COMMUNITY ORGANIZATION FOR MENTAL HYGIENE*

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Every community problem, affected by human behavior, has a mental factor whose evaluation is the first step toward solution. In the community are the beginnings of insanity and feeble-mindedness. Their prevention, early recognition and treatment require the co-operation of community agencies.

The interest of this Conference, which originally centered about the institutional care of such afflicted, has progressively broadened until it now embraces their community needs and relations. With its widening range of interest this Conference came to feel the need of expressing its full scope in relation to mental disease and mental defect in the title of its committee on this aspect of its work. Hence, at its last session, the designation of the Committee on Feeble-Mindedness and Insanity was changed to the Committee for Mental Hygiene. Why?

Hygiene comprehends more than conservation of health and prevention of disease. A derivative of the Greek, latinized in hygeia, it signifies soundness. In ancient mythology Hygeia, chief daughter of Aesculapius, personified health. Thus, etymologically, hygiene is as broad in meaning as the term health itself, and may, properly, be used as a synonym. Hence Mental Hygiene becomes another form of expression for mental health.

Public agencies in matters of physical health are primarily concerned with prevention of disease and promotion of health, but, inevitably, they encounter unsanitary conditions, causes and consequences of disease, its disabilities and its sufferers, whose correction, relief, restoration and care become imperative duties. Nevertheless, they are not designated commissions for correction of unsanitary conditions nor boards for infectious diseases, but are, universally, known as boards of health, indicative of their beneficient purpose. In like manner public agencies, in matters of mental health, have the same primary aims and duties as those concerned with physical health, and, likewise, are confronted with the great problems of care, provision, treatment and restoration of the afflicted with insanity, feeble-mindedness and epilepsy. Is there any greater necessity for designating such agencies, committees of lunacy, or boards of insanity, than for substituting commissions for correction of unsanitary conditions, or boards for infectious diseases, for the acceptable title

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—boards of health? Would not the analogy of physical health suggest the appropriateness of boards for mental hygiene?

Insanity, feeble-mindedness and epilepsy are end-products. Their causes are rooted in heredity, environmental maladjustments and adverse social influences. The obvious need of the insane, feebleminded and epileptic patient, appeals to humane instincts and, naturally, first found partial satisfaction in institutional provision. Time was, when this summed up the total of public interest and recognized duty. It appeared to be a saving of public money to evade as much of the burden of such afflicted, as might be left on the back of the individual and the family, submerged in public unconsciousness. But accumulation of end-products has gone on apace, until their increase, already enormous, presents a still graver outlook.

There is growing conviction that the policy of evasion and inaction is unwise and uneconomical; that the roots of mental disease and mental defect must be torn out of the community; that underlying causes must be sought by investigation and unremitting quest; that the mental patient must have early and adequate treatment; that the individual and family should be encouraged to accept and seek relief from this burden by the public under suitable safeguards, because its weight is thereby lightened, its strain less likely to break down more unfortunates, its exactions cease to impoverish, its asperities are softened by measures of alleviation and its menace of increase of defectives is less threatening. The separateness, up to recent date, of institutions from outside interests and activities has been notable. Their self-absorption seemed necessary, because of the specialized nature of their work, its magnitude and the scantiness of resources for its accomplishment. Gratitude and reverence are excited by the devotion and public service of founders and managers of institutions. Gradually, however, institutional workers have come conscious of the need to reach out into the community to help, and be helped, in the wider field of preventive and constructive effort; conscious of their almost exclusive opportunity to acquire knowledge and experience fitting them to advise and direct in such effort; conscious of their supplemental relation to social, health, educational, charitable and reformatory agencies, who discover and minister to such needs in the community at large.

Mental hygiene is the union of these institutional and communal forces in a common and inspiring purpose. It turns away from sole contemplation of degeneracy, disease and death to constructive achievement, health and life. Mental hygiene thus assumes a broad meaning, inclusive of all the duties and activities, arising out of: Conservation of mental health; prevention of mental disease and mental defect; investigation of their nature, causes, consequences, and measures of treatment; interpretation and diffusion of such knowledge to the public and the medical profession; promotion of the early recognition and treatment of such afflicted by the family physician who has had, during his medical course, sufficient instruction and clinical experience in psychiatry; restoration of mental integrity and amelioration of adverse mental states by adequate hospital treatment; institutional adjustments, affording as nearly normal conditions of living, as may be, to promote happiness and usefulness of patients; community organization facilitating their care at home under suitable safe-guards against present dangers and future menace of reproduction of defectives; determination of the causative relation of mental abnormality to poverty, delinquency, improvidence, immorality, and many social evils, with a view to their prevention; provision for the care of the insane, feeble-minded and epileptic in institutions, so far as necessary, and in the family, so far as permisible under supervision; interchange by humane and efficient methods between state and national governments of such dependents, in order that they may be supported where they belong and the cost justly apportioned; finally, solution of the economic problems involved in these undertakings.

