

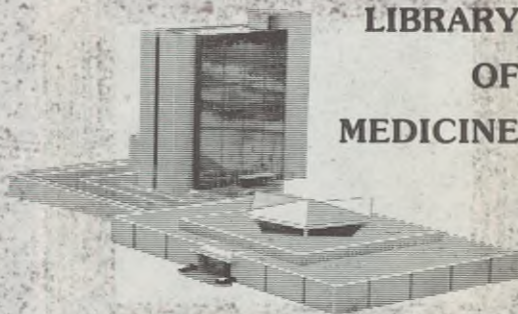


NATIONAL LIBRARY OF MEDICINE

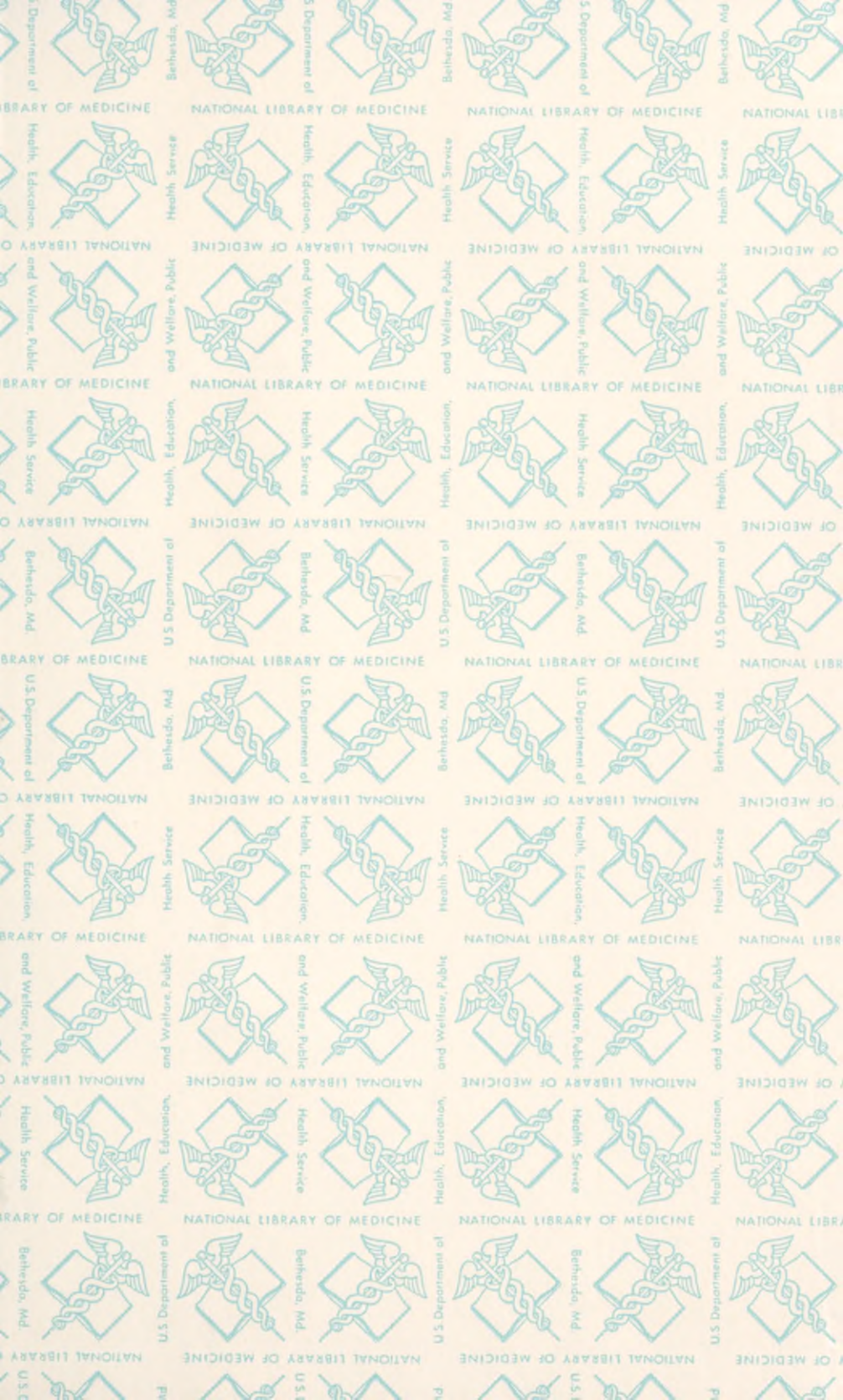


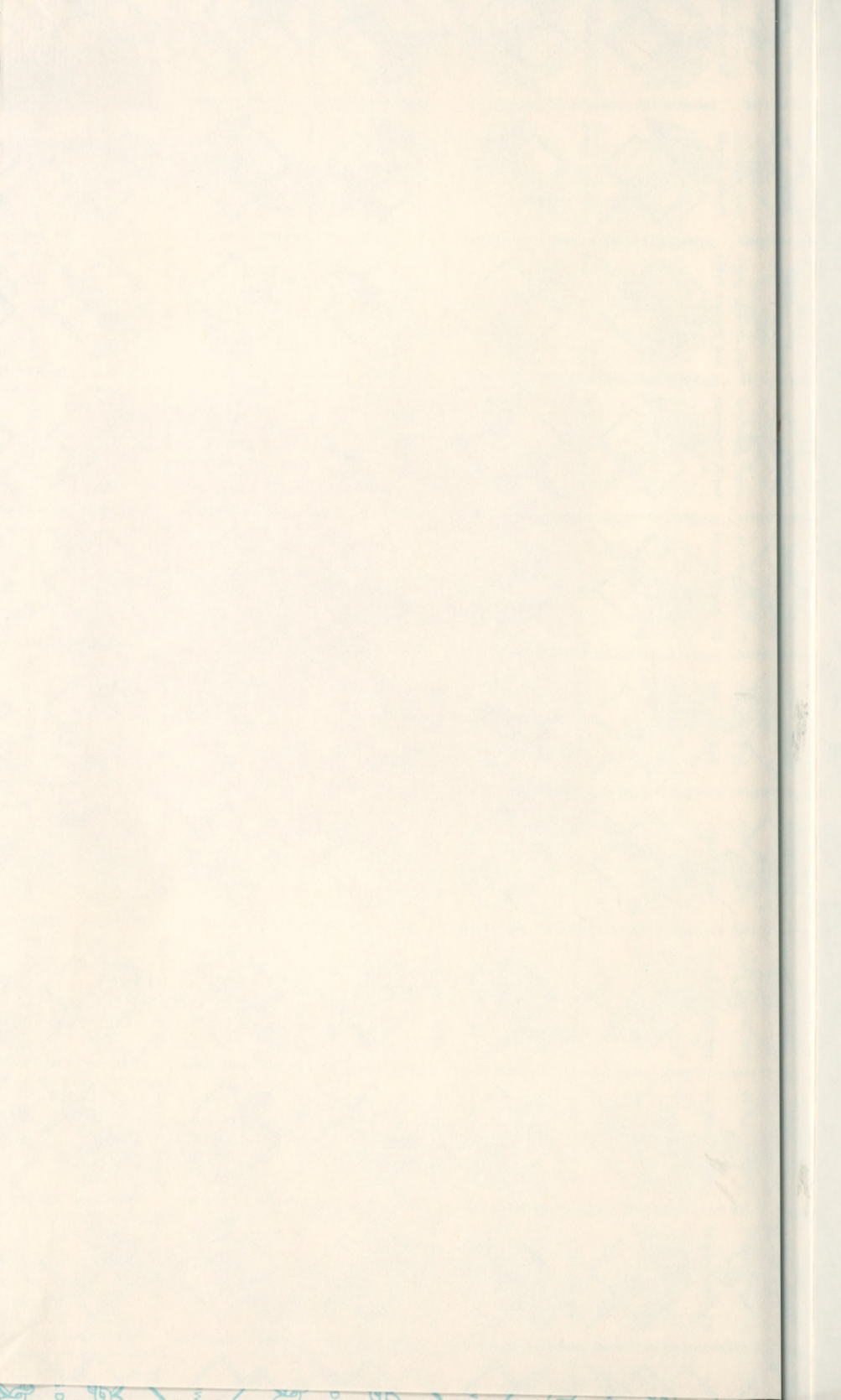
NLM 00084504 5

**U.S. NATIONAL  
LIBRARY  
OF  
MEDICINE**















05  
70 484  
1949p

WITHDRAWN  
LANE MEDICAL LIBRARY

**THE GOVERNOR'S CONFERENCE  
ON  
MENTAL HEALTH**

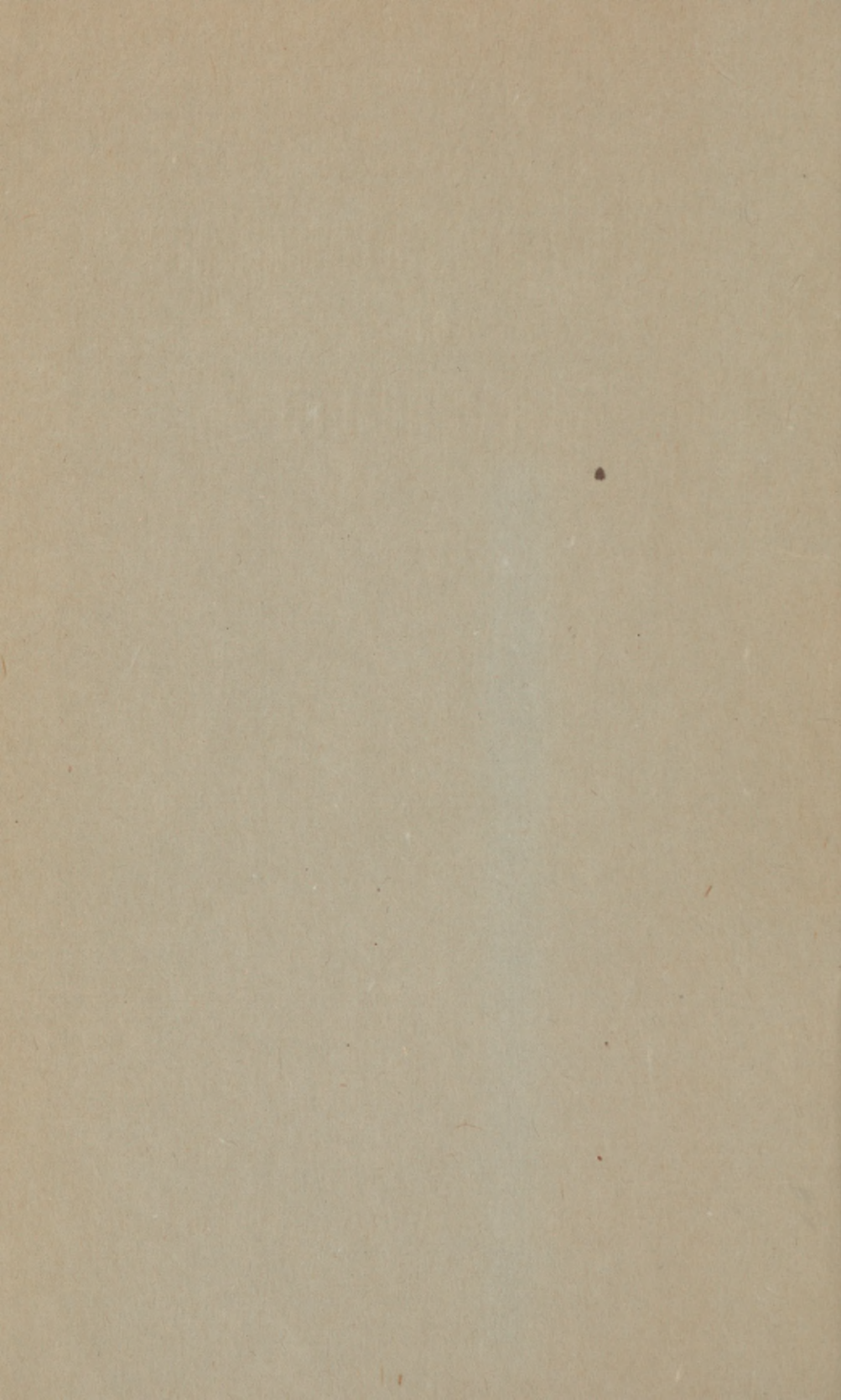
Earl Warren  
*Governor of California*



SACRAMENTO, CALIFORNIA  
March 3 and 4, 1949

*Preliminary Report of*  
**Section Findings and Recommendations**







# THE GOVERNOR'S CONFERENCE ON MENTAL HEALTH

Earl Warren  
Governor of California



SACRAMENTO, CALIFORNIA

March 3 and 4, 1949

*Preliminary Report of*  
**Section Findings and Recommendations**





## FOREWORD

A preliminary draft of the findings and recommendations of the various sections of the Governor's Conference on Mental Health, held in Sacramento on March 3 and 4, 1949, is here presented in response to the many requests received. This was a working conference to evaluate existing programs and determine future plans. These summaries were prepared by each section and reviewed by its chairman. It was not possible, because of the limitation of time, for the conference as a whole to act upon the recommendations. It is, however, hoped that these will be helpful to you.

A summary of the proceedings, with texts of the addresses, will be available as soon as the full reports of each section can be reviewed, condensed, and printed.

A continuing committee will be appointed to carry forward the purposes of the conference.

LAWRENCE KOLB, M.D., Chairman,  
Conference Planning Committee

## TABLE OF CONTENTS

	Page
I. Preventive Mental Hygiene.....	5
II. Community Treatment and Welfare Services.....	8
III. Institutional Treatment and Care of the Mentally Ill.....	12
IV. The Mentally Deficient and Other Mentally Handicapped.....	15
V. Mentally Abnormal Offenders.....	18
VI. Personnel.....	23
VII. Admission and Release Procedures.....	26
VIII. Problems of the Aged.....	28
IX. Alcoholism.....	30



## SECTION I

### PREVENTIVE MENTAL HYGIENE

*Chairman:* Wilton L. Halverson, M.D.

This section defines preventive mental hygiene as meaning the promotion of sound mental health for the growing child, his parents, and family. This includes all the things we do to and with people which increase their effectiveness and happiness in human relationships.

