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Iowa Mental Health Authority

State Office Building

Des Moines, Iowa

SECOND BIENNIAL REPORT

Ending June 30, 1952

Published by the
State of Iowa
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STATE OF IOWA
HONORABLE WILLIAM S. BEARDSLEY, Governor



Iowa Mental Health Authority

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DIRECTOR

Director of Psychopathic Hospital
Iowa City, Iowa

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State Office Building

Des Moines 19, Iowa

LETTER OF TRANSMITTAL

Honorable William S. Beardsley, 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 Second Biennial Report for the period ending June 30, 1952.

Respectfully submitted,

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

FOREWORD

The Honorable William S. Beardsley
Governor of Iowa

In submitting this Second Biennial Report, it gives great pleasure to the Iowa Mental Health Authority to feel that we are a part of a growing movement toward better mental health. In each community where we have been of assistance in promoting a clinic, and where we have aided in research and training, there has been a willingness to assume an increasing responsibility for self-support.

Without the generous donation of time and service by the members of your Mental Health Advisory Committee, this program would have been seriously curtailed. We are also indebted to the State Department of Health for the aid and assistance given to us. Mrs. M. Opal Fore has kept the program moving and has supervised the administrative and clinical activities. Her energy, tact and devotion have enabled us to utilize our small appropriation from the federal government much more widely than in most states. Only by increasing the participation of the communities, counties and state can we look forward to giving to the citizens of the state the service that they have shown, through their interest and support, they wish to have.

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

June, 1952.

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SECOND BIENNIAL REPORT IOWA MENTAL HEALTH AUTHORITY

PART I

PURPOSE AND SCOPE

The Second Biennial Report recounts what has been accomplished in the past two years in the area of prevention of mental illness and forecasts some developments of a future program.

Our First Biennial Report gave a brief historical review, told of the national program and presented some statistics on the number of patients hospitalized and the over-all cost for care of the mentally ill in Iowa. The development of psychiatric clinics, including a detailed account of the establishment of the five mental health centers sponsored by the Iowa Mental Health Authority, was included in the first report. This second report will bring us up-to-date on these items and will serve as a handbook for schools, clubs and organized groups. As there was unavoidable delay in publishing this report, some facts are included which represent a later period. These dates are indicated by a footnote.

The program of the Iowa Mental Health Authority has been well accepted in the state. The best citizens of Iowa supported legislation providing for county funds for psychiatric treatment. But the fountain head for this entire program is in the National Institute of Mental Health, a division of the U. S. Public Health Service. For the past five years, federal funds as grants-in-aid have entirely supported this department. For these funds, for leadership and guidance, the Mental Health Authority is deeply grateful.

PART II

RECENT DEVELOPMENTS IN MENTAL HEALTH

With the passage of the National Mental Health Act, July 1946, Congress recognized mental illness as of major importance. Psychiatrists, other leaders in the field of mental health, envisioned a program of national leadership with grants-in-aid to the states to "push back the tide of mental illness". The purpose of the Act was to provide for research relating to psychiatric disorders and to aid in the development of more effective methods of prevention, diagnosis and treatment of such disorders, and for other purposes.¹

At that time the program was set up to meet the apparent needs of preventing mental illness with funds appropriated for research, training and community services, usually regarded as early treatment on the local level and mental health education.

Something of these accomplishments are recorded in the following chapter. Research has moved forward, training has produced better qualified personnel, every state has now a Mental Health Authority, the number of mental health clinics sponsored by federal funds has doubled. In innumerable ways mental health information and orientation has touched industry, our social institutions and national life.

A Changed Economy and Way of Life

The past six years have seen great changes in our economy. The cold war, bloodshed in Korea, the rearmament program, great indebtedness have created fear, tension, hostility and insecurity. The basic human needs for all people affect America today. Not only the mentally ill need the professional services but everyone needs mental health—a state of total well-being. Information and factual knowledge is of little value unless there is a change in attitude, a learning experience.

For this reason this is not a job for a few people, but a few people must spearhead such a movement until it is integrated into all programs of health, education, welfare, industry and our civilization. For these other agencies and groups influence the individual in all stages of life—the child, youth, adult and aged. And the goals for all are a sense of trust, acceptance, integrity and human dignity.

¹Public Law 487—79th Congress.

PART III

THE NATIONAL PROGRAM

In the past six years the national mental health program has advanced under the direction of the National Institute of Mental Health, now a Division of the Department of Health, Education, and Welfare, Washington, D. C. In this period there has been stimulation and expansion of research, training and community services. Approximately \$10,500,000 has been appropriated annually for this program.

Our Research Center

Every American should take pride that we have the largest medical research center in the world, located in the suburbs of Washington, D. C., at Bethesda, Maryland. Here are the administrative offices of the National Institute of Mental Health.

And the study of mental health is on a par with other serious diseases, such as heart, cancer, arthritis and rheumatism, neurological disease and blindness. There are facilities for dental research and other experimental sciences.

Personnel

The Director of the Staff of the National Institute of Mental Health is Robert H. Felix, M.D. There are various branches under the following direction:

Branch	Chief
Professional Services Branch.....	Dr. Joseph H. Bobbitt
Training and Standards Branch.....	Dr. Seymour D. Vestermark
Research Grants and Fellowship.....	Dr. John C. Eberhart
Intramural Branch.....	Dr. Seymour S. Kety
Biometrics Branch.....	Dr. Morton Kramer
Neurophysiology.....	Dr. Wade Marshall
Social-Environmental Studies.....	Dr. John Clausen

The Community Services Branch

Federal funds are allocated to Iowa through the Community Service Branch.

Chief.....	Dr. James V. Lowry
Psychiatry Consultant.....	Dr. Curtis G. Southard
Psychology Consultant.....	Dr. Jerry W. Carter
Special Project Consultant.....	Dr. Harold M. Skeels
Psychiatric Social Work Consultant.....	Mr. Warren Lamson
Mental Health Nurse Consultant.....	Miss Pearl Shalit
Health Education Consultant.....	Mrs. Alice Spillane
Facilities Consultant.....	Dr. Paul H. Stevenson
Mental Hospital Consultant.....	Dr. Riley H. Guthrie
Psychiatric Nurse Consultant.....	Miss Mary E. Corcoran
Administrative Assistant.....	Mrs. Thelma W. Bowhay

The Community Services Branch provides consultation to the states from the Regional Offices of the U. S. Public Health Service. Iowa is one of six states of Regional Office VII, located in Kansas City, Missouri. These consultants are as follows:

Dr. Charles F. Blankenship, Regional Medical Director
Dr. James F. Maddux, Regional Psychiatric Consultant
Miss Helen Doyle, Psychiatric Social Work Consultant

Leadership

In this brief span of six years there has been participation in the World Health Organization, the Conference of State Governors, The White House Conference on Children and Youth (1950) and close cooperation with other national agencies, such as the National Association for Mental Health.

Due to the broad scope encompassed by mental health, liaison activities have been maintained with other departments of government and professional groups.

Institutes on "Human Relations in Public Health," "Education for Psychiatric Social Work," "A Conference on Mental Health in Schools and Teacher Education" are a few of the early educational projects. More recently have been conferences on "Alcoholism," "Drug Addiction," "Geriatrics," etc.

Demonstration Projects

Prince Georges County Mental Health Clinic at College Park, Maryland, and the Phoenix, Arizona, Mental Health Center were pilot studies using treatment of patients as the focus for community education and participation.

Training

From the beginning an important function has been the grants to medical schools for training in psychiatry for undergraduate medical students. In 1949, \$1,498,333 was awarded to 42 medical schools. Grants have likewise been made for training of other disciplines. Many states have used their grants-in-aid funds for training. In 1951 about \$300,000 was budgeted for stipends for 131 trainees. This included 29 in training for psychiatry, 33 in clinical psychology, 62 in psychiatric social work and seven in mental nursing.

Publications

"Patients in Mental Institutions, 1947," was the first census issued by the National Institute since transfer of

this function from the Bureau of the Census of the U. S. Public Health Service. The Biometric Branch brought to this service expert counsel. Through visits to the states by Dr. Paul Stevenson, these reports, issued annually, more accurately delineate and count the patients in mental institutions.

"A Draft Act Covering Hospitalization of the Mentally Ill" is the first comprehensive symposium of legal procedure to serve as a guide in drafting such legislation.

"Proceedings of the Research Conferences on Psychosurgery," are timely reports, indicating the work of twenty specialists from a wide variety of institutions.

