In the interest of those who need never lose their usefulness to society — and in the interest of restoring the light to those who walk in darkness, you will find reprinted here a series of articles regarding the prevention, cure and treatment of mental illness which appeared in The Daily Oklahoman in January and February, 1947.
Mental Patients Get a Chance in Colorado

By MIKE GORMAN

With these words, Dr. Franklin G. Ebaugh, director of the hospital, greeted this reporter before leading him on a tour of his institution, one of the few west of the Mississippi emphasizing diagnosis and treatment, rather than mere custody, of mentally ill people.

60 Percent Discharged

Patients at Colorado Psychopathic are housed in an attractive, three-story brick building on the grounds of the Colorado General hospital in Denver. There are only 78 beds, hard to believe when one sees a summary of the 20-year job the hospital has done in spear-heading an attack on mental illness in Colorado.

Established in 1925, Colorado Psychopathic has treated more than 17,000 patients in the last 20 years, almost twice as many as are now concentrated in all six of Oklahoma’s mental institutions. This figure does not cover the vital work of both the out-patient clinic and the psychiatric department in the Colorado General hospital. In the two-year period ending June 30, 1946, a total of 3,853 mentally sick were treated in all three departments, and many others by traveling mental clinics which blanket the state.

Over the 22-year span, 60 percent of the patients have been discharged as recovered or improved. This is a conservative estimate. Ebaugh, one of the four or
five top psychiatrists in the nation, bends
over backwards before classifying a pa-
tient as recovered. In the last two-year
period on record, 944 patients, or 58 per-
cent, were discharged as recovered or
improved, with only 454 patients, or 28
percent, committed to the state hospital
at Pueblo. The average stay of a patient
at Colorado Psychopathic is 36 days.

How was it possible back in 1925,
when mental illness was something you
didn’t talk about and when practically
every state in the country shunted its
"insane" behind strong walls and barred
windows, for Colorado to establish a psy-
chopathic hospital that turned out with
the then revolutionary premise that
mental illness was a medical ailment
which might be cured?

Doctors Draw Credit

"Our psychopathic hospital was estab-
lished by a popular vote in 1924," said
Ebaugh. "Full credit for the four-to-one
majority it received must go to the Col-
orado Medical association, which through
letters and pamphlets, carried on a tire-
less campaign convincing the people of
Colorado that cure of the mentally ill
was the state’s No. 1 health problem.

"It is indeed a crying shame that many
state medical associations in the country
see fit even in 1947 to turn their backs
on a sickness which fills more than half
the hospital beds in the nation."

What does it cost to run a hospital
like Colorado Psychopathic? The total in
1945 was $278,000, and in 1946 it rose to
$324,099. Of this sum, the state appro-
piated only $150,000 a year. Counties
contributed $4.50 a day for any of their
residents in the hospital, while a minor-
ity of full pay patients contributed $7 a
day. Additional sums were received from
national and state fellowship grants.

This $150,000 a year, for which the
state obtains treatment for several
thousand of its mentally sick citizens, is
just a drop in the bucket in the yearly
appropriations for Norman’s Central
State hospital. As Dr. Ebaugh has em-
phasized in his writings, it’s a lot cheaper
to cure them and get them home than
to build big institutions where they lie
around for 20 and 30 years.

10 Residents Employed

There are four full-time doctors on
the staff. Director Ebaugh, author of
many standard textbooks in the field of
psychiatry, is paid $7,780 a year. His as-

distant, Dr. John Lyon, 38 and trained
in Colorado, receives $7,200. Dr. Jules
Coleman, also in his late thirties and for-
merly a director of child guidance clinic
in New York City, receives $7,500 as
chief of the out-patient clinic. Dr. Har-
rott Hunter, chief of the psychiatric de-
partment of the general hospital, re-
ceives a little over $5,000.

But the backbone of the hospital staff
is its 10 residents, a brilliant group of
psychiatrists whose salaries come large-
ly from outside sources. Since 1928 the
Commonwealth fund of New York has
given the hospital $160,000 for the train-
ing of physicians. With the recent dis-
continuance of this aid, the state has set up
funds for two fellowships each year. The veterans administration
has approved the hospital for resident
training, already has three men in resi-
dence, and will eventually have 10.

These men are all graduates of med-
cal school, many have had several years
experience in psychiatry, and all are in
their late twenties or thirties. Aware of
the latest developments in psychiatry,
they are enthusiastic at the opportunity
given them for constant research on the
cure of mental illness.

Doctors Seek Opportunity

The contrast to Oklahoma’s situation
is painful. In all six of our mental in-
stitutions we haven’t one resident in psy-
chiatry. Even more painful, we have no
chance of attracting young residents un-
til our hospitals are brought up to mini-

mum standards. It isn’t money that at-
tracts these young doctors—it’s the chance
to utilize the latest treatments they’ve learned in from six to 10 years
of study.

The nursing service is something the
head of any Oklahoma mental insti-
tution would be pleased with. There are 12
head nurses, at salaries ranging from
$180 to $205. Miss Stella Ackley, director
of nursing services, trained in psychiatry
at the finest schools and a veteran of 15
years at Colorado, receives $290 a
month.

There are 10 general duty nurses at
$185 a month, and 21 student nurses.
These student nurses, taking four-month
courses in psychiatric nursing, come
from all over Colorado and from several
outlying states. In addition, there are
five nurses taking six-month post-grad-
uate courses in psychiatry.