It is the feeling of the section that this program can well be based upon some simple factors of everyday living:

1. That the home is the place where basic security needs are met and where good mental health begins; and
2. That the mental health of the growing individual is related to the understanding of emotional needs and human relationships on the part of all those who live and work with him.

The section strongly emphasizes the necessity for the development of a long-term program reaching toward improving mental health.

After deliberate discussion, this section of the conference recommends:

1. That action be taken at the local level to establish a representative council of interested people, both lay and professional, to survey available resources, to insure the active use of these resources, and to plan for the development of further facilities as identifiable need arises.

2. That there is need to give active support to continuing research in this field of mental health. Ignorance, however eagerly applied, will not solve our problems. Funds and impetus, public and private, must be secured for pushing forward the frontiers of knowledge and for evaluating and guiding its application.

3. That expanded opportunities for education in the basic principles of growth and development and human relationships be made available to:

- a. The educators who train the professional students;
- b. The professional workers in the community and community leaders; and
- c. The parents.

4. That greater importance be given to the family:
  - a. By an attempt on the part of all agencies serving families to include the entire family in its planning to a greater degree so that families may have more time and do more things together.
  - b. By a broad and extensive program of adult and parent education sponsored jointly by professional and lay community groups to acquaint the public with the basic needs of children and adults and to make them aware of the community resources available or needed to achieve a high standard of family life.
  - c. By making education for marriage one of our important educational goals. Such an education should begin in the kindergarten, teaching children to appreciate the importance of their family and to help them understand and to solve their problems in becoming increasingly mature boys and girls, young men and women, husbands and wives, fathers and mothers, and grandparents.

5. That the problem of providing adequate housing for the rapidly increasing school-age population be recognized as an essential factor in the development of sound mental health. It is imperative that necessary facilities whereby children can be given an adequate school experience be provided.

6. That the curriculum of the school should be examined carefully from two standpoints:

- a. Is the present school curriculum built in such a way as to bring into practice known facts concerning basic principles and techniques of sound mental health practice?
- b. Does the present school curriculum provide an opportunity to gain necessary learnings concerning the basic principles of human motivation and behavior?

7. That every effort should be made to improve both the extent and the quality of guidance services provided through schools for children, youth, and adults. This improvement must come through the increase of adequately trained personnel; the provision of training facilities and programs which can produce such personnel; and a closer cooperation between community groups, parents, and the schools in making such services, when provided, function to the maximum degree of adequacy.



8. That the provision of an inclusive generalized program for community health, guided in all of its aspects by the principles of mental health, be a responsibility of every physician and every health department. This type of a community program necessitates the integration of the mental hygiene concept into all agencies and individuals dealing with family problems, which means the focusing of the service to the family as a unit.

9. That there be an enlargement by the State Department of Mental Hygiene of consultative and advisory services in mental health to local communities, as well as an expansion of existing services provided by the State Department of Public Health and the State Department of Education.

10. That communities recognize the importance of recreation to mental health, and that both public recreation and private group work programs for all age levels be encouraged and supported.

11. That because poverty and ignorance are so frequently in the causal pattern of personality problems, the best defense in mental hygiene is a strong offensive for a better life for all people. This would mean:

- a. Better schools;
- b. Better housing, especially the clearing out of all city and rural slum areas;
- c. Security of employment;
- d. Certainty of health services for every family; and
- e. Increased recreational areas and opportunities.

12. That there be a small continuing state-wide committee to formulate and promote plans for future action.

## SECTION II

**COMMUNITY TREATMENT AND WELFARE  
SERVICES**

*Chairman: C. Whit Pfeiffer*

We have had a marked growth in population in the last decade, and it is causing us to reexamine our previous methods of dealing with our problems of mental health in the community. Concern with custodial care for mental patients is giving way to more thought and planning for what can be done by way of prevention and treatment. We recognize that treatment should not begin only when the emotionally disturbed person is brought to an institution, nor should it end when the patient leaves the hospital to return to the community. All we have learned about mental illness in recent years emphasizes that a great many factors in a person's background and experience produce the disorder for which the patient must have treatment. Similarly there are disrupting factors that may impede the patient's progress toward recovery when he returns to the community after having spent some time in a state hospital.

This, then, leaves a heavy responsibility with the community. The agencies within it should provide the services that will make it possible for many people to secure treatment before it is necessary for them to be hospitalized. Treatment for the convalescent patient also becomes axiomatic if we are to assist in his restoration to capacity.

We were, however, confronted with the fact that there is a considerable amount of variation in communities and their facilities in the State. Planning for methods of handling these problems had to be adapted to meet the needs of a variety of types of communities, from the metropolitan area to the most rural one. Yet in spite of this variation there was general agreement on the fact that no community seemed to have an adequate amount of facilities.

However, the lack of facilities in the communities complicates our problems at the present time. Disruptive forces go unchecked and lead to more severe breakdown and the need for commitment to a state hospital. This becomes rather expensive. As a matter of fact, the cost of care and also the capital investment in hospitals far exceeds what it might have cost to provide early treatment in the community. It is, therefore, economy in the long run to insure that treatment facilities and services are available in communities



for persons who are showing signs of suffering from an emotional disorder rather than waiting until the disorder grows more severe and institutionalization is required.

Local communities should be encouraged to develop their own resources. However, where this is not possible and state aid is necessary, it seems essential for the state to lend its support both financially and in terms of guidance.

It was brought out that if people receive treatment early, state institutional care might not be necessary. The law should be liberalized to make it possible for counties to provide treatment for psychiatric patients for a period up to ninety days. A good many patients would not have to go to state hospitals if treatment for acute conditions was available and long stays in state hospitals would be avoided for this group of patients.

This section of the conference, therefore, makes the following recommendations:

1. That there should be a major orientation of the program of the State Department of Mental Hygiene on the development and expansion of local community treatment and welfare services at the same time that we are improving facilities for state hospital care and treatment.

2. That a Division of Community Services be established in the Department of Mental Hygiene.

- a. Further, that the director of this division be appointed chairman of a permanent committee composed of representatives from all state agencies who have an interest in mental health, which committee should be responsible for the coordination through consultation of all state mental health activities.
- b. Further, that this division be charged with the coordination through consultation of all mental health activities on the local level, utilizing local facilities, both public and private, when advisable.
- c. Further, that funds be appropriated to implement this division.
- d. Further, that the best and most competent people be secured in all the various fields involved. Appropriations for their salaries should be adequate to attract competent professional personnel.

- e. Further, that in the development of services, provision be made for funds to be spent on research for new and better methods of treatment and training of personnel at all levels.

The goal of treatment is a return to community living with the fullest utilization of all resources necessary for the personal, social, and vocational rehabilitation of the patient. To that end there should be greater emphasis on the present social work program with convalescent patients and family care.

3. It is recommended that the staff of the Bureau of Social Work be augmented so as to give service not alone to patients on leave of absence from state hospitals but also to those needing social service in areas where there is no other service. Further, that the Bureau psychiatric social workers be available for consultation to other agencies in need of psychiatric orientation. Particularly in rural areas should the psychiatric social worker collaborate with the personnel in other agencies inasmuch as the services of these agencies will be essential to promote the well-being of the convalescent patients.

Schools, courts, public welfare departments, and vocational services all have personnel who need the understanding of mental hygiene problems. Narrow interpretation of policies can interfere with patients' ability to remain out of the hospital.

