as many existing resources as possible. The clinic opened its doors in 1959 with a team from the Rhode Island Mental Hygiene Services and limited access to the outpatient clinic of theEmma Pendleton Bradley Hospital. A year ago it moved into the medical wing of the Randall Holden School.

This demonstration of effective and whole-hearted community cooperation has been gratifying to all who have been aware of it. The most significant thing

demonstrated has been the fact that local communities in Rhode Island are willing and able to work hard to improve their health services.

The Warwick Clinic has received votes of confidence, as it were, from the State government, the City of Warwick, the Randall Holden School, and from innumerable private citizens and groups that have contributed toward its support. I too would like to add my vote of confidence, although it is very apparent that, for all intents and purposes, you have already been "elected."

Legislation introduced in the Rhode Island House of Representatives recently, if passed, constitutes another important vote of confidence for the Warwick Clinic. For the success of your clinic has had no small part in helping prove the need for legislation in Rhode Island to authorize state grants-in-aid to help local communities and non-profit corporations establish and operate community mental health programs.

If this bill is passed during this session of the legislature, Rhode Island will join 14 other

states that have passed similar progressive legislation as of the end of 1961. More important, it will raise Rhode Island's level of expenditure for community mental health programs--a level which presently lags far below the U.S. average and even farther below Rhode Island's expenditures for mental hospitals.

This discrepancy has existed in our state for many years. In 1950, while nearly $2 million was spent to operate institutions for the mentally ill, only $56 thousand was budgeted for community mental health services. By 1955, the mental institution budget rose to nearly $5 million while community service funds rose to $143 thousand. Last year the state spent about $7 million for institutional care and only $250,000 for community mental health services.

More important, the new bill will help to uphold Rhode Island's tradition of effective community action that dates back to the days of the Providence Plantations. The past 12 years have been particularly significant in Rhode Island's history of concern for the mental health needs of its citizens.

We have seen the establishment of a state clinical consultation program for mentally retarded children, the renewal of the Joseph Ladd School for the Mentally Retarded, and, less than a year ago, the establishment of the Rhode Island League for Emotionally Disturbed Children. We have witnessed the rebirth of Butler Hospital, the expansion of the State Hospital for Mental Dismses in 1956 with 2 new buildings and in 1961 with a new medical laboratory, and the addition of a new recreation building to the Emma Pendleton Bradley Home. Recently $19,000 has been made available to the City of Warwick to establish a special class for emotionally disturbed children, and in one of the most significant developments regarding the future of health services of all types in Rhode Island, Brown University plans to open the doors to a new medical school in the near future.

These developments are not inconsistent with the recently published Indices of the American Psychiatric Association which shows that Rhode Island ranks fifth in the nation or 40% above the U.S. average

in expenditures for mental hospital and community programs compared to state and local general expenditures, and 7th in the nation or 40% above the U. S. average in expenditures for public mental hospitals and community programs compared to all state and local health expenditures.

Rhode Island's progress runs with major currents in the American tradition which have had a profound influence on the nation's health: humanitarianism, the spirit of free inquiry, and cooperation, or the partnership of many professions, private and public agencies willing to work together to meet the demands of a changing society.

As the French historian Alexis de Tocqueville once said, "Wherever at the head of some new undertaking you see the government in France or a man of rank in England, in the United States you will be sure to find an association."

To understand what is happening in our communities today, an observer must look beyond the official table of organization for municipal government and consider

the variety of voluntary associations which act on behalf of the community. These associations, along with the local government, form the basic organizational framework of the community.

They provide the impetus for social change, the leadership necessary to accomplish what needs to be accomplished and the initial spark which has ignited many governmental programs. The Federal government must, as always, stand ready to assist when asked and needed, but the leadership must rest with our citizens and their organizations in this age of community endeavor and community responsibility.

A well known leader in public health, Dr. Charles-Edward A. Winslow, has defined it as the science and art of preventing disease, prolonging life and promoting physical and mental health and efficiency through organized community effort. The key point in this definition is <u>organized</u> community effort.

From my vantage point as chairman of a congressional subcommittee which reviews budget proposals for Federal expenditures in the health field, I have watched the growth of community health

programs throughout the nation. At the same time I have been aware of many pressing needs which still remain and which must be met if we are to have organized, effective community services.

On the positive side of the ledger, I would like to scan some of the progress that has been made across the nation. New developments in public mental hospitals and communities have in the past few years made it possible to reduce the number of hospitalized patients.

In 1961 four more states passed community mental health acts--laws which have stimulated the rapid expansion of local mental health services. The number of outpatient mental health clinics has grown from 1,234 in 1955 to 1,429 in 1959, and duriy this period the number of persons treated in these clinics rose 33%. The availability of additional community resources for dealing with acute psychoses and providing aftercare services plus the trend toward expanded health insurance to include benefits for persons withmental disorders have played no small role in this nationwide progress.

There is a growing awareness of the importance of emergency psychiatric services. The Greater Hartford Association for Mental Health is presently making a study of the need for emergency psychiatric care in the Hartford area. The Washington, D. C. Health Department has set up a panel of private psychiatrists who make home visits to financially needy families with a disturbed member who refuses to leave home for treatment.

In a relatively new development, mental health centers--combining both outpatient and inpatient services--are beginning to emerge. In Illinois, a bond issue to construct 6 such centers was recently approved.

The development of a nationwide network of aftercare services continues, using widely varying patterns. In several large Texas counties, the Division of Mental Health has developed community-care projects to provide part-time psychiatric services. In Detroit, a consultation center operated by the Department of Mental Health provides pre-admission and follow-up services to patients conditionally discharged

from state hospitals. California had 1,500 patients in family-care programs in 1960, and many other states have large and growing programs.

