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# Iowa Mental Health Authority

State Office Building

Des Moines, Iowa

**THIRD BIENNIAL REPORT**

Ending June 30, 1954

Published by the  
State of Iowa  
Des Moines

STATE OF IOWA  
HONORABLE LEO A. HOEGH, Governor



# Iowa Mental Health Authority

**WILBUR R. MILLER, M.D.**  
DIRECTOR

Director of Psychopathic Hospital  
Iowa City, Iowa

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State Office Building

Des Moines, 19, Iowa

### **LETTER OF TRANSMITTAL**

Honorable Leo A. Hoegh, 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 Third Biennial Report for the period ending June 30, 1954.

Respectfully submitted,

WILBUR R. MILLER, M.D.,  
Director.

## FOREWORD

The Honorable Leo A. Hoegh  
Governor of Iowa

The Iowa Mental Health Authority was made the responsibility of the Psychopathic Hospital at the State University of Iowa by the Fifty-Second General Assembly through a Joint Resolution. Our duties are to aid in the promotion of mental health through encouraging the organization of community mental health centers, supplying of literature and films, to aid in the training of professional personnel, and to encourage the work of organizations in the state interested in this field. The funds come entirely from the National Mental Health Institute, as a branch of the Public Health Service of the federal government. Through the help and advice of an Advisory Committee on Mental Health, consisting of E. G. Zimmerer, M.D., Commissioner, State Department of Health, C. C. Graves, M.D., Director of Mental Institutions, Board of Control, Mr. Robert C. Lappen, Member, Board of Control, and H. C. Merillat, M.D., Medical Director of The Retreat, this Director has been enabled to formulate policies that have been peculiarly adaptive to Iowa. The Central Office, located in the State Department of Health, has continued to be under the direction of Mrs. M. Opal Fore, Executive Director, and in her professional capacity as a social worker, she has helped and advised the mental health centers in their many problems.

With the expanding public interest in mental health, it is clearly indicated that each state will be asked to take a more active role. It is my earnest conviction that Iowa will take a lead in supporting such a project and that the experience and organization of the Mental Health Authority will be looked to as the natural body for expanding this work.

This report will give the people of Iowa some indication of what has been achieved with a relatively small amount of federal money and that the value of increasing mental health activities is apparent.

Our experience is that those communities who, on their own, have done the most to support their mental health centers, have been the most successful. We feel that this same principle applies to states, and that those states, not content to let the federal government carry the burden, will be the ones who achieve the greatest amount of success in mental health programs.

Respectfully submitted,  
Wilbur R. Miller, M.D.  
Director, Iowa Mental Health Authority

June 1954.

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# THIRD BIENNIAL REPORT IOWA MENTAL HEALTH AUTHORITY

## PART I

### PURPOSE AND SCOPE

This report is edited as a popular handbook for the general public. There is widespread interest in the Mental Health Program for Iowa, as evidenced by the many requests for information from elementary and secondary schools, colleges, clubs, and other groups.

In no sense is this a statistical report. The Authority publishes also a *Directory of Psychiatric Facilities in Iowa* and an *Annual Terminated Case Report for the Mental Health Centers*. These statistics are compiled and edited by the Division of Vital Statistics, Iowa State Department of Health, and are available upon request.

This report covers public and private hospitals, clinical services, and the mental health educational program for prevention of mental illness in Iowa.

Although this report is dated June 1954, much of the factual data and information is for a later date, 1955.

## PART II

# THE NATION'S MENTAL HEALTH

### Mental Illness—The Number One Health Problem

The mental health of our people is a travesty on our culture and civilization. Present day transportation, lighting, heating, construction of homes, research, and scientific inventions add to the ease and comfort of living, but increasing mental illness remains a specter in America.

It is estimated that 9,000,000 people in the United States are suffering from some form of mental illness, and 2,400,000 are subnormal mentally.<sup>1</sup> One out of every twelve persons will spend some part of his life in a mental hospital.<sup>2</sup> At present more than one out of every two hospital beds in the United States is occupied by a mental patient. Over ninety-seven per cent of all mental patients are in public hospitals, and about two per cent are in private hospitals.

The cost for care in public hospitals is approximately \$690,000,000. Mental illness annually costs \$2,867,000,000 for maintenance, care, treatment, and loss of earnings.

### Can This Cloud On Our Civilization Be Lifted?

These costs in human suffering, earning power, and financial loss are staggering, but there is some light on the horizon.

It has been said, "The treatment of mental illness is in the throes of a revolution." But, revolutions always come through great leadership, sacrifice and usually loss of life. On the national level there is strong leadership, consecrated to the prevention and alleviation of mental illness.

### The National Institute of Mental Health

"This National Institute is one of seven National Institutes of Health—research arm of the Public Health Service, United States Department of Health, Education, and Welfare—located in Bethesda, Maryland."<sup>1</sup> Legislation passed by Congress in 1946 authorizes expenditure of federal funds for Research, Training, and Community Services.

The director of the staff of the National Institute of Mental Health is Robert H. Felix, M.D. Chief of the Community Services Branch is Curtis G. Southard, M.D. The Community Services Branch provides consultation to the states from the

<sup>1</sup> *Mental Illness*, Hearings Before Committee on Interstate and Foreign Commerce, House of Representatives, Eighty-third Congress, October 7, 8, and 9, 1953.

<sup>2</sup> Dr. Benjamin Malzberg, *The Expectation of Mental Diseases in New York State 1920, 1930, 1940 in Trends of Mental Disease*, 1945, Kings Crown Press, New York.

<sup>1</sup> *Public Health Service publication*, No. 20, revised 1954.

Regional Offices of the United States Public Health Service. Iowa is one of seven states of Regional Office VI located in Kansas City, Missouri.

The staff for the Mental Health Service is as follows:  
Charles F. Blankenship, M.D., Medical Director  
Robert L. Leon, Psychiatric Consultant

### **Research**

About \$6,000,000 a year is spent on research. Of this, approximately \$4,000,000 comes from the Federal Government, \$500,000 from private sources, and foundations, and \$1,500,000 from state sources.<sup>2</sup>

### **Training**

Since the National Mental Health Act was passed, there has been a marked increase in trained personnel. In 1940 there were fewer than 1,000 psychiatrists, there are now over 8,000. About 2,300 psychiatrists, clinical psychologists, psychiatric social workers and nurses have been trained. About seventy per cent have entered public service. Grants have been made to 117 graduate training centers to improve training for psychiatric personnel. Federal grants made to professional organizations enable them to hold conferences on curriculum improvement.

Regardless of the increase in psychiatric personnel, there is still great need for more trained and experienced psychiatrists and allied disciplines.

### **Community Service**

Perhaps no other field of mental health service has attracted such widespread interest and support—federal, state, and local—as the Psychiatric Community Clinic. In 1952 clinics were available in 1,154 communities in the United States; this is double the number of clinics in 1940. The National Institute of Mental Health allotted \$2,325,000 for grants-in-aid to states for the fiscal year beginning July 1, 1954. When the National Mental Health Act was originally passed (1946) about \$3,550,000 was allotted for community services.

Child Guidance Clinics are not new in the United States, some were established early in the twentieth century. Largely under the leadership of the National Committee for Mental Hygiene, Juvenile Court judges and psychiatrists, Child Guidance Centers and outpatient clinics were established in larger cities as an adjunct to the courts, or as outpatient service from state hospitals.

<sup>2</sup> Committee on Interstate and Foreign Commerce, *Health Inquiry*, U. S. Government Printing Office, Washington, 1954.



The significant contribution of the National Health Act was the pattern of the mental health center. The organization and service of such a Center is discussed by Robert H. Felix, M.D., in the article, *How a Child Guidance Clinic Can Help the Troubled Child*.<sup>1</sup> "In most clinics today a psychiatrist, social worker, and clinical psychologist work together. The psychiatrist heads this team of professionals. He is a doctor who after graduation from medical school has specialized in treatment of children's emotional problems." The psychiatric social worker and clinical psychologist each has his special function in the clinic.

Clinics have long been conceived as preventing juvenile delinquency. Some interesting studies have revealed that this type of clinic, rather than the diagnostic type clinic, can reduce juvenile delinquency. This fact is brought out in the publication of the Children's Bureau, *The Effectiveness of Delinquency Prevention Programs*.<sup>2</sup>

**THE NATIONAL MENTAL HEALTH COMMITTEE**  
**1129 Vermont Avenue, N.W.**  
**Washington 5, D.C.**

Co-chairmen, Mrs. Albert D. Lasker, Mrs. Florence Mahoney  
Executive Director, Mike Gorman

The governors of forty-six states serve as Honorary Chairmen. The Committee is in a strategic position to influence legislation and has helped to secure more adequate support for mental health programs such as research, training, and community services. This Committee assembles the most up to date, authentic information on mental illness in the United States. These facts are given to congressmen, professional groups, and the general public.

**THE AMERICAN PSYCHIATRIC ASSOCIATION**  
**1785 Massachusetts Avenue, N.W.**  
**Washington, D.C.**

This association of the medical profession, founded in 1844, has now a membership of 8,730 psychiatrists (May, 1955). Only 4,615 psychiatrists hold diplomas from the American Board of Psychiatry and Neurology. Perhaps the field of greatest need is for child psychiatrists of which there are probably not more than 150 in the United States. There is published a monthly newsletter. At the Annual Meeting, held in the spring, scientific papers are presented on all

<sup>1</sup> Robert H. Felix, M.D., *How A Child Guidance Clinic can help the Troubled Child*, U. S. Department of Health, Education, and Welfare, Public Health Service, with permission of *Family Circle Magazine*, 1952.

