

State of Iowa

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Mental Health
in a
Changing World

FOURTH BIENNIAL REPORT

Ending June 30, 1958

Iowa Mental Health Authority

State Office Building

Des Moines, Iowa

Published by
THE STATE OF IOWA
Des Moines

State of Iowa

1958

HONORABLE HERSCHEL C. LOVELESS, Governor



**Mental Health
in a
Changing World**



STATE OFFICE BUILDING

Iowa Mental Health Authority

PAUL E. HUSTON, M.D.

DIRECTOR

State Office Building

Des Moines 19, Iowa

Published by
THE STATE OF IOWA
Des Moines

LETTER OF TRANSMITTAL

Honorable Herschel C. Loveless, Governor,
and the General Assembly of Iowa

In compliance with Chapter 353, H.J.R. 10, Code of Iowa, 1947, the Iowa Mental Health Authority has the honor to present herewith the Fourth Biennial Report for the period ending June 30, 1958.

Respectfully submitted,
PAUL E. HUSTON, M.D.,
Director.

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CHAPTER I

THE NATIONAL PROGRAM

One of the most significant developments since the beginning of the mental health movement was the passage of the National Mental Health Act of 1946 by the 79th Congress. This Act, the result of long-term planning and interest of many groups, was a mark of acceptance of the belief that the problem of mental illness was the responsibility of the various states and the federal government; that state and federal governments must work cooperatively on plans for better treatment programs in the psychiatric services.

The purpose of this Act is to provide a method for financing research and training programs, and to assist the states in establishing preventive mental health programs in the community. This support takes two forms:

- (1) Granting of federal funds through grant-in-aid to states; grants to training institutions; grants for research and special projects.
- (2) Providing professional and technical services when requested.

Research Center

The National Institutes of Health, the largest medical research center in the world, are located at Bethesda, Maryland. These Institutes are administratively under the Department of Health, Education and Welfare, U. S. Public Health Service. The National Institute of Mental Health is one of the National Health Institutes. Some of the most significant research into the causes and treatment of mental illness is being conducted at the Clinical Center of the National Institute of Mental Health.



**National Institutes of Health
Bethesda, Maryland**

Administration

The Director and Chief of the various branches of the National Institute of Mental Health are as follows:

- Robert H. Felix, M.D., Director
- Joseph M. Bobbitt, Ph.D., Assistant Director
- Robert Livingston, M.D., Director of Basic Research
- Robert A. Cohen, M.D., Director of Clinical Investigations
- Morton Kramer, Ph.D., Chief of Biometrics Branch
- Curtis G. Southard, M.D., Chief, Community Services Branch
- Joseph M. Bobbitt, Ph.D., (Until a successor is appointed)
Chief, Professional Services Branch
- Mr. Philip Sapir, Chief, Research Grants and Fellowships
Branch
- Seymour D. Vestermark, M.D., Chief, Training and Stand-
ards Branch
- Harold P. Halpert, Chief, Publications and Reports

Community Services Branch

The Community Services Branch of the National Institute of Mental Health is the agency which allocates funds to the Iowa Mental Health Authority.

The Staff of the Community Services Branch is as follows:

- Curtis G. Southard, M.D., Chief, Community Services Branch
- Robert T. Hewitt, M.D., Chief, Hospital Consultation Ser-
vices
- Jerry W. Carter, Jr., Ph.D., Chief Clinical Psychologist
- Warren C. Lamson, Chief Psychiatric Social Worker
- Pearl R. Shalit, R.N., Chief Mental Health Nurse
- Harold M. Skeels, Ph.D., Chief, Program Evaluation and
Research Section
- Paul H. Stevenson, M.D., Consultant on Alcoholism
- William G. Hollister, M.D., Consultant, Mental Health in
Education
- Thomas Gladwin, Ph.D., Social Science Consultant
- Jack Wiener, Mental Health Program Analyst
- Harold M. Hildreth, Ph.D., Clinical Psychologist, Hospital
Consultation Service
- Mrs. Ruth I. Knee, Psychiatric Social Work Consultant,
Hospital Consultation Services
- Tirzah Morgan, R.N., Psychiatric Nurse Consultant, Hospi-
tal Consultation Services
- Richard S. Ball, Ph.D., Executive Secretary, Mental Health
Project Grants
- Review Committee
- Stanley F. Yolles, M.D., Director, Mental Health Study Cen-
ter
- Robert S. Shellow, Ph.D., Psychologist, Mental Health Study
Center
- Joseph B. Margolin, Ph.D., Chief Psychologist, Mental
Health Study Center

Herbert R. Rooney, Chief Psychiatric Social Worker, Mental Health Study Center
Arden A. Flint, M.D., Staff Psychiatrist, Mental Health Study Center
Mrs. Adele Diefenbach, Mental Health Nurse, Mental Health Study Center
Mrs. Grace M. Schoner, Psychiatric Social Worker, Mental Health Study Center

The Community Services Branch provides consultation to the Mental Health Authorities, state hospitals, and training and research facilities in each state through the Mental Health Section of the Regional Offices of the United States Public Health Services. Service to Iowa, and six other states, is provided from Region VI, United States Public Health Service, Kansas City, Missouri. Personnel in the Mental Health Section of Region VI is as follows:

Lewis H. Hoyle, M.D., Regional Medical Director
Lucy D. Ozarin, M.D., Chief, Mental Health Services
Samuel L. Buker, Ph.D., Consultant, Clinical Psychology
Mary Belle Roberts, M.S.W., Consultant, Psychiatric Social Work

Joint Commission on Mental Illness and Health

As the public demand for adequate care for the mentally ill and mentally deficient has increased, it has pointed out the necessity of taking a realistic look at the entire mental health picture. It was realized that we need more comprehensive knowledge about:

1. Mental Health needs
2. Current resources
3. Methods of financing and administering mental health programs
4. Assessment of current practices related to prevention and treatment
5. The definitive role of various professional and non-professional persons engaged in mental health activities, and other similar areas.

In an effort to answer some of these questions, twenty organizations combined to form the Joint Commission on Mental Illness and Health. Congress adopted the Mental Health Act of 1955 to make possible such a study by the Commission and authorized the National Institute of Mental Health to make three annual grants totaling \$1,250,000.00 for its support. Private grants supplement the federal allocation. According to the timetable of the Commission, the staff hopes to present its final report to the Joint Commission by July 1, 1959. The Joint Commission then will review the document and make its report to Congress, the Surgeon General and the Governor of several states.

Appropriations

For 1957-58, Congress voted \$39,217,000.00 to the National Institute of Mental Health. This sum is four million dollars above the sum recommended by the administration. This increase will be used primarily for research and training programs. Approximately a million and a half of this increase is being used for research grants and research fellowships, with particular emphasis upon evaluating the usefulness and limitation of tranquilizing drugs. The remainder is being used by the Training Grants Program of the National Institute of Mental Health.

Special Projects Grants

Under an amendment to the Public Health Service Act, the Surgeon General was authorized to award grants for special mental health projects. These grants are made upon the recommendation of the National Advisory Mental Health Council and application is made to the National Institute of Mental Health. The purpose of the Mental Health Project Grants is to support the development of improved methods relating to the care, treatment and rehabilitation of the mentally ill, including the development of improved methods of operation and administration of State Mental Institutions. Grants may be made to institutions, both public and private and to groups and individuals.

Technical Assistance Funds

In order to extend the consultation and technical assistance now provided to states through mental health consultants, Technical Assistance funds of the Community Services Branch were made available to states. These funds are not intended to support activities ordinarily carried out by either grant funds or state funds. The funds are to be used for technical mental health conferences which could be duplicated in other states. The Iowa Mental Health Authority was awarded technical assistance funds for the Training Seminar, "Rehabilitation and Post Hospital Care for the Mentally Ill," Ames, Iowa, which was held in March, 1957.

CHAPTER II

THE MENTALLY ILL IN IOWA

The prevalence of mental and emotional illness in Iowa, as elsewhere, is an elusive fact. No available data describes accurately the extent of the problem, nor do we seem to have the criteria or method for counting all instances of mental and emotional illness. Though we know that approximately 20,000 individuals in a given year are registered as patients of mental hospitals and clinics, in Iowa, such figures do not include the many sick people needing service but who are not receiving it. This figure does not include those who are being seen in the offices of the 70 physicians practicing psychiatry, nor does it include those individuals with mental and emotional problems who are known to general practitioners, pediatricians, social workers, ministers, courts and other social and medical agencies.

FEDERAL FACILITIES

Veterans' Administration Hospitals

The Veterans' Administration Hospital at Knoxville is devoted exclusively to the care and treatment of neuropsychiatric veterans. This hospital has a bed capacity of about 1,500.

Two other general hospitals of the Veterans' Administration, located at Des Moines and Iowa City, maintain psychiatric beds for 115 veterans.

STATE FACILITIES

Mental Health Institutes, Schools for Mentally Deficient and Epileptic

The four Mental Health Institutes and the two Schools for the mentally deficient and epileptic are operated by the Board of Control. Continued efforts by the Board of Control toward developing these institutions into intensive treatment facilities have been significant.

The use of tranquilizing drugs has effected certain changes in the hospital populations: some individuals are able to remain out of the hospitals on tranquilizing drugs that previously would have been hospitalized; the length of hospitalization has tended to decrease; larger numbers are being placed on convalescent leave, and at an earlier date, than was previously possible.

In addition to the impact of psychopharmacology, increased emphasis on the development of local community services of a preventive and early treatment nature has been advocated by the Board of Control. Through such developments, the hospitals are better able to concentrate on providing intensive therapies for those individuals who can only be helped through hospitalization. The recent acquisition of additional trained and skilled staff has been a significant factor in the Board of Control's effort to raise standards and provide high quality, intensive treatment in the hospitals.

As of January 1958, a Director of Mental Institutions was employed to direct and coordinate the programs of the four Mental Health Institutes. Additional increases in professionally trained personnel and qualified staff has followed.

As of June 30, 1957, there were 6,177 patients for whom the four Mental Health Institutes were responsible. At one time 4,935 were in residence and 1,242 were on convalescent leave or otherwise absent from the hospitals. County homes were caring for 2,351 patients at that time, most of whom were transferred from Mental Health Institutes. At this time, there were 70 inmates in the Department for the Insane at the Men's Reformatory, Anamosa.¹

On the same date, there were 1,283 mentally deficient and 424 epileptics in residence at the Woodward State Hospital and School, with 45 mentally deficient and 23 epileptics on convalescent leave. There were 1,758 mentally deficient in Glenwood State School and 133 on convalescent leave.¹

Psychopathic Hospital, Board of Regents

Psychopathic Hospital, administratively under the Board of Regents, is the psychiatric training and research hospital of the School of Medicine, State University of Iowa. Patients from the entire state may receive inpatient or outpatient services. Psychopathic Hospital has a bed capacity of 60. For the year previous to July 19, 1957, 293 patients were admitted. The Director of Psychopathic Hospital also serves as Director of the Iowa Mental Health Authority.

Recently, the Board of Control joined with Psychopathic Hospital in developing a five year residency training program in psychiatry. Under such a plan, psychiatrists in training would spend half of their residency at Psychopathic Hospital and half in one of the Mental Health Institutes. This special residency program is designed to help supply trained psychiatrists for state institutions.

COUNTY FACILITIES

Broadlawns Polk County Hospital

Broadlawns Polk County Hospital is a general hospital with a psychiatric unit. Both short-term inpatient service and outpatient service are provided. 519 patients were admitted during 1957; 184 patients were seen in the outpatient clinic during this time.

PRIVATE MENTAL HOSPITALS

There are four private mental hospitals in Iowa with a total bed capacity of 539 beds. As reported July 1, 1957, these four private psychiatric hospitals had admitted a total of 2,050 patients in the preceding year.

¹ Figures reported by statistician, Board of Control.

Additional professional staff in these private hospitals has also been a factor in expanding and strengthening services. As in the public mental hospitals, the treatment through psychopharmacological methods has affected certain changes and trends in hospital populations and discharge rates.

