

INTRODUCTION

It is frequently asserted that ours is a nation devoted to its children. We repeatedly state that they are our most precious natural resource. Our acts, however, belie our words. Contrary to what we proclaim, we have yet to commit our vast resources to eliminating the innumerable ills which hinder the healthy development of our young.

Going back as far as the first White House Conference on Children in 1909 we have repeatedly, and with considerable eloquence, announced our intentions to develop a strong, imaginative program to care for emotionally disturbed children. For example, the 1930 White House Conference on Child Health and Protection, composed of several thousand citizens and government officials, proclaimed that:

"The emotionally disturbed child has a right to grow up in a world which does not set him apart, which looks at him not with scorn or pity or ridicule -- but which welcomes him exactly as it welcomes every child, which offers him identical privileges and identical responsibilities."

The 1930 White House Conference estimated that there were, at that time, at least two and one-half million children with well-marked behavioral difficulties, including the more serious mental and nervous disorders.

In the four decades since the issuance of that report, the care of the emotionally disturbed child in this country has not improved -- it has worsened considerably. During the three years of its deliberations and fact-finding efforts, the Joint Commission has gathered together an impressive body of descriptive material on the plight of the emotionally disturbed child in America today.

Our major national, professional organizations estimate that there are now approximately four million children under the age of 18 who are in need of some kind of therapeutic intervention because of emotional difficulties. Of this number, anywhere from one-half million to a million children are so seriously disturbed that they require immediate treatment.

Are they getting this treatment? A recent survey undertaken by the National Institute of Mental Health concludes that at least two-thirds of the children under 18 in the United States who need psychiatric care are not getting it. The survey reported that, in 1966, only 473,000 of the 70 million children under the age of 18 in this country received some service at a psychiatric facility. Based on estimates that two percent of all school children need psychiatric help of some sort, the survey concluded that an additional 1,400,000 youngsters should have received care that year. Furthermore, many professional leaders in the field of child mental health criticize as much too low the estimate that two percent of all school children need some psychiatric help -- they contend, and they base their contentions upon surveys made among the school populations of a number of cities, that the percentage of emotionally disturbed children is closer to 10% than the two percent yardstick used in the NIMH study.

What happens to these emotionally sick children for whom there are no services in the community? Each year, increasing numbers of them are expelled from the community and confined in large state hospitals so understaffed that they have few, if any, professionals trained in child psychiatry and related disciplines. It is not unusual in this year 1969 to tour one of these massive warehouses for the mentally ill and come upon a child, aged nine or ten, confined on a ward with 80 or 90 sick adults. Our present data indicates that at least 25,000 of these children are confined in state mental institutions. On the basis of a trend which has been developing over the past few years, the National Institute of Mental Health estimates that by 1970 the number of children aged 10 - 14 hospitalized in these institutions will have doubled.

The National Institute of Mental Health also reports that thousands upon thousands of elderly patients now confined on the back wards of these state institutions were first admitted as children 30, 40, and even 50 years ago. A recent report from

one state estimates that one in every four children admitted to its mental hospitals "can anticipate being permanently hospitalized for the next 50 years of their lives".

After a two year study of the situation, the Clinical Committee of our Commission had this to say of the hospitalization of these disturbed children:

"The admission of teen-agers to the state hospitals has risen something like 150% in the last decade...Instead of being helped, the vast majority are the worse for the experience. The usual picture is one of untrained people working with outmoded facilities within the framework of long abandoned theory (where there is any consistent theory), attempting to deal with a wide variety of complex and seriously sick youngsters and producing results that are more easily measured by a recidivism rate that is often 30 to 50%, and occasionally higher.

"What we have, in effect, is a state of quiet emergency, unheralded and unsung, silently building up its rate of failure and disability and seemingly allowed to go its way with an absolute minimum of attention from the public, the legislators, or the clinical professionals. Nor is it difficult to understand why this state of affairs obtains -- no one likes a delinquent youth, a bad actor, and when he is sent away the chief wish is just that, that he 'go away'. Out of sight. Out of mind."

What happens if the disturbed child is fortunate enough to escape the state institution treadmill? In a few of the major cities in this country, there are private, residential treatment centers which care for about 2,500 children a year. Since the average cost to the parents of such hospitalization ranges from \$50 to \$75 a day, it is obvious that only those of our citizens who are in the higher income brackets can take advantage of such services. Even among these rarified income brackets the situation is far from satisfactory; for every child admitted to one of these private facilities, 10 or more are turned away because of lack of space. In 15 of our states, there are no such facilities for children, either public or private; in 24 of our states, there are no public units to care for children from low and middle income groups.