<sup>2</sup> Helen L. Witmer and Edith Tufts, *The Effectiveness of Delinquency Prevention Programs*, U. S. Department of Health, Education, and Welfare, Washington, D. C.

phases of mental illness and treatment. It is the one channel for dissemination of the most recent discoveries for prevention and treatment of mental illness.

**THE NATIONAL ASSOCIATION FOR MENTAL HEALTH**  
**1790 Broadway**  
**New York 19, New York**

This is the citizens' movement in mental health, a private voluntary organization established September 1950, through merger of the National Committee for Mental Hygiene, the National Mental Health Foundation, and the Psychiatric Foundation. Dr. George S. Stevenson is the Medical Director. There are now many state and county organizations affiliated with the National Association.

There is a year round program of publicity through a newsletter, *The National Association for Mental Health Reporter*. Funds are given for research. Mental Health Week, early in May, is sponsored through lectures, publicity by the press, radio, television, and pamphlets.

This association has stimulated interest in legislation and improved treatment and care for the mentally ill in state hospitals, local community clinics, and psychiatric wards of general hospitals.

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

The Governors' Conference, at its forty-first annual meeting in June 1949, adopted a resolution authorizing the Council of State Governments, 1313 E. 60th St., Chicago, Illinois, to make a comprehensive and factual study of the activities and facilities of the several states in the field of mental health. These reports, *The Mental Health Programs of the Forty-eight States*, and *Training and Research in State Mental Health Programs*, have been invaluable in pointing up the need for better state hospital facilities and increased training and research. At this conference there was adopted a ten point program as follows:<sup>1</sup>

1. The major share of a state's mental health resources must be used for care and treatment of patients. Increased appropriations for personnel and intensive treatment should be provided by the legislatures.

2. Training and research should have increased appropriation for discovering new methods and training much needed personnel.

3. The ultimate reduction of population in state hospitals can be achieved only by preventive measures such as early

<sup>1</sup> Excerpts from "A Ten Point Program on Mental Health," *State Government*, Volume XXVII, No. 3, March 1954, p. 48.

treatment, after care and supervision of those who leave. States should encourage public and private agencies in this field.

4. Less than one per cent of the total state mental health budgets are expended for research. This should be increased.

5. Effective training and research programs require organization. A position of director of training and research, with a technical advisory committee, should be established within the state mental health agency.

6. State institutions which are not accredited for residency for the various mental health disciplines should have support to establish such training facilities.

7. The states should provide stipends for graduate training in the psychiatric field.

8. One important obstacle to adequate evaluation of procedures and therapies is the lack of statistical methods. All states should cooperate with the United States Public Health Service and the American Psychiatric Association in uniformity of reporting.

9. States should set up regional mental health conferences, provide for pooling of research and training facilities.

10. State and community mental health organizations should play important roles in educating the general public. States should support mental health education in schools—good relationships between hospitals and surrounding communities.

At the Midwestern Regional Governors' Conference, November, 1954, it was recommended that each state appropriate 5% of all mental health funds for research and training.

## TREATMENT OF THE MENTALLY ILL

Encouraging as are these national movements which marshal leadership from the highest echelon in government down to the lay public at the cross roads, there are also some scientific advances. Electro-shock, insulin, the whole range of psychotherapy, chemo-therapy, and brain surgery have all alleviated suffering and aided recovery. The newer drugs chlorpromazine and reserpine hold promise.

### Personal Interest

A century ago Dorothea Lynde Dix (1802-1887), the crusader, worked alone to arouse the public conscience in the United States, Canada, Scotland, and Continental Europe to humane treatment and care of patients, then neglected and abused. It is appropriate that the Centennial Issue of *Mental Hospitals* pays tribute to her courage.

Winfred Overholser, M.D., Fifth Superintendent of St.

Elizabeth's Hospital, in his introduction "What is Past is Prologue"<sup>1</sup> delves into the records of the old state hospitals to glean their methods. He describes these early psychiatrists as "giants in the earth." They did not have the techniques and drugs of modern science, but they emphasized "moral treatment." This was the psychiatrist's "personal" interest in the patient, his respect for the patient's personality and integrity. Dr. Overholser questions whether modern psychiatry and ancillary disciplines may have lost this personal interest. In looking ahead he says, "Let us hope that during the next hundred years there will be an increasing recognition, once again, of the needs of the patients for the respect of others, and the respect of himself."

<sup>1</sup> Winfred Overholser, M.D., "What is Past is Prologue," *Mental Hospital*, VI, No. 5, 1955.

## PART III THE MENTALLY ILL IN IOWA

### 1. The Board of Control

In line with improvements in other states, the program under the Board of Control has advanced with more community centered activities. Newer therapies, additional staff, including psychiatrists and ancillary disciplines, have resulted in the return of more patients to the community. The Linn County Mental Health Center, Cedar Rapids, Iowa, has an agreement with the County Board of Supervisors to give service in rehabilitation of patients on convalescent leave.

In our Second Biennial Report (1952) it was reported that 13,268 patients were, on June 30, 1952, in federal, state, and county facilities. In 1954 there were 12,786 patients in public hospitals. This is a healthy trend, a reduction of 482 patients in two years.

### 2. Private Mental Hospitals

In our Second Biennial Report it was reported that 630 patients were in private mental hospitals on June 30, 1952. In 1954, 418 patients were in private mental hospitals. This reduction of 212 is partly due to the fact that one institution listed in 1952 as having 101 mental patients, is now licensed as a nursing home. We would presume that an unknown number of patients formerly in mental institutions are now in private nursing homes. Thus comparisons are illogical.

### 3. General Hospitals With Psychiatric Beds

Two years ago there were five, and today (1955) there are ten hospitals with psychiatric beds. The number of patients in two years has increased from sixty-two to 199. This is a healthy trend. These patients receive short time therapy; they are spared the humiliation which unfortunately still exists regarding commitment, hospital care, and loss of legal status.

The community and the patient thus benefit from care in the local community, where patients are treated by psychiatrists in private practice. There are now seventy-three psychiatrists in Iowa, whereas two years ago there were only sixty-six psychiatrists.

### 4. Hospital Care

In 1954, there were 13,403 patients in public and private hospitals and county farms, compared to 13,950 two years ago, which is a decline of 447. This raises the question of whether the decrease is due to patients being released from hospitals earlier, or do the psychiatric clinics, which treated 4,433 patients, really prevent hospitalization. Perhaps this decline is due to both factors.

**MENTAL PATIENTS IN INSTITUTIONS IN IOWA<sup>1</sup>**  
**June 30, 1954**

**Government Hospitals**

**Federal**

Veterans Administration, Knoxville (including on leave) ..... 1,507

**State Hospitals**

**Board of Control**

Cherokee Mental Health Institute ..... 1,400

Clarinda Mental Health Institute ..... 1,321

Independence Mental Health Institute ..... 1,266

Mt. Pleasant Mental Health Institute ..... 1,350

Anamosa Criminal Insane ..... 72

**Schools for Mental Defectives**

Glenwood State School ..... 1,953

Woodward State Hospital and School ..... 1,563

**Board of Education**

Psychopathic Hospital ..... 54

**County Facilities**

County Homes ..... 2,300

Total ..... 12,786

**Private Mental Hospitals**

St. Bernard's Hospital, Council Bluffs ..... 174

Davenport Psychiatric Hospital, Davenport ..... 59

St. Joseph Sanitarium, Dubuque ..... 140

The Retreat, Des Moines ..... 45

Total ..... 418

**General Hospitals With Psychiatric Beds**

Veterans Administration, Des Moines ..... 40

Veterans Administration, Iowa City ..... 33

Allen Memorial Hospital, Waterloo ..... 11

Iowa Methodist Hospital, Des Moines ..... 21

Burlington Hospital, Burlington ..... 2

Mercy Hospital, Burlington ..... 3

Methodist Hospital, Sioux City ..... 14

St. Joseph's Mercy Hospital, Sioux City ..... 42

St. Joseph's Mercy Hospital, Clinton ..... 4

St. Luke's Methodist Hospital, Cedar Rapids ..... 24

Broadlawns Polk County Hospital, Des Moines ..... 5

Total ..... 199

Grand Total ..... 13,403

<sup>1</sup> Midwestern Regional Survey on Mental Health Training and Research, November 1954.

## 5. Costs for Hospital Care in Iowa

Two years ago the estimated costs for hospital care for mental patients was \$17,357,169.00. In 1954 the cost had increased to \$18,187,279.42, or \$830,110.42, which is an increase of 4.7%, not out of line with the rising costs of living.

### Patients in Our Communities

We still have no statistics or formula for estimating the number of patients mentally ill in our communities. We know, however, that a total of 4,433 patients were treated in the psychiatric clinics of Iowa, that clinics have waiting lists, and that general practitioners are seeing many neurotic and emotionally disturbed patients.