An expanded clinic program would make it possible to provide early treatment for people before their conditions become more severe and they require hospital care. If traveling clinics are developed so as to reach into counties that do not have such psychiatric resources, these could be developed around the local county-assigned psychiatric social worker who would be in a key position to know the community, to make use of other community resources, to give interim service as needed, or to arrange for psychiatric consultation where advisable.

Inasmuch as recent legislation for the education of the mentally retarded in our public schools has given legal status and impetus to the organization of school guidance clinics, it is recommended:

4. That the conference favor the extension of child guidance clinics and mental hygiene services in connection with city and county school departments of the State and that public funds be allocated to support this type of clinical service and treatment.



We must have a diversified approach to these problems and not only use orthodox psychotherapeutic techniques. It is essential, therefore, that communities must develop more adequate family and children's services, vocational and educational programs, and health services. Existing community agencies are faced with budgets that limit their expansion, but if enough people are concerned about these problems, resources might be developed. Therefore, we recommend:

5. That due emphasis be given to the importance of various local welfare services which are not the direct responsibility of the State Department of Mental Hygiene. These community services include public assistance, medical care, employment, housing, family counselling, and rehabilitation services, all of which are necessary for the well being of the community and more specifically to the individual mental health of all persons in that community. This recommendation is made partly in the recognition of the fact that psychiatric service is not a substitute for adequate community welfare services.

6. Finally, we recommend that a Mental Health Continuing Committee be set up to implement the recommendations of the conference.

## SECTION III

**INSTITUTIONAL TREATMENT AND CARE  
OF THE MENTALLY ILL**

*Chairman: Karl M. Bowman, M.D.*

The members of the section on Institutional Treatment and Care of the Mentally Ill of the Governor's Conference on Mental Health wish to convey to Governor Earl Warren their appreciation for the opportunity afforded them to help our State in the crisis in which it finds itself with respect to the problem of the care of the mentally ill.

Our section discussion has unanimously confirmed the fact that the state mental hospitals are overcrowded and understaffed to a point where our mental patients are receiving dangerously inadequate medical care. Drastic changes in facilities and treatment services are imperative at this time to prevent further deterioration.

Our section group makes the following recommendations, the first two of which are considered to be urgent and inseparable in the solution of the present crisis:

1. We unanimously recommend an immediate expansion of our present hospital capacities, as well as revitalization of their present facilities, so as to increase their treatment potentialities to the maximum. The immediate release of already earmarked funds for such construction is an imperative necessity.

2. Simultaneously, however, there must be construction of five diagnostic and acute treatment centers in the two main metropolitan areas of the State.

3. It is recommended that a committee of five, three of whom should be experienced psychiatrists, be appointed to reconsider and make recommendations as to the most effective location of the additional beds.

4. We strongly recommend that the five diagnostic and acute treatment centers be established wherever feasible in connection with the medical schools in the State of California. Optimum capacity of such units should be determined by community needs as determined by consultation with local agencies.

- a. Such units should provide facilities for complete psychiatric examination and treatment, including out-patient facilities.



- b. It is proposed that these five units shall have a close working relationship with the state mental hospitals and shall serve the functions of screening, treatment, research, follow-up, and personnel training.

5. We feel that the efficiency of mental hospital operations would be greatly enhanced by increasing the authority and responsibility of the medical superintendents; also that interdepartmental interference should be eliminated to the end that the Department of Mental Hygiene have greater autonomy with regard to determining its own needs.

6. We feel that the number of all classes of psychiatric personnel employed is so low that the safety and proper treatment of patients can no longer be assured. We recommend that the number of authorized positions in all classifications be immediately increased to meet the minimum requirements of the American Psychiatric Association. In the classification of psychiatric nurses we feel that the nationwide shortage which exists precludes any possible hope of adequate recruitment in this area. We would suggest, as an alternative, that the Department of Mental Hygiene establish in each of its mental institutions a one-year program to train psychiatric nursing aides, who would work under the supervision of registered nurses with psychiatric experience.

7. It is recommended that an energetic nationwide recruitment program for hospital personnel in all categories be financed and put into operation at once.

8. Realizing that the medical director of each state hospital is in the best position to evaluate possible economies and improvements in services, it is suggested that each superintendent submit in writing to the Director of the Department of Mental Hygiene his recommendations concerning personnel policies, admission and discharge procedures, the operation of any activities not intimately connected with patient care, and such other matters upon which he may desire to comment.

9. We feel that one of the great difficulties in attracting psychiatrists to the state service is the marked inequity which exists between financial income in other endeavors and the existing salary scale. Since the success of our medical efforts requires an adequate staff of well-trained psychiatrists we strongly urge an upward revision of salary scales.

10. At the same time we feel that salary levels of all other personnel should be subjected to scrutiny and study. It is worth noting that increases in salary for personnel would represent the least expensive aspect of an improvement in our institutional program, and one which would bring immediate results in improvement of quality and numbers of personnel, and consequently in standards of treatment within our hospital system.

11. We recommend that the Legislature give favorable consideration to Senate Bill 608 which would permit qualified physicians and surgeons who are licensed in other states to work in our state institutions.

12. The traditional delegation of the function of commitment to the county and of treatment to the State should be revised. Our county psychiatric hospitals should be used as diagnostic and acute treatment centers wherever possible.

13. It is recommended that all general hospitals become general hospitals in fact as well as in name by the establishment of wards for psychiatric and alcoholic patients. This recommendation regarding the hospitalization of alcoholic patients is in accordance with the recommendation of the American Hospital Association.

14. The members of the section strongly endorse Dr. Winfred Overholser's statement that the Director of the Department of Mental Hygiene should be a qualified physician with administrative experience; and we further recommend that this position be placed under civil service, with adequate salary, to ensure continuity and long-range planning.

15. We recommend that the Department of Mental Hygiene and its executive officer use every medium of public education to inform the people of California of the present condition of our mental hospital system, and of the proposed remedies which have come out of this conference.

In conclusion, the members of our section wish to express their appreciation of the devoted services of our loyal employees of all classifications in the Department of Mental Hygiene who have carried on their work faithfully under the most trying of circumstances.



## SECTION IV

**THE MENTALLY DEFICIENT AND OTHER  
MENTALLY HANDICAPPED**

*Chairman:* Tracy Jackson Putnam, M.D.

The section on the study of the Mentally Deficient and other Mentally Handicapped has confined itself to a review of the existing provisions for the care of these persons and the consideration of the inadequacies of the existing facilities within the state hospitals and throughout the State on the whole, recognizing that mental deficiency is a community responsibility and calls for optimum correlation of all community resources. Since we are discussing the mental deficient who are to be distinguished from the mentally sick, we note that we are dealing with between 1 percent and 2 percent of our State's population. According to present facilities and existing plans for future building expansion, there will be provisions to take care of approximately 10 percent of the mental deficient under the state hospital program.

To provide for the care of the remaining 90 percent which represents the urgent cases in need of care, the section has proposed that a continuing committee be appointed by the Governor to plan at minimum cost to the State and maximum benefit to the patient, his family and the community, a blueprint of an ideal mental hygiene program and such means of rounding out the institutions and facilities already in existence.

