

H2

REPORT ON FEDERAL LEGISLATION

TO THE ANNUAL MEETING

FRIENDS COMMITTEE ON NATIONAL LEGISLATION

By the

MENTAL HYGIENE PROGRAM OF CIVILIAN PUBLIC SERVICE

(January 10, 1946)

A comprehensive general report of MHP of CPS will be given tomorrow morning at the session devoted to CPS, by members of the central committee of The Mental Hygiene Program.

A preliminary survey of federal legislation in the field of mental health has been made, but no detailed study and analysis of federal law now in effect has been started. Such a study is definitely a part of the prospectus of the Legal Research Division of the Mental Hygiene Program. We have completed a tentative draft of a brief of the laws for the District of Columbia, and may propose certain changes and additions to laws which control the operation of mental institutions located within the District, but such proposals are not ready, and won't be for several months. They will be ready with the completion of a "model law" and suggestions for specific changes and additions for legislation in the various States.

The program confines this report to the following general recommendations regarding National legislation:

Firstly, and most important : Support for an Act which would encourage a Federal Plan, or Grants-in-Aid for State plans, which would provide complete and up-to-date occupational and professional training for personnel in mental institutions. Such plans should call for speedy and intensive training especially for psychiatric doctors, nurses and aides. Tuition should be free. There should be both a Central and regional training centers. Part of the training should be "in-service" training. The plans should be part of a recruitment campaign for more manpower and womanpower in mental institutions, and should be supplemented by

increased psychiatric social work and overall educational campaigns among existing institutional personnel.

A degree should be awarded for the completion of a satisfactory period of training, and passing of examination. The holding of such a degree and professional status should carry with it certain rights to additional compensation, privileges, etc. Such status and benefits would be renewable and increased for good or exemplary conduct while in service.

The right direction has been pointed in H. R. 4512 and H. R. 2550. As reported in THE ATTENDANT (June, 1945), regarding H.R. 2550, Dr. George Stevenson of The National Committee for Mental Hygiene, said: "The training made possible by the bill is of special importance and is highlighted by the problems confronting mental hospitals in the present stringency. Under it, it would be possible to provide not only for the cost of training attendants and setting up experimental projects in effective training, but for the support of facilities whereby such training could be carried through. The lack of such training is at the root of many of the evils in our present handling of the mentally ill."

The bill has been before the Senate Committee on Education and Labor and before the House Committee on Interstate and Foreign Commerce.

The foregoing envisages need of adequate appropriations by Congress.

Secondly, and almost as important: Grants-in-aid to the states for survey of existing hospital and health center facilities, and for grants to assist in the planning and construction of additional hospital and health centers. In such a program there must be full provision for psychiatric clinics, which will provide both early detection and early treatment of mental illness and proper guidance and help for the mentally handicapped. Such clinics may later serve as facilities for the commitment of patients to mental hospitals and training schools for the mentally deficient. If made a vital part of a complete community center, they could very well afford the source and stimulation not only for proper mental health education within public schools but also for adult education.

Much of the foregoing is provided for in the bill known as S. 191. We understand that this has become a part of the revised and enlarged Wagner-Murray-Dingell Bill. The U.S. Senate passed S. 191, and it was referred to the House Committee on Interstate and Foreign Commerce. If it has not passed both houses and been signed by the President, it would be important to urge that these steps be taken. Well-known conditions of overcrowding and insufficient facilities are unforgivable and should be corrected according to sound plans but without delay.

Thirdly, Special provision should be made for attendants at Veterans Administration hospitals and St. Elizabeth's to attend classes and obtain degrees which would give them preferred status and better salary in employment at hospitals operated by the Federal Government. Regional training centers, involving both in-service and class room training, with scholarships, should be provided.

Fourthly, Support for an expanded Federal-State maternal and child health service.

Senate Bill 1318, introduced by Senator Claude Pepper and others, authorizes appropriations to provide complete maternity care, including prenatal and postnatal services, to all mothers who elect to participate in the benefits of the program. It would also provide preventive, curative, and corrective services for children in home, clinic and school, and would expand medical programs for crippled and other physically handicapped children as well as welfare programs designed to curb child delinquency. The administrative agency for federal purposes would be the Children's Bureau of the Department of Labor.

In introducing the bill, Senator Pepper stated: "In my opinion, passage of this measure would result in saving the lives of many of the 7,000 mothers who now die annually in childbirth, and of many of the 118,000 children who die before reaching the age of one year. In considering this bill Congress has to keep one basic question in mind: Do we as a nation intend to provide every mother, regardless of where she lives or what the family income is, with an opportunity to get modern scientific maternity care, and do we intend

to see that every child, regardless of who his parents are or where he happens to be born, has a chance to receive good health care, or shall we remain content with present conditions under which some mothers and children get the best care available anywhere in the world while others get little or no skilled medical attention."

To illustrate the pressing need for action along lines proposed in the bill, Senator Pepper pointed out that at the beginning of 1944, 15,000 crippled children were listed by State agencies as awaiting medical care that they could not receive due to lack of funds under the Social Security Act.

The bill sets a definite schedule for States and Federal government to complete their organization of the proposed services. Within ten years, each State desiring to benefit from the Federal aid provided, would have to establish in all its political subdivisions services and facilities to meet the health needs of all mothers and children and to make child welfare services available to all who require them.

"The provisions of the bill assure a high quality of care, adequate remuneration to physicians, nurses, and other professional or technical personnel, and provides for the training of such personnel," Senator Pepper said. "It assures free choice of doctor, hospital, and clinic, and makes it clear that there is no compulsion on anyone--patients, physicians, hospitals, or other personnel either to come in or stay out of the programs.

"As the report of the National Commission on Children in Wartime states, to be most effective the maternal and child health and crippled children's programs must ultimately fit into a total medical-care plan designed to lift the level of health and medical care for all the people. But children do not wait to grow until the Nation decides what kind of national health program it will have. We can learn much that will be of use to us later in dealing with the larger problem by pushing ahead now with this more limited measure."

Fifthly, Amend the Social Security Act to permit the needy and aged to receive assistance while being inmates of public institutions.

Sixthly, Support of President Truman's National Health Program. Enabling legislation has been introduced in the Senate by Senators Wagner and Murray, known as S. 1606, and in the House of Representatives (H.R. 4730) by Rep. John Dingell.

This bill will make the other provisions for mental health more meaningful. Among other things it will bring all medical services more within reach of the great mass of citizens, and early detection and treatment will therefore become possible. With much of the worry for medical bills eliminated, a step in the direction of sound attitudes toward health care, the facing of realities concerning all types of illness, will have been taken.

We quote from President Truman's message:

"Medical services are personal. Therefore the nationwide system must be highly decentralized in administration. The local administrative unit must be the keystone of the system so as to provide the local services and adaptation to local needs and conditions. Locally as well as nationally, policy and administration should be guided by advisory committees in which the public and the medical professions are represented."

**PITIFULLY LITTLE FOR MENTALLY ILL;
RESEARCH AND DOCTORS NEEDED:**

"There is also special need for research on mental diseases and abnormalities. We have done pitifully little about mental illnesses. Accurate statistics are lacking, but there is no doubt that there are at least two million persons in the United States who are mentally ill, and that as many as ten million will probably need hospitalization for mental illness for some period in the course of their lifetime.

"A great many of these persons would be helped by proper care. Mental cases occupy more than one-half of the hospital beds,