Iowa's Mental Health Problem:

What To Do About It!

Summary of the Report of the
GOVERNOR'S COMMITTEE ON MENTAL HEALTH

Based on a professional evaluation by the
AMERICAN PSYCHIATRIC ASSOCIATION

Presented to Gov. Leo A. Hoegh
December 18, 1956

Condensed version prepared as a public service by
IOWA ASSOCIATION FOR MENTAL HEALTH

FOREWORD

RECOGNIZING the need for a careful analysis of Iowa's problems related to mental illness and mental health, Gov. Leo A. Hoegh appointed a committee to work in this area. The original committee of nine was later enlarged to 35, to incorporate the viewpoints of additional professions and organizations.

The Governor's Committee on Mental Health retained the American Psychiatric Association to make a professional evaluation of Iowa's resources and needs for treatment and prevention of mental illness. Funds for the study were made available by the Board of Control of State Institutions.

In the course of its work, the American Psychiatric Association conducted regional hearings at Atlantic, Spencer, Des Moines, Oelwein and Iowa City, to obtain information from, and measure the interest of, the citizenry. Representatives of the APA Central Inspection Board visited state hospitals, county homes, and private facilities for care of the mentally ill.

The full report of the American Psychiatric Association, made to the Governor's Committee, covers several hundred pages and includes many details whose primary value is to administrators. A summary of 150 typewritten pages was presented to Governor Hoegh December 18, 1956. These documents are on file at several locations in the State Office Building, including the Board of Control. They also are available in the office of the Iowa Association for Mental Health, 406 Flynn Building, Des Moines.

ABOUT ITS REPORT, the American Psychiatric Association commented:

> "The recommendations represent a consensus of expert judgment, adapted to the particular needs of Iowa. They are not final answers.
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> "Psychiatry is in a state of rapid growth; great advances have been achieved in methods of prevention and treatment in recent years, and research results are encouraging. Under these circumstances, the state should proceed as far as possible along lines which have been demonstrated to be successful, and experiment with new approaches in areas where progress is apparently being made. It should expect to re-evaluate the whole program at regular intervals to determine whether a new direction is indicated."

A Survey of
Iowa's Mental Health Needs and Resources

CONTENTS

THE MENTAL HEALTH PROBLEM is a large one, with unusual difficulties standing in the way of success. . . . Staffing and maintenance of hospitals is difficult under the best of circumstances. Personnel is in short supply all over the country. . . . A number of policies now in effect in Iowa are detrimental to the treatment of mental illness. . . . As in most states, services are not organized in such a way as to realize their full potential. . . . The cooperation of state and local groups, financial support by state, local and private groups, and professional leadership of the highest order will be needed to make best use of all resources.

IOWA IS NOW making good progress in the establishment of psychiatric services in its general hospitals and in private mental hospitals. . . . Indications of progress are the gradual increase in legislative backing, the interest of the Governor, and the increasing strength of the citizens' movement led by the Iowa Association for Mental Health, the Iowa Association for Retarded Children, the Iowa State Medical Association, and other groups. . . . The tradition of education and research at the State University and individual instances of outstanding accomplishment and progress at the state institutions are assets which stand out sharply.

THE SURVEY COMMITTEE'S public hearings clearly showed the determination of those present to obtain professional leadership for the program, and to bring the standards of treatment in the state up to level which Iowa has a right to expect.

—Excerpts from the report of the
American Psychiatric Association

A Survey of
Iowa's Mental Health Needs and Resources

THIS SURVEY was undertaken with five aims in mind. They are:

To determine what resources Iowa has for the prevention and treatment of mental illness, and for the development of mental health;

To determine existing needs for psychiatric services;

To develop a framework within which psychiatric services can be strengthened, expanded, and coordinated with non-psychiatric services to achieve more effective prevention, more rapid treatment, and proper and more permanent adjustment to community activity;

To provide the state government and the citizens with a body of technical material which will serve as a guide to continued program improvement;

To provide general information to the public.

BY DEFINITION, this survey of mental illness and mental health in Iowa is not limited to those who can be legally termed "insane."

