

FOR RELEASE
AM'S FRIDAY, FEB. 17

NATIONWIDE EVALUATION OF NEW PSYCHIATRIC DRUGS IS URGENT NEED.

TESTIMONY BEFORE

HOUSE APPROPRIATIONS SUBCOMMITTEE ON LABOR - H. E. W. HEARINGS

ON FISCAL 1957 BUDGET (REP. JOHN FOGARTY, CHAIRMAN)

10:00 A. M., THURSDAY, FEBRUARY 16, 1956

BY

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(Mr. Gorman is a former newspaperman and magazine writer who has specialized in the mental health field for the past eleven years. In 1948 he received the Lasker Award of the National Committee for Mental Hygiene. That same year his book, "OKLAHOMA ATTACKS ITS SNAKE PITS" was condensed as a book supplement in the READERS DIGEST. His new book, "EVERY OTHER BED", a study of the current status of psychiatric research, will be published in April. He has written numerous magazine articles on mental illness.)

Mr. Chairman and members of the Committee:

"The treatment of mental illness is in the throes of a revolution. For the first time in History, pills and injections (of two inexpensive drugs) are enabling psychiatrists to (1) nip in the bud some burgeoning outbreaks of emotional illness; (2) treat many current cases far more effectively, and (3) in some instances reverse long-standing disease so that patients can be freed from the hopeless back wards of mental

hospitals where they have been "put away" for years ... At the same time, even the most enthusiastic advocates of the drugs were at pains to emphasize that by themselves the pills and injections probably do not cure anything; in the main, they make other treatments more effective. They are not going to empty the state hospitals, and far from reducing the need for more intensive research into psychic disorders, they accentuate it and facilitate the work."

The above statement appeared in TIME magazine almost a year ago. Extensive experience since then has served to document the basic conclusions contained in the article. I think it is fair to state that we are just on the threshold of the great new chemical advances which will eventually make vast in-roads upon the problem of mental illness. Before we can announce a major victory, we have a generation of hard work cut out for us.

There is mounting evidence that the new drugs are creating an increased demand for psychiatric services. In the excellent Public Affairs Pamphlet, "New Medicines for the Mind - Their Meaning and Promise", there is this sober warning:

"Even when the hospitals are supplied as well as possible with drugs, personnel, workshops and recreation equipment, there will be a delay before costs can be expected to come down. This is because there is a big backlog of would-be patients awaiting admission. The number is estimated as high as the present mental health population, or about 750,000. More effective treatment, quicker recoveries, and earlier discharges for patients as a result of the new drugs will empty hospital beds faster, make them available for new patients, and thus actually increase the number of admissions in the next few years. This is sound economy."

It is gratifying to note that state governments, aware of the increased demands for personnel and research stimulated by the advent of the new drugs, have increased their expenditures enormously in the field of mental health during the past several years. Just a month ago the Council of State Governments published a remarkable 66-page summary of increases in mental health appropriations by the states in the various 1955 legislative sessions.

"In a survey of appropriations for the maintenance and operation of mental hospitals, the Council of State Governments found that 38 out of 42 states from which replies were received had increased their appropriations in 1955, and primarily to obtain needed personnel," the official report noted. "... Increases in state appropriations averaged around 10 percent and ranged up to 45 percent."

In the area of mental deficiency, the Council report has this to say:

"Measured in dollars and cents, the states in 1955 are giving unprecedented attention to mental deficiency. Of 34 states from which the Council of State Governments received information in its survey, all except two increased appropriations for care and treatment of their mentally deficient. The average increase was close to 20 percent."

I wish I had time to go into a detailed analysis of increased state appropriations in the areas of training and research. With all figures not yet in, the Council of State Governments estimates that psychiatric research expenditures have more than doubled, while increases for the training of personnel have increased more than fivefold. For further documentation, I respectfully refer the Committee to the official summary prepared by the Council of State Governments.

Even with these heartening developments, the problem of mental illness is still very much with us. The average state hospital is still 30 percent overcrowded. In January of this year, the National Mental Health Committee and the American Psychiatric Association sponsored a tour of mental hospitals by twenty of the nation's leading science writers. These writers were shocked to see many hospital wards built for 50 patients jammed with more than 100 patients.