In addition to such technical reports as above, there have been published many books, reports, brochures, and pamphlets interpreting mental health needs and information.

Public Awakening

The National Institute of Mental Health has stimulated and promoted mass communication such as films, radio and television.

Under the leadership of this National Institute, states and communities have responded to the challenge of mental illness; but without this leadership there would be a gradual loss of interest in prevention and in many states "the forgotten man" would again return to custodial care.

It behooves our state and national leaders to give adequate financial support to this movement, which in the long run will be a saving in human lives and financial costs.

PART IV
THE MENTALLY ILL IN IOWA
Patients in Our Institutions

1. The Board of Control

During the past two years the Board of Control has continued to have full responsibility for treatment and custodial care of patients at the four Mental Health Institutes, located at Clarinda, Cherokee, Independence and Mt. Pleasant. The feebleminded, epileptic and criminal insane are cared for at institutions located at Glenwood, Woodward and Anamosa.

With increased appropriations our Iowa institutions have moved forward in line with other states. There has been some improvement in commitment procedures. With the opening of out-patient clinics in all the Mental Health Institutes voluntary admissions have increased. The screening centers encourage better diagnostic treatments and rehabilitation facilities. The hospitals have become more community centered with Volunteers from the American Legion Auxiliary, the Red Cross and the Mental Hygiene Chapters. Through a series of thirteen live telecasts, "In Our Care," over WOI-TV, citizens of Iowa saw behind the walls of our fourteen state institutions, were face to face with the people "in our care".

The wards have been redecorated, there is more individualization and the number paroled has doubled.

Psychiatrists:

There has been much publicity on the need for better psychiatric service in our Mental Health Institutes, new apartments have been constructed, salaries increased; but there is still great need for well qualified psychiatrists.

Social Service:

More social service staff is needed in all our state hospitals. There is a wide gap and need for cooperative planning between the hospital staff and the local communities.

To relieve overcrowding more patients were transferred to the county farms. Unfortunately, these patients are practically without psychiatric observation or care.

The Psychiatric Aid:

Better living quarters, the forty-hour week, have helped to stabilize the attendant personnel. In-service training has, no doubt, increased competence.

2. Psychiatric Beds in General Hospitals

In the last ten years, twenty new psychiatrists have opened offices for private practice in Iowa. This has encouraged construction of psychiatric wards in general hospitals. In six general hospitals a total of 131 new psychiatric beds are contracted. These may seem like relatively small gains but they cover the state and serve many rural areas. Allen Memorial Hospital, Waterloo, plans to double capacity and the Board of Directors of Broadlawns Polk County Hospital is considering a thirty room psychiatric unit. With more community awareness of the need for early treatment, more early paroles and general acceptance that "mental hygiene is an inseparable part of the whole program of health conservation,"¹ more patients will receive treatment in their local communities.

With modern methods of psychiatric treatment, particularly electric and insulin shock, occupational and recreational therapy and pastoral counseling, the period of hospitalization is shortened. And yet, there remain in our public institutions and county farms, on one day, 13,258 patients, including the mentally defective.

In our private mental and general hospitals there are an additional 692 patients, or a total of 13,950 patients mentally ill in hospitals. According to our First Biennial Report (1950) there were 10,873 mentally ill in institutions. That report did not include the mentally defective of which there are 3,396 (1952). Excluding the mentally defective there are 10,554 mentally ill (1952) or a decrease of only 319 patients.

This is a decline of 3 per cent; it is not significant as population increase is not considered in this report.

MENTAL PATIENTS IN INSTITUTIONS IN IOWA

June 30, 1952

Government Hospitals

Federal

Veterans Administration, Knoxville (including on leave)..... 1,605

State Hospitals

Board of Control

Cherokee Mental Health Institute.... 1,434
Clarinda Mental Health Institute..... 1,302
Glenwood State School..... 1,843
Independence Mental Health Institute 1,498

¹Paul V. Lemkau, M.D., *Mental Hygiene in Public Health*, New York, McGraw Hill Company, 1949, page XIII.

Mt. Pleasant Mental Health Institute	1,396	
Woodward State Hospital and School	1,553	
Anamosa Criminal Insane.....	75	
		9,101
Board of Education		
Psychopathic Hospital, Iowa City.....		50
County Facilities		
Broadlawns Hospital.....	2	
County Homes (Transfers from State Institutions)	2,500	
		2,502
Private Mental Hospitals		
Clear Veiw Sanitarium, Davenport....	101	
Davenport Psychiatric Hospital, Davenport	104	
St. Bernard's Hospital, Council Bluffs	161	
St. Joseph Sanitarium, Dubuque.....	219	
The Retreat, Des Moines.....	45	
		630
Private Hospitals With Psychiatric Beds		
Allen Memorial Hospital, Waterloo....	9	
Iowa Methodist Hospital, Des Moines	19	
St. Joseph Mercy Hospital, Sioux City	14	
St. Joseph Mercy Hospital, Clinton....	13	
St. Vincent's Hospital, Sioux City....	7	
		62
		13,950

3. Costs for Hospital Care

With the increased costs of all services and commodities it is extremely difficult to estimate what these patients may have cost society.

The capital investment for these public and private institutions is conservatively estimated at \$30,000,000 based on reports of 1950. If the operating expense is \$17,357,169, there is the sum of \$47,357,169 tied up annually for the care and treatment of the mentally ill. No statistics are available on the total cost for the insane at the county farms. It is known, however, that about half of the resident population is classified as insane, and this estimate is made accordingly.¹

¹State Auditor's Report, page 203, (1949 statistics).

The annual cost for hospital care is much more than the estimated cost of \$17,357,169 as shown in the following tabulation. But even this represents an average cost per patient of \$1,244.31.

For research to find new ways of prevention and treatment, on the national level, society spends less than \$4 annually per patient.

From state funds, Iowa spends \$1,244.31 per patient annually for treatment and care and nothing for prevention and research. Research is extremely limited in Iowa as shown in Part VIII, and practically all such expenditure is from federal funds.

Costs for Hospital Care July 1, 1951 to June 30, 1952

Board of Control	
Estimated Costs paid	
by counties for patients	
at Mental Health Institutes (4)	
Schools for Feeble Minded (2)	
Criminal Insane	\$ 6,768,688 ¹
Amount Paid to Counties	
For patients transferred to	
County Farms at the rate of	
\$3 week.....	312,462 ²
Psychopathic Hospital	280,462 ³
Broadlawns Hospital and County Farms.....	1,415,230 ⁴
Private Mental Hospitals	3,780,000 ⁵
Private Hospitals with Psychiatric Beds.....	416,640 ⁶
Veterans Administration	4,383,687 ⁷
	<hr/>
Total	\$17,357,169

Patients in Our Communities

In Iowa, no one can venture a guess or estimate on the number of patients mentally ill in our communities, or the diagnostic classifications of such illness.

With our limited federal funds for prevention and research, it is more necessary that community surveys should be made to develop treatment and control methods. Such surveys have been made in Baltimore (1936), Tennessee

¹Board of Control Report.

²Board of Control Report.

³From "Iowa 1948 State Hospital Survey of Mental Health Facilities".

⁴State Auditor's Report (1950), page 203 (1949 statistics).

⁵Estimated from average \$500 mo.

⁶Estimated from average \$560 mo.

⁷Estimated from average daily cost \$7.50 (1952).

(1935) and elsewhere.¹ The former covered a population area of 55,000 inhabitants, the latter a population area of 25,000. These surveys show an incidence of 60.5 per thousand active mental disorders in Baltimore and 69.4 per thousand active and inactive mental disorders in Williamson County, Tennessee.

Both studies cover rather inclusive classifications, not only psychosis but psychoneuroses, conduct and behavior disorders, mental deficiency and psychopathic traits. With a population of 2,621,073 (1950) in Iowa, considering 60 patients per thousand as a minimum, a gross estimate would be 157,260 children and adults emotionally disturbed in our hospitals and communities. Such studies only indicate how little we know about the incidence of mental illness or other emotional disorders in Iowa.

¹R. H. Felix, M.D. and Morton Kramer, Ph.D., *Research in Epidemiology of Mental Illness*, Superintendent of Documents, U. S. Government Printing Office, Washington 25, D.C., 1952, pages 152 to 160.

