Economics, Ethics, and Mental Illness

EXTENSION OF REMARKS
OF
HON. JOHN E. FOGARTY
OF RHODE ISLAND
IN THE HOUSE OF REPRESENTATIVES
Monday, May 23, 1960

Mr. FOGARTY. Mr. Speaker, under leave to extend my remarks I include an address which I delivered at the 11th Mental Hospital Institute, Buffalo, N.Y., on October 20, 1959:

ECONOMICS, ETHICS, AND MENTAL ILLNESS
(Address of the Honorable John E. Fogarty, Member of Congress, second district, Rhode Island, at the 11th Mental Hospital Institute, at the Hotel Statler in Buffalo, N.Y., on October 20, 1959)

Distinguished guests, ladies and gentlemen, I am greatly honored by your invitation to present the academic lecture at this 11th Annual Mental Hospital Institute. I have a sense of some temerity, however, in addressing a group such as this on the subject of ethics and mental illness. All of you have, in the most practically real and effective way, dedicated yourselves to improving the condition of the mentally ill. The staffs of the outstanding hospitals that have received the Mental Hospital Service Achievement Awards have tonight are in the front echelons of an army of many thousands who work against tremendous odds. These people, despite the magnitude and seeming hopelessness of the task, have made substantial gains in the campaign to improve care and treatment for the mentally ill, to help them recover more rapidly and more fully. As a layman, I can add to your great effort only my indirect help, my understanding, and my support for your work.

I have been closely concerned for a long time, as many of you may know, with the problems of mental and emotional disorders. The prevalence of these illnesses, and the regularity with which they affect a large proportion of our people in every class and condition of society put them in a critical category all by themselves. If mental illness were acutely contagious instead of causing chronic invalidism and disability, our country and all the countries of the civilized world would long ago have declared a state of emergency against this epidemic.

As a nation, we are painfully aware of the economic costs of mental illness; we have deep sympathy for the misery of those who suffer from mental illness and the hardships endured by their families; we want to do as much as we can to alleviate this suffer-
 sociales class, or the nature of the illness. We can not in a sense be said to have a comprehensive national mental health program.

Dr. Charles Fein, the economist who worked out methods for estimating the direct and indirect costs of mental illness in the United States, estimates them conservatively at a minimum of $3 billion each year. This figure obviously does not represent the full cost of mental illness. It includes direct costs of care for the mentally ill expended by public and private agencies, by the patients and their families, by public institutions and businesses. It does not include indirect costs such as loss of production and loss of earnings. It does not include the cost of payments to psychiatrists in part-time practice, to general practitioners who treat mental illness, or the cost of public assistance to the mentally ill or the handling of the mentally ill by police, court, penal, social welfare and other public agencies. It does not include the costs of related problems such as drug addiction, alcoholism, juvenile delinquency, and moral reformation.

The $3 billion figure includes $100 million as an estimated minimum direct cost of care provided by psychiatrists in full-time practice. It does not include the cost of payments to psychiatrists in part-time practice, to general practitioners who treat mental illness, or the cost of public assistance to the mentally ill or the handling of the mentally ill by police, court, penal, social welfare and other public agencies. It does not include the costs of related problems such as drug addiction, alcoholism, juvenile delinquency, and moral reformation.

The dilemma was posed most succinctly by a member of the Joint Commission on Mental Illness and Health as part of a national mental health survey initiated by Congress in 1935 in the hope of bringing together a comprehensive body of findings and recommendations that will serve as a basis for planning a stepped up, comprehensive national mental health program.

In our own day, we have witnessed a renaissance of psychiatric care, and have seen the effects of the efforts that have been made in the last several decades. The changes that have taken place in recent years are that the inalienable right of all human beings to the personal freedom of the brain, the advocates of this type of treatment held that their approach would do as much to help their patients. In that era, there were so few mental hospitals in the United States that only a small fraction of the people who needed hospital care were admitted. The hospitals that did exist were operated along excellent principles. They were small. The superintendents were highly intelligent and well motivated. The atmosphere was friendly, comfortable, hopeful, and the superintendent was able to talk to each patient personally. Despite the paucity of treatment methods, the number of discharges and recoveries in these hospitals was substantial.

Further advances in care and treatment were made in the big mental hospitals that were established during the latter half of the 18th century. As the first half of the present century enabled us to conquer the psychoses due to pellagra and general paresis. The use of the shock therapy in the treatment of the mentally ill was pioneered with respect to involuntarily melancholia. The various psychotherapies were developed, and many valuable biological, psychological, and medical schools, training centers, and groups of all types throughout the country.

The growth in treatment resources and knowledge has been little short of phenomenal. Though we are still far from our goal, we have something to be thankful for. We have found that the greatest payoff in terms of patient recovery is found in those who have been released from the hospitals in the United States that only a small fraction of the people who needed hospital care were admitted. The hospitals that did exist were operated along excellent principles. They were small. The superintendents were highly intelligent and well motivated. The atmosphere was friendly, comfortable, hopeful, and the superintendent was able to talk to each patient personally. Despite the paucity of treatment methods, the number of discharges and recoveries in these hospitals was substantial.