Again, the contrast to Oklahoma is
painful. With more than 10,000 mentally
sick people, almost twice as many as in
Colorado, we cannot boast of one single
student nurse learning the fundamentals
of how to care for these sick people.

Treatment, Not Restraint,
Key In Colorado

Walking through the wards of Colo-
rado Psychopathic hospital, you feel you
are in an elaborate convalescent institu-
tion rather than a mental hospital for
acutely ill patients.

It isn’t so much the fresh paint, the
shiny linoleum on the floor, the crisp
whiteness of the uniforms and the linen.
It’s the little extra things—bright paint-
ings on the walls, flowers in every room,
spacious living rooms with leather
loounge chairs, radious and pianos, game
rooms with pool and ping-pong tables,
a large garden just off the main recrea-
tion room, a spacious sun room, large
casement windows through which the
sunlight streams.

After a couple of days touring the
place, you begin to understand what it
is. It’s a deliberately created atmos-
phere, designed to persuade these peo-
ple that they are passing through a
temporary illness. Striking to the ob-
server is the fact that most of the pa-
tients are cheerful and deeply apprecia-
tive of their surroundings. In the recrea-
tion room, with several women reading,
several knitting, a number grouped
around the piano, others basking in the
bright sun, you begin to understand that
these people, unable to stand the strains
of modern living, have withdrawn into themselves, waiting to be shown the way back to satisfactory adjustment to life’s demands.

There’s No Comparison

Some might say that contrasting these conditions with those, let us say, at Oklahoma’s Fort Supply, is unfair. HOW LET THERE BE LIGHT

ing, to Colorado’s Psychopathic hospital, Ebaugh has drawn up a sample schedule of six to eight cases a day, probing daily into the nature of a patient’s mental illness, and bringing out all factors that thwart his progress.

Psychotherapy Stressed

However, shock treatments are relegated to their proper role at Colorado. Most treatments are psychotherapy, which involves a series of interviews, probing into the mental “blocks” of patients. Hypnosis, drugs, suggestion and other devices are used to get the patient to talk out his troubles. For use in the hospital, Ebaugh has drawn up a sample series of interviews designed to explain the nature of a patient’s mental illness to him, desensitize him to any shame, and bring out all factors that thwart his progress.

To give psychotherapy requires both a large and capable staff. At Colorado, with most doctors handling an average of six to eight cases a day, probing daily interviews are possible. After the first few interviews, the doctor usually has a complete picture of the patient’s background and emotional “blocks,” and then can work out planned interviews.

Meals Are Pleasant

The contrast to Oklahoma institutions is vivid. Because of the many patients handled by each doctor in that state, psychotherapy is out of the question. How can a doctor get to know an individual patient when he has 700 to care for? And until you get to know every fact and quirk of a patient’s mind, how can you perform that most delicate of all operations—gently guiding that mind back to reality?

There is very little restraint used on patients at Colorado. Take the case of the 200-pound football coach, a highly excited, destructive manic. When he entered Colorado Psychopathic, his behavior approximated that of a wild beast. First of all, he got seven to ten days continual sleep treatments. Following the sleep treatments, he was given a series of soothing hydrotherapy baths. Colorado’s early doctors had given a lot of occupational therapy. Finally, he was given the responsible job of evaluating the hospital’s library. He was cured within two months with never a restraining device used.

Ebaugh lists food and its serving as a therapy. Most mental patients entering a hospital are badly undernourished, suffer from a severe loss of weight and have no appetite. Ebaugh prescribes a high vitamin diet, supplemented by tonics. Food is served in an appetizing manner. In the sun-lit, flower-filled dining room, patients are seated four at a table, with a name plate in front of each patient. Patients select their meals a day in advance from menus passed out to them. If any patient is moved from one table to another every week. Soft dinner music adds a relaxing touch.

This reporter hasn’t the heart to compare the food and its serving at Colorado with the system in vogue in Oklahoma’s mental institutions.

Group therapy is also practiced at Colorado. A few patients are consoled by a doctor. They are encouraged to tell each other about their illnesses and most patients delight in comparing symptoms. At other times, they are encouraged to talk about international affairs or anything they want to discuss.

Occupational and recreational therapy are practiced on a large scale. In the large, sunny therapy room, there is a wood-work section, an electric kiln for patients wanting to make pottery, and other devices.

Recreation plays a great role because Ebaugh calls this “group therapy”—transfusing into useful channels the potentially destructive energies of his patients. There is a recreation area adjoining the hospital, and all patients, including violently disturbed ones, spend several hours a day outdoors. This reporter watched a fiercely contended volley ball game in which a team made up of patients vied with a team of nurses.

All activities are directed toward keeping the patient constantly occupied and away from brooding. Ebaugh, a colonel in General MacArthur during World War II, is a great believer in the army psychiatric division’s insistence upon complete patient occupation.

Yet in Oklahoma, in the year 1947, thousands of mental patients lie in bed or sit forlornly on benches day in and day out, constantly brooding, with little or no hope for a cure.

Hospital Finds Psychiatry Unit Pays Dividends

The most dramatic job of the Colorado Psychopathic hospital is that being accomplished by the psychiatric liaison division, a separate unit set up on the second floor of the Colorado General hospital.