What about all the rest of our four million children who need some kind of help for an emotional disturbance? Here the statistics become much less precise, since a vast majority of these children are literally lost. They are bounced around from training schools to reformatories to jails and whipped through all kinds of understaffed welfare agencies. No one is their keeper. No agency in the community is equipped to evaluate either the correctness of their placement, or the outcome of such placement.

If they are sent to a training school, as recent testimony before a Senate Committee revealed, they receive poorer treatment than caged animals or adult convicts. Appearing in 1969 before a Senate Committee, Joseph R. Rowan, an expert on delinquency who is now director of the John Howard Association of Illinois, characterized these institutions for juveniles as "crime hatcheries where children are tutored in crime if they are not assaulted by other inmates or the guards first". Another witness, Arlen Specter, the District Attorney of Philadelphia, told the same committee that these so-called correctional institutions for juveniles take a 13 year old and, in 12 years, turn out "a finely honed weapon against society".

Commenting on the failure of juvenile courts and juvenile correctional facilities to ever begin to meet the manifest needs of emotionally disturbed and sociopathic children, Judge David Bazelon, a member of the Joint Commission, noted in a recent talk that although this nation is aware of the problem, it does not support funds to treat and care for these children because it has really given up on them.

In essence, we have developed through indifference and inadvertence a non-system for the care and treatment of emotionally disturbed children. Put yourself in the position of the mother of a very disturbed boy. His behavioral problems has reached the point that the mother is told he can no longer attend the local public school. She talks with the school guidance counselor, who points out that he has responsibility for anywhere from 300 to 500 children; he is sorry he can't do any more for her boy. He suggests the advisability of private psychiatric treatment. He isn't very optimistic about this -- he tells her that there are only two child psychiatrists in this city of 300,000, and both are impossibly overworked. She explains that there are two other children in the family and that her husband makes only \$8,500 a year, but she is willing to borrow money -- take out another mortgage on the house -- if it can help her boy. The guidance counselor suggests that she contact the one child guidance clinic in the city. She takes the boy there and is interviewed by a social worker. She is told to bring the boy back in six weeks for psychological testing. When this is completed, she is informed that they would like to start treatment for the boy but they are swamped with cases -- would she come back in six months and see what the situation is then?

The boy is at home and is very disturbed. One afternoon, he runs off and is not found for four days. He has been picked up by the police, along with several other boys, for stealing from a number of stores in the neighborhood. His case comes before the juvenile court and, after a two month wait because of a crowded docket, he is sent to the state training school. From there on, the record is all down hill. Only 13 years of age when committed to the juvenile training school, he spends nine of the next 12 years in and out of various institutions. During his three years on the outside, he is picked up at various times for petty street thievery, hustling girls,

an armed holdup when he is 15, a tour of duty as a small time dope smuggler for organized crime, and so on. At age 25, the once troubled boy is a bitter, hardened criminal. Society has already spent \$31,000 on him while incarcerating him in various institutions; keeping him in jail will now cost another \$5,000 a year.

The above story is not fiction -- it is an actual case history recently related to a Senate committee.

Case histories such as the foregoing, plus independent research, led the Clinical Committee of the Joint Commission to the following inescapable conclusion:

"As of today, the treatment of the mentally ill child in America is uncertain, variable and inadequate. This is true on all levels, rich and poor, rural and urban. The problems are most widespread among the poor, as are all health problems, but the fact is that only a fraction of our young people get the help they need at the time they need it."

From all of its studies, the Joint Commission concludes that it is an undeniable fact that there is not a single community in this country which provides an acceptable standard of services for its mentally ill children, running a spectrum from early therapeutic intervention to social restoration in the home, the school and in the community.

In issuing a mandate to establish the Joint Commission on Mental Health of Children, Congress gave national recognition to this need. In fulfillment of its task, the Joint Commission declares:

--This Nation, the richest of all world powers, has no unified national commitment to its children and youth. The claim that we are a child-centered society, that we look to our young as tomorrow's leaders, is a myth. Our words are made meaningless by our actions -- by our lack of national, community, and personal investment in

maintaining the healthy development of our young, by the minuscule amount of economic resources spent in developing the young, by the sheer number of ill-fed, ill-housed, ill-educated, mentally ill, and discontented youngsters in our midst.

--This Nation, which prides itself on democratic values and equal opportunity, still subjects its young to the mentally unhealthy consequences of poverty and racism.