### Total State Expenditures For All Mental Health Services July 1, 1953 to June 30, 1954

#### State

Maintenance and Operation	\$13,550,654.31	
Expenditure Capital Outlay	4,305,727.96	
	<hr/>	\$17,856,382.27

#### State Hospitals (4)

Maintenance	\$ 5,115,554.85	
Capital Outlay	2,285,850.00	
	<hr/>	\$ 7,401,404.85

#### All Other Mental Health Facilities

Maintenance	\$ 8,343,099.46	
Capital Outlay	2,019,877.96	
	<hr/>	\$10,454,977.42

These expenditures include capital appropriation and operating expense for the following:

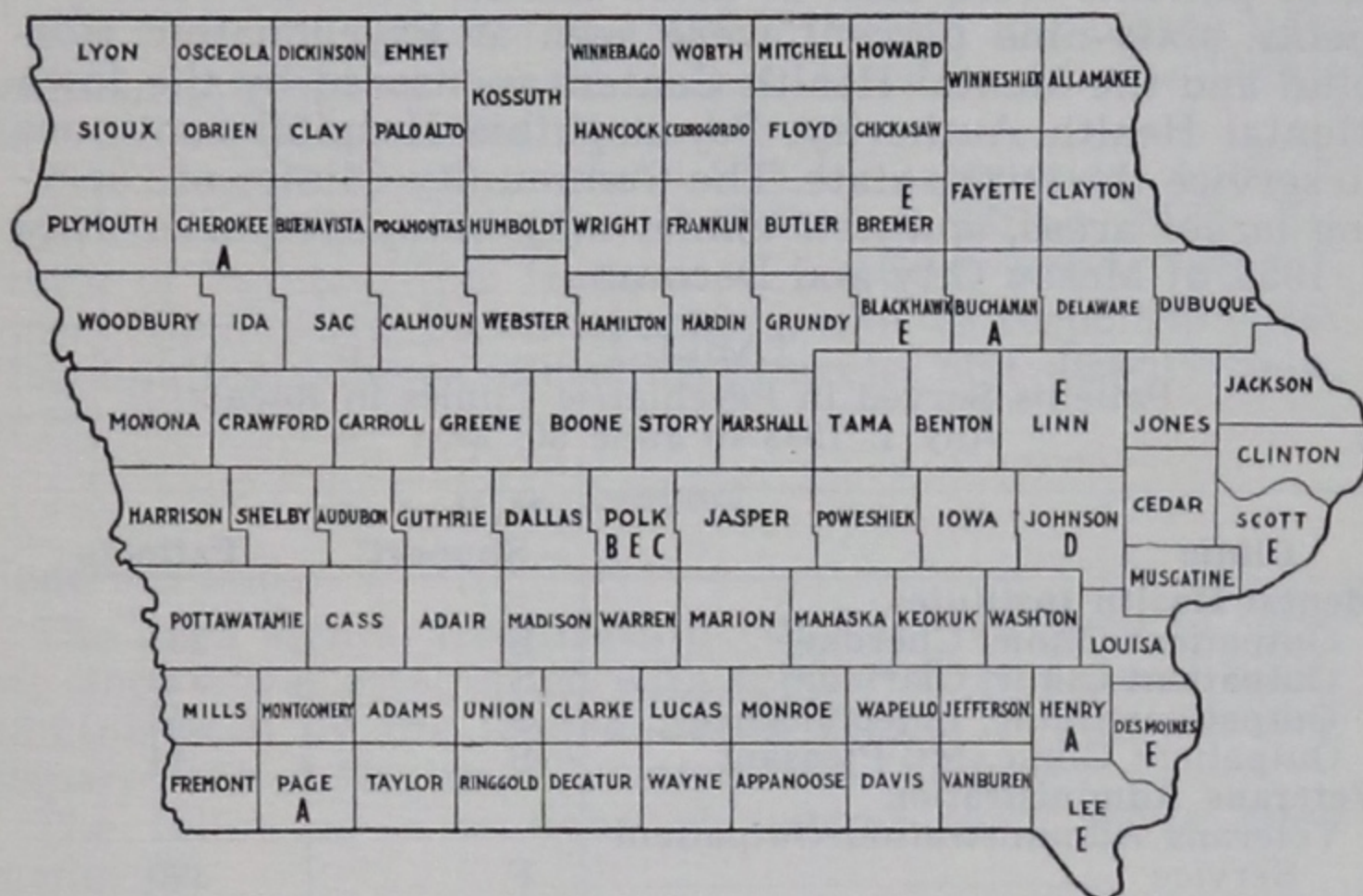
- Psychopathic Hospital, Iowa City
- Hospital for Epileptics and Schools for Mentally Retarded
- Veterans Hospital, Knoxville
- Broadlawns Polk County Hospital, Des Moines
- Mental Health Clinics
- Private Mental Hospitals
- General Hospitals with Psychiatric Beds

### Total Expenditures For All Mental Health in Iowa

Public and Private Hospitals and Psychiatric Clinics	\$17,856,382.27	
Board of Control Appropriations for County Farm and Custodial Care	332,897.15	
	<hr/>	
Total		\$18,189,279.42

## PART IV

### PSYCHIATRIC CLINICS IN IOWA



#### A. Mental Health Institutes

1. Cherokee
2. Clarinda
3. Independence
4. Mt. Pleasant

#### B. Veterans Administration

5. V.A. Outpatient Service, Des Moines

#### C. County Hospital

6. Broadlawns Outpatient Clinic, Des Moines

#### D. Psychopathic Hospital

7. Outpatient Clinic Iowa City

#### E. Iowa Mental Health Authority

#### 8. Black Hawk County Mental Health Center, Waterloo

9. Bremer County Child Guidance Center, Waverly

#### 10. Des Moines Child Guidance Center, Des Moines

#### 11. Des Moines County Mental Health Center, Burlington

#### 12. Lee County Mental Health Center, Keokuk

#### 13. Linn County Mental Health Center, Cedar Rapids

#### 14. Scott County Mental Health Center, Davenport

### Definition

“Outpatient Psychiatric Clinic. A Clinic is defined as a psychiatric outpatient service for ambulatory patients, where a psychiatrist is in attendance at regularly scheduled hours and takes the medical responsibility for all the patients in the Clinic.”<sup>1</sup>

### Diagnosis and Treatment in Local Communities

The increase in diagnostic and treatment clinics and psychiatric beds in general hospitals indicate the public is beginning to realize the need for early intensive treatment in the community and local hospitals.

<sup>1</sup> National Institute of Mental Health, U. S. Public Health Service, Department of Health, Education and Welfare, Bethesda, Md., July 1, 1954.



Up to June 30, 1954, there was an annual increase of over four hundred patients seen. Case loads indicate a much higher rate of increase since that date. Table I indicates 4,433 patients were seen at these clinics. Of these 4,433 patients, sixty-nine percent were seen at Psychopathic Hospital and the Mental Health Centers sponsored by the Iowa Mental Health Authority. Psychopathic Hospital continues to service the entire state. The Community Clinics are serving larger areas, and new clinics may be opened after July 1, 1955, at Mason City and Decorah.

TABLE I  
Patients Served in Psychiatric Clinics in Iowa  
July 1, 1953 to June 30, 1954<sup>1</sup>

Clinic	Method of Support <sup>2</sup>	Patients	
<b>Mental Health Institutes</b>			
Outpatient Clinic, Cherokee .....	S	233	
Outpatient Clinic, Clarinda .....	S	329	
Outpatient Clinic, Independence .....	S	253	
Outpatient Clinic, Mt. Pleasant .....	S	44	
<b>Veterans Administration</b>			
Veterans Administration Outpatient Service .....	F	390	
<b>County Hospital</b>			
Broadlawns Outpatient Clinic Des Moines .....	C	107	
			1356
<b>Psychopathic Hospital, Iowa City</b>			
Outpatient Clinic .....	S	1404	1404
<b>Mental Health Authority</b>			
Black Hawk County M.H.C. Waterloo	F.C.P.	339	
Bremer Co. Child Guid. C., Waverly	F.P.S.	48	
D.M. Child Guid. C., Des Moines .....	F.C.P.	354	
Des Moines Co. M.H.C. Burlington .....	F.C.P.	207	
Lee County M.H.C., Keokuk .....	F.C.P.	106	
Linn Co. M.H.C., Cedar Rapids .....	F.C.P.	320	
Scott Co. M.H.C., Davenport .....	F.C.P.	299	1673
		Total	4433

<sup>1</sup> These statistics were submitted for the Training and Research Survey for the Governors' Conference, November 1954.

<sup>2</sup> Method of Support  
S—State  
F—Federal  
C—County tax  
P—Private

## PART V

### THE IOWA MENTAL HEALTH AUTHORITY

The National Institute for Mental Health has blazed new trails in preventing mental illness. All states in the Union now have a Mental Health Authority.

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

#### 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

##### State Funds:

There is need for state funds to support the entire program, including existing clinics and to stimulate the establishment of new clinics in other areas of the state.

##### County Funds:

Through legislation enacted April 16, 1951, (see Code of Iowa, 1954, Chapter 230, Sec. 230.24) the County Board of Supervisors may appropriate money from the County Insane Fund for psychiatric examination and treatment in each county where they have facilities for such treatment (County Mental Health Centers). Any county not having such facilities may contract through its Board of Supervisors, with any other county which has such facilities.

These county funds have greatly contributed to the stability and extension of clinic service in Iowa.

It is estimated that \$80,228.00 or thirty-four per cent of the total budget, including all the clinics, for the fiscal year ending June 30, 1956, will come from county funds (see page 23).

### **Program**

The prevention of mental illness may have many facets unknown today. Mental illness is not one disease but perhaps many disease entities. Only research will reveal the etiology and proven methods for prevention and treatment.

Through the years the content of the program has changed, but some basic concepts have been preserved.

Mental health concerns everyone. The complexities of civilization, and the anxiety and hostility engendered by war and keen competition, are world-wide causes for mental ill health.