PART V

THE IOWA MENTAL HEALTH AUTHORITY

The Authority has continued to operate under the original legislation, passed April 8, 1947. Wilbur R. Miller, M.D., Director, Psychopathic Hospital, Iowa City, continues as the director of the program. The Advisory Committee (see Page 1), representative of the Board of Control, the State Department of Health, and private psychiatry have given faithful service in formulating policies and administering the program.

Support

Iowa is entirely dependent on federal funds administered by the U. S. Public Health Service, Department of Health, Education and Welfare.¹

A formal request for \$50,000 annual appropriation for the biennium 1953-55 was made to the Comptroller for inclusion in the budget for the Fifty-fifth General Assembly. This request was not approved.

The following allocations of federal funds have been made:

Year Ending	Original Grant	Additional Grant
June 30, 1948	\$57,000	
June 30, 1949	59,707	\$15,592.94
June 30, 1950	62,900	13,830.90
June 30, 1951	54,700	6,495.48
June 30, 1952	49,400	3,279.91
June 30, 1953	49,000	2,094.76

The grants-in-aid for Community Services to the states have slightly decreased as indicated below:

1950	1951	1952	1953
\$3,550,000	\$3,200,000	\$3,100,000	\$3,100,000

As all states now have an official Mental Health Authority, there is less available to the various states as shown by the above decreasing allocations to Iowa.

There is much interest in mental health in Iowa with demands for clinics, for training stipends, for lectures, institutes, and other publicity. It is short-sighted to neglect the prevention of our number one health problem, and state funds should be appropriated.

County Funds

Although Iowa has failed to make a state appropriation for the Mental Health Authority, county funds have been legalized for psychiatric treatment.

¹This department was established April 11, 1953.

Through the initiative of the staff of the Mental Health Authority, the five Mental Health Centers, and such organizations as the Iowa Federation of Women's Clubs, American Association of University Women, Iowa Society for Mental Health, and the staunch support of the Legislators where the clinics are located, the Fifty-fourth General Assembly passed on April 16, 1951, an amendment to Senate File 108. This law authorizes the County Boards of Supervisors to expend, from the County Insane Fund, funds for psychiatric examination and treatment. As shown on page 17, the clinics received \$36,410 or 26 per cent of all their support from the county tax funds. This legislation has broadened the base and gives stability to our clinics.

Program

On February 5, 1952, the office was moved to the new State Office Building and now has adequate, attractive space on the same floor with the State Department of Health, which furnishes our personnel and financial accounting.

Although the program has broadened, the staff has remained relatively small. Wilbur R. Miller, M.D., director, has his office at Psychopathic Hospital, Iowa City, but is frequently in the central office in Des Moines. In the central office there are Mrs. M. Opal Fore, executive director, who is a psychiatric social worker, Mrs. Helen Van Cleave, who has responsibility for the Audio-Visual and Information Division, and an assistant secretary.

The medical staff of Psychopathic Hospital and professional staff from the University of Iowa, the State Board of Control, and private psychiatrists have served as leaders for the institutes and medical directors for the Mental Health Centers. Without their generous support the program could not have advanced so rapidly.

With each passing year the emphasis on Mental Health has changed. This is reflected in the state program and also the operation of our Mental Health Centers. The last two years have shown more integration of mental health into the program of other state departments and state agencies. There is more sharing of objectives. The Iowa State Department of Health has added to their staff a psychiatric nurse, Miss Geraldine Busse, R.N. She works in close cooperation with the Mental Health Authority and as a consultant to the nursing staff and also social agencies and groups. The Health Education Division has included Mental Health in their publicity.

All the state departments and agencies affiliated with the Mental Health Forum have a broader conception of mental health, which will influence their programs.

Early Treatment

The six Mental Health Centers are described in some detail in Part VII. They are better integrated into the communities receiving a decreasing allocation of federal funds. One new center located at Waverly, Iowa, was opened September 15, 1952.

Support for Mental Health Centers (1952)

		Per Cent
County Tax Funds.....	\$ 36,410	26
Community Chests	50,118	36
Iowa Mental Health Authority (Federal)	24,400	18
Fees	5,765	4
Other Private Funds	20,877	16
Total Expenditure	\$138,670	100

Training and Research

Due to curtailment of funds, accredited training has decreased; research in Iowa is not under direction of the Iowa Mental Health Authority.

Mental Health Education

Preventive Psychiatry in Public Schools

Under direction of Dr. Ralph H. Ojemann, instruction has included training of teachers, preparing and testing material at elementary level, preparing and testing material at secondary level, conducting the annual Workshop on Human Relations, and more widely disseminating the principles and philosophy of the project.

The Workshop is classified as accredited training as the University gives college credit.

The Iowa Mental Health Forum

By common consent of a number of state departments and private agencies the Iowa Mental Health Authority was authorized on March 12, 1952, to promote a Mental Health Forum. This has progressed as an experimental project; it is not an action group. It has tested out whether a voluntary organization with no authoritative control, can strengthen working relationships and thus raise the level of mental health.

Institutes

During the past three years a wide variety of institutes has been held from sessions of one day to two weeks, largely with leadership from within the state. As shown in chapter IX, page 43, these conferences have been held in all parts of the state at the requests of various professions and groups with local planning and participation. Most endeavor has been to reach teachers and parents with emphasis on human relationships within the classroom, the home and community. Such institutes recognize the teacher's and parent's mental health as reflected in the child's attitudes.

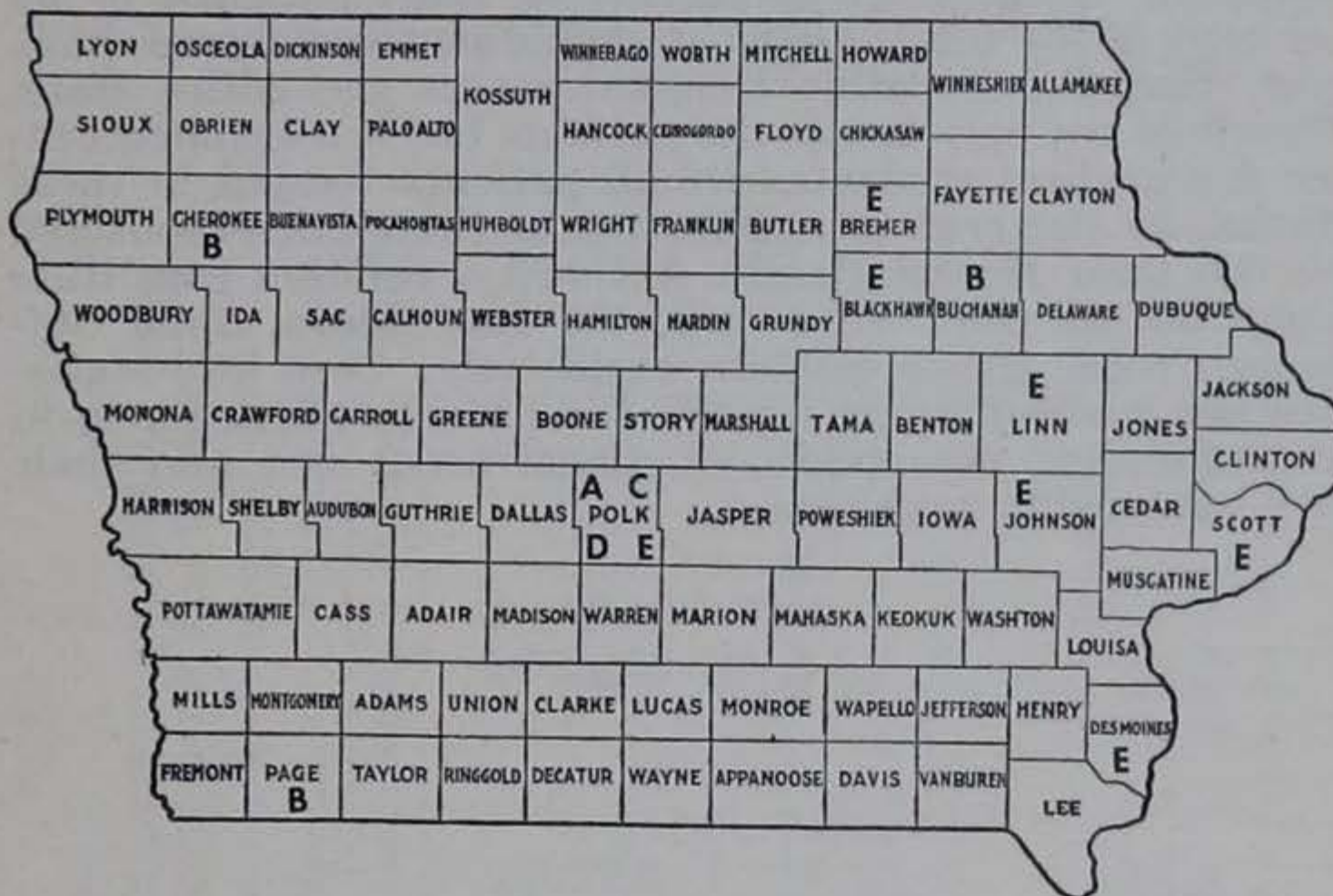
Pamphlets and Films

The quality of pamphlets and audio-visual media has changed and improved. There is less importance in the transmission of information but more understanding of motivation as it affects interpersonal relationships. With discussion leaders the theme of a film may become a learning experience which should be related to the group's interest and level of performance. As in other areas of education, mental health must become a living experience.