GENERAL HOSPITALS WITH PSYCHIATRIC UNITS

Since the publication of the last Biennial Report, additional psychiatric units in general hospitals have been opened. At the present time there are ten¹ private general hospitals with psychiatric units and three public general hospitals, (two Veterans' Administration general hospitals and Broadlawns Polk County Hospital) with such units. Of the private general hospitals having psychiatric units, their total bed capacity is about 340. During 1957, approximately 2,557 patients were admitted to these units.

¹ Includes Ottumwa General, to open September 1, 1958.

TABLE I

Psychiatric Hospital Facilities in Iowa¹

July 1, 1957

Government Hospitals (Federal)

Veterans' Administration Hospital, Knoxville 1,500

State Hospitals

Mental Health Institutes and State Schools (Board of Control)

Cherokee Mental Health Institute	1,272
Clarinda Mental Health Institute	1,246
Independence Mental Health Institute	1,080
Mt. Pleasant Mental Health Institute	1,208
Criminally Insane, Anamosa	70
Glenwood State School	1,688
Woodward State Hospital and School	1,790

Total..... 8,354

Board of Regents

Psychopathic Hospital, Iowa City 60

County Facilities

County Homes² 2,400

Private Mental Hospitals

St. Bernards Hospital, Council Bluffs	200
Davenport Psychiatric Hospital, Davenport	59
St. Joseph Sanitarium, Dubuque	230
Hillcrest, Des Moines	50

Total..... 539

General Hospitals (Private & Public) with Psychiatric Units

Broadlawns Polk County Hospital, Des Moines	19
Veterans Administration Hospital, Des Moines	40
Veterans Administration Hospital, Iowa City	75
Allen Memorial Hospital, Waterloo	11
Iowa Methodist Hospital, Des Moines	26
Mercy Hospital, Burlington	3
Methodist Hospital, Sioux City	19
St. Joseph Mercy Hospital, Sioux City	30
St. Joseph Mercy Hospital, Clinton	4
St. Luke's Methodist Hospital, Cedar Rapids	34
St. Joseph Mercy Hospital, Mason City	16
Mercy Hospital, Davenport	35
Ottumwa General Hospital	25
	Total..... 337
	Grand Total.....13,190

¹ Figures represent **beds** only, not patients. Figures primarily based on "Iowa Hospital Plan, Tenth Revision, July 1, 1957", Division of Hospital Services, State Department of Health.

² Estimate 1957.

TABLE II

Cost for Patient Care

Operating costs for the four state Mental Health Institutes from July 1, 1956 through June 30, 1957 ¹	\$ 6,375,642.00
Costs of operation for the two Schools for mentally deficient from July 1, 1956 through June 30, 1957 ¹	3,784,529.00
Supporting mental patients now in county homes or under nursing care costs more than one million dollars ²	1,000,000.00
Maintaining inmates of the Department for Criminal Insane ²	70,000.00
Total cost for operating Psychopathic Hospital, including inpatients, teaching, research, etc. ³	680,821.00
Budget of Veterans Administration Hospital, Knoxville. Also, care in Veterans Administration Hospital in Iowa City and the Mental Hygiene Clinic is included ²	4,871,117.00
Approximate cost of operation of four private psychiatric hospitals ²	1,500,000.00
Approximate cost of psychiatric patients in general hospitals ²	500,000.00
Budgets for operation of ten Community Mental Health Centers, 1957-1958 ³	349,393.00
	Total.....\$19,131,502.00

¹ Figures released by Board of Control.

² Figures from "What Are the Facts About Mental Illness in Iowa", Iowa Association for Mental Health, June 1956, p. 4.

³ Figures released by Iowa Mental Health Authority.

CHAPTER III
PSYCHIATRIC CLINICS IN IOWA

One of the significant trends in the development of local resources for preventive service and early treatment is the expansion of outpatient services. Such clinics offer the possibility of reaching individuals who are treatable on an outpatient basis and who, because of outpatient treatment, may not require hospitalization. Clinics, in addition to direct treatment functions, offer diagnostic services to supporting health and welfare agencies, provide programs of research, training and mental health education.

Each year, increasing numbers of patients are seen in the outpatient clinics. There is increased interest in new areas for establishing this type of service in the local communities. Several of the Mental Health Institutes offer outpatient services. The most recent figures reported by the Veterans Administration Mental Hygiene Clinic, Outpatient Clinic of Psychopathic Hospital, Broadlawns Outpatient Clinic and the ten Community Mental Health Centers indicate that nearly 7,000 patients were seen annually.

TABLE III
Patient Served in Psychiatric Clinics in Iowa
July 1, 1956 to June 30, 1957

	Source of Support ²	Patients
Veterans Administration Outpatient Clinic	F	389
Broadlawns Polk County Hospital Outpatient Clinic, Des Moines	C	184
Psychopathic Hospital Outpatient Clinic	S	3,700
Mental Health Institute Outpatient Clinic Independence	S	175
Community Mental Health Centers	F C P	
Black Hawk County Mental Health Center	F C P	400
Bremer County Child Guidance Center	F C P	50
Des Moines Child Guidance Center	F C P	538
Des Moines County Mental Health Center	F C P	181
Lee County Mental Health Center	F C P	179
Linn County Mental Health Center	F C P	588
Marshall County Mental Health Center ¹	F C P	0
Mental Health Center of North Iowa	F C P	156
Northeast Iowa Guidance Center	F C P	117
Scott County Mental Health Center	F C P	263
Total.....		6,920

¹⁻² Marshall County Mental Health Center was not open during this period.

S—State
F—Federal
C—County tax
P—Private

CHAPTER IV

THE IOWA MENTAL HEALTH AUTHORITY

The accomplishments of the Iowa Mental Health Authority have contributed to great changes in Iowa's mental health program.

What was the Iowa program a decade ago?

Previous to 1947, the Iowa Mental Health Program included treatment and custodial care in the four state mental hospitals, treatment in Psychopathic Hospital, Iowa City, and at the Veterans Hospital, Knoxville. There were three private mental hospitals. On the local level there were three mental clinics—the Des Moines Child Guidance Center, established in 1936, the Veterans Administration Mental Hygiene Clinic, Des Moines, established in 1945, and the Outpatient Clinic, Psychopathic Hospital, established 1921.

There was only one psychiatric unit in a general hospital which was at Mercy Hospital, Davenport. A relatively few people promoted the Iowa Society for Mental Hygiene, and there was no paid staff or central office.

What changes are now on the horizon?

As previously indicated in this report there are four state mental hospitals, with better qualified professional staff and more adequate treatment facilities. Since the Survey by the American Psychiatric Association there is much interest in legislation for a Department of Mental Health. Increased appropriations are making it possible for Psychopathic Hospital to expand its treatment, training, and research facilities. A much needed addition to Psychopathic Hospital is a building for emotionally disturbed and mentally deficient children, as well as space for training and research.

There are now four private mental hospitals and thirteen general hospitals with psychiatric units. These **new** units reflect the progress and forward look in the great changes in treatment for the mentally ill.

In the state there are fourteen clinics for treatment of emotionally disturbed children and adults. Ten of these mental health centers are sponsored by the Iowa Mental Health Authority, and four other clinics give outpatient service. The Division of Maternal and Child Health, Iowa State Department of Health, cooperates with the Department of Pediatrics, University Hospital, and Psychopathic Hospital in a clinic for emotionally disturbed and mentally deficient children.

The Iowa Association for Mental Health, under the direction of Miss Paula Robinson, has become a positive force for leadership in mental health education, legislation, and standards for better treatment and care for mentally ill in Iowa.

How are these changes in Iowa a reflection of national trends?

At the annual meeting of the American Psychiatric Association May 1958, the president, Harry C. Solomon, M.D., said

"The care of the long term mentally ill remains one of the great challenges we have failed to meet and must attack anew." To supplant the huge public mental hospital, Dr. Solomon proposed:

"Moderate sized homes or colonies for the large number of patients who will not respond to treatment until medical science advances further.

The acutely ill who respond readily to treatment should be given care by psychiatric units in community general hospitals, by private practitioners, outpatient clinics and day or night hospitals treating patients while they work or live in the community."

What is the role of the Iowa Mental Health Authority in this changing scene?

The Iowa Authority, established by legislation April 8, 1947, is under the direction of Paul E. Huston, M.D., Director of Psychopathic Hospital, Iowa City, Iowa. The following Advisory Committee, which meets quarterly, is responsible "for formulating policies, directing projects and disbursement of funds:"

Paul E. Huston, M.D., Director
Psychopathic Hospital, Iowa City
Edmund G. Zimmerer, M.D., Commissioner
State Department of Health, Des Moines
James O. Cromwell, M.D., Director
Mental Institutions, Board of Control, Des Moines
Robert C. Lappen, Chairman
Board of Control, Des Moines
H. C. Merillat, M.D., Medical Director
Hillcrest Hospital, Des Moines

Although the Director of the Program, Paul E. Huston, M.D., has his office at Psychopathic Hospital, Iowa City, there is a central office located adjacent to the State Department of Health, State Office Building, Des Moines. Staff consists of the following personnel:

Mrs. M. Opal Fore, Executive Director
Robert W. Spaulding, Consultant, Psychiatric Social Work
Mrs. Alda Smith, Secretary
Mrs. Marguerite Gurnsey, Audio-Visual secretary.

Considering the breadth of the program the staff has remained relatively small. While the State of Iowa makes no direct appropriation to the Authority, office space and many services have been made available which have strengthened the program. The various Divisions of the State Department of Health have generously cooperated through compiling statistical data, processing all personnel files and financial accounts, in addition to consultation from health education, hospital and nursing divisions. There is a cordial and friendly relationship with the Executive Council, Printing Board, Comptroller, Auditor and other officials.

Support

Federal Funds:

The Iowa Mental Health Authority has continued to operate since it was established with support from federal funds administered by the United States Public Health Service, Department of Health, Education, and Welfare.

The following allocations of federal funds have been made:

Year Ending	Original Grant	Additional Grant
June 30, 1948	\$57,000.00	\$
June 30, 1949	59,707.00	15,592.94
June 30, 1950	62,900.00	13,830.90
June 30, 1951	54,700.00	6,495.48
June 30, 1952	49,400.00	3,279.91
June 30, 1953	49,000.00	2,094.76
June 30, 1954	35,200.00	1,584.33
June 30, 1955	34,500.00	1,212.94
June 30, 1956	45,600.00	
June 30, 1957	46,200.00	18,061.72
June 30, 1958	60,100.00	

County Funds for Psychiatric Examination and Treatment

Twice the Iowa General Assembly has recognized the value of community clinics. In 1951 permissive legislation (Code of Iowa 1954 Chapter 239, Sec. 230.24) was passed enabling boards of supervisors to appropriate money from the County Insane Fund for psychiatric examination and treatment. In 1957 this legislation was amended enabling supervisors to levy directly an additional tax of 3/8 mill for psychiatric examination and treatment of persons in a Community Mental Health Center.

The Program

Through the U.S.P.H.S. grant-in-aid regulations, the Authority is committed to a preventive mental health program. Concepts of prevention are changing, but there is still recognition of the value of early treatment in community mental health centers. Training and research, special projects in the etiology of mental illness, and evaluation of programs are now considered of greater importance.

Mental Health Education

Another trend is the important contributions made by the schools, health and welfare agencies, courts and other officials. Community Research Associates, 124 E. 40th Street, N.Y., has published reports which seem to indicate if mental illness is prevented it may be through the increased knowledge, skill and sensitivity of teachers and child welfare workers in their understanding of disordered behavior.

Preventive Psychiatry in Public Schools

Since the inception of the program this project has had some support from the Iowa Mental Health Authority. Under the direction of Ralph Ojemann, Ph.D., Child Welfare Research Station, University of Iowa, teachers are taught the causes of disordered behavior and how to reduce the incidence of behavior difficulties. There is annually a summer workshop for teachers and school administrators.