### **Early Treatment**

As previously mentioned the growth of the community mental health centers in Iowa has been encouraging. About one half the budget has annually been allocated to these mental health centers, seven are well established and two to be organized soon. All centers have two important functions—treatment of adults and children with early symptoms of mental disorder, and mental health education in the community. As indicated by Part VI, "Psychiatric Clinics," the clinics are expanding and there is a noticeable trend toward clinics serving an area instead of a one county unit.

### **Mental Health Education**

Hopefully, technical and scientific discoveries will be made as mental health education moves forward. The program for the first few years was in the nature of a demonstration.

### **Preventive Psychiatry in Public Schools**

**July 1, 1952 to June 30, 1954**

RALPH H. OJEMANN, Ph.D.  
Child Welfare Research Station  
State University of Iowa  
Iowa City, Iowa

The "Preventive Psychiatry in Public Schools" program moved forward on three fronts: Research, Workshops, and Teacher Institutes.

In research we are attempting to answer the question, what happens when we help teachers to understand child

behavior and they in turn teach children to understand the forces that operate in their social environment?

By using experimental and control groups involving approximately 400 children we have been able to show that children make significant gains in their adjustments already at the elementary school level as a result of the Preventive Psychiatry Program. There is also reason to believe that we can reduce still further the incidence of behavior difficulties.

To carry out this research we trained a corp of teachers in both Cedar Rapids and Tipton schools and we developed considerable content extending from the primary grades into high school. No less than fifteen papers and articles were published on this research during the two years.

Each year we have attempted to train through our summer workshop teachers and administrators from other school systems who became interested in our program. These workshops enrolled 73 persons in the two-year period.

Some of the fruits of our work as well as an indication of the confidence we have built over the past years appeared in the spring of 1954 when the Iowa Department of Public Instruction asked us to chair the committee for developing and executing plans for the 1954 teacher institutes. This program was carried through successfully. The institutes throughout the state centered on the theme, "Child Behavior and Mental Health" and were attended by both rural and urban teachers.

A further indication of the results of our past work appeared in the fall of 1954 when we were asked by the National Education Association and the Department of Classroom Teachers to prepare a booklet for national distribution on *Personality Adjustments in the Classroom*. This publication already has a wide distribution.

### **Institutes**

These were demonstration projects. From July, 1949, to November, 1953, thirty-six institutes and workshops were sponsored for teachers, nurses, parents, Federated Womens' Clubs, physicians, etc.

It is gratifying that now other state departments such as the State Department of Health, the Department of Public Instruction, and the State Board of Social Welfare have held institutes and workshops on the Child's Emotional Health and Personality Development.

### **Forum**

Sponsored by the Iowa Mental Health Authority, thirty-seven state departments and agencies met in early 1952 and

continued their meetings at irregular intervals until the spring of 1954. A "Children's Committee" became interested in a Residential Treatment Center for Children. As the Iowa Association for Retarded Children was also interested in a center for research and training, a "Citizen's Committee" sponsored legislation, which was passed in modified form.

### **Pamphlets**

Thousands of pamphlets are distributed annually, the greatest number dealing with the subject of child health and development.

### **Flims**

There is an increasing number of mental health films which portray various aspects of state hospital treatment and care; these are teaching aids for the staff. Other new films illustrate the services of the child welfare worker, the Family Society, the public health nurse, and the clinic team.

Schools use these films most extensively.

### **Speakers' Bureau**

Requests continue to come for speakers before large professional groups and also smaller rural congregations and clubs.

## **THE FUTURE**

### **Psychiatric Consultant Services**

The demonstration is passed. There is widespread interest in mental health and psychiatric services. It is hoped a psychiatrist on the staff of the central office will be available to other state departments, mental health centers, social agencies, and groups in program planning for institutes, seminars, and other consultant services.

### **Extending Clinic Services**

Although the Mental Health Authority is dependent on federal funds for support, the availability of county funds has encouraged communities to plan for new mental health centers. Community Chests and individuals have been generous. There are three communities interested in organizing mental health clinics—Mason City, Decorah, and Dubuque. The county is no longer an economical unit, the service will need to cover larger areas, and there is exploration of this possibility.

### **Improving Clinical Services**

Psychiatric consultation will result in evaluation of the

treatment programs. More seminars and in-service training for staff will bring greater satisfaction on the job, and thus enhance the services for the patient. In no small measure, the compilation of statistics on terminated cases has become a tool for interpretation to local communities and shows results of psychiatric treatment. These statistics will be increasingly valuable for special studies and research.

## PART VI

### MENTAL HEALTH CENTERS SPONSORED BY THE IOWA MENTAL HEALTH AUTHORITY

#### **The Beginnings**

The first clinics sponsored by the Authority opened only six years ago at Burlington (March 17, 1949) and at Davenport (April 1, 1949).

As nearby communities learned how children and adults were helped and that federal funds were available, leading citizens organized Boards of Directors and opened clinics at Cedar Rapids (October 10, 1949), and at Waterloo (March 1, 1950). Des Moines Child Guidance Center added a psychiatrist to its staff July 1, 1950. Waverly opened September 15, 1952, and Keokuk on November 15, 1953.

These clinics are all in Eastern Iowa. In the northern part of the state, Mason City and Decorah have been given an allocation to open after July 1, 1955.

#### **Location**

No mental health center is encouraged to organize without the approval of the County Medical Society, health and welfare agencies, and other leading citizens in the community.

One clinic is an integral part of the City-County Health Unit, another shares the reception office with the County Health Center. Two are located in a public building, and one is in a separate building. One is in a Children's Home, another in an elementary school building.

#### **The Clinic Team**

All these clinics are open full time; the psychiatrist, as Medical Director, is available from one day to half time each week. These ten psychiatrists leave their private practice for this community service; they not only treat patients but have regular conferences and seminars with other staff members. Fifteen psychiatric social workers, (five part time) and nine clinical psychologists (three part time) make up the clinic teams. Supervised field work, internships for psychologists, and residencies for pediatricians are included in training programs.

#### **Support**

The growth of these clinics has been phenomenal when one considers that local support, both public and private, became the life stream of all these mental health centers. Federal funds at first stimulated interest and either federal

and/or state funds will always be necessary for leadership, statistical reporting, and state planning.

### **An Estimate of Support for the Fiscal Year 1955-56**

As shown by Table II, the Community Chest is the strongest source of support with 40.64 per cent. The County Insane Fund is 34.07 per cent. Iowa Mental Health Authority support is estimated as only 8.39 per cent. While these are only estimates, the percentages will probably be fairly constant. The clinics have a higher percentage of support from fees and gifts.

TABLE II  
**Financial Support for Mental Health Centers**

Estimated Expenditure  
July 1, 1955—June 30, 1956

Source	Amount	Percent
Tax Funds		
Federal .....	\$ 19,760.00	8.39
County Insane .....	80,228.00	34.07
Other State Depts. ....	1,560.00	.66
Schools .....	4,830.00	2.05
Community Chests .....	95,687.37	40.64
Other Gifts .....	17,705.00	7.52
Fees .....	15,710.00	6.67
Totals .....	\$235,480.37	100.00

### **More Children Than Adults Come to These Clinics**

For the fiscal year ending June 30, 1954, to these seven clinics came 1,648 patients. Of this number 58 per cent were children and 42 per cent were adults. See Table III.

These are not clinics for long time treatment and cases are usually accepted which have favorable prognosis. Cases requiring long time care are referred to hospitals or private psychiatrists. Approximately the same number of cases were closed as were accepted during the year.



TABLE III  
 PATIENTS SERVED IN CLINICS SPONSORED BY IOWA MENTAL HEALTH AUTHORITY  
 July 1, 1953 to June 30, 1954

Center	Carried Over		New		Reopened		Recurrent		Case Load		Closed		Continued								
	Tot. Ch.	Ad.	T.	Ch. A.	T.	C. A.	T.	C. A.	T.	C. A.	T.	C. A.	T.	C. A.							
Black Hawk Co. M.H.C.	101	37	64	176	60	116	23	5	18	12	8	4	300	102	198	205	72	133	107	38	69
Bremer Co. Ch. Guid.	27	24	3	26	18	8	0	0	0	0	0	0	53	42	11	15	12	3	38	30	8
D. M. Ch. Guid.	53	51	2	282	282	0	47	47	0	9	8	1	382	380	2	274	271	3	117	117	0
D. M. County M.H.C.	51	28	23	172	74	98	14	7	7	5	2	3	237	109	128	169	72	97	73	39	34
Lee County M.H.C.	0	0	0	65	29	36	0	0	0	0	0	0	65	29	36	32	11	21	33	18	15
Linn County M.H.C.	92	54	38	219	71	148	31	8	23	20	5	15	342	133	209	260	92	168	102	46	56
Scott County M.H.C.	65	36	29	176	116	60	28	14	14	18	5	13	269	166	103	223	139	84	64	32	32
	389	230	159	1116	650	466	143	81	62	64	28	36	1648	961	687	1178	669	509	534	320	214

## **Statistical Reporting**

Through the Biometrics Branch of the National Institute of Mental Health, Bethesda, Maryland, statistics are compiled for all psychiatric clinics in the United States. Iowa began this compilation as a trial run July 1, 1953, and on July 1, 1954, participated with other states. These statistics indicate how the clinics vary in some respects, but also give a graphic picture of types of illness, intensity and length of treatment, results, and serve as a projectile for future planning.

Fortunately, the Division of Vital Statistics, State Department of Health, has made an extensive study of the cases closed in the calendar year 1954.

### **How Are Cases Referred?**

Of 1,215 cases closed, one third came of their own volition or with relatives, another third were referred by physicians. In Black Hawk County and in Des Moines County physicians referred nearly one half of the patients. Schools refer the highest percentage in Bremer County. While there is variation, it is evident that many social agencies and institutions use these community clinics.