Speakers' Bureau

Psychiatrists and other professional personnel have given generously of their time. Many speakers have been referred for meetings of the Iowa Federation of Women's Clubs, Farm Bureaus, Health Councils, Mental Hygiene Chapters, and other groups.

PART VI
MENTAL HEALTH CLINIC DEVELOPMENT IN IOWA
Psychiatric Clinics in Iowa



A Private Hospitals

1. Dr. Herbert C. Merillat Clinic, Des Moines

B Mental Health Institutes

2. Cherokee
3. Clarinda
4. Independence

C Veterans Administration

5. V. A. Mental Hygiene Clinic, Des Moines

D County Hospital

6. Broadlawns Outpatient Clinic, Des Moines

E Psychopathic Hospital and Iowa Mental Health Authority

7. Outpatient Clinic, Psychopathic Hospital, Iowa City
8. Black Hawk Co. M. H. C., Waterloo
9. Bremer Co. Child Guidance Center, Waverly
10. Des Moines Child Guidance Center, Des Moines
11. Des Moines Co. M. H. C., Burlington
12. Linn Co. M. H. C., Cedar Rapids
13. Scott Co. M. H. C., Davenport

Definition

“A Psychiatric Clinic is a service for ambulatory patients which has a psychiatrist in attendance at regular scheduled hours.”²

The location of the Psychiatric Clinics, as shown on this page, is for June, 1952. Since that date, two new clinics, or a total of fifteen, have been approved. There are now out-patient clinics in all the Mental Health Institutes. Mount Pleasant opened in October, 1952. The Keokuk Mental Health Center for Lee County will open in 1953.

²Directory of Psychiatric Clinics—1952. The National Association for Mental Health, Inc., 1790 Broadway, New York 19, N. Y.

These clinics are located largely in Des Moines and the eastern part of the state. There are still unmet needs in large rural areas and some metropolitan centers.

As indicated by Table I, the Out-Patient Clinic of Psychopathic Hospital gives service to 1,404 patients, or 35 per cent of the total, 4,016. It should be remembered, however, that Psychopathic Hospital serves the entire state. The clinic not only treats the patients but is a training center for medical students. Of all patients treated in these clinics, 30 per cent are children. In the clinics sponsored by the Iowa Mental Health Authority, children constitute about 50 per cent. Of course, the Des Moines Child Guidance Center treats children exclusively. Case load statistics are misleading, as usually the parents require help in understanding the child's emotional needs and also their own personality problems.

TABLE I
PATIENTS SERVED IN PSYCHIATRIC CLINICS IN IOWA
 During One-Year Period July 1, 1951 to June 30, 1952

Clinic	No. of Cases 1st year		New Cases		Reopened Cases		Total Cases Served	
	Children	Adults	Children	Adults	Children	Adults	Children	Adults
Iowa Mental Health Authority								
Black Hawk Co. MHC.....	24	32	67	139	5	9	96	180
D. M. Child Guidance.....	57	2	254	3	76	1	387	6
Des Moines Co. MHC.....	23	13	71	82	5	4	99	99
Linn Co. MHC.....	33	51	60	107	3	2	96	160
Scott Co. MHC.....	41	40	72	62	7	17	120	119
State Hospitals								
Cherokee MHI.....	4	11	6	22	..	..	10	33
Clarinda MHI*.....	..	..	..	..	..	..	..	..
Independence MHI.....	..	22	3	385	..	4	3	411
Psychopathic Hospital.....	..	..	343	1,061	..	..	343	1,061
Broadlawns Hospital.....	..	..	3	80	..	3	3	83
Veterans Administration.....	..	96	..	86	..	85	..	267
Private Hospitals								
Dr. H. C. Merillat.....	..	..	65	375	..	..	65	375
Total.....	182	267	944	2,402	96	125	1,222	2,794

*Statistics not included.

PART VII

MENTAL HEALTH CENTERS SPONSORED BY THE IOWA MENTAL HEALTH AUTHORITY

There are six clinics in the state receiving funds from the Mental Health Authority, the last one established at Waverly, Iowa, September 15, 1952.¹ All of these clinics are open full-time, but have part-time psychiatrists, full-time psychiatric social workers and either full or part-time psychologists. In these clinics, there are ten psychiatrists, including Wilbur R. Miller, M.D., Director of the Authority, twelve psychiatric social workers (four being part-time), three full-time and four part-time psychologists. During 1952 one clinic, the Des Moines Child Guidance Center, gave supervised field work for social workers and supervision to psychological interns and pediatric residents.

Increasingly each year more time is scheduled for public relations such as board meetings, public speaking, seminars, group therapy and audio-visual discussion groups. The staff participates in public meetings not only in the local county but fills engagements in the surrounding territory.

In the fiscal year ending June 30, 1952, five clinics gave service to 1,362 cases (See Table II). Half of these cases were children. A careful evaluation was made of all cases closed (1,123) and 60 per cent were classified as improved.

Need for Residential Treatment Center

While it is believed not many children are actively psychotic, children are referred to the centers who are so confused and disorganized they are not amenable to treatment in a clinic setting. During the fiscal year 1952 there were sixty-six cases referred to these clinics which it is believed needed residential treatment and care. This group of clinics serves a population of one-fourth the state and a conservative estimate would indicate at least 264 children in Iowa should have residential treatment. The facts are further confirmed by the admission to our Mental Health Institutes of children under the age of eighteen years. At one time eight children were in one institution.

Annual Statistical Reporting

While, of course, the clinics have monthly and annual reports, there is no uniform system, comparable from state to state, and facilities for assembling such statistics for research. To become effective July 1, 1954 there will be the opportunity to participate in such reporting to the National

¹The Keokuk Mental Health Center for Lee County is in the process of organization to be opened July 1, 1953.

Institute of Mental Health. Such reports should more clearly indicate the type of service given (diagnosis only or diagnosis and treatment), length of treatment in relation to age groups and diagnosis, more careful evaluation and diagnosis of patients. Hopefully it should become a tool for analyzing what are the problems of mental illness in a community and how are we meeting these needs.

TABLE II
 PATIENTS SERVED IN CLINICS SPONSORED BY THE
 IOWA MENTAL HEALTH AUTHORITY
 July 1, 1951 to June 30, 1952

Center	Cont. at first of yr.	New	Reopened	Total	Closed	Cont. to next year
Black Hawk Co. M. H. C.	56	206	14	276	206	70
Des Moines Child Guidance	59	257	77	393	359	34
Des Moines Co. M. H. C.	36	153	9	198	158	40
Linn County M. H. C.	84	167	5	256	196	60
Scott County M. H. C.	81	134	24	239	204	35
Total	316	917	129	1,362	1,123	239

Black Hawk County Mental Health Center
420 West Eleventh Street, Waterloo, Iowa

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There has been much progress since July 1950 in the community's interest and support in Mental Health work. The Center has recently moved into new and adequate quarters. The offices now consist of six rooms, while formerly only three were available. There has also been a large increase in the desire for service and this has necessitated the employment of an additional part-time social worker. Local sources have made it possible for the Center to have an increase in finances each year.

It is felt that early treatment is most important at the present time. Much work has been done along the educational line. There are more people desiring service than can be adequately cared for with the present staff. Changes in the community's attitude toward mental health have been most encouraging. This is indicated by the fact that a local hospital has recently opened an 11 bed psychiatric unit. This now makes it possible for the mentally ill to be treated locally.

An interested group of citizens is now organizing a county chapter of the Iowa Society for Mental Health.