Institutes

Fifty institutes and seminars, attended by three thousand eight hundred and fifty-seven persons, have been sponsored. The Seminar on "Rehabilitation and Post Hospital Care for the Mentally Ill," Iowa State College, Ames, March 1957, stimulated much interest in planning for patients on convalescent leave. Faculty for this Seminar included staff from the National Institute of



Faculty for Seminar

"Post Hospital Care for the Mentally Ill"
Iowa State College, Ames, Iowa

From left to right: Paul E. Huston, M.D., Geraldine Busse, R.N., Max E. Pepernik, M.D., Thaddeus P. Krush, M.D., Mrs. Ruth I. Knee, Robert L. Leon, M.D., Mary Belle Roberts.

Mental Health, Bethesda, Md., Region VI, United States Public Health Service, Kansas City, Mo., Nebraska Psychiatric Institute, Omaha, Nebr., Psychopathic Hospital, Iowa City, Ia., and the Iowa State Department of Health, Des Moines, Ia. The boards of directors of the Mental Health Centers met for an Institute at Iowa City April 18, 1958.

Audio-visual Media

From the Film Library, ninety-nine mental health films are circulated for over a thousand meetings annually. About sixteen thousand pamphlets are distributed, largely at group meetings and thus made available to a vast number of Iowa citizens.

Speakers' Bureau

Throughout the years there has been close cooperation with many professional and lay groups over the state. Speakers are furnished for meetings of Farm Bureaus, Parent-Teachers Associations, Iowa Federation of Womens' Clubs, League of Women Voters, Health Councils, Service Clubs, Health and Welfare meetings.

Publications

Reports are published from time to time of various institutes and seminars. A Statistical Report is published annually, a Directory of Psychiatric Facilities and a Biennial Report at regular intervals.

Future

It is planned to add a Psychiatrist to the staff of the Psychopathic Hospital to serve as a consultant to professional groups, state departments and agencies, and give supervision of the treatment programs for all the mental health centers.

CHAPTER V
MENTAL HEALTH CENTERS SPONSORED
BY THE IOWA MENTAL HEALTH AUTHORITY

There are now ten mental health centers, located chiefly in central, northern and eastern Iowa. Eight centers serve only one county; one center has incorporated a six county unit, another center serves two counties. There is a strong trend toward clinics serving a larger area. (See Location, Area and Population served see page 21.) There is interest in several strategic new areas but staff is not readily available.

The Clinic Team

These clinics are all open full time. There are twelve psychiatrists, all members of the American Psychiatric Association, who serve as medical directors for the centers and are in private practice in the community.

The Iowa Mental Health Authority has long realized the need for more psychiatric service in all the clinics. The "Committee on Mental Health" of the Iowa State Medical Society has recommended more psychiatric time especially in new centers.

There are sixteen social workers, thirteen have completed graduate training, (masters degree) in accredited schools of social work. The remaining three have graduate professional training. There are thirteen psychologists, all of which have their master's degree. Of this number two hold doctorate degrees in clinical psychology.

LOCATION, AREA AND POPULATION SERVED

JULY 1, 1957

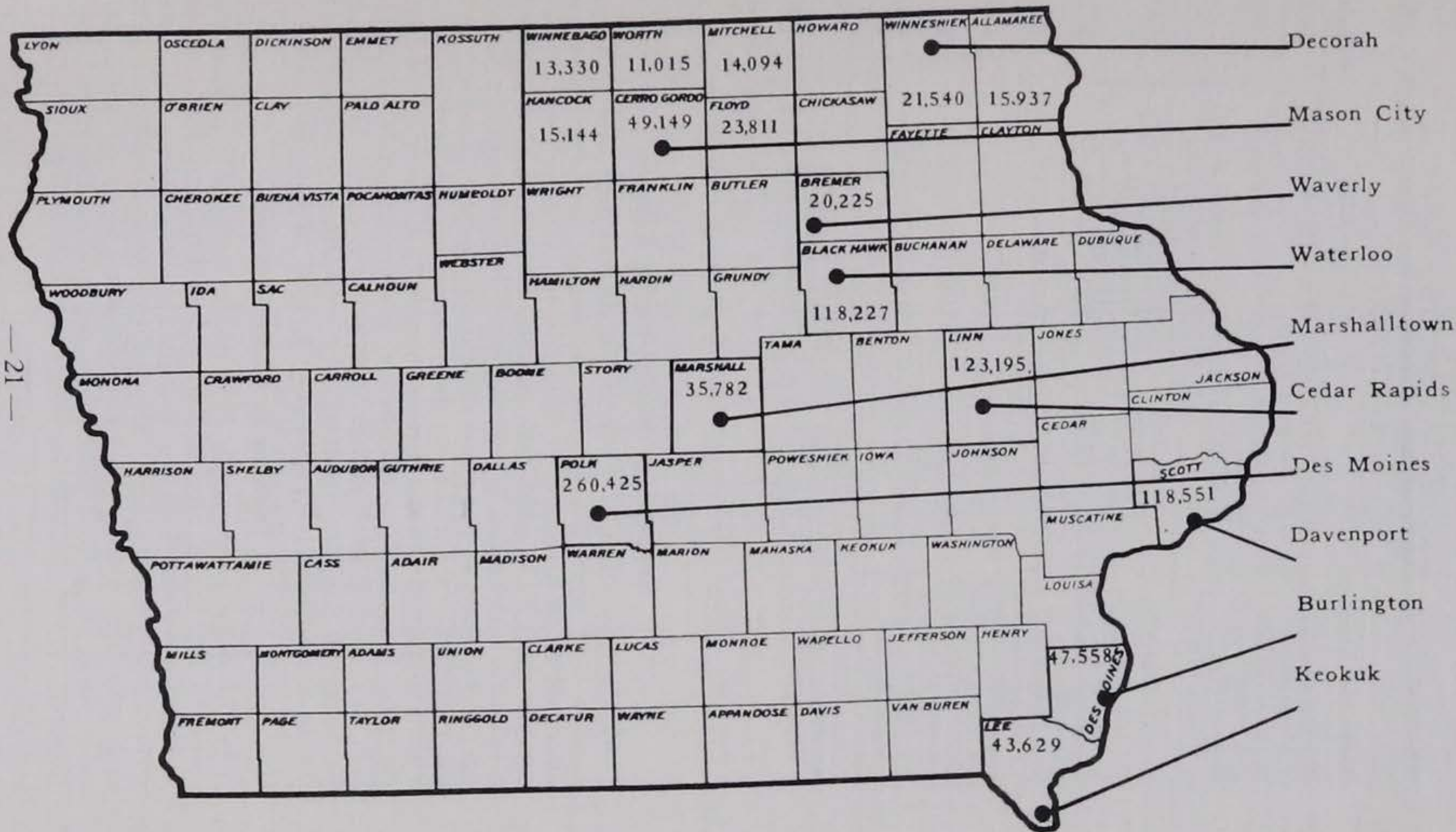


TABLE IV

Location, Area and Population¹ Served in Ten Mental Health Centers
July 1, 1957

Name and Location	County Area	Population
Black Hawk Co. Mental Health Center Waterloo	Black Hawk County	118,227
Bremer Co. Child Guidance Center Waverly	Bremer County	20,225
Mental Health Center of North Iowa Mason City	Cerro Gordo County Hancock County Floyd County Winnebago County Worth County Mitchell County	126,543
Des Moines Child Guidance Center Des Moines	Polk County	260,425
Des Moines Co. Mental Health Center Burlington	Des Moines County	47,558
Lee County Mental Health Center Keokuk	Lee County	43,629
Linn Co. Mental Health Center Cedar Rapids	Linn County	123,195
Marshall Co. Mental Health Center Marshalltown	Marshall County	35,782
Scott County Mental Health Center Davenport	Scott County	118,551
Northeast Iowa Guidance Center Decorah	Winneshiek and Allamakee Counties	37,447
TOTAL		931,582

¹ Population estimated—Division of Vital Statistics July 1, 1956.

Support for Mental Health Centers

As the allocation of Federal Funds declined and more new centers were opened a smaller percentage of federal funds was allocated to each center. Fortunately the Community Chests increased their allocations realizing the Centers were contributing a valuable service to patients and also in consultation with other agencies. Likewise the general publicity on the changing trends for treatment of patients in the community, encouraged supervisors to support these centers, hopefully to later avoid higher costs for long time custodial care in state hospitals. Gifts from industry, professional groups, the general public and also fees paid by the patients substantially contribute to support. (See Table V Sources of Income July 1, 1957 to June 30, 1958.)

Changes in Clinic Services

In the fiscal year ending 1954, there were 1,648 patients who came to the seven clinics then established and 58% of these patients were children. In the fiscal year, ending 1957, there were 2,472 patients who came to the nine established clinics and only 50% were children. It seems evident as clinics serve more rural areas, and patients travel farther, there are proportionately fewer children served. (See Table VI).

TABLE V
Tentatively Estimated
SOURCES OF INCOME

Mental Health Centers Sponsored by I.M.H.A.
July 1, 1957 to June 30, 1958

CENTER	TOTAL	TAX FUNDS			COMM. CHEST	OTHER GIFTS	FEES
		Fed. ³ I.M.H.A.	City County Schools	Other State Dept's.			
Black Hawk County	\$ 48,765.00	\$ 2,000.00	\$ 22,946.00		\$ 13,965.00	\$ 2,354.00	\$ 7,500.00
Bremer County	15,775.00	1,000.00	3,800.00	1,200.00	2,425.00	7,050.00	300.00
Des Moines Child Guidance	63,874.00	2,800.00	6,000.00		50,324.00		4,750.00
Des Moines County	18,094.00	2,000.00	7,000.00		7,500.00		1,594.00
Lee County	23,130.00	2,000.00	9,480.00		7,500.00	3,650.00	500.00
Linn County	63,798.50	2,000.00	31,422.50		27,000.00	376.00	3,000.00
Marshall County ¹	20,325.00	2,000.00	9,600.00			7,225.00	1,500.00
Mental Health Center of North Iowa ²	31,213.00	2,000.00	22,100.00		2,000.00	4,113.00	1,000.00
Northeast Iowa Guidance Center	20,250.00	2,000.00	9,500.00	600.00	1,000.00	6,050.00	1,100.00
Scott County	44,168.50	2,000.00	28,940.00		11,428.50		1,800.00
TOTAL	\$349,393.00	\$19,800.00	\$150,788.50	\$1,800.00	\$123,142.50	\$30,818.00	\$23,044.00

¹ Marshall County Budget is for only 9 months.

² North Iowa Mental Health Center includes Cerro Gordo, Hancock, Floyd, Mitchell, Winnebago and Worth Counties.

³ Federal—I.M.H.A.—support is always higher than estimated as other funds are provided as available.

Support	Amount	% of Total
1. Tax Funds		
Federal—I.M.H.A.	\$ 19,800.00	5.67%
City, County, Schools	150,788.50	43.16%
Other State Dept's.	1,800.00	0.52%
2. Comm. Chest	123,142.50	35.24%
3. Other Gifts	30,818.00	8.82%
4. Fees	23,044.00	6.60%
TOTAL	\$349,393.00	100.00%

TABLE VI

PATIENTS SERVED IN CLINICS SPONSORED BY IOWA MENTAL HEALTH AUTHORITY
July 1, 1956 to June 30, 1957

CENTER	Carried over			New			Reopened			Recurrent			Case Load			Closed			Continued		
	Tot.	Ch.	Ad.	Tot.	Ch.	Ad.	Tot.	Ch.	Ad.	Tot.	Ch.	Ad.	Tot.	Ch.	Ad.	Tot.	Ch.	Ad.	Tot.	Ch.	Ad.
Black Hawk Co. M.H.C.	145	50	95	236	59	177	19	2	17	13	3	10	400	111	289	183	47	136	230	67	163
Bremer Co. Ch. Guid. Center ..	32	23	9	14	8	6	4	4	0	2	2	0	50	35	15	33	30	3	19	7	12
Des Moines Child Guidance Center	178	178	0	294	288	6	66	66	0	1	1	0	538	532	6	314	308	6	225	225	0
Des Moines Co. M.H.C.	80	22	58	90	36	54	11	7	4	0	0	0	181	65	116	17	4	13	164	61	103
Lee County M.H.C.	63	30	33	109	33	76	7	4	3	1	0	1	179	67	112	82	38	44	98	29	69
Linn County M.H.C.	277	88	189	266	89	177	45	10	35	26	10	16	588	187	401	392	114	278	222	83	139
M.H.C. of North Iowa	20	11	9	134	56	78	2	0	2	1	0	1	156	67	89	56	24	32	101	43	58
Northeast Iowa Guid. C.	21	8	13	92	25	67	4	1	3	3	2	1	117	34	83	56	23	33	64	13	51
Scott County M.H.C.	59	38	21	173	89	84	31	20	11	4	2	2	263	147	116	189	93	96	78	56	22
TOTALS	875	448	427	1408	683	725	189	114	75	51	20	31	2472	1245	1227	1322	681	641	1201	584	617

What Services are Provided?