The subjects of this study include all persons suffering disorders which are defined as 'mental illness' by the American Medical Association. These illnesses include seven major groups, ranging from acute disturbances and chronic mental disease to temporary disorders. They include serious psychosomatic upsets, and mental deficiency.

Treatment of mental deficiency is discussed separately because the range of services for this group of patients is somewhat different from that for other types of patients.

True 'prevention' of mental disease covers the broad field of mental health, which endeavors to prevent the occurrence of a disorder. This study also uses 'prevention' to mean early treatment of a mental disturbance, avoiding hospitalization and preventing the development of a chronic disorder.

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COMPONENTS OF AN IDEAL PROGRAM for Iowa are suggested in this survey. It proceeds on the general principle that the state takes responsibility where vountary and individual efforts are inadequate, but that a state program must be assisted by, and coordinated with, the efforts of voluntary agencies and individuals.

There are two basic requirements. There must be:

(1) A simple, efficient administrative and organizational structure. It must provide adequate financial controls, records and statistics, throughout the program.

(2) An effective legal structure relating to administrative authority and organization; to admission, release and eligibility of patients for treatment; and to activities of other agencies and departments relating to mental health.

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FUNDAMENTAL TO PROGRESS in Iowa's provisions for psychiatric treatment services is a policy decision that proper treatment will be made available to all who require it. This is a goal which cannot be achieved immediately, but a beginning can be made.

Organization

The form in which state services are organized affects their ability to function. Some individuals, particularly gifted in administration, can make even a cumbersome and awkward system work. But such a system hampers them unnecessarily, and the state as a whole suffers from their lowered effectiveness.

Sound organization, built around a competent, well-trained and experienced staff, is not only desirable but imperative in a program as complex and expensive as that required for mental health.

There are four major considerations in organizing a program of state services for the mentally ill:

(1) It must be attractive to qualified personnel, in sufficient numbers to become a career service.

(2) It must be flexible enough to experiment with new forms of service, and to take advantage of new developments, in order to achieve cheaper, more effective service under particular circumstances.

(3) It must enlist the full cooperation of scientists and professional people in related fields, and of citizens.

(4) It must afford competent professional judgment, in order to plan effectively for services and structures, weighing comparative costs and advantages of alternative solutions.

IN OTHER STATES, the greatest progress in treatment and prevention of mental illness is being made where mental health services are in a separate department of state government. In each case, the department is headed by a psychiatrist trained in hospital administration.

Eleven states, with populations totaling fifty-five million, have this kind of organization. In the last two years, Connecticut, Tennessee and Kentucky have adopted it. A number of large states have separated the control of their mental hospitals from larger operations, and apparently are going to set up a separate mental health department.

We recommend that this plan be considered for Iowa.

The advantages of this kind of department, headed by an experienced psychiatrist with administrative skill, lie in (1) professional leadership for all mental health facilities (2) coordination of the different kinds of services for the mentally ill, retarded and/or disturbed and (3) the ability to obtain top-notch professional personnel, and to work with other professions.

Functions of the Central Office

In a modern state mental health program, the central office must direct and coordinate half a dozen different functions, each of which has a distinct effect on the treatment of mental illness. The state must provide services directly to patients; it also must collaborate with private and local agencies giving the same kind of service. It must see that private institutions for the mentally ill live up to their legal requirements. At the same time, the state must be concerned with prevention of mental illness, with research into better methods of treatment, and with the training and recruitment of workers.

All these activities are inter-related. To achieve the best results, they must have unified direction.

ADMINISTRATION AND FINANCE are the primary responsibilities of the central office. Expenditures for all purposes must be weighed in the light of their effect on treatment.

The budgets for all state mental hospitals, hospital-schools, clinics, special-purpose units, community mental health centers and other community services should be organized and presented together, with a professional decision on the relative merits of different programs. The central office should develop long-range plans for improvement, including any new construction required. It should be responsible for hiring the necessary staff.

This function calls for careful business management, under professional guidance, so that available money is used effectively and every expenditure contributes to improved treatment.