Case Study—Jimmy

Jimmy is a 6 year old, whose home was broken by divorce a year ago. He has an I. Q. of 115 and is the eldest of three siblings. The mother was given custody of the children. Jimmy was referred by the school officials since he had practically no control over his bladder and bowels. It was necessary for Jimmy to be sent home from school several times a day and often he was unable to attend school because of this condition. According to the psychiatrist, Jimmy's difficulty was due to emotional problems and it was recommended that both Jimmy and his mother be treated at this Center.

They were seen twice a week for eight weeks and after that once a week for four months. Jimmy's symptoms be-

came less severe after the first month and in the third month disappeared. He and his mother had a much better relationship when treatment was terminated.

Case Study—John.

John, a 40 year old father of two children, applied for help in his marital difficulty. He stated he had been married 15 years and could "stand matters no longer." He seemed extremely disturbed and depressed. He wept much of the time and when he was admitted had been off his job, where he is employed as a tool and dye maker, for four days. The diagnosis was depression and John and his wife were both treated for four months. During this period, John lost two days from his work. The family continued to live together and when John was last asked how he was, he stated, "I'm in the pink. You people there have something on the ball, but I'll be darned if I can figure out what it is."

Child Guidance Center for Bremer County
Lutheran Children's Home, Waverly, Iowa

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The Child Guidance Center for Bremer County was established in the fall of 1952 as an out-patient service of the Lutheran Children's Home Society of Waverly. In the spring of 1952 when the Children's Home was completing arrangements for adding a psychiatric consultant to its staff, a special committee of the Waverly Community Chest was also studying the possibility of providing services for children in the community who have difficulty in their emotional and social adjustment.

A part-time clinic was opened September 15, 1952. The Lutheran Children's Home provides offices, case work and secretarial services. Psychological services are furnished by the Division of Child Welfare of the State Department of Social Welfare. The Iowa Mental Health Authority supplied office equipment and allocated a money grant. The Waverly Community Chest contributes to the current operating cost of the Center. Members of the Advisory Committee from the local community have given much support and encouragement in terms of time and planning. The Waverly Public Schools have been especially helpful as have individual business and professional men and women.

After six months of operation, the Child Guidance Center had accepted a total of twenty-eight cases, representing a variety of problems. Service is limited to children under eighteen and in most cases intensive help is given to parents

on a regular interview basis. As more children are referred from the community an additional social worker will be employed.

Case Summary—Jean L.

Jean L., age 12, average mental ability, was referred because of difficulty in school. She was moody and rebellious, had occasional temper tantrums, a very poor group adjustment and some stealing difficulty. The mother stated that Jean had periods of depression accompanied by feelings of despair and inadequacy.

Jean came from a broken home; both of her parents have remarried and started new families. The L. family had always experienced a great struggle economically. When Jean was only a few hours old she was placed in a Children's Home and then in a foster home where she developed a strong attachment for her foster mother. Mrs. L. was threatened by this relationship and Jean returned home permanently at the age of six. Mrs. L. had remarried and from now on there was a constant struggle between mother and daughter. Jean had a strong feeling of rejection as a result of her mother's alternate displays of affection and psychotic anger.

It was evident that both mother and daughter basically wanted very much to live together, but were unable to do so harmoniously without some help. Both mother and daughter have been seen on a weekly basis to help give them insight into their problems. The mother had suffered great deprivation as a child and had been singled out by her father as a favorite. She had had a very poor relationship with her mother. Mrs. L. is being helped to see that as an adult she has felt a need to punish herself for the guilt she experienced in relationship to her own mother. She has been giving back to her child the same kind of hostility and anger she felt for her own mother.

Jean can now verbalize her feelings about her mother, her earlier placement and the re-enactment of rejection which she experienced when she had to leave her foster mother. Jean is beginning to see why she treats others as she does and to understand the actions which result from her repressed anger and to see how she provokes the anger of others. Her stealing difficulties have diminished together with her feelings of depression. She has a better relationship with her teachers and other children.

Des Moines Child Guidance Center
400 Garver Building, Des Moines, Iowa

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*Resigned.
Dr. Paul Dingman assumed position
Nov. 15, 1952.

Since July 1, 1950, the Des Moines Child Guidance Center has made some progress in the following directions:

(a) Expansion of our professional training program: At present the Center trains four resident pediatricians (on rotation) from Blank Memorial Hospital, two interns in clinical psychology, and two advanced graduate students in social case work from State University of Iowa each year, offering intensive supervised clinical training and experience.

(b) Broadening the base of the Center's financial support, through a grant of funds from the Polk County Board of Supervisors, under the provisions of recent legislation. This supplements funds received from the Des Moines Community Chest, the Iowa Mental Health Authority, and fees.

(c) Increased consultation service to persons other than patients and their families; the Center has offered professional consultation service to teachers, civic leaders, newspaper writers, physicians, workshops, young persons interested in careers in fields related to mental health, ministers, etc. This service has approximately doubled since 1950.

(d) Besides continuing our present balanced program of service, the Center is looking forward to expanding our treatment services for disturbed children and adolescents through both individual and group therapy. We now carry between 30 and 40 children at a given time in continuing treatment, while providing diagnostic services to larger numbers. Yet the need for intensive treatment greatly exceeds our present capacity, so that we are working toward

the addition of more staff members to do therapy with children.

(e) The second trend which is important is the need for more research into the causes of mental health problems and methods of diagnosing and treating these problems. Much has been learned already, but there is even more yet to be discovered, tested and proved. The Center plans to increase its efforts in the research field, because new knowledge gained by this approach may lead eventually to major advances in preventing emotional problems or to improved methods of therapy.

Case Study—Rose

Rose, a 17 year old run-away girl, was referred by the Juvenile Court for diagnostic study to the Child Guidance Center. According to the Court reports she had secretly managed for a whole year to have intimate relationships with a man thirteen years older than she. Finally she followed his suggestion to run away from home. Rose was an over-sized, over-talkative, immature young woman who escapes from her severe guilt feelings into over-eating and telling fantastic tales. A careful case study revealed the picture of a tyrannical, domineering father who pampered his daughters as long as they were "nice" little girls, but refused them any freedom as they grew out of the state of "innocent" childhood. The mother, an ill, half-deaf, weak woman was completely subdued by her husband and of no emotional support to the children. Rose had gradually lost all love and respect for her parents. Accustomed to being pampered she could not go out without receiving substitute love and was driven into sex delinquency. This delinquency answered her unconscious desire to disobey her father where it would hurt him most, in the area of sex. Following the recommendations of the Center the patient was released to a small boarding school and seen by the psychologist of the Child Guidance Center for weekly counseling sessions. Gradually she gained some insight into the forces that compelled her to behave as she did. Her guilt feelings gave room to understanding, and her needs to eat and to lie diminished. A junior in high school, she has received satisfactory grades and is allowed to do part-time work in the afternoons. Given a sensible amount of freedom, and the security that comes with accomplishment, she feels happy and is capable of living a normal adolescent life.

Case Study—Billy

Last year we met Billy, a husky, rebellious, often sullen 14 year old boy. He first came here because he had broken

into an automobile and stolen a brief case for which he really had no use. Previously he had damaged other automobiles and had broken windows in the school. He never makes any attempt to justify his activities. His answer was "I don't know why I did it."

When we talked to his parents we found that his mother had always demanded instant and complete obedience from Billy and from his younger brother. Billy, unlike his brother, had tried to hold his own by fighting back—in ways he often did not understand. The father, an insecure man, was less demanding of the boy. But he seemed to fear his son's growing up and felt somehow Billy would become his rival. Thus, he could not meet his son on a give-and-take basis. Though for different reasons than the mother, he couldn't let Billy grow up.

At Child Guidance Center we talked with Billy and both his parents. During several interviews his mother began to see how she had wanted to dominate and "boss" her son and the father became more secure in his role in his family. Billy, too, began to understand his resentment to his parents and his reasons for doing as he did. More importantly, he could see that while he might feel justified in acting the way he did to even up the score, his behavior really made matters worse for him rather than better.

During the several months we saw the family he engaged in one more delinquent act but there has been no more for almost a year. Both parents feel their home is now a calmer place and, while no miracles have happened, Billy too is different. He has been given an opportunity to grow up more independently and happily.