An examination of the types of services offered by the Community Mental Health Centers indicates a varied pattern of mental health services. These services can be summarized as diagnostic, treatment and "other" services.

A diagnostic study precedes any treatment offered to a patient. Many patients are referred by physicians, social workers, teachers and other professional services for diagnostic study only. In such instances, the referral source may continue to work with the person, using the new insights and understanding which the diagnostic service of the Center has provided.

Treatment of emotional and adjustment problems of both children and adults is offered by the Centers. The type or choice of treatment methods and services is based on the individual needs of each patient. The amount of staff time devoted for only treatment service varies somewhat among Centers. Factors related to the nature of the professional community and their demands for different types of mental health services, the sources of referral, and the size, training and experience of the staff account for part of this variance. However, the figures indicate that of all the patients being served by the ten Community Mental Health Centers, the majority are seen for treatment service.

Services classified as "other" include a variety of staff services which are not direct treatment or diagnostic service. Typical examples of "other" services are:

1. Follow-up care of patients on convalescent leave from Mental Health Institutes who receive other than treatment service.
2. Referral service to a more appropriate agency.
3. Consultation to other health and welfare facilities, and to other professional persons.
4. Intake interview only.

While not a direct service, all Centers participate in programs or projects of mental health education and some Centers are involved in accredited training programs for physicians, social workers, and psychologists.

What are the sources of referral?

Referrals are received in the Community Mental Health Centers from a variety of sources. No Center limits its acceptance of referrals to any one source or groups of sources.

Approximately three in ten patients come to the ten Centers of their own volition or at the suggestion of relatives. The second greatest source of referrals, ranking almost as high as the primary source, is from physicians. Other Health and Welfare facilities rank third and schools, courts, and similar professional resources contribute significant number of referrals.

What are the Diagnoses?

A study of closed cases which received diagnostic service indicates the the largest number of patients were diagnosed as "Transient Situational Personality Disorder." This term refers to a temporary personality or behavior disorder. This might be anticipated as over half of these cases studied were children and this diagnosis is, in reports throughout the country, the most frequently made diagnosis of all children's disorders. Adults receiving diagnostic service were most frequently found to be in "Psychoneurotic" diagnostic group.

The second largest diagnostic category represented, including children and adults, was the classification of "Personality Disorder." This term implies a deep seated disturbance which usually represents a lifelong pattern of action or behavior and which produces minimal distress in the patient.

Of all patients, including children and adults, almost three times as many psychoneurotics as psychotics were seen.

Why do people come to these Centers?

All people, children as well as adults, have difficulties at times: unrealistic fears and worries, tantrums, nervous mannerisms, learning problems, inability getting along with other, etc. When such problems represent persistent and prolonged difficulties, trained persons can often help such individuals toward a better and happier adjustment by getting at the source and working out effective ways of handling it. The basic staff of the Center, composed of psychiatrists, social workers, and psychologists, often use other resources to help the troubled person. The staff cooperates with social agencies, schools, courts, physicians, parents and other relatives in trying to utilize all available resources.

The types of problems are many: children who are having difficulties in school, troubled adolescents, parents concerned about the development and behavior of their children, fearful and confused adults, depressed people, and individuals on convalescent leave from mental hospitals who need help and support in re-establishing themselves in their community.

It is these people that the Community Mental Health Centers serve.

BLACK HAWK COUNTY MENTAL HEALTH CENTER

1028 Headford Avenue, Waterloo, Iowa

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Monica Daley

¹ Resigned June 1, 1958.

The Black Hawk County Mental Health Center has seen a continuous growth in its program, number of patients seen, types of services, the size of staff, and community support since it opened March 21, 1950. Since 1952, Dr. W. A. Tice has served continuously as the Medical Director.

The original staff was composed of one part-time psychiatrist, a psychiatric social worker and a part-time clinical psychologist. The staff now consists of three part-time psychiatrists, three full time psychiatric social workers, and one full time and one part-time clinical psychologist. Current plans include recruiting another full time psychologist and psychiatric social worker; efforts are also being made to secure additional psychiatric time. In spite of the significant increase in professional staff time, the Center continues to be unable to offer immediate service to their large demand for service by the community.

In addition to direct services offered to patients, the Center participates in an active community program of mental health education and offers consultation to other health and welfare agencies in the community. Successful efforts have been made to introduce group therapy, for both children and adults, as an additional treatment tool. Starting in the fall of 1958, the Center will serve as a field work placement for advanced psychiatric social work students from the Graduate School of Social Work, State University of Iowa. A recent innovation in program has been the introduction of discussion groups about mental health concepts which is being conducted with two groups of teachers in the public elementary schools.

In January 1958, the Center moved from the Eleventh Street location into new quarters in the recently completed Community Services Building on Headford Avenue. This new and modern structure houses several other community health and welfare agencies and has helped facilitate communication and strengthen relationships among these agencies.

CHILD GUIDANCE CENTER FOR BREMER COUNTY
Lutheran Children's Home, Waverly, Iowa

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The Child Guidance Center for Bremer County was opened September 15, 1952. It is an outpatient service of the Lutheran Children's Home Society, Waverly, Iowa.

While children are admitted to the home from many counties in Iowa, funds are allocated by the Iowa Mental Health Authority specifically to serve children of Bremer County. This being the service of a Community Clinic, an executive committee takes some responsibility for policies and promoting the Center. Psychological services are furnished by the Division of Child Welfare of the State Department of Social Welfare. As is true for all other Mental Health Centers, the Bremer County Board of Supervisors and the Waverly Community Chest have been liberal in support, but the Lutheran Children's Home carries heaviest responsibility.

In the last few years, with the increased interest in treatment for the more seriously disturbed children, this Home has operated with a large, well qualified staff similar to a resident treatment Center. Social agencies, courts, citizens of Iowa, refer cases for this specialized service.

DES MOINES CHILD GUIDANCE CENTER
707 Locust Street, Des Moines, Iowa

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Memorial Hospital)
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The Des Moines Child Guidance Center, organized in 1936, provides psychiatric, psychological and social services to children with behavior difficulties or personality problems. Children from infancy to 18 years are referred for diagnosis and treatment by social agencies, schools, parents, physicians, or interested persons. The Center also devotes a portion of its facilities to the following functions:

Community services: The staff assists in the planning and organization of the mental health activities; provides leadership and speakers for parent groups and others in the study of psychological growth and development.

Professional training: The Center provides field work training each year for two advanced students at the University of Iowa School of Social Work. A twelve month internship program is available for qualified doctoral students in psychology. Resident physicians at Blank Memorial Hospital serve a three month tour at the Center as a part of the training program in pediatrics. Research: (See "Day-Hospital" project below).

During the years since 1936, the Center has expanded in staff and clinic quarters. Personnel qualifications have been rewritten, raising standards for positions, and additional positions have been created. The Center now has the equivalent of five and one-half permanent full-time professional workers, and four training positions. These additions were designed to bring the staff into more effective balance of professional skills available.

Financial support of the Center's program comes primarily from local contributions through the Community Chest. Income from fees, though small, has increased with increasing direct service. Additional support is provided by the Polk County Board of Supervisors and the Iowa Mental Health Authority.

The "Day-Hospital" Project

Further expansion of the Center's facilities is under way—a "day-hospital" project will be inaugurated which will provide

treatment for children suffering from severe mental, emotional, and behavior disorders and who cannot be cared for adequately on an outpatient basis. These include children in several diagnostic areas:

Severe neuroses and psychoses, brain damage or disease, extreme behavior disorders, mental deficiency, convulsive disorders, physical illness and handicap (blindness, deafness, rheumatic heart disease, post-polio, etc.)

Some suffer from two or more of these conditions simultaneously.

The "day-hospital" plan becomes possible since approval of a United States Public Health Service grant of \$195,018.00 by the advisory Mental Health Council, and the gift of a building for the Center from Mr. A. H. Blank.

It is estimated that the "day-hospital" will provide treatment for 16 patients at one time, or 80 to 100 children yearly, in addition to the approximately 450 children seen by the Center each year on an outpatient basis.

It is expected that combined outpatient and "day-hospital" facilities will provide the greatest flexibility of service for mental disorders of childhood at the lowest community expense. Present outpatient service will be continued without change and no changes will be made in the Center's policies on referrals.



**Supervised Training for Psychological Intern
Paul R. Dingman, Ph.D., Supervisor, and
Marilee Fredericks, Ph.D., Psychological Intern**

DES MOINES COUNTY MENTAL HEALTH CENTER

522 North Third Street, Burlington, Iowa

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Psychiatric Social Worker
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Executive Secretary¹
Mrs. Gladys Conn
Clinical Psychologist
Thomas Fitzgerald, M.S.
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Ida Pierson

¹ Resigned 1957.

The Des Moines County Mental Health Center opened March 17, 1949. Since its opening, Dr. W. McCulloch Crawford has continued to serve as the Medical Director-Psychiatrist. Present staff, in addition to Dr. Crawford, includes one full-time and one part-time psychiatric social worker, one full-time psychologist. Early in the history, the principal source of financial support came from the Community Chest and Iowa Mental Health Authority; as the budget has increased in order to extend services, county tax funds received from the Board of Supervisors has increased to the extent that these funds now are the major source of support. Continued cooperation and support from the city, schools, courts, medical groups, and other community agencies has been important in strengthening the Center's program.

Both children and adults are seen at the Center. A variety of mental health services are offered; the majority of staff time being spent in diagnostic and treatment services. As evidence of community interest this Center received a legacy from the Holstein Estate and a gift for special projects from Sylvania Corporation.

LEE COUNTY MENTAL HEALTH CENTER

110 North Eight Street, Keokuk, Iowa

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¹ Resigned January 1, 1958.

This Mental Health Center was opened in November of 1953. A need for such a service was first felt by a committee attempting to combat delinquency and broad community support grew out of their efforts. School personnel made office space and psychological services available and financial and moral support came from other interested people.

Much early effort was devoted to explaining the function and services of the Center to school, civic and industrial personnel and outlining types of problems that could be treated. Community acceptance was outstanding and facilities were immediately overtaxed, making efficient handling of the cases difficult. Referrals came from various sources but largely from the schools, partly due to the importance that was given to preventive treatment of problems that have not reached acute proportions where a breakdown is imminent.

During the first year financial support came largely from special gifts, industry, schools, the Community Chest and the Iowa Mental Health Authority. There has been a consistent effort to give service, not only to Keokuk, but the entire county. In the second year, the county board of supervisors appropriated a substantial sum.