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been a virtual revolution in the way in which the hospital views and handles the mental patient, a revolution that has been reflected in the more hopeful attitude toward mental illness common throughout our society today. The use of total push programs, begun about 10 years ago, have demonstrated that many of the fears of society—the ones that had hope long since been abandoned—could improve to the point where they can be returned to the patient. The open hospital has been another major step forward in the attempt to prevent long-term commitment and its accompanying effects. The healthy activity and sense of purpose that characterize the modern mental hospital are a far cry from the atmosphere that surrounded the mental hospital even as recently as 20 years ago. The idea of the open hospital has come to our shores in recent years from England where it has worked out very successfully in a number of hospitals. As yet it is not so generally accepted.

A number of commentators have pointed out an apparent difference in the amount of violence among British and American patients and have suggested that something in the British personality or the more uniform culture may make the hospital more feasible there than here. But the precedent for freedom in this country goes back 30 years. In 1962, as Dickens described, in his "American Notes," scenes in the Boston Lunatic Asylum that would have been more enlightened by our present-day institutions. "Every inmate in this asylum," Dickens wrote, "sits down to dinner every day with a knife and fork; * * * * * At every meal, moral influence alone restrains the more violent among them— but the effect of that influence—is found, even at this restraint, to say nothing of it as a means of a cure, a hundred times more efficacious than all the strait-waists, feters, and handcuffs. * * * * *

One might logically conclude, therefore, that the success of the "open door" is dependent upon a real change in attitude toward the mentally ill. Opening locked doors and giving patients the social freedom that is rightfully theirs is not enough. There must be real conviction on the part of the entire hospital staff that the patient can improve. Patients must be given treatment; all the available therapeutic techniques—psychotherapy, physical therapies and so on—must be marshaled and organized on an individual basis so that each patient is given the benefit of all that is now known about treating mental illness. The mental hospital must take its place as part of a network of mental health services in the community. The treatment and rehabilitation programs of the hospital need to become more closely integrated with community health and social services, so that the patient can receive continuous psychiatric and social assistance that will change as his needs change—and so that he will be able to maintain his links to the community and his family throughout the course of his illness.

Dr. Robert Felix, Director of the National Institute of Mental Health and president-elect of your American Psychiatric Association, pointed out this need at your meeting 2 years ago when he said: "I would like to the time when we would consider the hospital period not as a separate entity, but as an essential part of the therapeutic program of the individual. The hospital must share its responsibilities in the total community forces available for fostering preventive mental health activities. Dr. Felix has also said: "* * * * * * members of our hospital staffs are going to be much more stressed with total therapeutic instrument in hospital programs if there are devices set up whereby they must spend some of their time in consultation with other agencies in the community."

This means that hospital staff would become involved in a whole array of community activities—mental health, school mental health, the mental health aspects of law enforcement programs, and varying kinds of social and industrial activities in cooperation with civic leaders. Although these activities would, of course, burden the already overburdened staff, the benefits would far outweigh the difficulties—and the advantages would probably be much greater than those at expanding hospital staff. Closer contact with the community would give the hospital physician, nurse, social worker, and psychologist a clearer understanding of the problems confronting the patient when he leaves the hospital. Such contacts would also stimulate professional and public interest and keep people working and living in the community to provide services within the hospital and help the hospital staff.

Ideally, if we are to make the mental hospital an effective therapeutic instrument, it must exist within a larger community, which itself is a healing community—in which the general climate and the available services may make the unhealthy stresses which contribute to mental illness, and tend to promote mental health in a positive way. It must be remembered, however, that an individual's social environment has a tremendous influence on his mental health. In the hospital, a therapeutic environment may contribute a climate in which the entire staff brings help to the patients and the patients help one another—in which there is increased emphasis on self-government and patient responsibility and the patient is given more responsibility for managing his own affairs. These factors and help and rehabilitation are dominant. In the community a situation conducive to mental (and physical) health can provide adequate help for families in trouble, before one of their members breaks down—it means helping families recognize the early signs of mental illness and seek the proper kind of help as soon as possible—it means halfway houses, sheltered workshops and social-therapeutic clubs for young people and the economic dependency on others that in itself can breed psychological problems. The mental hospital itself would help to strengthen the ties between the local university and other research centers, and would make the hospital more attractive as a place to work and learn. In this way, the mental hospital may help to solve the chronic problems of insufficient staff that has tended to keep it ignored and isolated in the past.

I am aware that most of these thoughts have occurred to all of you, perhaps many times. I am also aware of the numerous practical problems and obstacles that daily frustrate your attempts to move ahead. But, as you carry on your important work and discussions at this conference, and as you work in your respective hospitals throughout the coming year, you should know that there is a tremendous public support for your efforts. I believe I express the feelings of the vast majority of our people when I say that our country is committed to the mental health of the community toward mental illness keep changing. It will change as we learn more about the problems of research activity within the hospital. It will change as attitudes, biological, psychological, economic, and social forces that influence mental health and mental illness are changed. It will change as the hospital changes, as attitudes change as even as a means of restraint, to say nothing of it as a means of cure, a hundred times more efficacious than all the strait-waists, fetters, and handcuffs. * * * * *

Perhaps we should give more thought to fostering care of the kind that is needed, but which condition does not necessitate hospitalization but who does not have a family able or willing to care for him. In the hospital, the mental hospital is healthy and active older people in our population—people for whom the responsibility of providing a foster home for an older person is a laboratory for the study of mental illness. The establishment of research activity within the hospital itself will help to strengthen the ties between the local university and other research centers, and would make the hospital more attractive as a place to work and learn. In this way, the mental hospital may help to solve the chronic problems of insufficient staff that has tended to keep it ignored and isolated in the past.

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