Several recommendations and resolutions were approved by the section, the first of which is hereby respectfully submitted:

1. That members of Section Four of the Governor's Conference on Mental Health in their meetings at Sacramento on March 3d and 4th send our greetings and best wishes to Mrs. Dora Shaw Heffner. We hereby express our sincere appreciation for the many hours of untiring effort she has spent in the development and expansion of the program for the care and general welfare of the mentally retarded. We miss her help and counsel in our deliberations.

The section desires to propose further resolutions and recommendations on matters requiring immediate and urgent consideration in order to put into effective application the unanimous thinking of its members:

2. That the Governor appoint a continuing advisory committee to consider at length the objectives of this conference.

3. That we urge the committee on personnel to suggest a scale of salaries and wages to eliminate existing inequities and to consider other inducements to facilitate recruitment of personnel.

4. That the following legislative recommendations be made:

- a. That Senate Bill 608, liberalizing the provisions of licensing state hospital physicians, be endorsed by the conference in order to relieve the critical shortage of properly trained medical personnel.
- b. That A.B. 338 and A.B. 810 be vigorously opposed.
- c. That S.B. 318 and S.B. 319 be endorsed by the Governor's Conference.
- d. That certain technical aspects of S.B. 318 and S.B. 319 be referred to a committee for immediate study and clarification.

5. That an additional institution for mental defectives be built immediately in the Los Angeles metropolitan area since there is a 25 percent overcrowding in existing institutions and also a waiting list of 2,500.

- a. That facilities be provided for an outpatient clinic, with each existing institution to give assistance in extramural care.
- b. That each institution for mental defectives be provided with a general children's psychiatric unit of approximately one hundred beds for the purpose of observation, diagnosis, and treatment of abnormal children as defined in the Welfare and Institutions Code, Section 740.5.

6. That the plan to establish an Epileptic Colony at Porterville be abandoned in favor of the establishment of small hospital units adjacent to, and affiliated with, medical centers of education to facilitate teaching and research in the field of epilepsy, and to further facilitate establishment of greatly needed outpatient clinics for epilepsy.

7. That the Bureau of Social Work of the Department of Mental Hygiene be required to supply psychiatric social workers to work with the families of the vast number of patients on the waiting lists of the hospitals for the mentally deficient.

The members of this section are aware of the many other immediate changes and additions required to achieve the optimum correlation of all community facilities for the care and protection of the



defective and handicapped persons but it has been deemed advisable first to describe the facilities comprising a blueprint plan, which should be placed in the hands of a continuing committee for priority recommendations as well as for long-range consideration.

Such facilities include infant care; home assistance; social service; parent education; improved facilities for diagnosis and identification; increased services in child guidance clinics to include therapy, psychiatric case work, and family case work; foster home care; family care; rehabilitation services; supervised employment services; education and training of teachers, psychologists, social workers; and of exceeding importance, research.

In order to implement these services, the steps that are to be taken are manifold, but must begin by setting up a system of registration and identification. In this short summary it need be said that this section has made a detailed statement of the method of implementing its recommendations. For example, in the matter of infant care, separate units are needed to separate the seriously defected infants from parents and siblings who will be too disturbed by the presence of an imbecilic, unattractive child in their home. These children need to be placed in hospitals where the best specialized medical and surgical care can effect proper diagnosis and treatment. As a further example, in the matter of developing a foster home program, it is apparent that the overcrowded hospital conditions could be immediately relieved, and many children would be given the sympathetic, loving care of a family, in which environment progress for many mentally retarded children could be greatly accelerated. In order to accomplish this, the state would have to increase its boarding rates substantially in order to attract good foster families and in order to compete with existing board rates paid by agencies for dependent and neglected children. The expansion of training programs in colleges and universities is needed if we are to obtain the personnel, such as teachers, psychologists, and social workers, specifically trained in the field of the mentally handicapped.

There is not enough time in this short summary to give further details covering the above-mentioned blueprint, but it must be emphasized that these recommendations affect the welfare of a minimum of 100,000 mentally handicapped children, of whom approximately 10 percent are absorbed by the public schools of our State and at least another 10 percent should have some kind of institutional care, and that many others and their families are receiving little or no services from a medical, health, or welfare agency.



## SECTION V

**THE MENTALLY ABNORMAL OFFENDERS**

*Chairman:* Judge William B. McKesson

The "Mentally Abnormal Offenders" section of the conference repeatedly stressed the significance of publicizing the problems that are raised by the activities of this type of mental patient. It was the consensus that lack of pertinent information led to a mistaken opinion common among the laity that new laws were needed to solve major existing problems concerned with the mentally ill offender, whereas it was agreed that new laws were of less significance than increasing the adequacy of present laws by improving physical institutions and institutional facilities and staffs.

A great variety of persons throughout the State are vitally interested in various aspects and ramifications of the problem. Legislators, other persons in public life, women's clubs, lay groups, and other individuals and groups all want to know more about the problem so they may intelligently and vigorously work for improvements in programs for mental health and for the care and treatment of those who are mentally ill.

It was agreed that the problems with which the group is concerned are not in any sense of the word isolated problems of the specific specialty of psychiatry. To the contrary, they are problems that must be shared by all allied specialties, particularly those of education, social service, law enforcement, and so on. Even more significantly, these are problems of the community at large, which must constructively participate in them if adequate answers are to be found. The interests and resources of all of these groups must be pooled. There is need, in such a pooling, for improvements in educational, vocational, religious, and other social welfare services. Psychiatry cannot stand alone in its reaction to these or any other problems, and has no intention of attempting to stand alone; to the contrary, it must be assisted by every instrument, individual, and group that is interested or is concerned with personality reorganization and other forms of rehabilitation.

It was felt that the intent of present laws was, properly, to house most mentally ill persons who committed offenses for which they could be sentenced—as differentiated from committed—in penal or correctional institutions rather than in state hospitals, and that adequate psychiatric services should be made available for their treatment in such penal or correctional institutions.



Prolonged discussion on the definitions of "psychopaths," "sexual psychopaths," "sex offenders," and "psychopathic delinquents" resulted in an agreement that these terms should be better defined, and that irrespective of such definitions and irrespective of where persons suffering from such conditions were housed (that is, whether in mental hospitals, Youth Authority schools, or Department of Corrections institutions), adequate psychiatric service for diagnosis and treatment should be provided.

The need for research was repeatedly emphasized. The group was entirely in agreement on the need for thinking of the problem of the mentally ill offender in terms of a long-range program, as well as in terms of what steps could be taken immediately to alleviate unsatisfactory conditions.

The need for increased facilities and augmented personnel, particularly the latter, in all of its specialties—educational, social service, medical, psychiatric, custodial, and every other instrument leading to rehabilitation—was repeatedly discussed during the meeting. Repeated recognition was given to the expectation that such an augmented program would lead to increased costs, and the point was repeatedly made that there should be a determination of what the public—the taxpayer—wants done in this regard.

Repeated recommendations were made for better methods of control of known, dangerous, mentally ill persons, particularly psychopaths, sex offenders, and juvenile delinquents. This in turn stressed the need for research to determine who are psychopathic, whether or not they are liable to be dangerous to the peace and good order of society, where to treat them, how to treat them, and upon what criteria to determine their "cure."

The importance of locating institutions—mental hospitals, adult correctional institutions, Youth Authority schools—near urban communities was discussed at length. Many reasons were given for such locations, such as the stimulation of a lively, progressive type of medical and psychiatric practice, adequate facilities for research, the availability of consultants, and the availability of the institutions to the greatest number of parents and relatives.