It was set up in 1934 to give consultation service on medical cases in the general hospital. At first, most doctors and nurses were hostile, taking the position that cases in the general hospital were purely medical ones—only crazy people went to psychiatrists anyway.

However, as the psychiatric unit effected cures or prevented recurrence of nothing, the entire hospital staff swung over to an understanding of the necessity of psychiatry in a general hospital.

The setting up of a psychiatric unit in a hospital is based upon the fact that an amazing number of medical admissions to a hospital are in reality suffering from psychiatric disorders. Dr. Edward Strecker, one of America’s leading psychi atrists, estimates that 75 percent of the clientele of the general practitioner during the first 10 years of his profession, list one or more of their problems as neuroses, psychopathological complications of chronic organic diseases, mental aspects of convalescence, and psychopathological problems in children.

One of 13 Needs Care

In a recent study of the medical service at Colorado General, it was found that one out of 13 admissions needed complete psychiatric care, and one out of six cases in the medical service of the out-patient department needed similar care.

A case in point will show how the unit operates. A 28-year-old woman was admitted to Colorado General for an ovarian operation. Her condition became worse after the operation. During the convalescent period, she suffered a weight loss of almost 40 pounds, was ob streperous and the operation wound became badly infected. After four weeks of this the psychiatric unit was called in.

During the very first interview, the woman, amazed at the sympathetic attitude of the psychiatrist and relieved at not being accused of malinger ing, blurted out: “You’re a different type of doctor. I think you really want to help me.” Then she began to cry and tell her troubles.

She had married a man twice her age. He had four children by his first wife, two of them almost as old as his second wife. He wanted a cook and housekeeper, not a woman to love, and when she became pregnant, he refused to speak to her. Severe emotional tension resulted in her miscar lying.

‘A Pain Is a Pain’

The diagnosis, to a psychiatrist, was simple. The woman, subconsciously, did not want to get well, because if she did, she would have to go back to an intolerable situation. Even the operation she underwent was a failure—her physical symptoms were psychosomatic. Convinced of the correctness of the psychiatric analysis, she got out of bed in three days, broke off with her husband and got herself a good job in Denver.
The case file at Colorado General is full of hundreds of similar cases. Cases diagnosed originally as chronic gall bladder, acute appendicitis, high blood pressure and innumerable other diagnoses—nothing else worked, psychiatrists were called in, and the symptoms were traced down to mental and emotional disorder.

Dr. John Lyon, former director of the unit, puts it this way. "A pain is a pain, however, caused. A bowel spasm caused by a nervous condition is just as uncomfortable as one caused through organic failure. Any medical man who denies the existence of a pain because he can't X-ray it puts himself in an untenable position."

That the Colorado unit has done a good job in propagandizing the staff as to the necessity of psychiatry in the general hospital can be seen in figures which show that close to 6,000 patients have been referred to the psychiatric unit since 1934, with the total mounting every year.

Dr. Ebaugh is not satisfied. In his annual report, he proposes that a full-time psychiatrist be added to every major department in the hospital so that every patient can have the value of a clinical personality study and treatment. He now has a full-time psychiatrist in pediatrics curing many children whose illnesses were thought to be purely organic. A resident in psychiatry, a public health service doctor, is working full-time in obstetrics, concentrating his research in psychological problems of motherhood.

Dr. Dorothy Case, a pediatrician who came to Colorado Psychopathic to take a year of work in psychiatry, is an enthusiastic believer in the Ebaugh doctrine.

"I don't see how any pediatrician today can be effective without at least a year of psychiatry," said Dr. Case. "How can you artificially separate the physical illness of a child from the tremendous mental and emotional tensions he is constantly undergoing."

Oklahoma? Let's take University hospital. Not one psychiatrist on the staff, not one bed devoted to psychiatric care, not one medical student training in psychiatry.

A fourth major department of Colorado General hospital which has become a major adjunct of Colorado Psychopathic is the University medical school.

Medical students there pass through a rigid four-year course in which psychiatry is on an absolute parity with the given the illnesses of organs and systems. As Ebaugh puts it: "We wish our graduates to have an understanding of the prevalent nervous and mental disorders encountered in general practice, especially the neuroses and psychomatic illnesses."

In addition to formal courses, each student is assigned a mental case from the preventive medical clinic which he follows throughout his four years in school, looking after the medical and psychiatric problems of the family group.

The varied types of treatment given at Colorado Psychopathic hospital are of great importance, but not nearly as fascinating as the extraordinary research work being done on the cause and cure of mental illness.

There are separate laboratories devoted to extensive studies in neuropathology and electroencephalography. Neuropathology, the study of damage to vital organs as a result of disease, is headed by Dr. Karl Neuburger, an Austrian expatriate with a brilliant background. During the two-year period ending June 30, 1946, Neuburger and his staff conducted 214 autopsies in an attempt to relate physical disintegration to various classes of mental illness. Recently, studies have been conducted on brain damage in rheumatic fever and both physical and mental damage in selected cases of polio.

Electroencephalography, the recording of brain waves, plays an important part in Colorado Psychopathic. It has proved of great value both in the diagnosis and treatment of psychiatric disorders, being of special importance in cases of epilepsy, head injuries, delirious states and localization of brain tumors.