### **What Are the Diagnoses**

Statistics are revealing. Of 1,221 terminated cases, 968 had a diagnosis of mental disorder. About one third (34.1%) had Transient Situational Personality disorder. These include the children with adjustment reaction of infancy, childhood, or adolescence. Hopefully, these patterns are not chronic but may be changed. Personality Disorders constitute 30.1% and are the inadequate personality, schizoid, anti-social, alcoholic, learning disturbances. The psychoneurotic are 17.1%, psychotic disorder 7.9%, mental deficiencies 6.7%, and acute brain disorder 4.1%.

Within the clinics there are wide variations, as to the age of patients, the kind of patients accepted varies also. For instance, Linn County with 29% of its patients accepted because of family discord, has nearly half (47.3%) with transient situational personality disorder. Lee County likewise has 51% in this category.

### **What Services Do The Clinics Give**

#### **1. Diagnosis and Treatment**

Nearly half (45.9%) of the cases closed received diagnosis and treatment. Of this number 72.3% or 405 were discharged as improved.

## 2. Diagnosis

About one third (36.9%) were diagnosed but not treated in the clinics. Presumably these cases were usually referred to a social agency, school, or court with a recommendation for treatment or disposition.

## 3. Other Services

Records on these cases indicate they are not inconsequential or minor services. Many interviews may have been held with other members of the family or agencies. In these cases the emotional climate of the home may change the lives of the patients or other children.

## Black Hawk Mental Health Center

420 West Eleventh Street, Waterloo, Iowa

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Since this center was opened March 21, 1950, there has been continued steady growth, especially in services to the schools and other social agencies. The County Board of Supervisors has shown unusual appreciation of the services through increased support.

This community has been fortunate in having able psychiatrists, but there were frequent changes in the clinic's early history. However, Dr. Wm. A. Tice located in Waterloo February 4, 1952, and this clinic has become a demonstration project for Northeast Iowa, stimulating interest in Bremer, Cerro Gordo, Winneshiek and Allamakee Counties.

A speakers' bureau, affiliated with the recently organized Black Hawk County Mental Health Society, has assisted the professional staff of the Center with its community education work. There are twelve members of this bureau who are well versed in some aspect of Mental Health. They are meeting the requests from religious, business, civic, and school organizations, who wish to become better acquainted with Mental Health problems.

As the services of the clinic are better understood, more patients have been referred. In 1953 alone, 339 individuals received diagnostic and treatment services, and another 168 received brief or minor services. The staff conducted 3,263 professional interviews with or about patients. Additional staff has been necessary. During 1954 a definite step toward more intensive treatment has been apparent; this therapy has resulted in more permanent improvement.

## Cerro Gordo County Mental Health Center

Mason City, Iowa

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During 1952-53, the Council of Social Agencies in Mason City made a study of special problems, asking the member agencies to list community needs. Leading the list was Mental Health. From that beginning there was organized a Mental Health Committee (1953). As in other communities of Iowa, a few consecrated men and women met together, discussed the community needs, resources and before long had estimated a budget for a Mental Health Center. Wisely did they plan, enlisted interest and support from county officials, physicians, teachers and many professional groups.

For speakers they called upon leaders in the field of Mental Health from Iowa and other states. Interest did not lag, and finally on January 27, 1955, there was held the first annual meeting of the Board of Directors when the Articles of Incorporation and By-Laws were adopted. From that time on this Board of Directors actively solicited funds. Undaunted by difficulties, this center plans to open as soon as staff is secured.

## Child Guidance Center for Bremer County

Lutheran Children's Home, Waverly, Iowa

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Mrs. Elmer Jacobs, Readlyn

The Child Guidance Center for Bremer County was opened September 15, 1952, as an outpatient service of the Lutheran Children's Home Society of Waverly. This is a Community Clinic. Office space, professional and secretarial staff are furnished by the Lutheran Children's Home, office equipment and funds have been provided by the Iowa Mental Health Authority, and psychological services are furnished by the Division of Child Welfare of the State Department of Social Welfare. The Advisory Committee is representative of professional organizations and other towns in Bremer County.

The Child Guidance Center has accepted referrals from both the local community and the children in residence at the Children's Home. Diagnostic service has been given to referrals from outside Bremer County, with reports and recommendations to the referring person. Referrals from both in and out of the county have come mostly from physicians, teachers and self referrals. Fees are charged on a sliding scale, but are very small and account for a limited amount of the income. An upward revision of the fee scale may be necessary in the near future.

In its first two years, September 15, 1952 through September 30, 1954, the Center has accepted sixty-seven cases for assistance in diagnosis and/or treatment. These sixty-seven

cases represent fifty-one families given help by the Clinic. Occasionally the diagnosis has not needed to include psychiatric evaluation. In only a limited number of instances has it been possible to involve both of the parents in treatment; in only a few instances has there been treatment of one or both parents without the child being seen following the diagnostic workup.

A project aimed to help interpret the work of the Center was undertaken in the fall of 1954 by the Music and Drama Committee of the Waverly Women's Club. This group prepared a playlet depicting one phase of Child Guidance Center work, based on a program entitled *Case History*, originally used in a radio broadcast during Mental Health Week. Direction, acting and staging was done by local citizens and the resulting presentation has been more effective in creating interest and understanding of the local Clinic, than would have been possible through use of the impersonal broadcast record. The playlet is now being given by invitation at PTA programs, and it is expected other groups will ask for it as knowledge of it becomes disseminated.

#### **"Betty Talks Again."**

Betty, age seven, was brought to the Center by her mother, and following a diagnostic evaluation, both Betty and her mother were seen regularly at the Center; Betty twice each week and the mother once each week. Betty was reported to have stopped her social development at age three, as dramatically seen in her refusal to talk. Betty was also extremely fearful and fear seemed to dominate her total life. Because of her inability to communicate Betty was never enrolled in school.

Betty's father deserted the family very early in her life, and until age three, Betty lived with her mother and maternal aunt and uncle. Betty's uncle was extremely strict, harsh and punishing. At age three, Betty's mother remarried and in many respects the step-father treated the girl as did the uncle. The new marriage was not a secure one and the step-father saw himself in competition with Betty to secure his wife's affections. Betty's behavior was not accepted by the father and the mother was excessive in her demands as far as cleanliness and behavior were concerned. Betty also had to adjust to two children resulting from the second marriage and the absence of the step-father from the home due to employment.

Betty showed rather normal development until the remarriage of her mother, at which time Betty stopped talking and returned to very infant-like behavior. Our focus at the Center was two-fold. We first had to determine if Betty was

feeble-minded and unable to change appreciably in behavior, or if she were emotionally disturbed to such a degree as to give a false picture of mental deficiency. Secondly, the focus with the mother was to help her face the realities in either possibility, and to help her to utilize her strengths most effectively to help her daughter.

Our work with Betty brought very slow, but rather consistent progress. In a short time Betty was using words, but merely to copy a word used by the worker, and always in a high-pitched false tone. It took over a year for Betty to occasionally speak a phrase or answer a question with a direct reply. Betty was able to handle her over-powering fears a little better, but not to the extent that she could trust herself to ride the playground merry-go-round or a tricycle. It became increasingly clear that Betty was suffering a severe emotional disturbance, but in many respects showed normal abilities.

From encouragement gained by Betty's progress, from support gained from sharing her problems with her worker, the mother was able to better understand her daughter, and could realistically face her own conflicts and how they were involved in Betty's problems. As the mother developed an understanding of her resentments, dissatisfactions, and discouragements, she was able to act more constructively in the interest of herself and her family.

The agency terminated its service to this family after it was necessary for the family to leave the community. The mother was strongly encouraged to continue to secure help in the new location. Treatment was not completed; however, marked progress was noted and we trust ground work was laid for further work with this family by another agency.

#### **"Susan Loses Her Fear."**

Susan was referred at age seven by her teacher because of inability to concentrate and complete assignments, nervous movements, and inability to adjust socially on the playground, as she was too timid to fight. The diagnosis of poor inter-personal and inter-family relationships was based upon interviews with members of the family by the social worker, psychologist and psychiatrist. A weekly interview schedule was set up for Susan and her mother, with separate social workers. In treatment with Susan, the primary purpose was to establish a relationship with a woman to enable her to experience a permissive and warm attitude to counteract her feeling that it was not possible to please or be close to women. This feeling was directly derived from her fear her mother would not like her if she were naughty. Once the relationship was established she could talk out, and occasion-



Research: The pressure of direct service needs limits the effort that can be devoted to the search for new knowledge. Data continues to be collected in areas of interest, but no studies have reached completion during this period. The center also participates in data collection with local, state and federal agencies.

Since July 1952 the center has made considerable progress both in staff and in clinic quarters. Personnel qualifications were rewritten in 1953 raising requirements for some positions, and additional positions were created at the beginning of 1954. These positions were filled during the summer of 1954 and the center now has the equivalent of five and one-half permanent full-time professional workers. These additions were designed to bring the staff into more effective balance of professional skills available.

In the summer of 1953 the center moved from overcrowded quarters on the fourth floor of the Garver Building to larger, better planned offices on the fifth floor. We have now a suitable waiting room and separate business office. In addition to separate offices for each worker we are able to set aside two rooms for play therapy and one for library and conference use. Preparation of the new quarters was made possible by a grant from the Rehabilitation Fund of the Des Moines Community Chest.