The woeful inadequacy of the psychiatric services in youth and adult institutions was repeatedly discussed, without any suggestion for immediate noteworthy improvement. It was agreed that real improvement can be attained only by a constructive, professional, long-range program adequately supported by enabling legislation.

This section of the conference makes the following recommendations:

1. That the question of the mentally abnormal offender presents many unknown quantities which can best be solved by an intensive research program. It is felt that such a program would justify itself by producing new methods of treatment and will result in the rehabilitation of a large number of mentally abnormal offenders. It is also recommended that the medical schools of the State be urged to additionally recognize the acuteness of the problem by improving psychiatric training through such steps as increasing the number of students and graduates trained in psychiatry, and adding beds to their teaching hospitals specifically for the study of mentally abnormal children. It is further recommended that the medical schools be encouraged to find means to increase the number of students in training.

2. That there is an immediate need for a maximum security hospital under the jurisdiction of the Department of Mental Hygiene which should be the home of intensive research and training, and therefore should be located near a metropolitan area where added medical research facilities are available.

3. That the present facilities for the care of mentally abnormal offenders which are under the jurisdiction of the Department of Mental Hygiene, the Adult Authority, and the Youth Authority be immediately increased in buildings and treatment facilities and personnel.

4. That outpatient clinic facilities be furnished to the existing and future institutions so that they may help in the early detection and treatment of mild cases of mentally abnormal offenders.

5. That help be furnished to small communities and school systems in the establishment of clinic facilities to aid in the early detection and treatment of mild cases of abnormal children.

6. That the Youth Authority and Adult Authority be provided with adequate facilities for the psychiatric care and rehabilitation of the offender with borderline mentality.

7. That the Youth Authority and Adult Authority be provided with facilities for the psychiatric care of the adult psychopathic offender and the average psychopathic juvenile offender.

8. That the Governor appoint a small committee of not more than seven persons, including at least one judge, one district attorney,



one practicing attorney, one psychiatrist, one penologist, one educator, and one psychologist:

- a. To determine a proper definition of the term "insanity" as used in the criminal law;
- b. To determine a proper definition and interpretation of the term "defective or psychopathic delinquent" and its reconciliation with Section 7050 of the Welfare and Institutions Code;
- c. To devise means for disseminating modern and pertinent information regarding the problem of mentally abnormal offenders; and
- d. To assist in formulating plans for research.

9. That the Sexual Psychopathic Act be amended to accomplish the following results:

- a. That the definition of "sexual psychopath" be redrafted so that it is understandable and definite (a small committee should be appointed to do this).
- b. That the act be made applicable only to persons charged with sex offenses.
- c. That the act be made to apply only after conviction of the offense charged or an included offense.
- d. Authorize the court to suspend sentence and commit to the Department of Mental Hygiene for placement in a state hospital if the defendant is found to be a sexual psychopath and would benefit by treatment in a state hospital which is not available in the penal institution to which he would otherwise go.
- e. Provide that when the superintendent of the state hospital is of the opinion that the defendant is so improved that he is no longer a menace to the health and safety of others or when the superintendent is of the opinion that the defendant's psychopathic condition is such that it will not be further benefited by treatment in the state hospital and that he is still a menace to the health and safety of others, the superintendent shall so certify to the court, and the court shall forthwith order the return of the defendant to the court.
- f. Provide that if the superintendent of the state hospital has certified that in his opinion the defendant is so improved that the defendant is no longer a menace to the

health and safety of others and the court after considering all the evidence before it is satisfied that this is the fact, the court may place the defendant on probation for not less than five years if he is otherwise eligible for the same, and provide that if the superintendent of the state hospital has certified that the defendant is in his opinion still a menace to the health or safety of others, the court shall impose and shall not thereafter suspend sentence. That it should be provided that the time spent in the state hospital is not to be considered in determining the time to be served under the sentence.

10. That the problem of the mentally abnormal offender can only be solved with the cooperation of several agencies, societies, and organizations.



## SECTION VI

**PERSONNEL**

*Chairman: Norman Reider, M.D.*

In full appreciation of the accomplishments of the Department of Mental Hygiene in face of the innumerable difficulties such as lack of funds, lack of personnel, and lack of facilities, we wish to commend the department on the excellency of its work so far and to make the following recommendations:

**1. Reorganization**

A. Reorganization of the administrative structure of the state hospitals clearly delineating authority, responsibility, and professional activity is indicated. Lines of authority and staff relationships ought to be clearly defined with separation of clinical and administrative functions. This should be oriented around a board composed of chiefs of various clinical departments and other major departments such as psychiatry, nursing, occupational therapy, etc., as an advisory committee for the superintendent. This looks forward to the time when hospital administrative functions will be in the hands of specially trained hospital administrators, not necessarily M.D.'s.

B. Necessary new clinical and treatment facilities should be located in metropolitan areas in close geographical and physical connection to professional schools and training centers, facilitating thereby the attraction of professional personnel into these units. Such a program will enable use of facilities available in metropolitan areas. Adequate facilities for training and research ought to be incorporated in the whole program. A close integration and affiliation with the professional schools is desirable. A medical school may, but need not, operate the new facilities. It is recommended further that affiliation of present state institutions with educational centers, using exchange of personnel and joint staff appointments, be encouraged.

C. The Director of the Department of Mental Hygiene should have a more active professional advisory board. Similar boards should also be designated for each hospital. They should be consulted on policy and specifically on training, research, and staffing. One can reasonably expect improvement in the level of the staff with use of such boards.

D. Until the day that each state hospital can have its full complement of clinical, teaching, training, and research teams at all

professional levels, it is recommended that a system of part-time consultants and staff traveling from hospital to hospital be utilized.

## **2. *Personnel Research***

A fact-finding survey is recommended, to be carried on cooperatively by the Personnel Board, the Department of Mental Hygiene, and the professional schools (medicine, nursing, social work, psychology, etc.) and various professional organizations, with the aim of eliciting from potential and present sources of personnel what conditions would have to prevail to make state service attractive and more satisfactory so that specific constructive programs may be developed.

## **3. *Professional Relationships***

The general consensus is that the training and experience requirements for service in the Department of Mental Hygiene should be constantly subject to review and that the Department of Mental Hygiene should strive to maintain the standards recommended by appropriate professional organizations and boards of standards. Any tendency to establish standards for state service separate and lower than those which are acceptable in general practice is to be deplored.

Personnel problems arise from lack of clarification of the interrelationships of clinical personnel. Their duties and functions should be defined so that psychiatrists, nurses, social workers, psychologists, physical therapists, occupational therapists, recreational therapists, technicians, and attendants shall work as a therapeutic team. If there is such integration, many of the internal complications will diminish and recruiting professional personnel will be made easier. The administrative corps shall furnish the facilities and material to make this possible.

From the discussion no single factor of salary, housing, retirement pay, social security, promotions, etc., seemed to be the determining factor in desirability of position, although each played its role. But along with the combination of these factors is the element of satisfaction in one's work, which cannot be overestimated. Numerous instances were given of positions being turned down because of lack of clarity in status and duties, too much responsibility, lack of opportunity for promotion without stepping out of a professional role, etc. There should exist equal opportunities for



advancement and compensation in both professional and administrative fields.