The mere enumeration of these duties and activities is impressive in its revelation of the scope and importance of mental hygiene, the complexity of its relationships, the penalties of its neglect, the necessity of correlation of all the forces of achievement along definite lines of responsibility in a militant attack upon the whole problem. These lines lead in two main directions into, first, the field of public or governmental agencies, and second, the field of private agencies.

Public agencies are the established mechanism of performing recognized public duties. They are necessarily more conservative and more hesitant of initiative than private agencies, because they are directly responsible to the government and often are hampered by politicians.

Private agencies are free from politics and unfettered in their altruistic aims. They may pioneer in fields of investigation to discover new principles, test their truth and utility, and, thereby, promote their adoption by public agencies in common usage. They touch many individuals, sources of energy and financial support. They may diffuse knowledge, awaken public consciousness of needs and the obligation to meet them. They may mold public opinion in right form to control legislators and politicians. They are the necessary supplement to public agencies.

The unit of authority over public agencies for mental hygiene should be the state. Coordination with other states and countries should be effected through a national division for mental hygiene in the United States Marine Hospital Service as proposed in the bill now before Congress. A state board for mental hygiene should be created, instead of a State Board of Insanity, with power to divide and re-divide according to changing requirements the state into districts for mental hygiene, each in charge of a district board for mental hygiene.

Each district should vary in extent and location according to existing centers of population, their prospective growth and needs, constituting a definite sphere of responsibility for all local administrative activities for mental hygiene in its broad meaning. Briefly stated, each dis-
trict should have its psychiatric hospital with associated preventorium, out-patient mental clinic with social service and educational bureau; its colony with outlying arms near populous centers and family care extension into neighboring communities; its infirmary for the feeble, aged, intractable and dangerous long resident mental patients suitably classified.

As the district board for mental hygiene should administer these local institutional units and community activities, and should co-ordinate and standardize extra- and inter-relations and methods between them through responsible executive heads for each, so, in like manner, the state board for mental hygiene should direct the larger activities and general policies within the state as its sphere of responsibility, and should co-ordinate and standardize extra- and inter-relations and methods between districts for mental hygiene, with other states and the national government.

State and district boards for mental hygiene should be appointed, constituted and organized substantially alike. Each board should have a membership of four men and one woman, or, possibly five men and two women, for terms of five, or seven years, respectively, non-partisan in politics, if possible, but otherwise, drawn in equal number, so far as practicable, from dominant parties.

All members, except the chairman, should be appointed by the governor and removable by him for cause, and such members should receive no compensation for services except payment for expenses actually incurred in discharge of official duties. The chairman of each board should be its chief executive officer. He should be a physician, expert and experienced in psychiatry and mental hygiene, paid an adequate salary, and required to devote his whole time to the service. The chairman of the state board should be appointed by the governor, but only upon nomination of a majority of the other members of the board. The chairman of a district board should be appointed by the board, but only after approval of the state board. All other appointments should be subject to civil service and made only on nomination of the chairman with approval of his board, either specific or as prescribed by its established rules.

General methods of administration and supervision by each board should conform to accepted rules of efficient management in general. Executive details should never be touched by superior authority except through the executive head responsible therefor, recourse for efficiency and control being had to advice, instructions, or, if necessary, removal of such executive head. Acquisition and accurate comparison of facts, ascertained and verified by expert investigators in each main field, are the potent agencies of supervising authority for developing efficiency and uniformity of methods and standards. They inform, appeal to intelligence and reason, are constructive and helpful. They eliminate personality and necessity of dictation and command co-operation. Rarely, if ever, will they fail in achieving a legitimate purpose. The state board should hold regular and frequent conferences with district boards and district executives for interchange of knowledge and experience and their accurate comparison, out of which it should formulate and establish general policies, standards and methods under a uniformity which would recognize, in measurable terms, real differences and inequalities of local conditions.

In organization for its own work the state board should provide for a support bureau headed by a psychiatrist, trained in matters of settlement and support, whose agents should investigate in every instance the claims for support of all patients admitted to state institutions under its supervision. All patients found to be unjustly public charges should be removed to other states and countries where they belong. In like manner should be ascertained the financial ability of patients and their relatives legally liable for their support, of whom such amounts should be collected as they could pay without hardship. Such investigation should not be allowed to delay care of patients, but should be made after their admission to institutions. Interchange of patients between districts for mental hygiene should be in charge of this bureau.