DIRECT SERVICES provided by the state should include:

(1) Diagnostic, screening and referral centers convenient to all areas.

(2) Out-patient and day-care services for both adults and children.

(3) Residential psychiatric units for treatment, rehabilitation or permanent care of the mentally ill and the mentally defective.

Special provision must be made for patients with special problems complicating their mental illness. Residential units operated by the state should include (1) mental hospitals, with branch units for patients who do not require intensive treatment; (2) hospital-schools for the seriously mentally defective, with outposts for supervision of those going out for employment; (3) maximum security hospital units for mentally ill convicts; (4) a new type of unit for the tuberculous mentally ill; (5) a new arrangement for mentally defective adults and juveniles under court jurisdiction;

(6) foster homes and sheltered workshops for patients who become able to maintain themselves, but still need a protected environment.

CONSULTATION should be available in the central office for other organizations who supply some of these same services, or whose work is closely related.

LICENSING is a means of enforcing the legal standards for care of mental patients in public and private hospitals. The standards should apply to the kind of staff and treatment available, as well as to the physical plant. Such supervision requires the attention of someone competent to inspect the professional care of patients, as well as someone trained in safety, elimination of fire hazards and maintenance of proper physical surroundings.

PREVENTIVE work in the field of mental illness will usually be accomplished by community agencies, by doctors in private practice, and by other government departments working in the fields of health, education and welfare. It is vital to establish an adequate system of communications and cooperation with these groups.

RESEARCH should be centered in the University of Iowa, but it should be extended to the state hospitals and clinics to take advantage of research material and data available there. A continuing research program would help attract competent psychiatrists and other specialists to Iowa institutions. Coordination between the University and research in the institutions is a function of the central office.

TRAINING AND RECRUITMENT are vital tools in meeting the critical shortage of qualified psychiatric workers. The central office must conduct a consistent, professionally planned campaign of recruitment for all grades of workers. It must offer them attractive working conditions, and opportunities to better themselves, both professionally and financially. It must stregthen the staff of the state institutions to the point where they can be certified as training institutions, and thereby acquire the services of numerous professional trainees. It must operate in harmony with university schedules and requirements.

INTEGRATION of training and research activities at the University and in the state institutions is absolutely necessary, if the state is to make substantial progress in enlarging and upgrading the staff available for treatment of mental illness.

Estimating Iowa's Needs

The incidence and prevalence of mental illness have not been established for any community or state. Likewise, the ratio of needed services to population has not been determined.

The most widely used estimates were developed at a time when community services were unknown. The number of beds required can be reduced appreciably in areas which possess other kinds of treatment facilities to forestall lengthy hospitalization—psychiatrists in private practice, psychiatric units in general hospitals, well staffed community mental health centers, out-patient clinics, general practitioners able to handle certain forms of mental illness.

No studies on the incidence of mental deficiency have been made over any large area. The customary estimate is that 3% of the population is below 70 IQ. In Iowa, that estimate would work out to 78,000. Of them, 13,000 may be assumed to be below 50 IQ, or having less than half of 'normal' comprehension.

Community facilities are equally important in the management of mental deficiency and in the treatment of mental illness. In each instance, development of adequate community services may eliminate the need for expansion of state institutions.

In general, this report recommends only enough new building to replace substandard or unsafe structures, and ease harmful overcrowding. A few special-purpose units will have to be constructed, since there is no other means of obtaining suitable accommodations.

Beyond that, the strongest emphasis is placed on treatment and rehabilitation, and on means of obtaining the personnel who will make treatment and rehabilitation possible. The goal is to salvage as many useful lives as is humanly possible, and keep no one in an institution who could profitably be outside.

These are the terms in which Iowa's needs are expressed, in this study.

IOWA'S CURRENT SITUATION:
Resources and Recommendations

The treatment and care of mentally ill persons in Iowa is now being carried on through a variety of channels. There are:

(1) Four state mental hospitals (called mental health institutes) with about 5,000 patients.