All Have Research 'Bug'

There is a Clinic "C" at the hospital devoted to a continuing series of experiments on the baffling disease of epilepsy. Detailed studies, new drug combinations and extensive psychotherapy are a few of the lines of attack.

The whole staff at Colorado Psychopathic is imbued with the research "bug," with every doctor exploring some pet line of attack for mental illness. One of the residents is doing intensive research on psychological aspects of abortion. Another, a Canadian government fellow with 10 years of psychiatric experience, is concentrating on psychodynamics, the study of emotional repressions which produce mental illness and as a by-product, peptic ulcers.

Research in Oklahoma: The jagged holes in the floor have to be filled in first.

So far, the discussion has been restricted to the Colorado Psychopathic hospital proper. However, its greatest work is in the battle against mental illness is carried out in four other departments—the outpatient clinic, the psychiatric ward in the Colorado General hospital, the traveling mental clinics and the Colorado university medical school.

Child Care Stressed

The outpatient clinic, which handles adults and children with psychiatric problems, treated more than 1,000 patients during the past two years, involving a total of 9,158 visits.

Practically the entire emphasis of the outpatient clinic is upon children, who make up over 75 percent of the case load. Many of the patients are babies with severe emotional disorders. As Ebaugh puts it: "Nearly all mental ill-
ness has its origin in childhood maladjustments. Here in Colorado, we don’t wait for these childhood maladjustments to become chronic adult illnesses—we thaw them out at the start."

The clinic is well staffed. There are two full-time psychiatrists, five full-time psychiatric social workers, five psychiatrists in training, one Commonwealth Fund fellow, one public health service psychiatrist, one veteran trainee, one Canadian trainee, and one pediatrician, and psychologist and five students of the Denver university school of social work.

A typical case will illustrate the working of the clinic. A mother comes in with a 9-year-old boy. Johnny has run away from home twice, has refused to go to school, has daily vomiting spells, refuses to eat proper food. She’s taken him to five doctors, but Johnny is still a sick unreasonable boy.

One social worker takes the mother, another the boy. They get every available bit of data on family background, personal histories and school life. Then at the first interview, a psychiatrist is assigned to the boy. After several interviews, the whole business comes out—a mother who is supposed to be an accomplished musician, had decided to make Johnny a great violinist. Since the age of 4, Johnny has had to play the violin. He is afraid to oppose his dominant mother. The remaining interviews are devoted to looking for a reason, with major effort devoted to convincing the mother that she is the problem, not the child.

None in Oklahoma

Fanning out from the out-patient clinic are the traveling mental clinics. Which go out into the community to rout out mental illness at its source. A traveling team consists of a psychiatrist, a psychologist and a social worker. Communities are visited by the clinics once a month, and a child welfare worker, a part of the team goes along and learns how to handle the severe behavior problems of her charges.

Dr. Ebaugh, obsessed with the idea of taking psychiatry out from behind the barred window, is sold on the value of these traveling clinics.

Oklahoma and the routing out of mental illness? Not one out-patient clinic, not one traveling mental clinic, not one mentally sick child being helped by the state.

Colorado Finds Mental Work Real Economy

What is the cost of the elaborate setup per patient at Colorado Psychopathic covering the outpatient clinic, psychiatric ward in the general hospital, medical school—the complete works?

Dr. Ebaugh estimated it runs between $11 and $12 a day at this point, some legislators will emit squeals of pain.

A little arithmetic may reduce the squeals. The average stay of a patient at Colorado Psychopathic is 36 days. The cost of treating 10 patients for this period runs under $4,000. The average stay of an untreated mental patient in a state mental hospital is 20 to 30 years, at a cost of close to $6,000. Just cure one patient who untreated might develop into a chronic and you’ve more than paid for curing 10 patients.

Proud of Readmission

The savings are not restricted to complete cures, either. Ebaugh estimates that 10 percent of the patients discharged as improved back as re-admissions in a few years.

"Here at Colorado Psychopathic we’re proud of our readmissions," says Ebaugh. "We know that the great majority of them were ticketed for the state institution when they came to us. Through the treatment they’ve gotten here, confinement at a state institution as a chronic has been avoided, society has gained its usefulness for many years, and families which otherwise would have broken up have been held together."

Even those discharged as unimproved are reassured in being returned to their homes, being able to return to the out-patient clinic for additional treatment at any time.

Yet, the tremendous value of a psychopathic hospital cannot be gauged by statistics. If our legislators could see, as the Minnesota legislature recently did, the series of films made at Colorado Psychopathic showing the progress and cure of mentally ill patients, a lot of their skepticism would vanish.

Before and After

Case X was a woman suffering from hysterical convulsions. The first films show her in various hysterical states, a film an accomplished musician, had decided to make Johnny a great violinist. Since the age of 4, Johnny has had to play the violin. He is afraid to oppose his dominant mother. The remaining interviews are devoted to looking for a reason, with major effort devoted to convincing the mother that she is the problem, not the child.

Schizophrenics, alcoholics, manic-depressives—there are before and after studies on all of them, proving the miracle of modern psychiatry. There is no way to suggest the drama packed into a film study of just one of the hundreds of cases who are treated by Dr. Ebaugh and his trained team.

Ebaugh proposes, in his 1946 report, the building of an Institute for Community Psychiatry on the grounds of Colorado General.