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

#### **"Agnes Can Again Play."**

Five year old Agnes was referred to the center by her pediatrician. A question of central nervous system disorder had been raised but could not be resolved. Agnes was described as hyperactive, destructive and uncontrollable. Neighbor children were not allowed to play with her. On one occasion police action was threatened because of her destructiveness. On examination of psychological functioning no evidence could be found for disorder due to brain damage. Agnes was observed over a period of two months in play sessions before a diagnosis of Adjustment Reaction of Childhood was reached.

Her mother was seen psychotherapeutically for a three month period. While it was not possible in this time to reach complete understanding of the mother's difficulty, she was able to recognize that she had anxious and depressed feelings and that these feelings interfered in the relationship

between herself and her daughter. This showed itself especially in her inability to provide adequate control for Agnes. Without the reassurance that mother could control her violence, Agnes felt bewildered, fearful and antagonistic. As work with the mother progressed the little girl's behavior improved. Treatment of the mother was terminated when Agnes was sufficiently improved that she could be taken on visits and could be permitted to play with other children in the neighborhood. The mother's difficulties were not completely resolved. She has however, achieved enough understanding to permit Agnes to develop more adequately.

#### **"Judson's Fears Diminish."**

Twelve year old Judson was referred jointly by the Public Schools and the Juvenile Court. For several months he had been stealing, absent from classes, frequently untruthful and sometimes showing peculiar behavior. As an example of this, it was described that he sometimes stood near his locker at school, reaching out repeatedly to touch the knob, apparently unable to leave the locker in order to attend his classes. His present surroundings were described as inadequate and unpleasant by the referring agencies. However, study revealed that while relationships in the home were indeed poor, the present home situation was not the most significant factor in his current difficulty. Study also revealed that the objects he stole were seldom of any intrinsic value, that he stole from his teachers, occasionally from his classmates, but never from any other sources. When Judson was seen at the center, he was at first unable to discuss his stealing or account for his other unusual behavior. The examiner was able to determine that truancy and untruthfulness were related to neurotic fears rather than to impulsive, pleasure seeking behavior. A tentative diagnosis of Obsessive Compulsive Neurosis was made which was confirmed in the course of subsequent treatments. Judson has been in psychotherapy for seven months and is showing marked improvement. It is expected however, that continued work over a long period will be necessary to resolve his neurotic difficulties.

## Des Moines County Mental Health Center

522 North Third Street, Burlington, Iowa

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The Des Moines County Mental Health Center opened March 17, 1949. For the past five years Dr. Wm. M. Crawford has given psychiatric service, and the clinic has made progress in service to the community, especially the schools and the courts. The Center has always been a strong diagnostic facility. The Board of Directors has made an analytical study of fee schedules in relation to residence and costs of service. The Community Chest has carried the major costs for this clinic, but the county and city have recently increased their support. With increased staff the Center will give more intensive treatment and extend their services.

### **"Bobby Finds New Interests."**

Bobby is a white, ten-year-old male, and was referred because of poor progress in school. When interviewed, the mother admitted that there was also a sexual problem in relation to other children. There is also considerable marital discord in the home, plus over-protection by the mother and overt rejection of the patient by the father. The father seems to prefer the older sister and shows her considerable affection.

Test results indicated Bobby to have bright average intelligence. Personality study revealed poor ego development, associated with a traumatic home environment and a rejecting mother who compensated with gross over-protection. The parents were seen for both psychotherapy and counseling, and after about two months, began to show insight into the cause of Bobby's difficulties. About three weeks later the parents reported much improvement in Bobby's behavior. He had signed up to play in "Little Lea-

gue baseball," and was socializing better. Even though this improvement is noted, the mother is still in contact with the Center for periodic evaluation.

### **"Guilt Feelings Overcome."**

Mrs. W. was referred because of severe guilt feelings and phobias, with compulsive hand-washing. She was a white, twenty-two-year-old female, who was seven months pregnant. She stated that she had a general feeling that everything she did was wrong, and had a fear of hurting someone.

She was of bright average intelligence with no organic deficit noted, and her history of illness and accidents was negative. The economic status was slightly above average. Due to a history of promiscuity she had many guilt feelings.

Diagnosis: Psychoneurosis, obsessive-compulsive traits, associated with guilt feelings.

Dynamics: Defective ego structure with feelings of inadequacy associated with early parental rejection. Promiscuity in adolescence, in conflict with religious beliefs, led to guilt feelings. The assumption of household duties and the onset of pregnancy sharpened her feelings of inadequacy to the point of threatened breakdown. The patient was seen by the psychiatrist for a period of five interviews, and upon the ventilation of her feelings and recognition of her concealed aggression, she began to improve rapidly and was able to resume limited household duties. After three more sessions she was discharged as improved. On a follow-up study after the birth of her baby, she showed good ability to handle the added member of the family.

Condition on closure: Improved.

## Lee County Mental Health Center

110 North Eighth Street, Keokuk, Iowa

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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 our facilities were immediately overtaxed, making efficient handling of the cases difficult. Referrals came from varied 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.

### **"Jim and His Twin."**

Jim is a 14 year old twin who for the past year had been doing poorly in school, was uninterested in activities he had previously liked and who felt, no matter what he tried he

wouldn't be successful in doing or that others would do it better than himself. He did not get along well with his twin brother, John, who was in the same classroom with him in school this year. Previously, they had attended different classes.

Examination indicated Jim to be of average intelligence but emotionally upset. Investigation disclosed the twin brother John to have elicited more acceptance in most things he did creating feelings of inadequacy in Jim. The family was engaged in a variety of activities leaving little time for building affectionate relationships within the home, causing Jim to feel even more inferior.

Suggestions were made to the family to help encourage individual capabilities in the twins, assisting Jim to find things he was proficient in to compensate for his feelings of inadequacy. The parents were helped to see how their busy life left little time for family activities and they were encouraged to plan more things that they could do as a family at which time they could more successfully show their love for Jim. To discourage rivalry between Jim and John it was planned that they each would develop friends along lines of their interests rather than to make efforts to dress alike and press them into one mold. During six months of observation, progress was consistently reported until now the family indicates the earlier symptoms to have almost completely disappeared.

#### **"A Depression With a Happy Ending."**

Mary is a pretty blonde girl of 21 years, referred to the Center by her physician after she had attempted suicide, the culmination to months of depression and a general lack of interest in her surroundings. On her first visit to the Center, Mary appeared pale, thin and listless. She was living away from her parents' home at this time, stating she had always had a very poor relationship with her father and had never been close to him. Mary was seen weekly by the psychiatrist for some time. Gradually she began to develop understanding of how she was reacting to her unfulfilled dependency needs. With this realization came improved control. She began feeling better, sleeping well and gained a little weight. On one occasion, she told the psychiatrist that she felt much less nervous, that she had had some talks with her father and they were understanding each other much better.

Over a period of months a dramatic change in Mary's attitudes and behavior took place. She became vivacious, her body tone and posture seemed much improved and her speech was inflected and less flat than before. In her last

interview in the office she stated she had developed considerable insight and understanding of her difficulties and was making progress in improving her adjustments to life. She was living back in her parents' home and stated that the relationships there were much improved. A few months after this case was closed, announcement was made in the newspaper of Mary's marriage.

## Linn County Mental Health Center

211½ First Street, S.W., Cedar Rapids, Iowa

### BOARD OF DIRECTORS (1955)

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The Linn County Mental Health Center opened October 10, 1949. This Center has continued to grow, as indicated by the expansion of some of the present programs and the introduction of new services.

The following represents an increase in the existing services:

(1) Increase in number of individuals seeking the services of the Center. This constant increase indicates a greater recognition of the Center's services by those applying for service, and by those referring individuals for services. Self-referrals have increased. In 1951 six doctors of the county's 125 referred individuals to the Center, as compared to thirty-three doctors referring individuals in 1954.

(2) Increase in personnel to meet the increased workload. One additional psychiatric social worker was added to the staff full time, and a second social worker works two half-days a week. This has helped relieve the situation to a degree but more help is needed.

(3) Increase in financial assistance from the County Board of Supervisors and the Cedar Rapids and Marion Community Chest, which supplements income from the Iowa Mental Health Authority, fees, and income from an endowment fund.

(4) Increased services to local and state agencies. The Center personnel continues to act as consultants to local



agencies. There has been an increased interest in tours and interpretation of the Clinic services. Visitors to the Clinic included student nurses from Mercy Hospital, Cedar Rapids, and from University Hospitals, Iowa City, staff members and ward aids from the Independence Mental Health Institute.

New services have been added in two fields as follows:

(1) Education and Training: Two graduate students from the School of Social Work, University of Iowa, are receiving their field-work training at the Center.

(2) On July 1, 1954, a program was initiated on the request of the Linn County Board of Supervisors, to give case-work services to families of patients being released from Mental Health Institutes, on a one year trial period, known as Convalescent Leave. This trial period is a test for the patient, his community, family, and the hospital. The patient is still under the care of the hospital and can voluntarily return or be returned by his guardian, without entering into legal commitment proceedings.

#### **"A Broken Home Restored."**

Mary, a married woman, thirty-eight years of age, with one child, came to the Center in search for greater happiness in her marriage. She had been married six years. During the first two years her husband completed college, then followed with a job which she felt was below his ability. She became aware of her method of getting her way by hysterical crying and becoming physically ill. This was to combat her husband's rigid demands, and immature, impulsive behavior. During the course of treatment her husband filed for a divorce, but immediately began wooing her back. This seemed to be the turning point; Mary became less demanding and could discuss issues without feeling defeated. Her husband relaxed his rigidity, and his impulsive, explosive behavior diminished.