Des Moines County Mental Health Center

522 North Third Street, Burlington, Iowa

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The Des Moines County Mental Health Center is located in the Des Moines County Health Building, which has resulted in close cooperation with all the divisions of the health unit. Since July 1, 1950 progress has been apparent in four areas: therapeutic, preventive and educational, public relations and office procedure.

Therapeutic

With the services of a psychiatric social worker, with semiweekly staff meetings, monthly case load reviews, the scope of treatment has been coordinated and broadened. The Cerebral Palsy Center was incorporated in July 1951. Dr. Robert E. Bruner, Medical Director, presently makes monthly referrals for diagnosis and treatment. This lends to an increase in case load as well as an additional service to the community.

The battery of psychological tests aid in diagnosis and the projective techniques indicate therapy with children.

Preventive and Educational

The demand for mental health education is reflected in the requests for speeches and lectures, which have tripled since 1950. Films, radio, newspaper publicity, a monthly news letter have made the community aware of mental health needs.

There was a series of eight lectures on cerebral palsy, focused on parent education, a community awareness, and a broader scope of service to special groups. The staff participated in maternity classes for the expectant mother, organized by the public health nurse.

Public Relations.

A broader scope of referrals indicates an improvement in relationship with social agencies, the courts, the Ministerial Association and the schools.

Office Procedure.

School referral forms are sent to the clinic and the reverse side is filled out by the clinic and a conference scheduled with the school psychologist or teacher.

Other forms, such as appointment-fee sheets, and ledgers facilitate the office routine, reports, and collecting of fees.

Highlights of the Program.

1. Early treatment at the point of breakdown may offset severe mental illness, or more benignly help the individual to function with greater efficiency.
2. Good treatment result is the best advertisement of our work.

Case Study—Mr. King.

Mr. King, age 30, had been employed at a lumber yard, but for seven weeks he had not worked on account of "fatigue, weakness, jitters, difficulty in breathing, soreness in neck, headaches, pains in left side of face, burning in stomach, and tachycardia." He always felt tense and depressed, and feared that he would soon die.

Medical examination, however, showed no organic basis for any of the ills that were keeping him from working.

Psychological tests gave him a rating of average intelligence, with functioning on a lower level. Emotionally he was immature, anxious, and depressed, with much inner tension and turmoil. In the T.A.T. there was significant correlation between test findings and the facts of his life.

Father and mother coerced, rejected and punished. There was conflict between maternal dependency and the desire to be independent. Social history showed these patterns had obtained in the family where the patient was not wanted nor loved by either the parents or brothers.

Marriage for a short time promised love, but ended in his divorcing a promiscuous wife. Never having received love, Mr. King probably had little to offer and could not hold a wife who wanted more than he was capable of giving.

When he came to the Center he was "dating" a young woman whose strong maternal instinct was finding satisfaction in her protective attitude toward him.

When it was explained to her that he needed to become mature, to assume responsibility for earning a living, she cooperated in getting him to accept treatment for the psychoneurosis that was handicapping him for life.

After eleven therapeutic interviews, Mr. King secured a better job, which he has held for a year. Recently "he married the girl" and has made a good adjustment.

Linn County Mental Health Center
211½ First St. S.W., Cedar Rapids, Iowa

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*Resigned April 1, 1953

Mr. Hubert H. Baker became an Executive Director, May 18, 1953.

In the third full year of operation of the Linn County Mental Health Center there has been growing recognition of the service offered and increased acceptance by the general community.

From the beginning, the enthusiasm of the Board of Directors has been sustained through the staff sharing of significant mental health problems and community goals. Generous support has come from the County Board of Supervisors, the Community Chest, the Junior League, Endowments, and the Iowa Mental Health Authority. To meet the increased need for this clinical service, larger office space and more staff were essential. In February, 1952, the clinic moved to the above location with a large reception room, and six private offices. The staff consists of three psychiatrists (part time) and two office secretaries. In 1952 Dr. Barbara Mounts served as an assistant to the psychiatrists.

Five of the original staff remained for over three years. The high quality of service to the patients has been due largely to this continuity and the team work spirit. The Linn County Mental Health Chapter, organized in 1952, has been an added source of strength. With increased case loads, new skills have been acquired and office procedure has been modified. A new fee schedule was formulated which was beneficial to the patients and increased the clinic's source of support.

In 1952 a total of 605 persons received service from the center. This number included relatives and other persons interested in the patients. There were 313 cases accepted for diagnosis only, and treatment.

Not all patients treated in such clinics are restored, but 60 per cent show improvement. What becomes of these children who discontinue treatment or leave the city?

This Is the Story of "Bobby."

Bobby R., age 4 years, was brought to the Linn County Mental Health Center by his parents, who were concerned about his slow development, his inability to talk and his over-active behavior. Two other clinics in other states had recommended that Bobby be placed in a State school. His parents felt this was a "last chance."

The staff soon realized that Bobby was emotionally disturbed, his mental retardation stemmed from emotional conflicts. They made no attempt to measure his intelligence until Bobby became thoroughly acquainted and comfortable with the psychologist. In such an atmosphere, Bobby cooperated with the examiner, and scored an intelligence rating above that which would make him eligible for a state school. Interviews were necessary with the parents also. Two months later the family moved to another state and sought help from another Mental Health Center.

Recently this family returned to Cedar Rapids and requested help in determining Bobby's readiness for school. It is the impression of the staff that Bobby has continued to develop to the point where he can enter school. His emotional difficulties have not been completely resolved, but as therapy may later be needed the parents know where they may find counsel and help.

Scott County Mental Health Center
57 Schmidt Building, Davenport, Iowa

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The greatest single advance our Center has made in the past two years became possible this past year when funds were made available by the Scott County Board of Supervisors to be used in hiring a second social worker.

In the spring of 1952, the second full time social worker was hired and an additional room was rented to accommodate the enlarged staff. The Community Chest of Davenport has also supported the Center by giving a greater amount of financial support each year the Center has existed. Considerable progress has been made in contacting various agencies and groups by personal visits by the social worker and by talks and films presented by various members of the staff. Some progress has been made also in the community's attitude toward mental health in that there are many self referrals made by people who have heard about the Center from friends. One of the outstanding achievements of the Center, with the cooperation of the local Mental Health Society, was the Institute for Parents and Teachers of the Elementary School Child, held September 26-27, 1951 in Davenport, with over 250 parents and teachers participating.

Our most important present program is the continuation of counseling and guidance of parents of children in the 5-12 age group. Our greatest case load is in the latter group. One recent development made possible by the addition of the second social worker is the increase in play therapy with children. All members of the psychiatric team participate in play therapy, with the social workers and psychologist under the supervision of the psychiatrists. There has been some advances made in mental health education. Practically every grade school, many churches and several women's organizations have parent-child study groups and members of the Center staff are being called upon more and more to lead the discussions and assist in program planning.

WHO USES THE MENTAL HEALTH CENTER?

Jimmy Does.

Jimmy, a 10 year old Mexican boy, was referred by the court because he had hurt another boy who was mistreating an animal. The doctor helped Jimmy understand all that was involved in such a situation, also helped him to a better acceptance about being a member of a minority group. Jimmy was helped in finding social and recreational outlets in Boy Scouts and 4-H Club and made a very satisfactory adjustment.

Caroline Did.

Caroline, age 8, the middle child in a large family, was referred by the school because she was fearful and withdrawn in personality and unable to keep up with her class. Since psychological tests showed normal intelligence, it was felt she needed help in adjusting socially. Over a period of six months, she came in regularly for play therapy with one of the staff workers and showed a gradual improvement in self-confidence and ability to relate herself to others, with a corresponding improvement in her school work.

PART VIII

TRAINING AND RESEARCH IN IOWA

Training Stipends

The first step in the rehabilitation of mental patients is a well qualified, understanding professional staff. The Board of Control, the Mental Health Authority, psychiatric clinics and hospitals must have better personnel if the patients are helped to recover. Other states, such as New York, California and Wisconsin, have made provision for adequate state funds for training and Iowa is remiss in neglecting this field.

The Iowa Mental Health Authority, through the grants-to-states program, has limited funds for stipends for psychiatrists, psychologists, psychiatric nurses and psychiatric social workers. Since the Mental Health Authority was established in 1948 there have been seven stipends awarded—one to each discipline, a psychiatrist, a psychiatric nurse, a psychologist, and four to psychiatric social workers.

The College of Nursing at the State University of Iowa has a training grant from the National Institute of Health "to provide training and instruction in matters relating to psychiatric disorder". For instructional expenses the grant is \$9,630, for student stipends \$6,400 (four stipends at \$1,600 each).