The institute, to be built entirely from appropriations under the recently passed federal mental health act, will serve as a classroom in mental health for the entire state. Its central unit will be a mental hygiene clinic whose main purpose will be the setting up of treatment demonstrations for every school and welfare agency in the state.

Liaison Staff Planned

At the institute, workers from wellbaby clinics, visiting nurse associations, public schools, juvenile courts, parent-teacher associations, religious and industrial groups will be taught, in a basic mental hygiene curriculum, practical methods of handling all types of behavior problems.

On the full-time staff of the institute, in addition to four psychiatrists, four psychologists and 12 social workers, will be a full-time liaison staff consisting of an educator, a public health nurse, a personnel consultant from the industrial field, a vocational counselor, a public relations man and a minister. These six key people will bring psychiatry out into the community, and bring the community in through the walls of the psychiatric institute.

Is this all just the pipe dream of a visionary?

The institute will cost $350,000 with an excellent chance of its entire construction cost being financed by the federal mental health act. Dr. Ebaugh says the university board of regents has already approved the blueprints, so I see no reason why construction shouldn’t start soon.

Is a psychopathic hospital like the one at Denver out of the question in Oklahoma? Dr. Jacques P. Gray, dean of the Oklahoma university medical school, is most anxious to set aside 50 beds as a psychiatric ward. The disturbed child is his medical students and student nurses are receiving no psychiatric training.

Funds Are Available

The building cost would be small, since the ward would be part of the hospital. Funds under the federal mental health act would be available for construction and maintenance. A great deal of the staff work, at low cost, could be handled by medical residents and nurses in training, says Dr. Ebaugh. Administration, which is making Oklahoma City one of its chief medical centers, is anxious to establish a number of mental residences at all psychopathic hospitals. In addition, the U. S. Public Health service has made large contributions to psychopathic hospitals for the training of doctors, nurses and social workers.

lest anyone think that the whole psychopathic hospital idea is something that Oklahoma can get around to sometime in the distant future, these words of Ebaugh’s are pertinent:

"We feel that the psychopathic hospital movement is the natural outcome of many years of striving and earnest effort to place mental disorders on the same basis as physical disorders. We are approaching the time when general hospitals with their splendid delivery rooms, solaria for tuberculosis, excellent orthopedic appliances and apparatus and modern facilities of all types will also have provisions for handling the care and treatment of mental patients."

The above was written in June, 1925!
Colorado Uses Colors, Design To Aid Patients

The Colorado State hospital at Pueblo, which handles the state's 5,000 mentally ill patients is a rambling institution of 76 buildings covering over 300 acres in a beautiful location at the foot of the Rockies.

To tell the full story of the Pueblo institution and the many amazing things it is accomplishing would require several volumes. In these articles, just those highlights which have relevance to the situation in Oklahoma will be dealt with.

Colorado just developed what more nearly resembles a college campus than a hospital. With the state law allowing only 400 patients per building, it was decided to build them in pairs so that they formed right angles, or large "V's".

Where the wings join cafeterias have been built on the inner circle, and the day rooms are on the large outer circle.

Exteriors Are Bright

The exterior building walls are of bright, light-colored brick, and the doors are a beautiful brown oak. A specially placed tile is used for the interior walls.

The tile has the color baked into it so that it will never require painting, and the walls have colors to suit the types of patients who occupy each particular building. Rose and cream are used in buildings where patients need stimulation, while greens lend quiet to the disturbed wards.

All floors are of tile or linoleum-covered concrete. All corners, vertical and horizontal, are rounded so that dirt cannot collect. Since rooms and corridors can be washed down with fire hose if necessary, the cost of keeping the buildings sanitary is low.

There are no barred windows. Metal window frames are such that no one can crawl through, even if a pane is broken. There is an abundance of windows to admit sunlight.

Buildings Set Far Apart

The buildings are set far apart and are surrounded by lawns, flower gardens, and recreation facilities. Landscaping is provided by a nursery maintained by the hospital.

Dr. F. M. Zimmerman, hospital superintendent, points out that it has cost little more to take away the "institutional" architecture and furnish attractive buildings and the effect upon the patients is apparent.

The central kitchen, with facilities for preparing meals for 2,200 patients at a time, is probably the finest in any mental hospital in the country. Produce from the kitchen is sent to various cafeterias in food cars that are an electric tractor, a stainless steel train as modern as any of today's railroads.

The Colorado State hospital was one of the first institutions in the nation to use cafeterias. Officials found that cafeterias took away much of the institutional atmosphere, made the patients more satisfied and pared labor costs. Patients do not have to eat what is put before them, but can select available food with a freedom as to a customer in a restaurant.

This reporter, at breakfast in one of the patients' cafeterias, had his choice of half a grapefruit or red plums, cornflakes or cream of wheat, buttered griddle cakes or fried eggs, biscuits or cinnamon rolls, coffee or milk. Patients sat four at a table. There were tablecloths, flowers, colored napkins and a nameplate for each patient.

The maintenance features are so numerous and so noteworthy only a few can be mentioned here. The hospital consumes 115,772 dozen eggs a year, all from its own poultry farm. There are extensive gardens producing most of its vegetables, and an enormous cumin plant.

Space permits discussion of only one of the many modern therapy buildings. The two-story hydrotherapy building, where patients requiring the various types of water treatments, such as sprays, showers, massage tables and baths, are treated on the lower floor has the sedative facilities, including 16 tubs and a raft of beds.