#### **"Joan Recovers."**

Joan is a thirty year old woman, placed on Convalescent Leave from the Mental Health Institute at Independence. Both she and her husband were seen in their home. Joan's husband feels that she is quite sensitive about her two-year hospitalization, but seems to be making a good adjustment. At first he was fearful of leaving her home alone, but soon felt that she was her old self again. Joan had her own worries; she was fearful that she couldn't keep up her old pace, and that her friends were somewhat suspicious of her. She was eager to discuss this with a social worker, and we find she is making an all-out effort to regain her self-confidence.

On the other hand, her husband feels that the Center represents a reminder of her hospitalization, and is defensive about continued service. Periodic appointments will continue to be made and toward the end of her twelve-month Convalescent Leave, a summary will be submitted to the hospital personnel to evaluate her being considered for a discharge from the hospital.

**"Connie."**

Connie, six years of age, is the oldest of four children. She was brought to the Center by her mother because she had repeatedly expressed a wish to die, and claimed she was lonely and wanted to go to Heaven. Also, the schools had reported Connie was doing progressively poorer work, and was becoming a management problem. Connie was very immature and periodically reverted to baby-talk. She also had a conflict in the sexual area, e.g., wished she had been a boy. Connie and her mother were seen at the Center for over a period of a year. The mother became more assertive in meeting both her own and Connie's needs. Connie's school work improved remarkably, her wishes to die stopped, and she is adjusted better to her neighbors and siblings.

## Scott County Mental Health Center

57 Schmidt Building, Davenport, Iowa

### BOARD OF DIRECTORS (1955)

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Associate Psychiatrist  
Roland E. Erikson, M.D.  
Executive Director  
Kendrith M. Rowland  
Clinical Psychologist  
Mrs. Catherine W. Davis (Resigned  
1955)  
Secretary-Receptionist  
Mrs. Betty W. Croushore  
Malvin S. Hegreness (Resigned 1955)  
Mrs. Betty M. Reeves (Resigned 1954)

In the past two and one-half years, our center has probably made its greatest advance in its treatment program. This was made possible by the hiring of the second full-time psychiatric social worker. During this period, the center has continued to receive more patients including more children than adults, so that at the present time, approximately 66% of the cases are children seventeen years and under. The addition of the second full-time social worker made it possible for the team approach to be used, especially with children, with the development of play therapy and some attempts with group therapy with the parents of the children. In the past few years, also, our center has made considerable progress in improving our relationship with the schools. They are using the center more profitably to a mutual advantage both for the school and the families involved.

The staff at the center has continued being very active in Community Mental Health Education, being called upon to talk or lead discussions or show films to almost every type of organization in the community. The center has also been very fortunate in the past few years in getting the financial backing of the Davenport Business and Professional Women's Club, which has made large donations to the center's Trust Fund, which may in time be large enough for the center to expand to a building of its own.

### "Shy Bill."

Bill, a twenty year old single man, recently returned from service, was referred by a local physician for psychotherapy after the man contacted the physician because of pains in

his back and arms. There was nothing organically wrong with the man and the physician thought his symptoms were psychogenic in origin. He has always been a rather shy, introverted type of person and has no personal friends at the present time. His parents were divorced when Bill was about twelve, and he has lived with his mother. He has always wished he had a father and undoubtedly resents his father for having divorced his mother. He needed to talk out these feelings. Bill is cooperating well in keeping regular appointments at the center and we have been helpful to him.

**“Jack, of Superior Intelligence, Needed Help.”**

Jack, a twelve year old boy, was referred by the Juvenile Court because of truancy from school over a long period. His mother described him as undisciplined, dishonest, defiant and smart-alecky, with frequent outbursts of temper. He had difficulty making friends, was unable to maintain lasting interest in anything; but had a knack for getting a job when he wanted money. Jack's parents were divorced—he was the youngest of four children—lived in an overcrowded household of eight people. Psychological testing found Jack to have a very superior intellect with an Intelligence Quotient of 147. Although he had been in the seventh grade, he was capable of doing ninth grade work, with the exception of arithmetic. He was strongly attached to an over-protective mother who was unconsciously showing rejection of him. With Jack being the only male in the household, his position was difficult. The mother was assisted through attitudinal therapy and Jack placed in a private school.

# Winneshiek County Mental Health Center

Decorah, Iowa

## MENTAL HEALTH COMMITTEE

Mrs. M. J. Miller  
Rev. I. M. Gjellstad  
J. Ernest Ask  
Mr. and Mrs. Clair Kloster  
Mrs. H. P. Field  
Mrs. George Knudson

Kenneth Berger  
Ernest M. Owen  
Lester Larson, M.D.  
Ivan Kortkamp  
Charles G. Stoen

For about two years this group of citizens has been interested in a mental health center. Some local funds were available; the Iowa Mental Health Authority has made an allocation and the Board of Supervisors is interested. If personnel can be secured the clinic may open in the fall of 1955.

## **PART VII**

### **TRAINING AND RESEARCH**

There is urgent need for more funds for training and research in Iowa. As recommended by the Governors' Conference on Mental Health, Midwestern Area, November 1954, five per cent of all mental health funds should be set aside for training and research. This would yield approximately \$1,000,000 which would greatly relieve the shortage of trained, competent personnel, and produce some worth-while research on mental illness.

#### **Research**

It is recognized, however, that Iowa has had some interesting research projects as shown on page 49. Most of these projects have been financed by the United States Public Health Service and the National Institute of Mental Health. In three years, from July 1, 1952, to June 30, 1953, there was expended for research \$195,663.00.

#### **Training**

Iowa has not been so fortunate in training mental health personnel. Although the pattern was set by the Child Welfare Division, State Department of Social Welfare, which formerly trained about twenty-five students, other departments have not trained so extensively.

As indicated on page 48, from July 1, 1953, to June 30, 1955, the State University of Iowa expended from federal funds \$99,672.00 which represents twelve stipends for psychiatric nurses and seven stipends for clinical psychologists. The Mental Health Authority expended \$12,478.50 for training stipends from 1950 to 1952.

TRAINING STIPENDS FOR PSYCHIATRIC NURSES AND CLINICAL PSYCHOLOGISTS IN IOWA

July 1, 1953 to June 30, 1955

Grantee	Discipline	Amount	Source	No. of Stipends
1. State University of Iowa, College of Medicine	Psychiatry (Undergraduate)	\$27,500.00	U. S. Public Health Service	
2. State University of Iowa	Psychiatric Nursing	\$18,000.00	Nat'l. Institute of Mental Health	4
3. State University of Iowa	Psychiatric Nursing	\$22,066.00	U. S. Public Health Service	8
4. State University of Iowa	Clinical Psychology	\$32,106.00	U. S. Public Health Service	7
	Total	<u>\$99,672.00</u>		

RESEARCH AT STATE UNIVERSITY OF IOWA

July 1, 1952 to June 30, 1955

Institution	Project Title	Amount	Source
1. State Univ. of Iowa	Relation to conditioned response strength to anxiety in normal neurotic and psychotic subjects	\$ 4,000.00	U. S. Public Health Service
2. State Univ. of Iowa	Study of fear and anxiety in human and animal subjects	\$ 4,000.00	U. S. Public Health Service
3. Psychopathic Hospital State Univ. of Iowa	Research in schizophrenia and depression	\$ 4,000.00	U. S. Public Health Service
4. State Univ. of Iowa Child Welfare Research Station	Human relations in the class room	\$ 25,000.00	U. S. Public Health Service
5. State Univ. of Iowa	Development of conditioned fear responses	\$ 3,996.00	Nat'l. Institute of Mental Health
6. State Univ. of Iowa, Child Welfare Research Station	Effect of human behavior classes on adjustment of school children	\$ 54,648.00	Nat'l. Institute of Mental Health
7. State Univ. of Iowa, Child Welfare Research Station	Relation of language ability to concept formation of children	\$ 17,288.00	Nat'l. Institute of Mental Health
8. State Univ. of Iowa	Neurological basis of behavior	\$ 17,508.00	Nat'l. Institute of Mental Health
9. State Univ. of Iowa	Research in electroconvulsive shock in schizophrenia, and other projects	\$ 20,000.00	State Funds
10. State Univ. of Iowa	Basic site of action and mechanisms of electroconvulsive shock	\$ 4,914.00	Nat'l. Institute of Mental Health
11. Psychopathic Hospital, State Univ. of Iowa	Research and electroencephalograph	\$ 15,000.00	State Funds
12. Psychopathic Hospital, State Univ. of Iowa	Electroencephalograph, research in schizophrenia and neuroses	\$ 5,000.00	State Funds
13. State Univ. of Iowa	Analyses of the projective techniques	\$ 1,200.00	State Funds
14. State Univ. of Iowa	Other research projects	\$ 20,000.00	State Funds
Total.....		\$196,554.00	



**PART VIII**  
**FINANCIAL STATEMENT**

The following is a statement of expenditures from Federal Funds allocated to Iowa for the period July 1, 1952 to June 30, 1954 (inclusive).