The states are still dipping into borrowed reserves to construct enough beds to care for the continuing flood of patients. In 1954 the voters of just five states approved bond issues totaling \$750,000,000 for bed construction alone. In December, 1955 the American Psychiatric Association released the results of a survey of state mental hospital construction. In 1955, \$357,000,000 in mental hospital construction was either completed or under way. In 1956, \$322,000,000 in construction monies has already been contracted for. And the end is not yet in sight.

At the federal level, expenditures for the care of the mentally ill are rising at a staggering rate. In 1945 the Congress appropriated \$44,000,000 for the care of mental patients in VA hospitals. By 1955 appropriations had soared more than 500% - to in excess of \$200,000,000. Over and above this, the Congress is now appropriating more than \$400,000,000 annually in compensation costs for service-connected psychiatric disabilities. More than 50 percent of VA beds are devoted to care of the mentally ill and new construction costs have exceeded \$200,000,000 over the past few years. A Hoover Commission report recently estimated that our bill for mentally ill veterans would soon reach a billion dollars a year.

How can we reverse this rising tide of expenditures? Obviously, the only way is through intensive treatment and research for new and effective therapies. In an

address to a joint session of the Michigan legislature on January 26th of this year, Dr. William Menninger, one of the giants of American psychiatry, pointed out that Kansas had been able to cancel \$38,000,000 in new hospital construction already in the blueprint stage because intensive treatment and new therapies were discharging 74 percent of new mental hospital admissions, most of them within the first six months. Over the past five years, the number of patients in the Kansas mental hospitals has dropped seven percent as against a 15 percent average rise in the 15 states included in the model reporting area of the National Institute of Mental Health.

At Topeka State Hospital, where the Menningers are most active, there has been a drop from 1,850 patients in 1949 to 1,340 in 1955 - a remarkable 26 percent reduction. Since 1949, Topeka State Mental Hospital has discharged 737 patients who had been there ten years or more. Of these discharged patients, 140 had been there twenty years or more. One patient in this group had entered Topeka State Hospital at the age of 13 in 1882, three years after the hospital opened. She was discharged in December, 1955 at the age of 86 years, seventy-three of which she had spent in a tax-supported public hospital.

Among the new therapies currently in use, the so-called tranquilizing drugs offer the greatest promise. They are now in widespread use - it is estimated that more than 200,000 of the 750,000 patients in our public mental hospitals have either completed treatment with these drugs, or are currently being given them.

It is still too early for a definitive analysis of the real impact of these drugs. However, the early signs are most encouraging. At an American Psychiatric Association Research Conference held in Galesburg in September, 1955, there was general agreement, even among the most conservative clinicians, that the drugs were getting

five to seven percent more patients out of the hospital. Taking the lower percentage, this would mean the eventual release of 37,500 patients. Since the average cost of a mental patient to the taxpayer is approximately \$1,000 a year, this would mean a minimum annual saving of \$37,500,000.

Equally as heartening, studies in New York, Ohio and other states point to a significant drop in re-admission rates among those patients who have received the drugs. While the national average is approximately one patient returned to the hospital for every three patients discharged, pilot studies indicate that less than one out of seven patients treated with drugs must return to the mental hospital.

I want to stress that I am using the most conservative figures here. A number of psychiatrists have reported discharge rates of 15 and 20 percent after use of the drugs on selected patients. The State of New York has reported a tentative 19 percent increase in discharges during the past six months or so. Illinois has also reported a remarkable increase in discharge rates for all mental hospitals in that state.

However, we do not have any firm and final figures. In a talk to the aforementioned group of science writers at the Rochester State Hospital in New York, Dr. Henry Brill, New York's Assistant Commissioner of Mental Hygiene, estimated it would be at least five years before we began to accumulate solid and definitive answers.

Mr. Chairman, that is why there is a desperate need for a nationwide evaluation and scientific study of the new drugs. Amid the welter of claims and counter-claims in the technical psychiatric publications, there is a paucity of hard statistical evidence based upon scientifically controlled experiments.

How are we to exploit and extend the usefulness of current and new drugs unless we investigate in detail their mode of action? There is need for a precise study in

depth of the physiological results of these drugs upon various types of mental illness. This would be analogous, in some degree, to the carefully controlled evaluation of the Salk vaccine.