Everything in the quiet section of the nurotherapy nursing lends itself to sedation. Wails are green, cork ceilings absorb noises and a new type fluorescent light is used, with the beams illuminating the aisles between the tubs without shining into the eyes of patients as they lie on their backs. Heat comes from overhead registers, which are placed above the windows so that the panes will not steam.

Adjacent to the hydrotherapy building is the modern isolation unit where tubercular and contagious cases are kept. Bright rooms, flowers, a large solarium, high vitamin diets, not a speck of dirt anywhere—what a contrast to the frightful way tuberculosis is kept in Oklahoma's mental institutions.

The reader should not deduce from this sketchy outline of Colorado State that everything is perfect. Far from it, as Dr. Zimmerman will readily admit.

Its just the over-all impression you get after spending several days touring the institution. Whatever its faults may be, you know that Colorado State is abreast of the latest developments in the care of the mentally ill, and that every day it moves forward on a new front.

1,000 Employed to Aid Colorado Mentally Sick

There are more than 1,000 employees at Colorado State hospital to run an enormous mental institution caring for 5,000 patients.

There is a superintendent, an assistant superintendent, 11 psychiatrists, five doctors in the medical service and four specialists in pathology.

The medical staff is an amazingly youthful one, most of the physicians and residents being in their 30's. Dr. Zimmerman, who became superintendent in 1926 when only 34, wants no part of a staff made up of elderly psychiatrists who view work in a mental institution as a kind of pensioned existence.

Staff Meets Daily

Every day sees a staff meeting at which the psychiatrists sit around the conference table and present cases for group consultation. Zimmerman, who preaches over most of them as a kind of restraining elder, has this to say:

"The younger men on the staff go at one another like a pack of wolves. Sometimes, with four or five psychiatrists standing in the same room, the din is frightful. Then the medical men join with their theories. Then the pathologists start pounding on the table. Its wonderful!"

With pay scales not as high as in most brackets in Oklahoma the Colorado State able to attract so many young doctors?

Certified For Training

In the first place, Colorado State is certified for three years of resident psychiatric training and is listed in the American Medical Association as one of the finest training centers in the country. Oklahoma has no institution where a young psychiatrist can train in his profession.

Secondly, the money incentive has little appeal for a young psychiatrist. He wants a place where he can put all his academic knowledge into use, where he will have every facility for using the latest therapies on patients. Colorado has all this and a superintendent who goes all out for experimentation and research.

This reporter asked one of the young residents in psychiatry, a former Oklahoman, why he wouldn't come to Oklahoma and work in one of the institutions.

Five Doctors on Staff

"Because I wouldn't really be learning anything," he replied. "When you work in an institution where there's severe overcrowding, and where you have a heavy case load, you're licked before you start. I worked in one in Iowa, and I'd never do it again."

One of the most important staff components is the medical unit, composed of five full-time doctors, the largest medical service section in any mental institution in the country.

"You can't begin to treat a mentally ill person until you clear up all his physical ailments," said Zimmerman. "Our medical unit not only does a tremendous amount of treatment, but is doing constant research on the close inter-relation between physical and mental illness. When a patient enters this hospital, he gets a battery of physical attendants and plenty of good food before anyone goes to work on him."

There are 14 full-time nurses at Colorado State 10 of them supervisors. They work a 48-hour week, the minimum of $156 a month plus outside maintenance of $56 a month. In addition, there are 67 student nurses receiving
training in psychiatry, some of them from Colorado's neighboring states.

In the past two years, the hospital has trained more than 500 nurses from affiliate hospitals. These student nurses are more used to the over-worked regular staff and, in addition, form a source of supply for hospitals throughout the state.

One of the greatest morale factors at Colorado State is the liberal sums given the grounds, with over 60 percent of them owning their own homes.

"Since I came to Colorado State, I've encouraged employees to live off the grounds," said Zimmerman. "At most state mental institutions, the employees live beyond an isolation wall in hush-hush seclusion from the community. My employees build homes and sink roots into the community, and thus a close relationship is established between Colorado State and the community."

Another key group on the staff is the dietitians. In July, 1944, a program for a 12-month dietetic internship was put into operation, the first ever approved in a mental hospital by the American Dietetic Association. Two graduate dietitians and four assistant dietitians run the school, and this year there are 11 interns from five states.

Zimmerman started this school because he couldn't get enough experienced cooks to feed his patients, and it's an excellent example of the way the resourceful superintendent tackles the problem of recruiting persons.

"Whenever I can't get personnel any other way, I start a school and train them myself," said Zimmerman. "When I ran short of attendants, I started one of the first schools in the country for psychiatric attendants. The hospital is approved for resident training for doctors and nurses, and this is a major source of supply for us.

"Recently, we were approved for residence training in psychology. I am working right now with several universities in Colorado leading to the training of every type of employee in the hospital, with special emphasis on schools for both occupational and recreational therapists. Why don't they do that in Oklahoma? If they can't get them any other way, start a school and train them."

In addition to the standard shock therapies administered to patients, Colorado State goes in for extensive occupational and recreational therapy. Most of the patients get outside several hours a day.

All sorts of psychological tricks are used to help the patients. In the large flower garden, a sign says: "Please keep the flowers and the garden." Encouraging them to indulge in a positive type of activity usually forbidden. A whole set of devices are used to keep up the patients from feeling neglected.