The scope of activities has increased. Last year, a part-time office was opened in Fort Madison. This extended service was inaugurated at the request of interested people in that city and in cooperation with the Rotary Club there who was responsible for finding a location and providing telephone facilities, etc. Another extension of the Center's sphere of influence in promoting mental health in this area is the program it has initiated to help

rehabilitate the psychiatric patients in the Lee County Home. A committee from the board of directors interested a large group of citizens from all over the county to form an organization for the purpose of visiting the residents of the County Home, providing them with some recreational outlets and assuring them that the people in Lee County were interested in their welfare and were anxious to help them regain their rightful place in the community. The response to this program both by the citizens' committee and the residents of the County Home has been most gratifying. Several patients have been discharged from the County Home, due to this personal interest.

With the intensified program now being enacted at the Center, the need for more full-time personnel is very great.

LINN COUNTY MENTAL HEALTH CENTER
211½ First Street, S.W., Cedar Rapids, Iowa

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The Linn County Mental Health Center opened October 10, 1949. The original staff consisted of two part-time psychiatrists, one part-time psychologist, and a full-time social worker. As the Center demonstrated its value to the community, increasing demands for service were made by individuals and agencies. Concurrent increases in financial assistance from an interested county board of supervisors and the Community Chest permitted the acquisition of professional personnel to meet these growing service demands. The largest single source of financial support continues to come from appropriations by the county board of supervisors. Currently, the professional staff consists of three part-time psychiatrists, one full-time and one part-time psychologist, and four fulltime and one part-time social workers.

While considerable diagnostic service is provided by the Center, the majority of staff time is devoted to treatment. Consultation by the Center staff is provided other agencies and professional persons and the staff participate in an active educational program. A close relationship has developed with the Juvenile Court through the Court Consultant, a psychiatric social worker, who works closely with the Center staff.

A part-time social worker devotes all his time to providing casework services to patients, and their families, who are on convalescent leave from the Mental Health Institute.

Placements for two graduate students from the School of Social Work, State University of Iowa, are available at the Center. In addition to the Center's contribution to training mental health personnel and the stimulation this provides to permanent staff, it has been an effective recruitment device. Two former students who have completed their training and who had placements at the Center are now staff members.

MARSHALL COUNTY MENTAL HEALTH CENTER
201 West Main Street, Marshalltown, Iowa

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Secretary
Mrs. Ann Druker

¹ Resigned June 1, 1958.

² Assumes duties June 1, 1958.

This Center was opened January 7, 1958, after much publicity on the need for psychiatric service in Marshall County. Leadership came from industry, physicians, and many professional groups. From the beginning the Marshall County Board of Supervisors promised support, and the Board of Education agreed to pay for services to children. Industry, the Assistance League and individuals also promised funds. The Marshall County Medical Society gave \$1,000.00.

An active board of directors diligently recruited staff, interested the community in furnishing and remodeling an office. They have finally realized the community goal—a psychiatrist in private practice in Marshalltown, who will be the director for the Mental Health Center.

From the beginning the Board has planned the Mental Health Center be located in a building owned by the Corporation. The Board also stimulated interest in a psychiatric unit in a general hospital.

As is the trend in Iowa surrounding counties wish to be included in financing the Center and have the privilege for referral of patients.

MENTAL HEALTH CENTER OF NORTH IOWA

215 North Adams, Mason City, Iowa

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The Council of Social Agencies in Mason City made a study of special problems in the community during 1952-53. Each member agency was asked to list its special needs and consensus indicated the need for a Mental Health Center. A committee of prominent and interested citizens formed a committee and began working toward the establishment of a Center, with contributions from many sources, including a gift of \$1,000.00 from the Cerro Gordo County Medical Society.

The Cerro Gordo County Mental Health Center opened in January, 1956. As the program developed, neighboring counties became interested in the service. As a result, Hancock, Winnebago, Worth, Mitchell, and Floyd Counties were annexed as service areas and these counties also contributed financial support in order to expand the services and secure the additional staff necessary to serve the six county area. At the time these counties joined, the name of the Center was changed to the Mental Health Center of North Iowa.

Financial support comes from County Insane Funds from all of the participating counties, Mason City Community Chest, Iowa Mental Health Authority, fees, and gifts. Efforts are being made to secure financial support from other Community Chests located in the area.

The Mental Health Center of North Iowa continues to benefit from the strength of an interested board and has always had the support of the community and county medical societies.

There are indications that the Center will continue to grow and to seek additional ways of effectively meeting the needs in the area it serves. The development of multicounty centers as a method of serving larger geographical areas is being observed with interest as this may be one effective method of providing services to areas which cannot alone support such services.

NORTHEAST IOWA GUIDANCE CENTER
130½ West Water Street, Decorah, Iowa

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Secretary
Mrs. John Bechter

This clinic was a pilot demonstration, testing whether a rural area needs psychiatric service and can finance such facilities.

The interest in this venture stemmed from the courage and enthusiasm of the Winneshiek County Association for Mental Health. Articles of Incorporation provided for inclusion of Allamakee and other counties. Originally known as the Winneshiek-Allamakee Guidance Center it is now designated as the North East Iowa Guidance Center.

Support comes largely from the two county boards of supervisors and the Winneshiek and Allamakee County Mental Health Associations. Both groups put on a very active house to house canvass during mental health week.

This center gives excellent diagnostic services; there is a high percentage of seriously disturbed patients. This is a reflection of the custom and mores of the community, which tends to delay referral of patients until there is quite evident need for their treatment and care.

It is significant that their president is Hon. H. H. Sersland, who introduced and promoted permissive legislation, enabling the boards of supervisors to levy 3/8 mill for support of Mental Health Centers.

SCOTT COUNTY MENTAL HEALTH CENTER

57 Schmidt Building, Davenport, Iowa

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Don Petruccelli, Mayor
James Richard
Dorothea C. Coleman
Dorothy J. Gildea, M.D.
Jasper Rose
Rev. Frederick J. Ackman
Mrs. Vera Pierce

STAFF

Director-Psychiatrist
Werner M. Hollander, M.D.
Psychiatric Social Worker
Gerald Laschinski, M. S. W.
Mrs. Dorothy Kraus
Clinical Psychologist
Irene Sabo, M.A.
Gustav Lo, M.A.
Secretaries
Karen Schmidt
Sally Wiese

The Scott County Mental Health Center opened in April, 1949. Though service is offered to both children and adults, historically the majority of patients has been children. At the end of the first two years of operation, approximately 66% of the cases were children; and more recent figures indicate that about 63% are children.

Early in the program, staff time was primarily devoted to diagnostic service. As staff increased, more time was devoted to treatment. Current examination of terminated patients indicate that diagnostic services only and diagnostic and treatment services are almost equal.

Since the opening of the Center, it has maintained close relationship with other local agencies. Close contact with the schools has been maintained and the Center was active for three years in promoting a two-day mental health institute for teachers. A significant number of referrals is received from the schools, though self and/or relative referrals and referrals from physicians are the predominant sources.

In addition to interest displayed by agencies and other professional groups, the Scott County Medical Society has shown an active interest in the operation of the Center. Currently, the Medical Society and Board are cooperating in trying to secure a full-time psychiatrist for the Center.

STORY COUNTY MENTAL HEALTH, INC.

Ames, Iowa

BOARD OF DIRECTORS (1958)

Mrs. John Corbett, President
Atty. Louis Judisch, Secretary
Mrs. Harold Walter, Treasurer
Marvin Smith,
County Board of Supervisors

Mrs. Harry Heath,
Education and Finance Chairman
Rev. W. J. Fields
Howard Hildebrand, M.D.
Rev. Douglas Jacobson
Woodrow Reed, Ph.D.
William Rupe

No county in Iowa has had so much sustained interest in recent years in providing psychiatric service. The first request was voiced by the professors of Iowa State College, January 17, 1951, at the Advisory Committee Meeting of the Iowa Mental Health Authority. This interest culminated in a budget item for a half-time psychiatrist on their faculty in 1957, but the position was not filled.

The League of Women Voters, the Story County Association for Mental Health, the Ames' Womens Club, A.A.U.W., faculty of Iowa State College, have all assumed leadership from time to time. A mental health center was discussed at many meetings. Finally Rev. G. W. Fields' thesis for his A.M. Degree at Iowa State College on community organization for mental health services had considerable publicity. Recently a few wives of the faculty, representing the Alpha Chi Omega Sorority, became intensely interested. This interest never lagged and on December 4, 1957 the Articles of Incorporation were drafted. The faculty of Iowa State College drafted a comprehensive "Guide for Community Leaders." From May 21 to June 4, 1958, a financial campaign was waged with a goal of \$20,000.00 from public donations.

Plans are under way for recruitment of staff and the Center may open in December 1958.

CHAPTER VI
FINANCIAL STATEMENT

The following is a statement of expenditures from Federal Funds allocated to Iowa for the period July 1, 1954 to June 30, 1956 (inclusive).

	Total	July 1, 1954 to June 30, 1955	July 1, 1955 to June 30, 1956
Central Administration*	\$29,308.15	\$12,887.24	\$16,420.91
Preventive Psychiatry in Public Schools	3,276.46	1,508.10	1,768.36
Black Hawk County Mental Health Center	5,150.00	2,400.00	2,750.00
Bremer County Child Guidance Center	2,416.59	999.96	1,416.63
Des Moines Child Guidance Center	7,070.00	3,360.00	3,710.00
Des Moines County Mental Health Center	4,720.50	2,170.50	2,550.00
Lee County Mental Health Center	4,800.00	2,400.00	2,400.00
Linn County Mental Health Center	5,150.00	2,400.00	2,750.00
Scott County Mental Health Center	4,800.00	2,400.00	2,400.00
Cerro Gordo County Mental Health Center	2,504.90		2,504.90
Winneshiek County Mental Health Center	1,700.00		1,700.00
Non-accredited Training (Institutes & Staff Meetings)	1,921.31	665.11	1,256.20
Merit System	124.67	71.61	53.06
	<hr/>	<hr/>	<hr/>
Total	\$72,942.58	\$31,262.52	\$41,680.06

* Central Administration includes expenditures for the Central Office and also some furniture, equipment and supplies for the Mental Health Centers.

K. E. HARTOFT
Fiscal and Personnel Agent

APPENDIX A

IOWA MENTAL HEALTH AUTHORITY

State Office Building, Des Moines 19, Iowa

Pamphlet List

June 1, 1958

These Mental Health pamphlets are available in limited quantities. Please check the pamphlets desired, and they will be mailed to you if available.

Name	Address
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Name of Meeting	Location	Date
-----------------	----------	------

Mental Health of the Child

- Back to What Woodshed?—Public Affairs Pamphlet
- A Better Chance for Mental Health for Children in Smaller Communities—U. S. Department of Health, Education and Welfare
- Can You Help the Fearful Child?—U. S. Department of Health, Education and Welfare
- The Child with Epilepsy—U. S. Department of Health, Education and Welfare
- Forgotten Children—National Association for Mental Health
- How A Child-Guidance Clinic Can Help the Troubled Child—National Institute of Mental Health
- How to Help your Handicapped Child—Public Affairs Committee
- How to Teach Your Child About Work—Public Affairs Committee
- New Hope for the Retarded Child—Public Affairs Committee
- Series on Child Training—Human Relations Aids
 - Destructiveness Preparing your child for the hospital
 - Discipline Preparing your child for school
 - Lying and stealing Sex
 - Obedience Temper
- Some Special Problems of Children—Aged 2 to 5 years—State Charities Aid Ass'n.
- Teacher Listen . . . Children Speak—State Charities Aid Association
- The Adolescent in your Family—U. S. Dept. of Health, Education and Welfare
- The Teacher and Mental Health—U. S. Dept. of Health, Education and Welfare
- Toward Understanding Boys—R. E. Somme, Publisher
 - In Middle Childhood In Early Adolescence
 - In Late Childhood In Middle Adolescence

-Toward Understanding Girls—R. E. Somme, Publisher
 In Middle Childhood In Early Adolescence
 In Late Childhood In Adolescence
-What Every Child Needs—National Association for Mental Health
-What Makes Children Misbehave—U. S. Dept. of Health, Education and Welfare

Mental Health

-Careers in Mental Health—U. S. Dept. of Health, Education and Welfare
-Emotions and Physical Health—Metropolitan Life Insurance Company
-For Good Mental Health in your Community—National Ass'n. for Mental Health
-Looking Forward to the Later Years—U. S. Dept. of Health, Education and Welfare
-Mental Health — Everybody's Business — Public Affairs Committee
-Mental Health is a Family Affair—National Association for Mental Health
-Mental Health is . . . 1 . . . 2 . . . 3—National Association for Mental Health
-Mental Health—Some Facts You Should Know About—The Economics Press, Inc.
-The Mind—In Sickness and Health—John Hancock Mutual Life Insurance Co.
-Ministering to Families of the Mentally Ill—National Ass'n for Mental Health
-Mental Health Services in Health Department Program—Social Security Adm.
-Self Understanding for Teachers—National Association for Mental Health
-The Why and How of a Prevention Program in Mental Health—M D Publications
-There is Something You Can Do About Mental Health—National Association for Mental Health
-Twelve Facts About Mental Illness—National Association for Mental Health
-Vacationing—The Equitable Life Assurance Society of The United States
-When Mental Illness Strikes Your Family—Public Affairs Committee
-Your Future and You—Metropolitan Life Insurance Co.