We have only a scattering of technical information on these new drugs and most of this information is not centrally coordinated and readily available. For example, we know some of the clinical effects of these drugs but almost nothing about how these drugs work in the human metabolism. What effect do these drugs have upon the hormones? What part or parts of the brain do they influence and how?

The Congress, and particularly this Committee, have been exceedingly farsighted in past years in supporting this type of investigation on all new drugs which offer hope of cutting down the toll of disease.

Back in 1947, the Congress appropriated \$1,000,000 to the Public Health Service for the purchase and evaluation of streptomycin. It also encouraged a separate evaluation of streptomycin by the Veterans Administration. The current and thrilling reduction of tuberculosis deaths by 66 percent in the past few years is in no small part due to the farsighted action of the Congress in supporting the evaluation of new drug treatments for tuberculosis.

In 1950 the Congress appropriated \$2,500,000 for the purchase and evaluation of cortisone. In testimony before a Congressional Appropriations Committee two years ago Dr. Cornelius Traeger, one of the country's leading neurologists, paid this tribute to the Congress for its farsightedness in making the cortisone appropriation:

"We would still be puttering with cortisone if we had not had the stimulus of that \$2,500,000 available to many researchers throughout the country . . . A whole new vision of medicine has been brought up by this development of cortisone. We would not be anywhere near where we are today without that appropriation."

In 1954 the Congress appropriated \$750,000 for the purchase and use of glutamine and asparagine in epilepsy. Of this appropriation, Dr. Traeger testified:

"If glutamine pays off as I think it will, you can blow up the Clinical Center and plow the field in peanuts and come up with a great profit to us in terms of dollars. If it is the only thing that comes out of that Institute, you have justified your expenditure."

There is a recent Congressional action in the field of cancer which supports exactly the kind of thing we so desperately need in the field of mental illness. Over the past few years, more than 40 chemical compounds have been used in the attempt to arrest cancer. Because of the multitude of these compounds, and the claims and counterclaims of technical investigators, there was need for an overall mechanism to coordinate all these separate and relatively isolated efforts. Two years ago, the Congress therefore requested the National Cancer Institute to set up a Cancer Chemotherapy Committee as a special division of the Institute. Its main job, as the Congress outlined it, was to evaluate and support investigations of the many new chemical compounds being used against cancer.

This Committee has had a remarkable history in two short years. As a natural outgrowth of its task, it soon found it necessary to coordinate efforts with many other organizations having a stake in the fight against cancer - the American Cancer Society, the Damon Runyon Fund, the Food and Drug Administration, the Atomic Energy Commission, the pharmaceutical and chemical companies, etc. Out of this natural development came the formation of a National Cancer Chemotherapy Committee. Serving as the over-all evaluation and coordinating body in the chemical attack upon cancer, the National Committee has a permanent staff and a group of the most distinguished

cancer consultants in the country. In this effort the Congressional action, in initiating an evaluation study, has grown into a vast voluntary cooperative effort which Dr. Sidney Farber, chairman of the National Committee, describes as "the first truly national effort" in the chemical offensive against cancer. It is most encouraging that the Congress saw fit last year to appropriate \$2,000,000 as a special allocation to the vital work of this Committee.

We think the need for a nationwide evaluation of this kind is much greater in the field of mental illness. While the history of the chemical offensive against cancer really goes back to developments during World War II, chemotherapy in mental illness did not have any real beginning until 1954. It has burst upon the scene with astonishing rapidity and there are many who feel that it will run away with us unless we get hold of it and put it in proper perspective. The National Mental Health Committee therefore proposes that the Congress request the National Institute of Mental Health to set up a Committee on the Chemotherapy of Mental Illness. We propose a first year appropriation of \$1,000,000 to this committee for a technical evaluation and study of both the adequacies and inadequacies of all drugs currently being used against mental illness. We propose that this committee have a permanent staff for this important work. We further propose that this committee join forces with all other organizations interested in the chemotherapy of mental illness - the American Psychiatric Association, the Society for Biological Psychiatry, the National Research Council, the Veterans Administration, the Council of State Governments, the pharmaceutical and chemical companies, etc. - in an effort to create a coordinated chemical offensive against mental illness.