(2) Two institutions for mental defectives ("feebleminded"), with about 3,000 patients.

(3) County homes housing about 2400 mental patients and 200 mentally deficient persons. Most of these have been transferred from state institutions.

(4) A 'criminally insane' section in the Men's Reformatory.

(5) State Psychopathic Hospital, a small (60 bed) hospital devoted to teaching and training of psychiatric workers.

(6) Outpatient services at each of the state hospitals and Psychopathic Hospital.

(7) Private psychiatric hospitals, and psychiatric units in general hospitals, with combined capacity of 650.

(8) Nine community Mental Health Centers.

IN PRIVATE FACILITIES, Iowa is making good progress. The number of psychiatric units in local general hospitals is growing. This kind of service is doubly important: it provides psychiatric treatment without the disrupting effect of removal to a state hospital, and it affords psychiatric consultation on medical and surgical cases. Such units are a major attraction to psychiatrists seeking a place to enter private practice.

Iowa now has 29 psychiatrists who are primarily in private practice. Working in private mental hospitals and general hospitals, they are able to treat several thousand patients a year.

Currently, there are active plans in Iowa to create space for 200 more psychiatric patients in general hospitals and private hospitals. These plans should be carried out promptly.

PUBLIC SERVICES in Iowa lag well behind what is recognized to be successful and necessary, in the light of expanding knowledge about prevention and treatment of mental illness. Services are not organized to realize their full potential. Funds allocated for mental health in Iowa should be more efficiently and effectively spent.

At present, responsibility for the four state mental hospitals and two hospital-schools for mentally deficient is in the hands of the Board of Control of State Institutions. This is a three-man, full-time lay board, which operates eight other institutions including two children's homes, two training schools, two reformatories, the penitentiary and a soldier's home. The "insane" unit in the men's reformatory also comes under this board's jurisdiction.

County homes are operated by the individual counties (with a token payment from state funds for the mental patients they contain).

Psychopathic Hospital is operated by the state Board of Regents, as an adjunct to the University of Iowa College of Medicine. Its staff is synonymous with the University department of psychiatry.

The Director of Psychopathic Hospital is designated by federal law as the Iowa Mental Health Authority. The Authority, through an Executive Director in Des Moines, disburses federal funds which partially support the nine community Mental Health Centers. The Authority also assists in obtaining staff for the Centers, and in organizing new centers. Its operation is entirely independent of any state function.

ADMINISTRATIVE REORGANIZATION is needed. All mental health services except Psychopathic Hospital should be under the same management, and the work of Psychopathic Hospital should be closely co-ordinated.

The Governor's Committee recommends that primary responsibility for mental health services in Iowa be placed in the hands of a Director of Mental Health. He would be a well qualified psychiatrist with administrative experience.

The services might be organized in various ways, provided the Director has the authority and responsibility to guide the mental health programs of the state along professional lines. He should be counseled by an advisory board. The functions of the board should not be administrative. It should advise the Director on policy, and should also be charged with keeping the public informed of policy matters.

The Director would be responsible for carrying out all the functions of the central office described earlier in this report. He would be assisted by competent deputies and consultants in all major professional fields, including psychology, psychiatric social work, nursing, rehabilitation and other specialities.

This position is considerably different from the existing post of Director of Mental Institutions, which is now provided by law within the

framework of the Board of Control. The Director of Mental Institutions is given nominal authority to supervise treatment and care in the six mental institutions, but he has no actual control over personnel or finances, and he is employed or discharged by the Board.

THE FULL REORGANIZATION should take place as soon as it can be implemented by legislation. In the meantime, even for a few months, the existing post of Director of Mental Institutions (which has been vacant for a year) should be filled with a highly qualified psychiatrist, to re-establish professional leadership in the present central office.

IMPROVED TREATMENT should be sought by all possible means. This will include (1) more intensive treatment in the hospitals, to make better use of available space; (2) provision of auxiliary services such as branch hospitals (3) wider use of community resources including better screening of patients before admission and more social service work to facilitate discharge from the hospitals.