**Doctor's Spunk Key To Mental Hospital's Rise**

How much does it cost to operate Colorado State hospital at Pueblo, with its 5,000 mental patients and it staff of more than a thousand?

For the years 1943, 1944 and 1945, the cost was a little over $1.5 millions a year, with the state making direct appropriations of just over $1 million a year. Additional monies were received from special ad valorem levy and earnings from care of patients and sale of goods.

James Noonan, state budget commissioner, pointed out that Colorado, with a smaller population and a lighter tax structure than Oklahoma's, actually had much less to appropriate directly to its institutions than this state.

The budget for Norman's Central State hospital, which handles 3,600 mental patients, ran close to $1 million a year for the same period. Considering the nature of the problem at each institution, the figures for both institutions are almost identical.

The question arises, why is Colorado State hospital rated one of the finest in the country, while the Norman institution, like all the others in Oklahoma, is near the bottom of the list?

**Planning Gives Answer**

The answer lies in long-range planning, timed to take advantage of federal assistance, and construction of one building at a time.

Dr. Zimmerman became head of Colorado State in 1928 at the age of 34. He fell heir to an institution on a par with the others in Oklahoma today. But Dr. Zimmerman had one asset—he wasn't afraid of the legislature.

When the legislature met in 1929, it did what it had always done with the institutions in Oklahoma today. It fell heir to a mental institution on a par with the legislature by offering its resignation unless several vital items, cut out of the budget, were restored at once.

**Psychology Works**

"I was kind of afraid they'd take me up on it, but I really meant it," said Zimmerman, smiling as he looked back upon the incident. "When I went before the legislature, I had all the keys to the institution in my pocket. I told them that I was a psychiatrist, and my job was to take care of these sick people. If they didn't give me the money to do the proper job, they could have the keys and run the place themselves."

The legislature backed down, and Zimmerman got an appropriation for two new dormitories and a nurses home. Then, in the early thirties, came the PWA and the WPA and plenty of federal funds. Zimmerman drew up a $4,- 500,000 program which he presented the legislature in 1931.

**Keys Used Again**

In 1937, with the keys again dangling in their faces, legislators adopted a 10-year building program for state institutions, providing an ad valorem tax levy of one mill for that purpose. In 10 years the state institutions received $10 millions for building purposes from this levy, with Colorado State hospital getting close to $3 millions.

The legislature balked. Zimmerman reached for the keys. The legislature gave in. The state bought 240 acres adjacent to the hospital grounds and prepared for expansion, appropriating a large sum to match the first PWA grant. In the next three years, the state and PWA together created five dormitories and a cafeteria.

**Visitors Are Welcome**

The legislature "signed and appropriated enough money to cover the deficiency."

A lot of the strength Zimmerman has when he appears before the legislature is the result of public relations program which has made the citizens of Colorado fully aware of every detail in Colorado State's magnificent fight on mental illness.

He also throws the gates of his hospital wide open to visitors. The general public can visit the hospital any time of the day.

"I cannot understand the hands-off attitude so prevalent among state mental institution heads," said Zimmerman. "Their holier-than-thou pose can be summed up in the words: 'I am a psychiatrist, I cannot be bothered with details, I have to run my institution decently.' If they don't give me the money to do the proper job, they should have the keys and run the place themselves."

The following series of articles about Colorado's mental institutions appeared in The Daily Oklahoman from January 17 to February 6, 1947. The facts and figures presented were gathered by an experienced researcher and reporter from The Daily Oklahoman staff.
MENTAL LESSONS FROM COLORADO

These articles on the Colorado Psychopathic hospital point up several important lessons for Oklahoma in its future care of the mentally ill.

The first is the immeasurable value of a psychopathic hospital in catching and treating mental illness in the early stages when it can be cured. With the state appropriating only $150,000 a year, Colorado Psychopathic is able to effect recoveries on 60 percent of its admissions. Hundreds of it patients, who might become lifetime institutional cases at a cost of from $5,000 to $7,000 per patient, are turned out as recoveries with an average treatment cost of less than $400 per patient.

Just as important is the training program carried on by Colorado Psychopathic, which includes three year post-graduate courses for residents, extensive four year courses for medical students, and psychiatric training programs for nurses. Over the years, these teaching programs have supplied Colorado with a constant stream of young doctors, nurses, and social workers in the field of psychiatry, and at an amazingly low cost to the state.

University hospital is ideally suited for the setting up of a 60 bed psychiatric ward. It is essential that this unit be established as soon as possible so that Oklahoma, which has emphasized costly custody of its mental patients in the past, can make the switch to a much cheaper program of prevention and cure. Medical students, student nurses, and general practitioners can also receive intensive training at this unit, eventually supplying the state with the psychiatrists and psychiatrically trained nurses it so desperately needs.

The second lesson we can learn from Colorado is the importance of mental health clinics in preventing mental illness. Traveling clinics in Colorado have treated thousands of mentally sick people in the last decade, going out into every community to combat mental illness at its source. Their work in straightening out emotional maladjustments in childhood, precursors of chronic mental illness in adulthood, is attested to by a case file bulging with the names of hundreds of children. These were referred to the clinics by parents, schools, and social agencies, who have been successfully treated.