The inception of a new institution should originate in the establishment of a new district for mental hygiene by the state board. Thereafter, as in existing districts, the newly created district board for mental hygiene should take the initiative and responsibility, under the principles before enunciated, in the location, planning and construction of institutional units and buildings, subject, however, to approval, modification or veto by the state board, acting under specific provisions of law and the general policy established by it, as before described, in conformity to standard specifications as to arrangement, plan, capacity, space allowance, kind and qualities of materials, etc., in such definite terms as would assure uniformity for like conditions and purpose. This would require a competent supervisor of construction, as an officer of the state board.

The state board should inaugurate a policy of initiative and adequate performance of its functions through expert investigation and supervision within the various fields of activity for mental hygiene in the state and its districts. Such a policy would necessitate a trained psychiatrist in the medical and clinical field, a scientific director of laboratories, medical and psychiatric research, a chief of social service, an expert accountant as supervisor of accounts and classification of expenses.

Economical purchase and use of supplies should be standardized by a representative committee, composed of the chairman of the state board, its supervisors of accounts and construction, the chairmen of district boards, superintendents of district institutional units and district stewards, of which the district stewards, under the chairmanship of the state supervisor of accounts, should be the executive agency of the committee, whose other members should constitute the supervisory body.
Ceaseless quest should seek the highest standards of medical, scientific and economic efficiency. Strictest economy, consistent with such standards, should govern public expenditure, because public funds for such purposes are limited, rarely sufficient for bare necessities, and should be held as a trust for the unfortunate. In the last analysis, every dollar wasted through faulty location and planning of institutions; construction other than plain and simple in design, costly in proportions, without ornamentation, spacious, durable, sunlit and suited to the need; waste in administration; extravagance or graft in any form, is wrung out of the patients, their health and comfort, their living space, facilities for their treatment, knowledge of, their malady, its prevention and cure. Lack of provision for such afflicted is almost universal and their overcrowding in existing institutions is extreme in most states. Such overcrowding is, probably, the greatest hamper to their proper treatment and the gravest menace to their safety and welfare. Elimination of waste would go a long way in relief of this condition. Scanty expenditure, however, should not be mistaken for wise expenditure. It is foolish to scrimp in original cost by impairment or deprivation of facilities and convenience of work. A small administrative leak continuous for years will more than offset large initial outlay to prevent it.

Such a state and national organization, perfected by experience, would be adequate to the performance of recognized public duties, but it would lack one essential element—supervision by an eye single to the public welfare, undiverted by direct responsibility, except for the truth and justice of its own observations and utterances. Pure supervision within both national and state fields would be best afforded by private agencies, organized under leadership of the National Committee for Mental Hygiene, its state societies and allied associations, such as the New York State Charities Aid Association. Private agencies should be sympathetic and appreciative of the difficulties and limitations of public agencies. They should bear in mind that constructive criticism, which contributes something to the solution of public problems, is the only helpful utterance. Such private and purely supervisory agencies should have legal right to visit and inspect institutions and all activities within each local and general sphere of responsibility. They should be required to make, at stated intervals, reports of their findings with recommendations to the state board for mental hygiene. The value of such reports and recommendations would be commensurate with the competency of trained visitors.

Outside this organized sphere of recognized public duties and agencies lies the great community with its multiple, varied and uncorrelated activities and conflicts. Many of its problems are caused or complicated by failure to recognize and adequately deal with underlying mental factors, whose elimination is necessary to clear the way for application of normal methods of solution.

These mental factors are manifest in conflicts at various points in many situations in life, in the individual, the home, the school, social and industrial relationships, in the almshouse and court and their auxiliaries. How may be established at each point of conflict the direct line of connection with the appropriate agency of relief? Already special agencies have been created in response to imperative need in various localities. Medical inspection of schools has become general with increasing efficiency, psychiatric institutes or special mental investigators have been attached to a few courts, psychiatric clinics or staff psychiatrists to some correctional institutions, out-patient mental clinics to the outpatient service of a few general hospitals. Community mental clinics are becoming numerous in several states. Extension of these special agencies should be encouraged for the solution of known problems with directness.

But in many cases there will be uncertainty as to the best agency of relief, necessitating a clearing house and directory to the appropriate station of reference. The first station would naturally be the community mental clinics, established by the state or local branch of the National Committee for Mental Hygiene or its representative in the particular locality, in charge of a psychiatrist assisted by the psychologist, special investigator and social worker. Here would be solved the many ordinary mental problems. The next higher station of reference should be the hospital out-patient mental clinic, equipped to afford exhaustive examination, reception of the patient, as a guest, for a limited period necessary for making certain diagnostic tests and for short, intermittent treatment allowing continuance of home or working relations during the intervals. Exceptional and complex mental problems would be solved here, as a rule, but a few would require reference to the final station, which should be the psychiatric hospital for the treatment of curable psychoses and observation for prolonged periods necessary for diagnosis or determination of the final disposition of patients.

This completes the cycle of connection between the community and the organized sphere of recognized public duties and agencies for mental hygiene.

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