We propose that an additional appropriation of \$1,000,000 should go for grants-in-aid in support of researchers in all parts of the country willing to conduct fundamental research leading to the development of new and more effective drugs in the field of mental illness. It is important to note that the two drugs now in most common use against mental illness - Chlorpromazine and Reserpine - were both developed by foreign scientists. It is about time that this wealthy country, which spends more than a billion dollars a year in tax monies for care of the mentally ill, began to support psychiatric research on a major scale. It is encouraging to note that in the past year, American pharmaceutical companies have produced a number of new drugs and compounds for use in this field. These must be carefully investigated and money must also be made available to researchers who will develop new and more effective compounds.

Mr. Chairman, I have devoted the major part of my testimony to this problem of drug evaluation because it is by far the most urgent one facing all of us in the field today. During the past year, I traveled in 23 states and talked to hundreds of state hospital superintendents, state mental health officials and private psychiatrists. Everywhere I went I encountered a constant plea for the creation of a nationwide mechanism to evaluate the impact of the new drugs. This is a problem which transcends state boundaries. Only the Congress can authorize this kind of evaluation and only the National Institute of Mental Health, the federal arm in the field of psychiatry, is equipped to do it.

In conclusion, I wish to submit the fiscal 1957 budget proposals of the National Mental Health Committee. For the coming year we are requesting \$35,197,000 for the varied activities of the National Institute of Mental Health. A detailed breakdown of this budget is appended to my formal statement.

The biggest increase we are asking - \$5,000,000 - is for the training of psychiatric personnel. It is a crying shame that the new drugs and other new therapies are not being used upon thousands and thousands of mental patients because there are not enough psychiatrists and auxiliary personnel available to give these treatments. Furthermore, the new drugs have resulted in a fantastic increase in demands for psychiatric services. Thousands of formerly "hopeless" patients have benefited from the drugs to the point where they are in need of additional psychotherapy. If they could obtain this psychotherapy, many would be able to return to their homes.

American industry, faced with a like demand for its services, would waste no time in training the personnel needed to deliver it. We must follow industry's example. We must double and treble our grants to the psychiatric teaching institutions and we must provide for a like expansion of training stipends and scholarships to people interested in entering the field of psychiatry.

We are also asking for a substantial increase in research. Beyond the horizon of these new drugs there is an enormous amount of research yet to be done on the nervous system, the chemistry of the brain, the process of aging, the metabolic causes of mental deficiency, etc. We are only scratching at the surface of many of these problems because we have far too few investigators in the field.

Mr. Chairman, for a detailed explanation of our proposal for an evaluation of the psychiatric drugs I would like to call upon two doctors who have had as much experience with these drugs as anybody in the country. Dr. Nathan Kline, presently research director at Rockland State Hospital, New York, was the first psychiatrist on the North American continent to use the drug Reserpine on mental patients. Dr. Henry Brill, Assistant Commissioner of Mental Hygiene in charge of research and training for the

State of New York, is administering the largest clinical drug program in the country. New York State has already treated 41,000 patients with two of the drugs, and Dr. Brill is currently engaged in making an evaluation of the New York experience.

NATIONAL INSTITUTE OF MENTAL HEALTH

	1956 Current Budget	1957 BOB Allowances	Minimum 1957 Advisory Council Recommendations	Citizens Request
<u>GRANTS</u>				
Research grants	3,937,000	5,687,000	9,000,000	10,000,000 *
Research fellowships	300,000	300,000	600,000	1,000,000
Training	5,885,000	7,246,000	8,885,000	12,246,000
Grants to States	3,000,000	3,000,000	6,000,000	6,000,000
	<hr/> 13,122,000	<hr/> 16,233,000	<hr/> 24,485,000	<hr/> 29,246,000
<u>DIRECT OPERATIONS</u>				
Research	3,724,800	4,065,400	4,330,000	4,065,400
Review & approval	182,900	255,000	(500,000
Administration	332,700	334,400	(1,000,000	334,400
Technical Assistance	773,600	810,200	800,000	1,000,200
Training activities	51,000	51,000		51,000
	<hr/> 5,065,000	<hr/> 5,516,000	<hr/> 6,130,000	<hr/> 5,951,000
TOTAL	18,187,000	21,749,000	30,615,000	35,197,000
including proposed supple- mental due to pay increases	- 186,000			
ACTUAL APPROPRIATION	<hr/> 18,001,000	<hr/> 21,749,000	<hr/> 30,615,000	<hr/> 35,197,000

* - \$2,000,000 of this \$10,000,000 earmarked for drug evaluation.