Research

Speaking before the Mental Health Forum, March 12, 1953, Wilbur R. Miller, M.D., closed his remarks on Research in Iowa with this statement: "Research takes money, personnel and people who are research minded".

In the last two years many leaders in the state have awakened to Iowa's need for an on-going research program. Governor William S. Beardsley supports the idea that Iowa should have a Research Institute at one of our state hospitals. The Board of Control, the State University of Iowa, Iowa State College would like to give priority to mental health research. Here and there other groups, such as the Children's Committee of the Mental Health Forum, the Mental Health Centers are actively planning for special projects.

Research in Iowa—1952

School and Subject	Source	Amount
University of Iowa	U.S.P.H.S.	\$19,000
1. Training Program		
2. The Relation to Conditioned Response Strength to Anxiety in Normal, Neurotic and Psychotic Subjects		4,000
3. Study of Fear and Anxiety in Human and Animal Subjects		4,000
Psychopathic Hospital	U.S.P.H.S.	
1. Research in Schizophrenia and Depression		4,000
Child Welfare Research Station, SUI	N.I.M.H.	
1. Human Relations in the Class Room		25,000
Iowa State College	State Funds	
1. Extension Division		
2. Family Influences on Personality Development		
Veteran's Administration Des Moines	V.A.Funds	
1. Personality Correlates, Evaluation of Psychotherapy, Significance of Diagnostic Instruments, Evaluation and Prediction of Organic Impairment		
2. This research was the basis of two doctrinal dissertations from the State University of Iowa.		

PART IX

MENTAL HEALTH EDUCATION AND TRAINING

"Health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity." The World Health Organization is built on this premise. In Iowa, it is important that we have clinics for early treatment, that patients requiring hospital care have the best facilities available. But it is of equal importance that all citizens learn "to live in peace with themselves, their neighbors and the world".

This mature mind comes not through intellectual grasp but a change in motivation and attitudes to life. Mental Health "cuts across the board"; it concerns everyone. For these reasons all media of mass communication must be used—schools, groups, newspapers, pamphlets, films, radio and television.

Preventive Psychiatry in Public Schools

Ralph H. Ojemann, Ph.D.

Program During 1950-51

Four groups of activities characterized the program, namely, (1) training of teachers, (2) preparing and testing of material at the elementary level, (3) preparing and testing of material at the junior high school level, and (4) conducting the annual Workshop on Education in Human Relations and Mental Health.

During 1950-51 a teacher training program was carried on in Cedar Rapids and Tipton for the elementary and secondary teachers in the schools in which experimental work was planned. The program consisted of a series of meetings plus laboratory work in observing children and learning to look for causes of behavior. Sixty-four primary teachers and twenty-one secondary teachers took part in this training series.

A program of twenty lessons for primary children was developed and tested with eighteen teachers and 500 children. A reliable method of observing the child's reaction to the materials and his participation in the discussions was developed and records were obtained for all twenty lessons in Cedar Rapids and Tipton schools.

On the secondary level the revised civics material incorporating the human behavior material was taught in twelve classes involving 300 pupils in Cedar Rapids and in two seventh grade classes at Tipton. The eighth grade guidance

unit was used in the University Secondary School to observe pupil reaction and to obtain suggestions for developing the material further.

The summer Workshop on Education in Human Relations and Mental Health enrolled forty-one students drawn from the areas of administration, teaching, public health, special education, nursing and the ministry.

Program During 1951-52

Again four groups of activities characterized the work this year, namely (1) preparation and testing of additional material on the elementary level, (2) conducting an experimental test of the changes brought about in primary children, (3) preparation and testing of material on the secondary level and (4) conducting the summer Workshop on Education in Human Relations and Mental Health.

Ten additional lessons to the twenty available were developed and used with eighteen teachers in Cedar Rapids and Tipton. A guide to the teacher for leading the discussion was also developed. In addition children in four schools involving twelve teachers were used as a control group. Four hundred and forty children took part in this phase of the program. Reliable observations were made of reactions of children to the materials as they were studied and discussed and measures were made on the children before and after the learning program. In the test the children were presented with incomplete situations which the child completed and situations in which he gave an account of his methods of handling a situation that came up in his daily activities.

On the secondary level further material in civics and guidance was developed and used with eleven classes in Cedar Rapids and two at Tipton. A test designed to measure casual approaches in fairly complex social situations was devised and its reliability studied with seventh and eighth grade classes.

The guidance material was tested on thirty students at the University Secondary School, fifty-six students in Cedar Rapids and sixty students at Tipton. These classes were kept small so we could study the reactions of the students more closely. A teacher's manual for use with the guidance section of the program was developed during the year.

The summer Workshop on Education in Human Relations and Mental Health enrolled thirty-two students drawn from the areas of administration, teaching, guidance, social work, nursing, and special education.

In addition to these activities many school systems in Iowa and throughout the country have requested our ma-

terials. Approximately \$200 worth of mimeographed material was furnished in answer to these requests.

Iowa Mental Health Forum

The Iowa Mental Health Authority was given responsibility for organizing and promoting a Mental Health Forum, March 13, 1952. Thirty-two public departments and private organizations have met together for eight sessions during the fifteen months' period. Meetings adjourn for the summer. Interest has been well sustained with an average attendance of 31 representatives.

When first organized, each agency reported on its particular program in the area of mental health. Although a session was spent on a study of pending mental health legislation, no important bills were passed by the Fifty-fifth General Assembly. There were some increases in appropriations for state institutions.

This Forum has made very definite contributions to this field. The agencies have come to know each other better, there has been a sharing of objectives and some frank discussion of needs. The Children's Committee is interested in a Resident Treatment Center for Emotionally Disturbed Children.

This is an experiment testing whether the "authority of ideas" may raise the level of mental health in Iowa. It has the same objectives as adult education—the enrichment of life through a learning experience. This is not an action body, but as information is disseminated to the various groups, interest is stimulated, and the group may promote social action.

Institutes

Institutes which varied from one day to two weeks have reached a wide variety of lay and professional personnel. These meetings are sponsored by the Iowa Mental Health Authority only at the request of local groups and state departments or agencies. On the whole, there has been most emphasis on orientation and help for teachers and parents. While there has been no formal evaluation on these conferences, other than an opinion poll, with 1,191 community leaders attending and sharing in discussion, many people are more aware of the importance of mental health. See Table III.

Parent-Teacher

Community Organization in mental health means enabling of individuals and communities to have freedom for

TABLE III
MENTAL HEALTH INSTITUTES SPONSORED BY THE IOWA MENTAL HEALTH AUTHORITY
 July 1, 1950—June 30, 1952

Place	Date	Duration	No. Attended	For Whom	Other Sponsors
1. Iowa City	1-24-51	1 day	32	Clinic Staff and Board of Directors	
2. Des Moines . . .	4-18-51 to 4-20-51 .	3 days	30	Clinic Staff and Board of Directors	
3. Iowa City	6-19-51	1 day	10	Clinic Social Workers & Psychologists	
4. Des Moines . . .	4- 3-51	1 day	75	Directors of Physical Ed. for College Women	Central Assn. for Physical Ed. for College Women
5. Iowa City	6-25-51 to 7- 6-51 .	2 weeks	42	Teachers, Health Educators, Soc. Workers, Counselors	University of Iowa, Child Wel. Res. Stat., Iowa City
6. Sioux City	4-23-51 to 4-24-51 .	2 half days	75	General Practitioners	Iowa State Medical Soc.
7. Iowa City	9-19-51	1 day	12	Staff of M'tal H'lth Centers	
8. Davenport	9-26-51 to 9-27-51 .	2 half days	200	Parents and Teachers	Scott Co. M. H. C., Scott Co. Soc. for M'tal H'lth
9. Cherokee	10-19-51 to 10-20-51 .	2 days	225	Parents and Teachers	Fed'tion of Women's Clubs
10. Waterloo	11- 5-51 to 11- 6-51 .	2 days	300	Parents and Teachers Social Agencies	Federation of Women's Clubs, Black Hawk Co. Mental Health Center
11. Iowa City	11- 5-51 to 11- 9-51 .	1 week	28	Mental Health Leaders	Iowa Soc. for Mental Health, Univ. of Iowa
12. Iowa City	11-11-51	1 day	12	Staff of M'tal H'lth Centers	
13. Des Moines . . .	12- 1-51 to 12- 2-51 .	2 half days	100	Physicians	Iowa-Nebraska-South Dakota District of A.P.A.
14. Iowa City	4-10-52	1 day	20	Clinic Staff	
15. Iowa City	6-23-52 to 7- 3-52 .	10 days	30	Teachers, Health Education Officials, other leaders	Child Welfare Research Station, University of Iowa, Iowa City
Total Attendance			1,191		

personality growth and change, to achieve the highest capacity for emotional maturity. This has been reflected in our institutes for parents and teachers. In Davenport, Des Moines and other communities, teachers are now taking the initiative in setting up workshops and institutes. With the help available from the National Education Association and Colleges, such workshops, within the reference of their own professional structure, contribute to the teacher's mental health and her skill in developing a nourishing environment for the school child.