The four state hospitals are severely understaffed in professional personnel. They are overcrowded, from 22% to 49%, by American Psychiatric Association standards. They are not nearly as active, in point of patient turnover, as hospitals which offer more adequate treatment.

The Board of Control, during its administration of the institutions, has established a fairly high standard of custodial care and an atmosphere of humane and kindly handling of patients. In recent years the number of employees has been substantially increased. In the category of attendants, particularly, the hospitals are close to, or above, APA minimum standards.

Professional staff has increased over the past 10 years. The number of physicians has increased from 18 to 39; psychologists, from 0 to18; registered nurses from 11 to 39; social workers from 6 to 16.

Personnel available in the state is not, on the whole, well trained, however, and the numbers employed are still far below minimum standards established by the American Psychiatric Association.

The number of psychiatrists on the hospital staffs is difficult to establish. Personnel regulations do not set up qualifications defining 'psychiatrist.' The total number of physicians provides a ratio of 1 to each 125 patients. The number of physicians with three years' psychiatric training provides a ratio of 1 to 456 in the Iowa hospitals, compared to APA standards of 1 to 94.

There are 18 psychologists working in the state hospitals, an average of 1 for each 500 patients. This is close to the APA standards. However, only four psychologists have the Ph.D. in clinical psychology, which the

APA requires. Nine of the Iowa psychologists have M.A. degrees, two B.A.s, and four are in training.

There are 16 social workers, against a requirement of 40. None have specific training for working with psychiatric patients and their families.

A total of 47 registered nurses is authorized. (There are eight vacancies.) Professional standards would require 338. The one hospital which has nurse's affiliate training lists more than half the staff nurses.

No trained persons are employed in physiotherapy, occupational therapy or recreational therapy.

Discharges from the state hospitals, although they have been rising, are only about 26 percent of the total number of patients in the hospitals and county homes. Hospitals which offer more adequate treatment are able to discharge between 30 and 60 percent of their total patients, each year.

The Governor's Committee recommends that increased appropriations be made available to the four state mental hospitals, so that salaries can be raised and additional staff attracted, to meet professional standards set by the American Psychiatric Association.

The Committee also recommends that emphasis be focused on training of additional personnel, within the institutions and at the University of Iowa, to help solve the personnel shortage.

SEVERAL POLICIES now in effect in Iowa are detrimental to the treatment of mental illness.

ONE OF THEM is the transfer to county care of mental patients judged to be "incurable and harmless." The policy is set out in a law dating from 1860. It is in opposition to currently accepted medical practice. It results in a dual and inequitable system of treatment. Modern medicine can do a good deal to improve the condition of so-called "incurable" patients. Although apparently tractable, chronic patients may be subject to sudden onset of severe symtoms, making a hospital environment necessary. Unmanageable patients can be transferrd from county care back to the hospital, but an inspecting physician visited six county homes and saw 12 seriously sick patients who had not been returned to hospital care.

It is not possible now to remove all 2600 mental patients and mentally deficient from county homes. Neither space nor staff are available for them.

All patients in county homes should be screened, however, and the seriously ill ones should be returned to the hospitals. Intensive treatment will result in shorter hospitalization for many patients, leaving space available for those now transferred to county homes.

The county homes should not be abandoned. They could successfully be operated as rehabilitation centers for discharged mental patients—a sort of way station on the road back to community life.

If they were operated under medical supervision, and offered a program of vocational rehabilitation, they could be a valuable step for convalescent patients.

ADMISSION POLICIES for state hospitals are still out of step with modern practice. Most admissions are by commitment by County Commissions of Insanity, although the law provides for voluntary admission. Iowa law should be revised, placing greater dependence on voluntary admission, and admission by a physician's certification.

BUDGET RESTRICTIONS imposed by the State Comptroller hamper the superintendents of institutions. Hiring is limited by law to specific numbers at designated salaries in each divison, and no substitution is permitted. All applications for employment must be approved by the Personnel Officer in the Comptroller's office. The delay involved in this procedure often prevents the hiring of badly needed personnel. Maintenance and repairs are closely budgeted, although it is difficult to predict the needs in the state's older buildings.