IOWA MENTAL HEALTH AUTHORITY PUBLICATIONS

-Fourth Biennial Report
-Fourth Directory of Psychiatric Facilities in Iowa
-Film List
-Pamphlet List
-A Look At The Iowa Mental Health Authority

APPENDIX B

IOWA MENTAL HEALTH AUTHORITY Iowa State Office Building, Des Moines 19, Iowa MENTAL HEALTH FILM LIST

June 1, 1958

Instructions

HOW TO ORDER MENTAL HEALTH FILMS—These films may be used only on a 16 mm. sound projector. They are available without cost, except for return postage, from the Iowa Mental Health Authority, State Office Building, Des Moines 19, Iowa, tel. AT 8-7111 Extension 645.

ORDERING OF FILMS—One agency or individual should not order films for another person. All correspondence and shipment of the film should be direct to the person who uses the film as he is responsible for its correct use and return. Films scheduled for schools must be requested by teachers or the superintendent. Orders should be placed one month in advance, giving first and second choice. Due to the many requests, only **two films** a month can be scheduled for one agency. Films cannot be scheduled for longer than six months in advance. The films must be returned promptly.

OPERATION OF PROJECTOR—It is necessary that the projector used be in good condition and the operator be experienced. As films are expensive, it will be necessary to discontinue this service to anyone who damages or ruins a film.

MENTAL HEALTH FILMS

EARLY DEVELOPMENT—INFANCY

A BABY'S DAY AT TWELVE WEEKS (20 min., sound)

Portrays daily routine and care of an infant at twelve weeks for one entire day. Interprets significance of various infant reactions. Demonstrates bathing, feeding, playing, daytime sleeping, with interpretation of behavior. A Gesell Film.

Use: Teaching film for home economics, child care, child psychology, pediatricians, home study.

BABY MEETS HIS PARENTS (11 min., sound)

Shows how differences in personalities can be accounted for, not only by heredity, but also by the environmental factors during the first years of life.

Use: Professional groups, parents and lay public.

HOW BEHAVIOR GROWS (20 min., silent)

Stages of development of child from one week to eighteen months. Details of activity, kneeling, creeping, stepping, toddling. A delightful study of activity. A Gesell Film.

Use: Psychologists, pediatricians, social workers and parents.

LEARNING AND GROWTH (20 min., sound)

Reveals normal infant ability by showing possibilities and limitations in training of infants 24 to 48 weeks of age. Describes relationship between age, growth and learning.

Use: Psychologists, nurses, child welfare workers and parents.

LIFE BEGINS (60 min., sound)

An over-all view of Dr. Arnold Gesell's work at Yale Clinic of Child Development. The film is a photographic record of the patterns of normal development of infants from birth to 18 months. Although staged 20 years ago, it is still psychologically valid.

Use: Psychologists, teachers, physicians, nurses—a teaching film, can be used for parents with lecture.

A STUDY IN HUMAN DEVELOPMENT—PART I

(20 min., silent)

Illustrates development from 6 to 36 weeks.

Use: Parents, teachers, psychologists, pediatricians.

A STUDY IN HUMAN DEVELOPMENT—PART II

(20 min., silent)

Illustrates development from 42 weeks to 15 months.

Use: Parents, teachers, psychologists, pediatricians.

A STUDY IN HUMAN DEVELOPMENT—PART III

(20 min., silent)

Development from 19 months to 2 years and 8 months.

Use: Parents, teachers, psychologists, pediatricians.

(The above group is almost a duplicate of "Life Begins" and requires interpretation.)

GROWTH AND DEVELOPMENT OF PRE-SCHOOL CHILD

ANSWERING THE CHILD'S WHY (14 min., sound)

Describes important aspects of the period when the child begins to ask questions. Dramatizes true-to-life situations in which youngsters meet with positive or negative attitudes toward their questions and suggests the resulting effects on their personalities. A valuable film for helping children make a harmonious adjustment to the world about them.

Use: College, lay and professional people.

A CHILD WENT FORTH (20 min., sound)

A delightful picture of a pre-school group, two to seven years of age, in a summer camp. It stresses the need of all children for freedom to explore and enjoy their environment with a minimum of adult interference. Shows the warmth of relationship between adults and children. Rural setting.

Use: Groups interested in nursery school education, child welfare workers, college students.

FRUSTRATING FOURS AND FASCINATING FIVES

(22 min., sound)

Roddy, the four-year-old, although he has learned to do many things for himself, will often "forget" and fall back into his baby ways. Full of energy and abandon, his attention span is short. Painstaking craftsmanship and sudden destructiveness go hand in hand at this age. At five, Roddy can do many more things and loves to do little tasks around the house. Games are fun, and Roddy can both sing and dance. Imaginative play imitates adult activities and helps him to understand the adult world better. Fives are cooperative and fun to be with, repaying parents and teachers well for their patience with the frustrating fours.

Use: Parents, professional groups, and general public.

FRUSTRATION PLAY TECHNIQUE (35 min., sound)

First part of film shows blocking games, the second part is on frustration and hostility games. Both parts demonstrate techniques developed by Dr. Lernes of Sarah Lawrence College for study of ego developed and demarcation of self in young children.

Use: Teachers, psychologists, pediatricians, psychiatrists, social workers and nurses. (Not intended for lay groups.)

PROBLEM CHILD (27 min., sound)

An entertaining film, clear cut, good sound production. It illustrates the five fundamental growth needs of the child.

1. Feeling of security from birth
2. Complete acceptance by his parents
3. Opportunity to grow up in his own individual pattern
4. Feeling of usefulness
5. The parent standard must be appropriate to child's age and attainments.

Use: Lay groups, especially young parents, and professional groups.

A PSYCHONEUROSIS WITH COMPULSIVE TRENDS IN THE MAKING (30 min., silent) (4 reels)

Life history of Mary from birth to seven years. Mary, a child of superior biological capacity and active congenital activity type, develops a neurosis through the interaction in her home life. It depicts ego development, shows how so-called average child in so-called normal family may lack psychiatric treatment. Mary never realized potential development although she conforms to normal standards.

Use: Psychiatrists, psychologists, pediatricians, social workers and nurses.

THE TERRIBLE TWOS AND TRUSTING THREES

(20 min., sound)

The film opens in the play yard of a nursery school where we observe behavior of two-year-olds, typified by insatiable curiosity, boundless energy and unceasing activity. Many situa-

tions are described in which adults may help in the channelling of activities. The three-year-old's world is much larger, and he is interested in those around him. Social approval is important, also the practice of newly acquired skills. Each child may not pass through all the stages described, but most children tend to follow this general pattern.

Use: Parents, professional groups, general public.

THIS IS ROBERT (80 min., sound)

Produced in cooperation with Sarah Lawrence College Nursery School. The film traces the development of Robert, an aggressive difficult child, through nursery school and two years of public school. Shows aggression, hostility, frustration at various levels.

Use: Caseworkers, college students, nurses. This is a study film to be used only with interpretation by a psychologist or psychiatrist.

PERSONALITY DEVELOPMENT OF SCHOOL CHILD

AND SO THEY GROW (28 min., sound)

A group of nine-year-olds lived their days happily with an understanding teacher. The film highlights the essential role of leadership—the variety of approaches in meeting children's ever widening interests—how children grow and learn through play.

Use: Teacher training, children's agencies, P.T.A. groups and Civic organizations.

THE FACE OF YOUTH (28 min., sound)

Two boys, Alex and Ralph, have difficulties in school. The former is over aggressive, the latter is fearful and retarded. The teacher and nurse study the behavior of each boy, find acceptable ways for Alex to gain recognition, while Ralph is referred to a Child Guidance Center. Here Ralph gains in confidence, in play he can act out his fears and suppressed anger and is on the road to happiness.

Use: Parents, teachers, and general public.

FEARS OF CHILDREN (27 min., sound)

This shows the origin of fears stemming from a seven-year old boy's hostility toward his father. It illustrates how a friend, who understood child psychology, helped the mother to recognize the cause of his fears. The father finally recognizes the hostility as a normal reaction to authority.

Use: Parent-teachers groups, child study, mental health groups, social workers, nurses, and schools.

FIRST AS A CHILD (20 min., sound)

This is the story of Alexander, a crippled child, and his treatment in a public clinic in Virginia. It stresses the point that each patient benefits most when he is treated first as a child, next as a handicapped child, and finally as a child with some crippling condition.

Use: Professional groups and lay public.

FIRST LESSONS (20 min., sound)

Produced by the National Film Board for Iowa. This is a typical school room, children with normal strivings for acceptance and leadership. It illustrates how a teacher's lack of understanding of behavior causes conflicts, regression and discord, as compared with an adequately trained teacher who leads the children to understand their own behavior and interpersonal relationship. It is democracy in the lower grades.

Use: Parent-teacher groups, social workers, nurses, mental health groups, and the general public.

GOOD SPEECH FOR GARY (22 min., sound)

Deals with a second-grade boy who suffers from a speech defect—its effect on his personality and his improvement through modern remedial teaching. It contributes much to the understanding of children's speech difficulties and what schools can do to help children speak clearly and well.

Use: College classes in education, groups concerned with handicapped or disturbed children.

HARD BROUGHT UP (43 min., sound)

Deals with the dramatic situation of two young boys who get into trouble. James comes from a comfortable, economically secure home, but there are misunderstandings within the family, and Walter lives with his grandmother who works and has little time for him. A Child Welfare Worker brings about a better understanding of James' problems and emotional needs and places Walter in a foster home where he receives the love and understanding he has never had.

Use: Social Welfare workers, professional groups, and general public

MEETING EMOTIONAL NEEDS OF CHILDHOOD

(30 min., sound)

A good film for understanding children. It focuses on the seven to ten year old child in school and at home, but is concerned with the kind of attitude toward people and sense of responsibility the child develops as he grows up. In the family relationship and at school, security and independence needs are met. Although it is somewhat confusing in sequence, it is psychiatrically sound.

Use: Parents, teachers, staffs of institutions.

SHYNESS (23 min., sound)

This film concerns shyness in children. From the lonely existence of a typically shy adult, the film turns to a study of three friendless children, Anna, Jimmy, and Robert. It reveals how confidence-destroying demands of parents predisposed the children to shyness, and how the children are guided in making better social adjustment.

Use: Teachers, parents, nurses, social workers, and other professions.

MENTAL RETARDATION

A CLASS FOR TOMMY (22 min., sound)

Topic: This film shows Tommy, a boy of six, mentally retarded, isolated at home, but later participating in school activities. The film illustrates the essentials of a school program to meet the child's needs, through teacher preparation, school schedules and services, such as nutrition, nursing, dental, and recreational activities.

Use: Schools, professional groups, lay public.

NO LESS PRECIOUS (14 min., sound)

This film has to do with the problems of mental retardation and recent accomplishments made through the efforts of interested organizations throughout the United States to help mentally retarded children.