It is recommended that civil service and professional qualifying boards be encouraged to make more use of unassembled examinations and more thorough investigation of qualifications as criteria for professional competence which would serve to stimulate recruitment of professional personnel.

#### *4. Further Aids to Recruitment*

It is suggested that this section give appropriate recognition to the role of the institutional attendants who form the great bulk of personnel actually in touch with patients. In the interests of stable employment conditions it is further suggested that as soon as feasible a class of attendants be established in which membership would depend on definite standards of training and experience. To this end the State should be encouraged to draw upon the experience of the National Mental Health Foundation in the attendant field.

It is recommended that use be made of "Institutional Service Units" along the lines demonstrated by the American Friends Service Committee to develop interest among college students so that they may be attracted to state service upon graduation. Furthermore, in order to develop interest among college students in state service upon graduation, positions as attendants should be established for their temporary or part-time employment in state hospitals under proper supervision.

It is also recommended that the state hospitals establish student aid positions which will furnish room and board and a stipend, and that these positions be filled by college students being trained in the fields relating to mental hygiene.

In order to attract qualified personnel a systematic and constructive program of public education in the mental health field is indicated. Whatever budgetary increases are necessary for this accomplishment and the accomplishment of the above recommendations in our opinion are justified.

## SECTION VII

**ADMISSION AND RELEASE PROCEDURES**

*Chairman:* Judge W. Turney Fox

Mental illness is primarily a medical problem but does involve legal considerations. The mentally ill person is entitled to the same access to medical care as any other patient. However, procedure relating to hospitalization of the mentally ill person involves three important factors which must be reconciled in the interest of the patient:

1. The care and treatment of the patient.
2. The civil rights of the patient.
3. The protection of the community.

Our laws must be designed to protect the mentally ill person from pressures and procedures which aggravate his condition or will be a detriment to his recovery and which at the same time will protect his civil rights.

California has three types of admission to mental hospitals:

1. Voluntary.
2. By the court.
3. On certification of the local health officer.

The last method was added as an alternate method of admission in 1947.

This section makes the following recommendations:

1. That the present forms of admission be retained and that the provisions of the Welfare and Institutions Code relating to court proceedings be amended so as to make treatment available to the patient as expeditiously as possible; and specifically
  - a. That Section 5050.8 and related sections of the Welfare and Institutions Code be amended so as to eliminate the five-day waiting period and to give the judge the discretionary power to fix said hearing at the earliest possible date, consistent with the rights and best interests of the patient; and further
  - b. That the Welfare and Institutions Code be amended to permit a reexamination of the patient's mental condition within a period of 30 days upon the request of the patient or other interested persons.



2. That all petitions for the examination of one who is claimed to be mentally ill shall include a statement from a licensed physician indicating the necessity for a hearing except where for good cause shown such requirement may be waived by the judge.

3. That the taking of the patient into custody and his transportation shall be upon the basis that the patient is ill and not a criminal.

4. That the health officer certificate plan of admission be amended as follows:

- a. So that such admission procedure may not be arbitrarily nullified prior to the patient's hospitalization.
- b. That this plan of admission be extended to the veterans' facilities and private sanitarium.
- c. That the health officers shall administer said law and that appropriate legislation be adopted to protect such officers in its administration.

5. That appropriate legislation be adopted to establish competency, where questioned, of patients who have not been committed to state hospitals but who have been found by the court to be mentally ill.

6. That the practice of granting leaves of absence to patients be encouraged insofar as the same may be consistent with the patient's condition and the welfare of his family and community, with, however, adequate supervision while on such leave.

7. That notice of the release of patients be given by the hospital to the clerk of the committing court, together with the conditions of such release.

8. That Section 5000 of the Welfare and Institutions Code be amended so as to provide that insofar as possible the judges appoint as their advisers in the psychopathic court physicians who have specialized in the study and practice of psychiatry.

9. That the sexual psychopathic law, with respect to release of persons committed thereunder, be amended so as to provide greater protection for the community against their possible future depredations.

10. That a study be made of the provisions of the Welfare and Institutions Code relating to admission and release procedures, for the purpose of clarifying and simplifying the same, and that the appropriate professional organizations, the Code Commission, and the Judicial Council be invited to assist.

## SECTION VIII

**PROBLEMS OF THE AGED**

*Chairman: William R. Harriman*

In order to understand the complexities of the problems of a rapidly increasing proportion of aged persons in our population, consideration must be given to the physiological, psychological, environmental, and economic factors involved.

There is insufficient preparation for the changes that come with old age on the part of the individual himself, his family, his employer, his community, and sometimes even his physician. For the individual who has already been affected by the physical and psychological problems of advancing years, solutions depend upon the ability to reintegrate him into society, to help him obtain proper medical care, to maintain economic security, and to assist him in finding emotional security.

The present facilities for the care of the aged in voluntary and public general hospitals and state mental hospitals are inadequate.

A more positive approach should be adopted, making better use of existing facilities at local and state levels, and adding new ones when needed, with emphasis on reducing the incidence of expensive hospitalization.

The section on Problems of the Aged recommends that:

1. A general educational program be leveled at informing the public of the medical and psychological needs and problems associated with the aging process in order to assist people in assuming more personal and individual responsibility for themselves and the care of aged relatives.

2. Private and public facilities be available to all for the maintenance of physical health and for the repair of physical defects before they become marked mental handicaps.

3. Opportunities for work within the limits of the aging individual's capacities should be available in industry and government. Ways and means should be sought by which retirement could be based on the person's general physical and mental condition rather than on calendar age alone.

4. Communities be encouraged to establish and develop facilities for recreation, clubs, education, and hobby training for the older age group.



5. Encouragement be given to the development of more family style boarding homes (foster homes for the aged).

6. Increasing attention should be given to the development of educational and training programs for the individuals concerned in the operation of boarding and nursing homes and the care of patients in them.

7. More adequate provision be made, where necessary, in the way of visiting nurses, doctors, housekeepers, social workers, and transportation service to clinics for those living in their own homes or in boarding homes.

8. For those persons who are showing early signs of deterioration, foster homes suited to their needs should be found with the aid, if needed, of social workers from public or private agencies.

9. More medical and psychiatric diagnostic and treatment services be made available in the outpatient clinics of general hospitals, in physicians' offices of local communities, and by cooperative effort of adjacent communities, if necessary. Where other facilities are not available, a traveling clinic should be provided.

10. Encouragement be given to the development of more homes for the aged with advantages of group living and provision for medical and nursing care, especially if such homes are geared to the needs of the individual.

11. Wherever feasible, voluntary and public general hospitals be enlarged to provide an adjacent unit containing an appropriate number of beds reserved for the physical and mental problems of old age, these to include the mentally deteriorated senile and arteriosclerotic patients who do not require mental hospital care.

12. In consideration of the local communities assuming responsibility for care of the mentally ill aged, financial assistance should be provided by the State to approved hospitals in proportion to the services rendered.

13. Counties which do not have facilities for the mentally ill aged should arrange care for them with adjacent counties which have approved facilities.

14. Attention should be called to the need of further study in the development of more suitable methods of handling the problem of county and state residence.