LONG RANGE PLANS FOR MENTALLY ILL

Oklahoma can take several important pointers from the operation of the Colorado State hospital at Pueblo, which cares for more than 5,000 mental patients.

Colorado, with almost a million less people than Oklahoma, and with a tax structure which permits smaller expenditures each year out of current revenues for its state institutions, has nevertheless managed to achieve far better care of its mentally ill than this state.

The answer lies in long-range planning. As early as 1928, Dr. F. M. Zimmerman, Pueblo superintendent, studied the building needs of his institution and worked out a ten year expansion program. In 1937, the Colorado legislature, unable to finance Zimmerman’s second ten year plan out of current revenue, voted a one mill ad valorem levy upon real and personal property for the specific purpose of constructing needed buildings at all state institutions.

During the 1947 legislative session, Zimmerman will present a third ten year plan for a $16 millions building expansion program. Present indications are that the legislature will vote another ad valorem levy to finance new buildings needed at Pueblo.

What is the situation in Oklahoma? This state has never made a study of the long-range needs of its mental institutions. At present, every one of its six mental hospitals is behind at least 10 years in construction of needed buildings.

It is impossible to remedy this in one legislature, and it is almost impossible to finance this building expansion program out of current revenues.

What is needed, first of all, is a careful study of the long-range needs of Oklahoma’s mental institutions. It has been estimated that a minimum of $20 millions will be needed to bring the mental hospitals up to minimum national standards.

Then the legislature should sit down and work out a means of financing this vital program. A two mill levy would bring in approximately $2 millions a year, and if voted for a ten year period, would cover the complete cost of bringing the mental hospitals up to date.

There is no substitute for this long-range planning and financing. If it is not done, Oklahoma will continue to lose at least a million dollars a year in un-economic custody of hundreds of patients who could be cured and returned to society. It will continue to be unable to attract young doctors and nurses who refuse to work in institutions which emphasize prison-like custody rather than intensive medical treatment.

The 10,000 mental patients now cooped up in Oklahoma’s six mental institutions are the dead-end result of a generation of callous neglect by their fellow citizens. The people of Oklahoma, aroused by the deplorable conditions in these institutions, are willing to bear the cost of extensive improvements so that the generation now growing up will not become dead-end products of another generation of conscienceless neglect.

This year, right now, the legislature must take the first steps in a long-range building program to lift Oklahoma’s mental hospitals out of the pit of neglect.
TO MEMBERS OF THE 21st LEGISLATURE

As members of the 21st Legislature, you have in your hands the choice of deciding not only the fate of the state's 10,000 institutionalized mental patients, but also of shaping a program for the care and treatment of mental illness in Oklahoma for many years to come.

For a generation or more, the state's mental institutions have been shamefully neglected, with the result that they are overcrowded, understaffed, and completely lacking in decent treatment facilities.

By appropriating considerable additional funds this year, you can make a desperately needed beginning toward a long range program to bring these institutions up to minimum national standards. All this cannot be accomplished in one session—it is estimated that it will take $20 millions to bring our hospitals up to the level of better mental hospitals in other states. But a start must be made this year, and that start must include more doctors, more nurses, more attendants, and several million dollars worth of buildings to relieve the present inhuman overcrowding.

Later in the session, there will be presented to you a new mental hygiene law designed to bring Oklahoma abreast of the latest thinking in regard to custody and supervision of the mentally ill.

Its most important feature is the proposed employment of a mental hygiene commissioner to manage the state's mental hospitals. According to the law, the commissioner must have had ten years' experience as a practising psychiatrist, five of which must have been in a mental institution.

There are some who will tell you that this commissioner need not be a psychiatrist, that he may be a layman or a general medical man. This is misguided advice. If you listen to it, you will destroy the whole purpose of the new law.

Mental illness is a psychiatric problem, and no one but a psychiatrist with years of experience can supervise state institutions treating mental illness. By the same token that the superintendents of the institutions are psychiatrists, it naturally follows that their superior, the mental hygiene commissioner, should be equally or better versed in the vast psychiatric problem of treating mental illness.

In this same session, you will be asked to appropriate a little more than $100,000 to set up three mental health clinics, one in each mental hospital district. These clinics, which travel into the community to rout out mental illness at its source, pay for their cost ten times over in the number of patients they deflect from confinement to state institutions for a lifetime. Funds under the recently passed federal mental health act are available to help in setting up these clinics.

Yours is a great opportunity. The people of this state, aroused at the revelation of the conditions in our mental hospitals, have started a grass roots reform movement which has attracted national attention.

This fact is worth considering. This state will go bankrupt in another 10 to 20 years if it continues to put up costly buildings for mere custody of mental patients. The emphasis must be switched to treatment, so that hundreds of these patients can be cured and returned to society.

You can signalize a new day for thousands of the state's mentally ill by spearheading an attack on mental illness during the early stages when it can be cured. By appointing a psychiatrist to run the mental institutions, you will establish the vital principle that mental illness is a medical problem, not a political football. By establishing mental health clinics, you will herald a change in the state's attitude from costly, uneconomic custody to prevention and cure of this dread disease which fills more than half of Oklahoma's hospital beds today.

If you pass these measures, you will go down as the first legislature in Oklahoma history to blue-print a realistic attack upon the state's number one health problem—mental illness.

Gentlemen, it's up to you!