	<b>Total</b>	<b>July 1, 1952 to June 30, 1953</b>	<b>July 1, 1953 to June 30, 1954</b>
Central Administration <sup>1</sup> .....	\$29,138.13	\$16,170.42	\$12,967.71
Preventive Psychiatry in Public Schools .....	7,065.03	3,785.69	3,279.34
Black Hawk County Mental Health Center .....	7,857.96	4,407.96	3,450.00
Bremer County Child Guidance Center .....	2,299.94	1,016.64	1,283.30
Des Moines Child Guidance Center .....	10,100.00	5,900.00	4,200.00
Des Moines County Mental Health Center .....	5,940.02	4,952.52	987.50
Lee County Mental Health Center .....	2,000.00		2,000.00
Linn County Mental Health Center .....	7,516.63	4,316.63	3,200.00
Scott County Mental Health Center .....	7,618.93	4,299.97	3,318.96
Accredited Training .....	1,727.50	1,727.50	
Non-accredited Training (Institutes and Staff Meetings)	2,331.92	1,476.84	855.08
Merit System .....	80.18		80.18
<b>Total</b> .....	<b>\$83,676.24</b>	<b>\$48,054.17</b>	<b>\$35,622.07</b>

<sup>1</sup> 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

**PART IX**  
**APPENDIX A**  
**IOWA MENTAL HEALTH AUTHORITY**  
**State Office Building, Des Moines, Iowa**

**Pamphlet List**

**June, 1955**

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
Name of Meeting	Location
	Date
<b>Mental Health of the Child</b>	
Babies Grow in Eating Habits—National Association for Mental Health	
Babies Grow in Toilet Habits—National Association for Mental Health	
A Better Chance for Mental Health for Children in Smaller Communities—U. S. Department of Health, Education, and Welfare	
Discipline Through Affection—Child Study Association of America	
For Your Baby's Mental Health—Health Publications Institute, Inc.	
Forgotten Children—National Association for Mental Health	
A Healthy Personality for Your Child—Federal Security Agency	
How to Help Your Handicapped Child—Public Affairs Pamphlet	
How to Teach Your Child About Work—Public Affairs Pamphlet	
If Your Child Is Slow—National Association for Mental Health	
New Hope for the Retarded Child — Public Affairs Pamphlet	
Self Understanding for Teachers—National Association for Mental Health	
Some Special Problems of Children—National Mental Health Foundation	
The Teacher and Mental Health—National Institute of Mental Health	

- .....Teacher Listen . . . The Children Speak—State Charities Aid Association
- .....What Every Child Needs—National Association for Mental Health

### **Mental Health**

- .....The Adolescent in Your Family—U. S. Department of Health, Education and Welfare
- .....The Effectiveness of Delinquency Prevention Programs—U. S. Department of Health, Education, and Welfare
- .....Emotions and Physical Health—Metropolitan Life Insurance Company
- .....How a Child-Guidance Clinic Can Help the Troubled Child—Natl. Inst. of Mental Health
- .....It's Good Business to Know Your Men—U. S. Department of Health, Education, and Welfare
- .....Looking Forward to the Later Years—U. S. Department of Health, Education, and Welfare
- .....Mental Health: A Local Public-Health Responsibility—Natl. Assn. for Mental Health
- .....Mental Health is a Family Affair—National Association for Mental Health
- .....Mental Health is Everybody's Business—National Association for Mental Health
- .....Mental Health is 1, 2, 3—National Association for Mental Health
- .....The Mind in Sickness and in Health—John Hancock Mutual Life Insurance Company
- .....The Retarded Child in the Community—National Association for Mental Health
- .....Security of Discipline—National Association for Mental Health
- .....There is Something You Can Do About Mental Health—National Association for Mental Health
- .....Twelve Facts About Mental Illness—National Association for Mental Health
- .....When Mental Illness Strikes Your Family—Public Affairs Committee
- .....When Parents Get Together—Child Study Association of America
- .....When You Grow Older—Public Affairs Committee
- .....Your Future and You—Metropolitan Life Insurance Company

### **Iowa Mental Health Authority**

- .....Third Biennial Report (1954)
- .....Directory of Psychiatric Facilities in Iowa (1954)
- .....Film List
- .....Pamphlet List

**PART X**  
**APPENDIX B**  
**FILM LIBRARY**

June 1955

**General Film Information**

All films in our library, sound and silent, are for 16 mm. projectors.

Borrowers should note carefully whether the film is silent or sound, as a silent film may be projected on a sound machine, but running a sound film on a silent machine would ruin the film.

The films should be returned on the day following the showing date; also the films should be returned on original reels and in the containers in which we send them.

**Showing of Film**

The person responsible for showing the film should be familiar with the content. Before showing the film, a brief introductory talk should mention the main points of the film. After the showing there may be a discussion giving emphasis to important subject matter presented in the film.

**Operation of Projector**

1. Be sure your projector is clean, as deposits of dirt and emulsion on the gate when hardened may cause deep scratches on the film surface.
2. Be sure all parts of projector are in good mechanical order.
3. Be sure the machine is threaded correctly, loops are of proper size, and sprocket teeth are properly engaged. During projection, feel the film lightly from time to time as it enters the take-up spool for strain or damage.
4. Show films only under your own supervision and on your own projector.
5. If a film is damaged, do not attempt repair, we have equipment and personnel for this work and prefer to take care of repairs.

**MENTAL HEALTH FILMS**

These films (requiring a 16 mm. projector) are available from the Iowa Mental Health Authority, State Office Building, Des Moines 19, Iowa. 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. The film must be returned promptly.

## 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.

### **A Baby's Day at Forty-eight Weeks** (20 min., sound)

Prescribes methods of infant care at forty-eight weeks. Demonstrates bathing, feeding, playing and sleeping. Emphasizes the importance of cod liver oil and orange juice in diet, and regular elimination. A Gesell Film.

Use: Teaching film for students of child psychology, child care and home study.

### **Behavior Patterns at One Year** (20 min., sound)

Presents a series of situations revealing normal behavior for infants of fifty-two weeks. Interprets reactions when the infant manipulates one, two, three and ten cubes. Other test situations are shown. A Gesell Film.

Use: Teaching film for child study, professional groups and parents.

### **Growth of Infant Behavior: Early Stages** (20 min., sound)

Traces rapid growth of early infant behavior patterns. Careful selection of scenes depicting typical and natural infant behavior. A Gesell Film.

Use: A teaching film for nurses, psychologists, social workers, child welfare workers. Useful for parents with a lecture.

### **Growth of Infant Behavior: Later Stages** (20 min., sound)

Reveals increasing ability of the growing infant to use his hands. Portrays the stages by which the hand grows from an almost useless organ to the instrument of human will. Drawings illustrate growth of prenatal hand. A Gesell Film.

Use: A teaching film for nurses, psychologists, social workers, child welfare workers. Useful for parents with a lecture.

### **Growth of Motor Behavior** (10 min., sound)

As a baby grows, he gains increasing command of his muscular system. Movements become more complex and controlled. Stages of development from four to five years. A Gesell Film.

Use: Teachers, social workers, nurses, psychologists and parents.

**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.

**Infants Are Individuals** (20 min., silent)

Every child's individuality asserts itself even in the child's infancy. Demonstrates this to show that distinctive infant behavior patterns persist in later life. A good film.

Use: Teachers, nurses, child welfare, other professional groups and parents of young children.

**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., sound)

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.)

**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.

## **Growth and Development of Pre-School Child**

### **A Child Went Forth** (20 min., sound)

A delightful picture of 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 education, child welfare workers, college students.

### **Early Play** (20 min., silent)

Play is self activity. The baby's play reveals his growing abilities. Stages of play and growth for eight weeks to six years. A Gesell Film.

Use: A teaching film for psychologists, social service, nurses and parents.

### **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.)

### **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 situations are described in which adults may help in 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.

### **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.

**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 parents' standard must be appropriate to child's age and attainments.

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

**Psychological Implications of Behavior During Clinic Visit**  
(20 min., silent)

Important clues to a child's emotional attitudes as seen from its overt behavior during the clinic at New York Infirmary for Women and Children. Observer will note significant differences in attitude for contrasting behavior of several children.

Use: Teachers, psychologists, psychiatrists, social workers and child welfare 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 types, develops a neurosis through the interaction of 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.

**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

### **Children's Charter** (16 min., sound)

The Education Act of 1944 gives every English child the right of free education including high school and further training if desired. New schools are being established everywhere to fill these requirements—technical schools, agricultural schools and young people's colleges.

Use: Education of parents, social agencies, community groups and the general public.

### **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.

### **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.

### **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 adjustments.

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

### **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.

### **Fears of Children** (27 min., sound)

This shows the origin of fears stemming from a 7-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-teacher groups, child study, mental health groups, social workers, nurses, and schools.

**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.

**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.

**A Study of Twins** (80 min., silent)

Topic: Maturation, growth, heredity, child development, social adjustment.

Use: Training parents and teachers and genetic psychology.

**Twins Are Individuals** (20 min., silent)

Identical twins are highly similar but not exactly alike.

A study of similarities and differences from 28 weeks to 6 years. A Gesell Film.

Use: Parents and teachers.

### **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 acquires 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 interests in airplanes, his probational period ends happily.

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

#### **That Boy Joe** (20 minute 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.

#### **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, in-

structive 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.

**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.

**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.

**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, color)

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.

### **Family Relations**

**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.

**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.

**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.

**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.

**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.

**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.

## THE LATER YEARS

### **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.

### **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.

## 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 workers.

### **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 counsellors; general public.

### **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.



**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 treatment 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.

**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 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 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**

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)
Folie 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.

**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.

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

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

**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.

**Miscellaneous**

**Fidelity of Report** (20 min., silent)

Topic: Observation, report and evidence.

Use: General, social and experimental psychology, journalism, criminology and law.

**The Unity of Personality** (20 min., silent)

Topic: Observation, report and evidence.

Use: General, social and experimental psychology, journalism, criminology and law.

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