## SECTION IX

**ALCOHOLISM**

*Chairman: Milton Chernin, Ph.D.*

First, the section agreed that the alcoholic is a sick person. As an illness which is now impairing the health of more than a quarter of a million persons in California, alcoholism must be considered a public health problem of prime importance.

Second, in California alcoholism is handled at present primarily as a criminal problem of concern mainly to the police, courts, and jails. The "revolving door" procedure, consisting of repeated arrests and jailings and releases, is an expensive and essentially futile process. These measures achieve nothing constructive for the alcoholics who pass through the hands of the police; they do not touch at all the greater number of "hidden alcoholics" whose behavior has not yet brought them into contact with the law enforcement machinery. Moreover, these criminal procedures encourage the unwarranted belief that alcoholics are hopeless unfortunates.

Third, a more realistic, constructive, and economical approach is based on the fact that by the application of existing knowledge and skills, many alcoholics can be rehabilitated and the later stages of alcoholism prevented. The successes achieved by Yale Plan Clinics, Alcoholics Anonymous, and other groups have conclusively demonstrated the practicality of this approach.

Fourth, the objectives of a modern program are to prevent alcoholism and to rehabilitate alcoholics. The essentials of such a program include preventive services, diagnostic and referral services, treatment services (both outpatient and inpatient), research, and education. These require the coordinated effort of many professional groups and governmental and private agencies. Public understanding and continuous support are basic to the success of the program.

The section's recommendations, listed below, are based on the foregoing findings:

1. Every appropriate local community should establish:
  - a. A clinic which provides diagnostic, referral, and treatment services for alcoholics. Such a facility might be associated with a general mental health clinic or a general hospital, or might be separate. Its aim would be to prevent the late stages of alcoholism through rehabilitation of early cases. The clinic staff would screen patients,



determine what forms of treatment are indicated, conduct rehabilitation and treatment services, and make necessary referrals to Alcoholics Anonymous, social welfare, and all other appropriate agencies.

- b. A facility for more prolonged treatment of alcoholics. Such a facility might well be a farm with adequate treatment services.
  - c. A policy encouraging general hospitals, both public and private, to provide hospital care for alcoholics.
  - d. Citizens' committees for education on alcoholism which would serve as informational, educational, and developmental centers.
2. The State of California should:
    - a. Provide financial assistance on a matching basis to the appropriate local governmental jurisdictions for the establishment and maintenance of preventive, diagnostic, and rehabilitation services, as well as facilities for the more prolonged treatment of alcoholics.
    - b. Stimulate the development of adequate, trained personnel with special orientation in the field of alcoholism.
    - c. Expand fundamental and applied research by social and medical scientists into the nature, causation, and treatment of alcoholism.
    - d. Encourage public education concerning all phases of alcoholism, including emphasis on family life education, and utilizing every effective medium and agency.
    - e. Expand its facilities for treatment of alcoholism (both outpatient and inpatient) and for research and education concerning alcoholism.
    - f. Designate an agency to carry out the above responsibilities of the State in the field of alcoholism.

3. The Federal Government should establish a grant-in-aid program for the control of alcoholism similar to the programs for the other important public health problems.

4. Professional societies should undertake the education of their members in their professional responsibilities to the alcoholic.

5. The legal profession should study and recommend changes in the penal laws affecting alcoholics to conform to the modern concept of alcoholism.









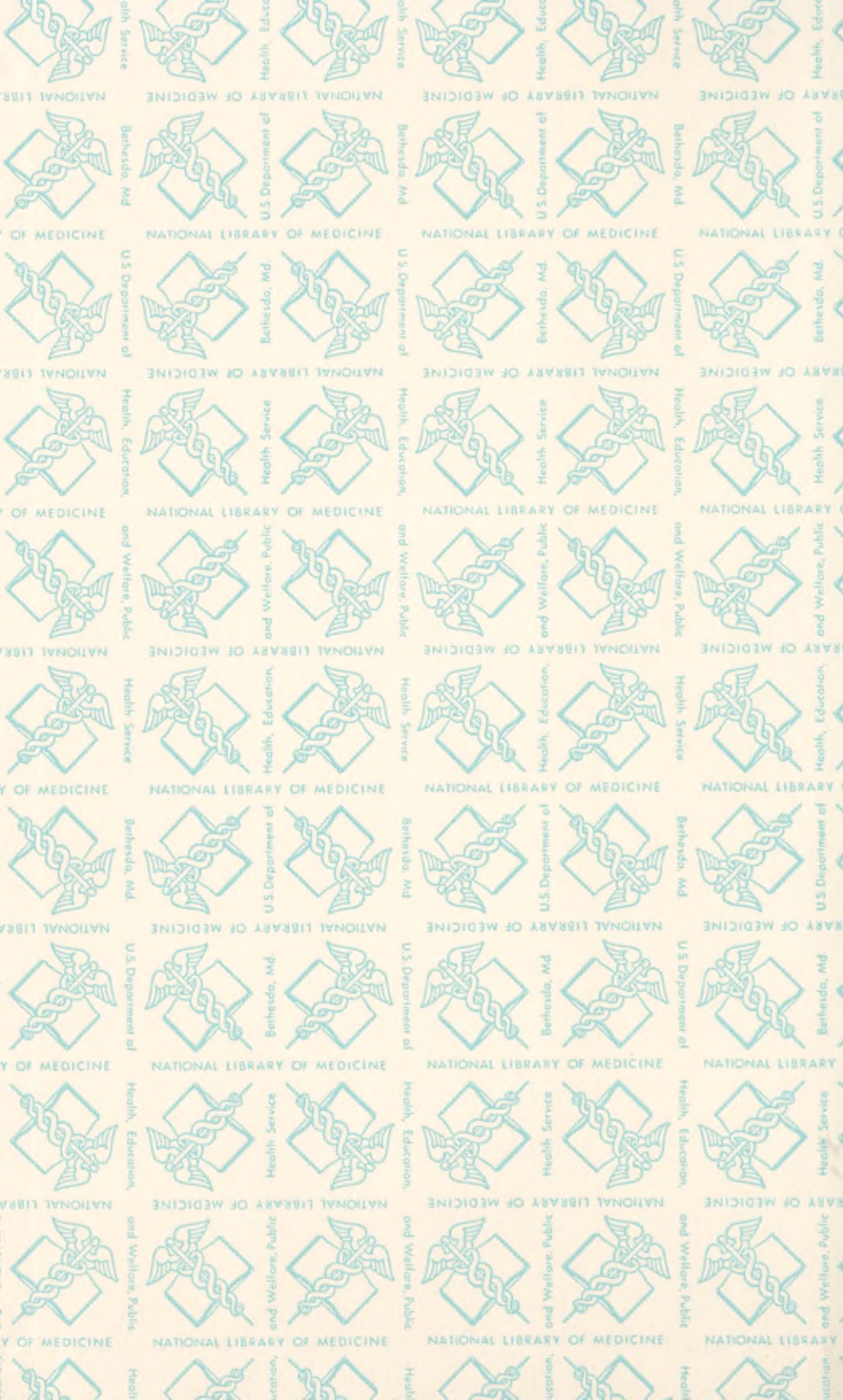














Bridgeport  
National  
Bindery, Inc.

JULY 1983

"Bound to Last"

NATIONAL LIBRARY OF MEDICINE



NLM 00084504 5