These restrictions, in total, mean the professional judgment of the superintendent is being limited. Decisions affecting the patients are being made by non-professional personnel located far from the hospital. The inevitable result is damage to the therapeutic program of the institutions.

The Governor's Committee recommends that these restrictions be removed, permitting the superintendent to shift available funds as advisable to meet emergencies, or to achieve improved treatment in the state mental institutions.

SERVICES FOR THE MENTALLY DEFICIENT and retarded lag far behind other mental health services in the state. A wide range of services is needed for children and adults with varying degrees of deficiency.

The state should provide a high level of professional leadership in (1) diagnosis of mental deficiency; (2) diagnosis and treatment of associated mental illness in the child or his family; (3) training, education and adjustment to community living.

Modern medical thought is in favor of keeping retarded children in the community, rather than in an institution, if their presence is not too disturbing. Community services which accomplish this purpose include special classes in public schools, day-care centers, family guidance, vocational training and supervised residences.

Iowa now has about 3200 children in special classes in the public schools. This is a good beginning, but far more children could be handled in this manner if teachers were available. There are only a few nursery schools and kindergartens for retarded children.

There are two state schools for the mentally deficient and retarded, at Woodward and Glenwood. Epileptic patients also are accepted at Woodward. Many of the buildings fall seriously short of modern standards. Sanitary facilities are most inadequate, and numerous buildings are not fire-resistant. Understaffing is serious. Actual schooling is limited.

The buildings are so overcrowded that it is impossible to separate patients according to the various types and degrees of deficiency. The Woodward school is estimated to be 35-40% overcrowded. At Glenwood some buildings are 50% overcrowded, and present a real hazard.

It is recommended that a chief of services for the mentally deficient and retarded be established immediately in the central office. He should be trained in psychiatry, psychology and education, and have experience in an institution for the mentally deficient.

Psychiatrists should be required as superintendents of the two state schools. Each should have the assistance of an educator skilled in programs for the retarded, and in training of special teachers.

The two schools should be rapidly staffed with qualified psychiatrists, physicians, psychologists, psychiatric social workers, nurses, rehabilitation workers and teachers, in accordance with APA standards.

The physical plant of both schools must be improved to eliminate overcrowding and substandard structures.

An aggressive policy of rehabilitation, vocational training and release should be undertaken at both schools, with the objective of returning to the community all patients of IQ over 50, who are without psychosis. There are now about 700 patients in that range, in the two schools.

Epileptic patients at Woodward should be carefully re-examined and screened. Other living conditions should be found for them. Medical supervision must be made a condition of discharge or transfer, however.

A series of diagnostic centers for the deficient and retarded should be set up throughout the state. Preferably, they should be part of a

system of mental health clinics. Counseling should be available in them, both for the individual and his family.

Psychiatric Illness Among the Aging

An increasing percentage of the patients in our mental hospitals are past 65 years of age. There are two reasons for this development.

Admissions of people over 65 are growing, due to the increasing age of the general population. In Iowa, total population has grown 17% since 1900; the number of those over 65 has increased 146%. Clearly this puts a tremendous burden on services which were planned for much smaller numbers.

A more important factor is the aging of the patients living in hospitals. Each hospital has a slowly accumulated core of schizophrenic patients who are admitted during their youth or early maturity and who stay, in many cases, for the rest of their lives.

The real answer, therefore, to the problem of aging in the mental hospital population will be found when a successful means of treating schizophrenia is found. This is a major reason for intensified research.

Iowa has been using county homes for the care and treatment of aging patients. The present system should be changed. Hospital patients who are beyond the point where standard hospital treatment can benefit them can properly be discharged to a branch hospital, which might be located in a county home, but there must be hospital supervision.

Many old persons admitted to mental hospitals are able to return home after relatively brief treatment. Frequently, even when symptoms are not remitted, the illness becomes stabilized. A less highly organized environment than a hospital may then be beneficial.

In order to discharge such patients, there must be a suitable place to send them, and there must be pre-discharge social service and post-discharge supervision.