Iowa Federation of Women's Clubs

Under the active leadership of Mrs. E. T. Peterson, Primghar, Iowa, Chairman of the Mental Health Division, the Iowa Federation has actively promoted mental health study and activities. For the past four years, several institutes have been held annually, hundreds of club meetings have been furnished with speakers, pamphlets, films and study material. These women, with their broad educational programs which touch not only the United States, but many foreign countries, are deeply concerned about mental health in the home, the school and the broader field of national diplomatic relations.

The Iowa Society for Mental Health

The Iowa Mental Health Authority looks to the State Society for inspiration and leadership. For nine years this society has pioneered, the program has changed as time advances. Several Iowa citizens have led this movement. Mrs. Gordon DeLay, Cedar Rapids, Iowa, with her enthusiasm and courage, was president for two years and is now on the Board of the National Association for Mental Health. Rev. Noel Orcutt was elected president in 1953. There are ten active chapters. It is hoped the financial campaign will be successful and the scope of the program broadened with a paid executive secretary.

Pamphlets (See Appendix A for List)

In the two years which this Biennial Report covers (July 1, 1950 to June 30, 1952) there were distributed 18,760 pamphlets. As time goes on, the program is focused on mental health for different age groups, socio-economics and community relationships. The new pamphlets available are invaluable to schools, clubs, health and welfare agencies.

Films (See Appendix B for List)

There are 80 prints in our film library. In the two year period these films were shown 1,176 times. Like the pamphlets, they are much more appropriate to the widening horizon of mental health. There is less emphasis on the mentally ill and more importance given to mental health for the average child or adults. The National Film Board has produced many excellent films. The secondary schools and the hospitals with training programs use the Mental Symptoms Series extensively.

PART X
FINANCIAL STATEMENT

The following is a statement of expenditures from Federal Funds allocated to Iowa for the period July 1, 1950 to June 30, 1952 (inclusive).

	Total	July 1, 1950 to June 30, 1951	July 1, 1951 to June 30, 1952
Central Administration	\$ 27,227.20	\$12,160.72	\$15,066.48
Des Moines Child Guidance Center	15,299.48	8,299.48	7,000.00
Preventive Psychiatry in Public Schools	13,207.30	8,190.96	5,016.34
Black Hawk County Mental Health Center	11,530.86	5,924.86	5,606.00
Des Moines County Mental Health Center	9,538.42	6,113.44	3,424.98
Linn County Mental Health Center	10,381.86	5,760.06	4,621.80
Scott County Mental Health Center	11,745.78	6,254.57	5,491.21
Accredited Training	4,001.18	4,001.18	—
Non-accredited Training	2,411.06	1,565.46	845.60
Merit System	167.36	—	167.36
Encumbrances	50,917.94	28,568.32	22,349.62
Total	\$156,428.44	\$86,839.05	\$69,589.39

1. Central Administration includes salaries, transportation, furniture, office supplies, pamphlets, films, books and all publicity from Central Office.
2. Encumbrances include furniture, equipment, supplies, films for Central Office and the clinics.

K. E. HARTOFT
Fiscal and Personnel Agent

APPENDIX A

IOWA MENTAL HEALTH AUTHORITY State Office Building, Des Moines, Iowa

Pamphlet List

May 1, 1953

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

Name	Address	
Name of Meeting	Location	Date

Mental Health of the Child

- Aggressiveness in Children — Child Study Assn. of America
- Avoiding Behavior Problems—National Assn. for Mental Health
- Babies Grow in Eating Habits—National Institute of Mental Health
- Babies Grow in Toilet Habits—National Institute of Mental Health
- For Your Baby's Mental Health—Health Publications Institute, Inc.
- Forgotten Children—National Assn. for Mental Health
- Fundamental Needs of the Child—National Assn. for Mental Health
- If Your Child Is Slow—National Assn. for Mental Health
- Some Special Problems of Children, Aged 2 to 5 Years —National Assn. for Mental Health
- Teacher Listen—The Children Speak—State Charities Aid Assn.

Mental Health

- About Feeblemindedness—National Assn. for Mental Health
- About Insanity—National Assn. for Mental Health
- Men, Machines and Mental Health—National Assn. for Mental Health

-Mental Health Is 1, 2, 3—National Assn. for Mental Health
-Mental Health Is a Family Affair—Public Affairs Pamphlets
-One Out of Ten—National Assn. for Mental Health
-There Is Something You Can Do About Mental Health—National Assn. for Mental Health
-When Mental Illness Strikes Your Family—Public Affairs Pamphlets
-Where Your Money Goes—National Assn. for Mental Health
-Biennial Report (1952)—Iowa Mental Health Authority

APPENDIX B

MENTAL HEALTH FILMS

These films (requiring a 16 mm. projector) are available without cost, except for return postage, 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 Behavior 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 the 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 delightfully 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 a pre-school group, two to seven years of age, in a summer camp. It stresses the need of all children for freedom to explore and enjoy their environment with a minimum of adult interference. Shows the warmth of relationship between adults and children. Rural setting.

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

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. Lerner of

Sarah Lawrence College for study of ego developed and demarcation of self in young children.

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

Problem Child (27 min., sound)

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

1. Feeling of security from birth.
2. Complete acceptance by his parents.
3. Opportunity to grow up in his own individual pattern.
4. Feeling of usefulness.
5. The 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 attitudes 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)

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

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

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: Case workers, 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: For parents, teachers, the general 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, 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 conflict, 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-teachers groups, social workers, nurses, mental health groups and the 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 are 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.

Attitudes and Health (10 min., sound)

Marvin didn't make the basketball team, Alice was actually ill when she failed her promotion. They learn that wrong attitudes affect emotional and physical health, and right attitudes are vital to good health.

Use: High schools, colleges, parents, teachers.

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 probation period ends happily.

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

That Boy Joe (20 min., sound)

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

Use: Parents, teachers, group and recreational leaders.

Challenge to Crime (20 min., sound)

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

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

Children of the City (30 min., sound)

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

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

Children on Trial (62 min., sound)

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

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

Control Your Emotions (13½ min., sound)

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

Use: High schools, colleges, adults.

Emotional Health (20 min., sound)

A college freshman, who has a rapid pulse and chest pains with no organic basis, is referred by his physician

to a psychiatrist. The psychiatrist, through psychotherapy, brings into consciousness the early frustrating experiences in the home and school. After four months of treatment, the patient is beginning to achieve emotional health.

Use: High schools, colleges, parents.

Farewell to Childhood (20 min., sound)

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

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

Feeling Left Out? (13 min., sound)

Mike wants to be a part of a 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.

Marriage and Life Adjustment

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 requires new adjustments and changes. The ideals and goals of adult love are illustrated by two couples, who in very different ways achieve happiness.

Use: High schools, colleges, general public.

Preface to a Life (30 min., sound)

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

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

Retire to Life (16 min., sound)

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

Use: General public, professional groups, churches.

Roots of Happiness (25 min., sound)

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

You and Your Family (20 min., sound)

Typical family problems are dramatized; when Mary's family refuses to let her have a date, what should she do? How can Bill and his father agree on when Bill should get home at night? Dialogues.

Use: Students, parents, social agencies, lay groups.

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 relationship 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.

World We Want to Live In (20 min., sound)

Monsignor Ligutti is shown. It begins with conflict in Germany under Hitler Regime, shows cooperation of all races and sects. Thought is excellent, but rather confused. Produced several years ago (1942).

Use: Lay public and professional groups.

Mental Illness

Activity of Schizophrenia (20 min., sound)

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

in the treatment process. Attendants, nurses, therapists contribute to recovery.

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

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 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.

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)

Nation's 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.

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.

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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