Because most of the 13,500 children and youth in public mental hospitals on any given day are mixed in with adults with no specialized program for their care, more and more communities are beginning to provide residential and day care for emotionally disturbed children. Indiana has been authorized to create 5 residential treatment centers for children and Texas has been authorized to build a 30-bed treatment unit for children with outpatient facilities at the University of Texas Medical Branch. In Wisconsin, legislation has been passed to help communities operate day-care programs for emotionally handicapped children.

The passage by the U. S. Congress of the Community Health Services and Facilities Act which was signed into law only four months ago will enable even more extensive health care for our population.

While this represents significant progress, much remains to be done to apply the sum of our knowledge to the sum of our needs. There are, I believe,

a number of weaknesses in present community mental health programs. First, existing services and facilities still do not reach all who need them. This inadequacy of present facilities, in fact, is considered by many to be one of the primary impediments to more rapid progress in the treatment of mental illness. Second, this inadequacy prevents even those who are reached from receiving the full gamut of preventive, restorative and curative services. Third, there is a need for a more integrated effort and cooperation among health services to solve health problems with a maximum utilization of resources. Fourth, there is a critical shortage of trained professional manpower in the mental health field. And finally, there is a great need for more research to find answers to those problems which lie at the root of mental and emotional disorders. This, in turn, involves a need to put into actual application our new-found knowledge.

The remedy of these weaknesses should be the primary objective of every community health plan.

As early as 1947 there was a national conference of citizen groups, voluntary health and professional associations sponsored by the American Public Health Association, and out of this meeting came an appreciation of the need for a determined citizen movement to work toward providing a full spectrum of professional services in community health programs.

Even then there was recognition of the serious lack of community - based programs and services, despite recent dramatic advances in the treatment of mental illness. No matter how dramatic a new research discovery may be, it can do little for whom it was developed unless it is put into actual practice by the communities themselves.

This is an area in which the Warwick Clinic can make a valuable contribution toward meeting our nation's mental health needs.

You can contribute by applying the latest research findings to the everyday operation of your clinic. And you can contribute by adding to our present fund of knowledge through research projects.

This kind of research is not a one-way street because while you are adding to our knowledge about mental illness, you are also benefiting because projects designed to make or apply research findings are eligible for support by the National Institute of Mental Health.

Five years ago the Institute was given authority under Title V of the Health Amendments Act of 1956 to support mental health projects designed to develop improved methods of diagnosis, care, treatment and rehabilitation of the mentally ill.

Since that time the Institute has transmitted to the States the most recent knowledge from research laboratories, pilot demonstration projects, clinical and administrative experiences. It has helped set up exploratory and demonstration projects to test and incorporate laboratory findings into operational programs.

While the Institute has accomplished a great deal, it cannot do its job alone. The basic source of research knowledge lies in the community itself, and a facility like the Warwick Clinic, which has already

demonstrated that it can operate effectively by making the best possible use of existing community resources, can also contribute significantly toward our fund of research knowledge.

As an example, one research project supported by the National Institute of Mental Health took place over a three-year period at the Butler Health Center. A study of alternatives to hospitalization resulted in the finding that about 75 patients, one third of whom were diagnosed as psychotic, and who would ordinarily have had to undergo full-time hospitalization, were treated successfully on an outpatient basis at 41 percent less the cost for full-time care. The project demonstrated how a community mental health center can combine or extend its services to accommodate patients representing the full gamut of psychiatric disorders. The average duration of the therapy was 20.5 weeks for the group as a whole.

This is only one of a number of areas which are relatively unexplored in community mental health programs. We need more research on ways to prevent

mental illness and detect it in its early stages. There remain to be discovered new ways to rehabilitate and reintegrate discharged patients into the life of the community. We need to find better ways to utilize community agencies presently dealing with mental health problems. The relatively untouched field of epidemiology calls out for studies of the extent and character of mental illnesses in various parts of the country. We need new and imaginative approaches to the manpower problem, including the training of professionals and the utilization of other individuals in the community such as teachers and clergymen. And we need to promote better community understanding of mental illness.

These gaps in our research knowledge were brought into the national spotlight last year by the Final Report of the Joint Commission on Mental Illness and Health, a report which marked the awakening of our nation to the overwhelming problems of mental illness.

These research needs--particularly in the epidemiological area--were again underscored in the

recommendations following a meeting last January of the Surgeon General of the U. S. Public Health Service and State and Territorial Mental Health Authorities.

Out of the conference came a recommendation that the Public Health Service be requested to provide new funds to the States to develop guidelines for more complete utilization of all community resources in dealing with the mentally ill.

The National Institute of Mental Health is acutely aware of these research needs, perhaps more so than any other group or agency. In its Fiscal Year 1963 budget testimony, the Institute stated that there will be more emphasis on disseminating new knowledge and applying research findings through pilot projects and demonstrations.

The need for more research is also one of the objectives of your own clinic: "To contribute to and support research in the areas of mental health, thereby reinforcing our aims of promoting mental health and preventing illness."

The entire country needs more persons like yourselves to prove that community clinics can

effectively cooperate with and utilize existing community resources. Even more, however, it needs the kind of information from research projects that only you can undertake working, as you do, at the grass roots of mental health.

This brings me full cycle to the point I made at the beginning--my statement about saying and doing. Dr. Adolph Meyer, that famous pioneer in American psychiatry, expressed the same idea in a more sophisticated way when he said that, "Thought at its very best is only a link in a chain of events leading to some final achievement. Its real and lasting fulfillment is found only in action."

Your actions--those already taken and the ones remaining to be taken--will surely stimulate and inspire other communities throughout the nation to undertake similar enterprises. For only in this way will the opportunity for care and treatment be brought to every emotionally disturbed man, woman and child in our country when and where they need it.