Use: Parents, other interested adult groups.

TUESDAY'S CHILD (14 min., sound)

This film concerns the problems of retarded children and their parents, how community efforts are organized to assist in the care, education and training of retarded children, depicted and described.

Use: Parents, other interested adult groups.

PERSONALITY DEVELOPMENT IN ADOLESCENCE

ACT YOUR AGE (13½ min., sound)

A young adolescent shows infantile behavior—temper tantrums, weeping, inability to take a joke. Through guidance of a teacher, he acquired more emotional maturity.

Use: High schools, colleges, adults.

A BOY IN COURT (20 min., sound)

A delightful film showing the pre-delinquent tendency (theft) of a 15 year old boy, Johnnie Martin. Instead of a court sentence, Johnnie has the guidance of a probation officer, routine tests, and services of the juvenile court. Building on his interest in airplanes, his probational period ends happily.

Use: Teachers, courts, all agencies in social welfare, high schools, colleges and lay public.

BOY WITH A KNIFE (19 min., sound)

This film is a re-enactment of a case story from the files of a Los Angeles Youth Service Agency, showing how a Group Worker reaches a gang of boys who are headed for delinquency. The audience sees how the Group Worker functions; what he does and what obstacles he encounters as well as the limitations he must accept.

Use: All citizens groups, mental health associations, P.T.A., social welfare agencies and non-professionals who work with children.

CHALLENGE TO CRIME (20 min., sound)

"The Moline Plan" originated by Ruth Clifton, Moline, Illinois, is fully described. Warden Lawes of Sing Sing tells what the plan will do for your community in eliminating juvenile delinquency.

Use: Parents, teachers, churches, schools, general public.

CHILDREN OF THE CITY (30 min., sound)

The problem of juvenile delinquency in a Scottish city is approached through the child's home environment. Three boys from three different types of homes are caught robbing a shop. Film describes how each is dealt with according to his own needs—probation, reformatory, child guidance clinic. A plea for better city planning.

Use: Teachers, ministers, parents, court workers, general public.

CHILDREN ON TRIAL (62 min., sound)

A study of juvenile delinquency and the methods of the approved Schools in England. A very interesting, instructive film, showing society's method to prevent further delinquency through competent government personnel. Shows excellent institutional staff for training schools.

Use: All professional groups and citizens interested in prevention of crime, general public.

CONTROL YOUR EMOTIONS (13½ min., sound)

Through infantile behavior—anger—a youth disrupts the party, cannot drive the car, brings discord into the home. Through understanding of psychology, film portrays that emotions can be controlled.

Use: High schools, colleges, adults.

EMOTIONAL HEALTH (20 min., sound)

A college freshman, who has a rapid pulse and chest pains with no organic basis, is referred by his physician to a psychiatrist. The psychiatrist through psychotherapy, brings into consciousness the early frustrating experiences in the home and school. After four months of treatment, the patient is beginning to achieve emotional health.

Use: High schools, colleges, parents.

FAREWELL TO CHILDHOOD (20 min., sound)

Produced by the National Film Board. This illustrates the conflict between parental standards and the normal desire of an adolescent for independence. It points out the lack of understanding on both sides. A teacher-counselor helps to give both the adolescent girl and her parents some insight into the nature of the problem and how tensions may be eased.

Use: Parents, teachers, group and recreational leaders, social agencies, nurses, general public.

FEELING LEFT OUT (13 min., sound)

Mike wants to be a part of the gang, but he is "left out." His concentration on this group isolates him from his other classmates. When he awakens to the many opportunities for friendships around him, and escapes the pitfall of forming his own clique, Mike is on his way to social maturity.

Use: High schools, colleges, parents.

GETTING ALONG WITH PARENTS (15 min., sound)

Six high school students decide to visit a night club after the Junior Prom. Their parents oppose the project for different reasons, disclosing varied family backgrounds and attitudes. The film points out that here, as with all problems, there are two sides and that both sides have a right to be heard.

Use: Students, teachers, colleges, P.T.A.

HABIT PATTERNS (12 min., sound)

The story of Barbara, who is never prepared, never on time, whose clothes are disorderly and who is unable to adjust socially with her school friends. Throughout the film, Barbara is contrasted to Helen, a girl who has learned to plan her tomorrows the day before. She decides to replace her sloppy habits with more acceptable ones by tidying her appearance and cleaning her room, thus achieving her goal of more orderly living.

Use: Teachers, social workers, parents, and general public.

KID BROTHER (25 min., sound)

This film is the story of sixteen-year-old Phil Martin and how he mishandles the difficult problem that faces virtually all teenagers. It deals with the basic emotional adjustments to growing up as well as some of the hidden emotional forces that lie behind excessive drinking. Kid Brother was planned and produced under the supervision of specialists in the field of psychiatry, psychology and alcoholism.

Use: High schools, teachers, parents, church groups, general public.

LEARNING TO UNDERSTAND CHILDREN,

A DIAGNOSTIC APPROACH (21 min., sound)

This film records the efforts of an English teacher to help Ada Adams, an emotionally and socially maladjusted girl of 15. Teacher observes the child's behavior and studies her previous record. Through personal interviews and home visits, she formulates an hypothesis for remedial measures. (Part I of a series of two.)

Use: Teachers, parents, and other professional and lay groups.

LEARNING TO UNDERSTAND CHILDREN,

A REMEDIAL PROGRAM (23 min., sound)

The teacher, using Ada's interest in art, helps the girl improve her self-confidence and interest in school work, and win recognition and acceptance by her schoolmates. (Part II of a series of two.)

MENTAL HEALTH (13 min., sound)

Defines good mental health, describes its attributes, and emphasizes four steps in acquiring, maintaining, and improving mental health; express emotions naturally, respect yourself, respect others, and solve problems as they arise. Stresses the importance of discussing problems with someone, and briefly shows symptoms of mental ill-health.

Use: Junior and senior high school, and adult groups.

OVERCOMING FEAR (13½ min., sound)

A young man is so fearful of water, he cannot compete with his classmates. Through recognizing his bravery in other areas, the lifeguard helps the student to learn self control.

Use: High schools, colleges, adults, parents.

SHY GUY (13½ min., sound)

A dramatic prescription for overcoming shyness. Our hero, lonely and diffident, in a new school, guided by his father's counsel and sociable classmates, becomes a likeable friendly leader.

Use: High schools, parent-teacher groups.

THAT BOY JOE (21 min., sound)

A story of juvenile delinquency, its causes and preventive means, analyzed from a long-range viewpoint. Joe, involved in robbery, comes to the attention of the Juvenile Court. Through the Court's counsel, the parents change the home life, recreational activities, and Joe becomes socially adjusted.

Use: Parents, teachers, group and recreational leaders.

WHO IS SYLVIA? (27 min., sound)

Here is a sensitive study of the dreams, fears, hopes of a 14-year-old girl—"half child, half woman"—and of her relationships with her family, school, and school friends. Using as a catalyst the impromptu and unchaperoned get-together of "the gang" after school, this film captures and spotlights a too often characteristic lack of communication and understanding between parents and their adolescent children, and the results of this impasse. "An excellent opportunity to observe adolescent behavior plus the 'image' the girl would like to present to her mother."

Use: Junior and senior high school, lay and professional groups.

MARRIAGE AND LIFE ADJUSTMENT

THE BRIGHT SIDE (23 min., sound)

Depicts the Dunn family at home, during work and play, both shared with the children. It shows them at a family picnic where every one has a chance to help, to be needed, do something new, to be part of an exciting outing. From these simple but happy incidents the audience can experience the feeling of satisfaction that can be gained from being relaxed enough to have fun with

your children. The Bright Side shows the less tangible but more heartening positive aspect, not the problems and pitfalls of parents. Sets a positive goal for creative living patterns.

Use: High school and college students, parents, lay and professional groups.

CHOOSING FOR HAPPINESS (14 min., sound)

Eve's critical analysis of all her boy friends leads to disillusionment and frustration. Her friend, Mary, suggests that Eve analyze her own interest, recognize that no one is perfect, and be prepared to change her own attitudes without demanding complete change in other's personality.

Use: High schools, colleges, general public.

THE FAMILY (20 min., sound)

This film was first made for the United States Army for showing in occupied areas. It is primarily a film for interpretation of American family life at its best, shows one day in the life of the grandmother, father, mother, teen-age daughter and pre-adolescent son. It illustrates the turmoil of teen-age emotions.

Use: P.T.A., all professional groups, the lay public.

A FAMILY AFFAIR (31 min., sound)

This is the story of the Cooper family, who like many other families live through the years in constant conflict and bitterness or end in separation or divorce. This family has adequate material comforts, and they are not poor, either, in their feelings of affection and concern for each other. It is shown how this typical family found a happier pathway through interviews in a family service agency.

Use: High schools, parent-teacher groups, general public.

HEAD OF THE HOUSE (37 min., sound)

A story of community action in mental health showing how a social worker, a policeman, and a minister join forces to help a young boy and his parents through serious troubles of adolescence. Mr. Moody, an authoritative perfectionist, makes unrealistic demands on his young son, Paul. The son feels frustrated, fearful, and alone. In his anxiety he runs away from home in the night to the river front, only to find other fearful experiences. He reaches adolescence outwardly docile and quiet, and is led into delinquency by older boys.

Use: Teachers, parents, professional groups, and general public.

IN TIME OF TROUBLE (14 min., sound)

Mrs. Denkman, who feels her husband's drinking is threatening their marriage, calls on her minister, Dr. Burns. Dr. Burns suggests that she let her husband share more in family activities so he will not want to escape his loneliness through drinking. She does this, and the couple seem much happier.

Use: High schools, colleges, parents, general public.

MARRIAGE TODAY (22 min., sound)

The stress and strain of our civilization today make an impact on marriage and require new adjustments and changes. The ideals and goals adult love require are illustrated by two couples, who in very different ways achieve happiness.

Use: High schools, colleges, general public.

PALMOUR STREET (23 min., sound)

This film shows the influence that parents have on the mental and emotional development of their children. The simple incidents of the picture are not much different from the day-to-day experiences of the leading actors, a Negro family: father, mother and four young children. It presents the problems that are common in the daily lives of families everywhere.

Use: Parents, professional groups, and general public.

PERSONALITY AND EMOTIONS (13 min., sound)

Designed for high school and college audiences studying personality development and mental health. Gives an overview of the development of emotions from infancy through early childhood and implies that emotional maturity is a desirable goal in the development of personality.

Use: Junior and senior high schools, college, adults.

PREFACE TO LIFE (30 min., sound)

Depicts the development from birth to adulthood of Michael Thompson, a typical American youngster. It shows how all people, his parents, friends, neighbors, leave an imprint on his personality. It emphasizes the importance of a chance to develop in his own pattern. An excellent film, produced by the National Institute for Mental Health, Bethesda, Maryland.

Use: High schools, colleges, teachers, parents, all professions.

RETIRE TO LIFE (16 min., sound)

Ed Harrison leaves the plant where he has worked for many years, hoping to take a long hard-earned vacation. He is soon disillusioned, loses his savings, becomes confused and discouraged in his inability to find employment. A friend helps him to realize he has something to contribute to life and there are still rewards for his efforts.

Use: General Public, professional groups, churches.

ROOTS OF HAPPINESS (25 min., sound)

This film, staged in Puerto Rico, about family life and relationships shows how the feelings parents have for each other affect the emotional health of their children. The film stresses the importance of the father in the home.

Use: Students, parents, social agencies, general public.

THE SON (27 min., sound)

Dramatizes one of the important agricultural problems of today—how to make a career on the farm attractive to young

people. Uses the story of a farm boy's rebellion against the insensitive domination of his father to show that in some situations dissatisfaction with farm life stems from interpersonal conflict.

Use: Junior and Senior high school, college, lay and professional groups.

WHO'S BOSS (16 min., sound)

The competitive strivings of a husband and wife engaged in similar occupations lead to misunderstanding and temporary separation. Later they realize their responsibilities for a home and family.