Psychiatric Services for Children

Children who are mentally disturbed or mentally ill have special needs. They are in their most formative years, when psychiatry can do the most for them, and the investment in help is most worth while.

Care should be taken to distinguish between psychiatric disturbance and the natural emotional reaction to stress. Emotions of children and adolescents are likely to be volatile. Quick to rise, they are also quick to subside. If the problems are taken care of and the special stress relieved, the emotional aspects often recede. Only if the symptoms progress

beyond the ability of the social worker, teacher, doctor, minister or other available person to deal with them, should psychiatric consultation be sought. A child or adolescent should not be made a "psychiatric case," with all that this means to a child and his parents, unless it is necessary.

The number of children in Iowa needing psychiatric service is still not known. A 1954 survey counted 1,800 during three months. It probably includes some duplication; on the other hand, such surveys usually fail to uncover some cases of need.

Certainly only a small fraction of Iowa's psychiatrically ill children are being treated.

Among existing facilities for children in Iowa, there is no place where diagnosis of children's mental illnesses is readily available. Plans for the children are frequently made without real knowledge of the causes of their behavior. Neither public nor private children's agencies are able to handle any substantial number of disturbed children.

With an appropriation from the 1955 legislature, a children's center at the University of Iowa has been begun. The amount of money is small ($160,000), and it is divided between services for disturbed and retarded children. It is hoped that additional money will be made available promptly, and that immediate steps will be taken to complete and staff the center. The out-patient services which can be provided now are inadequate; in-patient services are needed. An in-patient training and research unit at Iowa City is essential.

Plans are going ahead at the Independence Mental Health Institute to establish a true unit for children. A building is available, and a satisfactory treatment unit could be set up with relatively small investment. There is room for 50 children. This unit should be established promptly, and expanded as experience indicates.

A similar unit should be set up in the near future in the western part of the state, perhaps at the Cherokee Mental Health Institute.

Diagnostic and treatment facilities need to be expanded at various locations throughout the state, under the direction of a trained child psychiatrist.

Community Clinics

Iowa now has nine community Mental Health Centers operating primarily on local funds, with support from the Iowa Mental Health Authority. They are located in eastern and central Iowa.

Each is served by a part-time psychiatrist. The time available varies from 4 to 20 hours per week. Ordinarily the administrative director is a

psychiatric social worker, and social workers are employed full-time.

These nine clinics serve only about one-third the population of Iowa. There are 89 counties with no such facilities.

There is a large need for more psychiatric time in the existing clinics, and for more clinics throughout the state. State support is needed in addition to the federal funds now available. The clinics should be under the same direction as other state mental health services.

Special Problems

Special provision needs to be made for several special groups of patients.

PSYCHOTIC CONVICTS and persons who have been found "insane" during trial are confined in a unit of the Men's Reformatory at Anamosa. No treatment is available. The physical plant is unsatisfactory. Some of the men have been confined to cells for a period of years. The possibility of their recovery or improvement is practically nil.

A maximum security hospital unit should be especially constructed for these patients, and staffed by personnel trained in handling psychotic criminals. Adequate provision must be made for periodic re-examination of the patients. Population of the penitentiary and reformatory should be screened, and all persons with mental illness transferred to the new unit.

In the meantime, the services of a visiting psychiatrist must be provided at the present unit as soon as possible.

DELINQUENT DEFECTIVES present a major problem in various state institutions. If they are kept in a reformatory or prison they are likely to be victimized by other inmates; in state schools they are likely to be disciplinary problems.

They should be kept in a separate institution, preferably alongside the recommended unit for psychotic offenders.

SEX OFFENDERS are now handled under special provisions enacted in 1955. This method has not worked out as well as was anticipated. Among its faults are (1) it attempts to define a class of persons—"criminal sexual psychopaths"—rather than provision for those convicted of certain sex-motivated crimes and (2) little treatment is available for the offenders. The law should be revised to apply only to convicted individuals, thus disposing of the legal charges before treatment begins. Treatment space should be provided, in connection with the maximum security unit recommended for other mentally ill convicts. Perhaps half the sex offenders could be salvaged, with proper treatment.