Use: High schools, colleges, general public.

HUMAN RELATIONS

BROKEN APPOINTMENT (30 min., sound)

This film relates the story of a public health nurse in a mining town. She finds one of her patients, a young expectant mother, in an emotional situation that creates great unhappiness. How the nurse assists her patient by applying sound human relations techniques is the high point of the film.

Use: Schools, professional groups, general public.

LET US GROW IN HUMAN UNDERSTANDING

(20 min., silent color)

This is a production of the Vassar Summer Institute, very attractive in color. It shows parent-child relationships of various cultures, races and groups, and the results in happy relationships after groups live together and "grow in understanding."

Use: Parents, group workers, teachers, social agencies.

YOU AND YOUR FRIENDS (20 min., sound)

Shows a teen-age party—friendly cooperation, shows what builds friendship—loyalty, courtesy, dependability. Dialogue and music.

Use: School children, parents, teachers, lay and professional groups.

MENTAL ILLNESS

ACTIVITY OF SCHIZOPHRENIA (20 min., sound)

Film portrays the symptoms of schizophrenia in a young man, his life in a state hospital and finally his improvement and release. It shows not only the value of psychotherapy but also how all ancillary personnel share in the treatment process. Attendants, nurses, therapists, contribute to recovery.

Use: Public and private mental institutions, colleges, nurses, social worker.

ALCOHOL AND THE HUMAN BODY (14 min., sound)

Explains the specific effects of ethyl alcohol on the human body. Describes how alcohol is made and its characteristics.

Traces the course of alcohol through the body until it either oxidizes or escapes. Shows the effects of alcohol on the brain. Dramatizes the case of a problem drinker, including treatment.

Use: Junior and senior high school, college, adults.

ANGRY BOY (33 min., sound)

A production of the National Film Board. Angry Boy is a dramatization of the story of Tommy Randall who, having been caught stealing in the school is sent to a child-guidance clinic, instead of being treated as a criminal. His understanding teachers recognize the emotional problem. At the psychiatric clinic, the basic causes of the child's hostility are revealed. How his mother is helped to understand Tommy and how Tommy, himself, learns to accept and handle his feelings through the process of psychotherapy, provides the main drama of the picture. At the end of the film, Tommy is on his way to recovery and the audience has been given some understanding of how unconscious motivation affects the behavior of both children and adults. It is the story of a troubled child who is helped by the love, understanding and respect that parents and teachers can provide in everyday situations.

Use: General public, civic and welfare organizations, professional groups, parent-teacher groups, child care organizations, churches, mental health societies and nurses.

BACK TO LIFE (30 min., sound)

This is the story of Bud Lambert, factory worker, who suffers from a feeling of being "picked on." After a personal altercation with a fellow worker he is promptly discharged. He returns to his home and quarrels with his wife. She calls the family physician and Bud is admitted to a mental hospital. After psychiatric treatment and occupational therapy, the hospital staff agree he is mentally improved and he is released for a trial period. The rehabilitation worker convinces Bud's employer that he is capable of handling his old job.

Use: Staffs of mental hospitals, foremen and supervisors in industrial and business firms; rehabilitation workers, employment counselors; general public.

BREAKDOWN (40 min., sound)

Ann has developed from a model child into a charming responsible young business woman. At the age of twenty-three years she suffers a nervous breakdown—at first not clearly understood by her parents and employer. A brother, through his army service, realizes her need for treatment. After a period of treatment in a mental hospital, she is able to return to her home and community.

Use: General public, professional groups.

CITY OF THE SICK (20 min., sound)

A documentary film showing life and treatment in a mental hospital. It illustrates the recent advancement in hospital treat-

ment through psychotherapy, recreation, occupational therapy, other activities, and trained attendants.

Use: General public.

CLINICAL PSYCHOLOGY AND HYPNOSIS

(20 min., silent, color)

Topic: Clinical procedures, tests, hypnosis, psychotherapy.

Use: Advanced psychology classes, medical courses, clinical psychology, psychiatry, psychiatric social workers.

DIAGNOSIS OF CHILDHOOD SCHIZOPHRENIA

(35 min., sound)

This film, made at the Brooklyn Juvenile Guidance Center with actual diagnostic and treatment sessions with the staff, several patients, and their families, depicts the procedures and techniques utilized in arriving at a diagnosis of the inherent difficulties of a disturbed child. Emphasizes the necessity for sound diagnosis, developing a constructive treatment plan, but also an open minded attitude, permitting change in treatment as assessment progresses. The film focuses on differential diagnosis of childhood schizophrenia, mental retardation, which may present similar symptoms.

Use: Professional groups.

FEELING OF HOSTILITY (35 min., sound)

The case history of Claire, from early childhood when her father dies suddenly, to her development into an outwardly successful "career woman." A trailer added to the film, reviews and emphasizes the episodes in the girl's life which contribute to her emotional maladjustment. Second of "Mental Mechanism" series.

Use: Psychiatrists, psychologists, social service, teachers. Also useful in therapy with patients.

FEELING OF REJECTION (35 min., sound)

This is the case history of Margaret who learned in childhood not to risk disapproval by taking independent action. The film shows the harmful effects of her inability to engage in normal competition and analyzes the causes of her trouble. We see her childhood relationship with her parents and the factors which contributed to her later development. Shows therapy which helps the girl to face and examine her problems and finally to break away from the habit of blind obedience established in early life.

Use: Parent teacher groups and professional groups.

THE KEY (31 min., sound)

In actual scenes from mental hospitals, "The Key" counterposes the tragedy of untreated mental illness against the dramatic recovery of patients brought back to their homes and families by the latest psychiatric treatment. It describes in warm human tones the role played by doctors, social workers, psychologists, nurses, and aides in bringing health to the mentally ill.

Use: General public, professional groups.

THE LONELY NIGHT (65 min., sound)

This film dramatizes modern psychiatric treatment and prevailing concepts of preventive mental health. The childhood of Caroline, an emotionally disturbed young woman, is contrasted with the wholesome growing-up of Cathy, Steve, and Tommy in a happy family relationship. "Lonely Night" refers to six hours of intense misery and mental confusion in the life of Caroline Cram, which she recalls through psychiatric therapy. Caroline's experience is symbolical of the dark hours in the life of all emotionally disturbed patients.

Use: Recommended chiefly for psychiatric teaching and other professional groups, not appropriate for the lay audience.

MAN IN SHADOW (55 min., sound)

A dramatic presentation of the experiences of Paul Foster and his relatives as he becomes mentally ill, requires state hospital care and treatment. The patient is never seen, only his voice discloses his secret thoughts and great fears. Dr. John Porterfield, Director of Ohio's Department of Mental Hygiene and Corrections, briefly sums up the significance of the film. Loaned by Smith, Kline and French Laboratories to Iowa Mental Health Authority.

Use: For adults only, County Mental Health Chapters.

MAN TO MAN (30 min., sound)

The story of a psychiatric aide who takes a temporary job in a state hospital, and decides to stay permanently when he realizes there is much satisfaction to be gained from playing an important role in the treatment that brings mentally ill patients back to health.

Use: State hospital personnel, professional groups, and general public.

MENTAL SYMPTOMS SERIES ARE LISTED BELOW:

These films are not suitable for the general public and their distribution is restricted to professional audiences such as physicians, nurses, social workers, psychologists and as a teaching aid for such students. These films present the characteristic picture of symptoms manifested in the following diagnoses:

Schizophrenia: Simple-Type Deteriorated	(11 min., sound)
Schizophrenia: Catatonic Type	(12 min., sound)
Schizophrenia: Hebephrenic Type	(13 min., sound)
Paranoid Condition	(13 min., sound)
Organic Reaction Type: Senile	(10 min., sound)
Depressive States—Part I	(12 min., sound)
A mild depression with pronounced motor agitation.	
Depressive States—Part II	(11 min., sound)
A more severe depression with marked retardation.	
Manic State	(15 min., sound)
Folio A. Deux	(15 min., sound)

NATIONS MENTAL HEALTH (18 min., sound)

An over-all picture of the mental health problems in America, the passage of the National Mental Health Act to implement training, research, and community services. Standards of personnel, various types of treatment, and the services of a community clinic are discussed and illustrated.

Use: General public, professional groups.

OUT OF THE SHADOWS (18 min., sound)

This is one of the rare films where a patient, Harry Gordon, (fictitious name), and other patients gave their permission to use their early history, the symptoms of mental illness, treatment and recovery, hoping this contribution would help others walk "out of the shadows." The film portrays various types of treatment, the patients gradual recovery and return to community life. It is an excellent film for illustrating the psychiatrists role in psychotherapy.

Use: Professional groups, clubs, churches; best adapted for adults.

OVER-DEPENDENCY (30 min., sound)

Story of a young married man whose inability to face the ordinary problems of life stems from a childhood too dependent on his mother and sister. He develops multiple, vague physical complaints in addition to an inability to maintain a consistently adequate vocational adjustment. Through psychiatric treatment, patient loses his somatic complaints.

Use: Professional groups and lay public.

A PLACE TO LIVE (24 min., sound)

This film begins with the dramatic enactment of the conflicts and tensions created in a young family's home where the grandfather needs special care. Through a counselling service the couple learn of community resources available where the grandfather may be cared for, become happy in living with other people of his age and physical and mental infirmities. This film raises the question of how communities can prepare for the care of the aging population.

Use: High schools, clubs, P.T.A., general public.

PROBLEM DRINKERS (20 min., sound)

Depicts man's change from moderate drinking to uncontrolled excess. Shows contribution of courts, Yale Medical School research, and psychiatric study in courses of alcoholism. Through Alcoholics Anonymous, the patient (a sick man) regains his health and position. There is some mention of community responsibility for treatment.

Use: Junior and senior high schools, colleges, lay and professional groups, Alcoholics Anonymous, and State Institutions.

PSYCHIATRY IN ACTION (40 min., sound)

Illustrates treatment of functional neuroses, shock therapy, psychotherapy, and other methods in hospitals of England dur-

ing World War II. A British Film. While informative, sound is not clear.

Use: Students of psychology, psychiatry, mental hygiene and public health, general public.

SOMEONE WHO CARES (22 min., sound)

Shows the ways in which individuals can participate in a mental hospital volunteer program, and some of the social and recreational needs of mental hospital patients. It suggests the extent of mental illness in our country today and encourages lay people to offer their services as mental hospital volunteers.

Use: Staffs of mental hospitals, social agencies, community groups, and general public.

TO SERVE THE MIND (25 min., sound)

This film shows Dr. Andrew McLeod, overtaxed and severely depressed, becomes mentally ill and requires hospital care. This film not only shows treatment but also how the wife is helped through a community resource, such as a psychiatric clinic, to face the problems of mental illness. It illustrates the wide range of facilities available today.

Use: Colleges, professional groups, as a teaching film.

THE STEPS OF AGE (25 min., sound)

A production of the National Film Board. The story of Mr. and Mrs. Potter faced with retirement and adjustments of later life. This film is designed so that all people will understand that they must begin early in life to adjust to the problems which all human beings must face when they grow old. The Steps of Age will be of particular interest to those who live with older people and who by understanding them, can make life happier and more rewarding. Film should be previewed for sound adjustment.

Use: General public, professional groups, churches.

WE, THE MENTALLY ILL (30 min., sound)

The first public program ever enacted and narrated by mental patients. Filmed at St. Elizabeth's Hospital, Washington, D.C., a historic drama from the life of Dorothea Lynde Dix, documenting progressive methods of treatment. Loaned by Smith, Kline, and French Laboratories to Iowa Mental Health Authority.

Use: General Public and professional groups.

WORKING AND PLAYING TO HEALTH (35 min., sound)

A dramatization of recreational, occupational and industrial therapies in a mental hospital. Actually photographed in a state institution, this picture is a behind the scenes record of how these techniques are used effectively to help the patient back to health.

Use: Especially recommended for all employees of hospitals for the mentally ill.

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