TUBERCULAR MENTAL PATIENTS also need special arrangements. None of the state hospitals now provides adequate treatment. Isolation is not always achieved. No tuberculosis specialists are available, and patients must travel a great distance for chest surgery. Routine x-rays are carried out, however, and the incidence of tuberculosis is not as great as previously.

Active tuberculosis cases among the mentally ill should be sent to a common center, where modern drug treatment and surgery can be provided. Quarters for arrested cases, in the state hospitals, need to be modernized and improved. Very few additional beds will be needed.

Iowa needs a new unit, accommodating about 75 patients, for active tubercular psychiatric cases. It might be either at the state tuberculosis hospital near Iowa City, or in a central location alongside a general hospital.

THESE SEVERAL KINDS of special facilities could well be incorporated into a Community Mental Health Center proposed in a special plan for Polk county. This county has special problems created by the size of its population and its geographic distance from the state facilities which serve it. A new state hospital in the Des Moines vicinity is not the answer. A structure incorporating a number of separate county and community mental health functions is proposed. It is recommended that several of the state special-purpose units be created as part of this Center.

Training and Research

Iowa is far below American Psychiatric Association standards for professional staffing of its mental hospitals and schools for the mentally defective. Mental health clinics in the state are operating largely without sufficient psychiatrists and with high turnover of social workers and psychologists. Expansion of community classes or special classes for mentally retarded children in the public schools is hampered by the lack of special teachers. Trained occupational and other therapists are essentially non-existent.

Since these skills are also in short supply in other states, and Iowa cannot hope to recruit the number needed from outside the state, the only practical means of meeting its own needs is to develop adequate training facilities within the state.

The Department of Psychiatry at the State University must provide the foundation for expanded teaching and training. It will need to be expanded for this purpose.

Psychopathic Hospital has always furnished outstanding treatment as well as providing for training and research. However it has become clear that the Department of Psychiatry, which staffs the hospital, is undermanned and inadequately supported.

Training in the state must utilize and expand the combined resources of the state hospitals and clinics, the university, and whatever other facilities can be properly brought into the program. In the central office, a chief of education is needed to coordinate both training and research.

The Department of Psychiatry, in collaboration with the state hospital superintendents, has developed a plan for expanding training. It would enlarge the university's capacity to train psychiatrists, psychologists, social workers, nurses, occupational and recreational therapists, and persons skilled in electroencephalography. It also would incorporate psychiatry into the training of the general practitioner, who is considered a first line of defense against mental disorder.

This plan would use each state mental institution as a training center, and would provide in-service training for their present staffs.

Like training, research should be centered in the University, but extend to the institutions.

Expenditures for the expansion of training and research should be given top priority. This is where money will pay the biggest dividends.

Immediate Goals

The full Governor's Committee Report presents a detailed and comprehensive analysis of a wide range of mental health needs and services in Iowa. Familiarity with the details is imperative for those who wish to use the report as a basis for action. It has long range value. No problem as complex as that of the Mental Health needs of a state can be solved in any one year or biennium.

For immediate action, the Committee recommends:

(1) Reestablishment of professional leadership in the central office.

(2) Emphasis be focused on training and research at State University of Iowa and Board of Control Institutions.

(3) Hampering administrative restrictions imposed by statutes of Personnel section of Comptroller's Office be lifted by appropriate legislative action.

(4) That increased appropriations be made available to Board of Control institutions so that salaries can be raised and people attracted to new job openings, to meet minimum A.P.A. personnel requirements.

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IOWA'S MENTAL HEALTH PROBLEM: WHAT TO DO ABOUT IT!

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a statewide, non-profit, educational organization

PURPOSE: To work for the conservation of mental health, to help raise the standards of care and treatment for those suffering from mental illness, to secure and disseminate reliable information on these subjects, to cooperate with federal, state and local agencies and officials and with private agencies whose work tends to promote these objects and purposes.