--This Nation, richly endowed with the knowledge to develop its youthful resources, has yet to fill the gap between knowledge and action.

--This Nation, increasingly sophisticated and knowledgeable about mental health and child development, continues its very limited planning and programming largely around the concept of treating, rather than preventing, mental illness.

--This Nation, despite its emphasis on treatment, has yet to develop adequate mental health services and facilities for all children, regardless of race and economic circumstances. As a result, many receive no care. The number of young, particularly adolescents, who are committed to mental institutions continues to rise

markedly. Yet, we have not provided the resources and manpower to assist those who are devoted to caring for these children. As a result, any possible benefits of confinement are lost in the tragic waste of the backward. Even less effort is made to develop community services so these children can be kept as closely as possible within their normal, routine setting.

While the Joint Commission strongly urges better treatment for the mentally ill, the handicapped, the retarded, the delinquent, and the emotionally disturbed, we join forces with those who propose a broader but more meaningful concept of mental health, one which is based on the developmental view with prevention as the major goal. We contend that the mentally healthy life is one in which self-direction and satisfying interdependent relationships prevail, one in which there is meaning, purpose, and opportunity. We believe that lives hemmed in by rigid conformity, impulsivity, and hostility, lives which are uprooted, thwarted, and denied the growth of their inherent capacities are mentally unhealthy. Unfulfilled lives cost us twice -- once in the loss of human resources, in the apathetic, unhappy, and violent souls in our midst, and again in the loss of productivity to our society, and the economic costs of dependency. We believe that, if we are to promote the mental health of our young and if we are to develop our human resources, every infant must be granted:

--the right to be wanted

yet, millions of unwanted children continue to be born -- often with tragic consequences -- largely because their mothers have not had access to birth control information and devices,

--the right to be born healthy

yet, approximately one million children will be born this year to women who get no medical aid during their pregnancy or inadequate obstetrical care for delivery; because of this lack of professional care, many will be born with brain damage from disorders of pregnancy, some of which might have been avoided simply by protein and vitamin supplements,

--the right to live in a healthy environment

yet, thousands of children and youth become physically handicapped or acquire chronic damage to their health from preventable accidents and diseases, largely because of impoverished environments; even greater numbers living in such environments will become psychologically handicapped and damaged, unable to compete in school or on a job or to fulfill their inherent capabilities -- they will become dependents of, rather than contributors to our society,

--the right to satisfaction of basic needs

yet, approximately one-fourth of our children face the possibility of malnutrition, inadequate housing, untreated physical and mental disorders, and all the other now well-known crippling effects of economic insecurity,

--the right to continuous loving care

yet, millions of our young never acquire the necessary motivation or intellectual and emotional skills required to cope effectively in our society because they do not have consistent emotionally satisfying care, either in or outside the home; there are few programs which aid parents in developing more adequate child-rearing techniques; and especially there are few adequate child care facilities to serve working mothers, to aid in times of temporary family crisis, or for those children who are neglected or abused,

--the right to acquire the intellectual and emotional skills necessary to achieve individual aspirations and to cope effectively in our society

yet, each year almost a million of our youth drop out of school and enter the adult world without adequate skills and with diminished chances of becoming productive citizens; countless others are

denied the opportunities to develop to their fullest potential through training or higher education; and for all of our children and youth the transition to adulthood is made more difficult because we fail to provide avenues for learning adult roles -- or any approved means by which youth's voice might be heard and be influential in a world in which they too must live.

We know that when these rights are granted, development will proceed favorably for the normal intact infant. Few children, however, encounter continuously those ideal circumstances that enhance their hereditary potential for health, competence, and humanity. There are vast variations and inequalities in the start and maintenance which children receive and, undoubtedly, many will continue to be psychologically damaged. If our more unfortunate are to become functioning and productive citizens, we believe they must be granted:

--the right to receive care and treatment in facilities which are appropriate to their needs and which keep them as closely as possible within their normal social setting

yet, several millions of our children and youth -- the emotionally disturbed, the mentally ill, the mentally retarded, the handicapped, and the delinquent -- are not receiving such care. The reasons are innumerable. Many receive no services because the services are fragmented, nonexistent, or too costly. Others are diagnosed and labeled without regard to their level

of functioning and subsequently removed from their homes, schools, and communities to be confined on hospital wards with psychotic adults or to de-personalized institutions which deliver little more than custodial care.

We must ask ourselves whether we can continue to deny our children their inalienable rights? Can we continue to gamble with our Nation's future by allowing children to grow up in environments which we know are psychologically damaging -- and compound this by lack of adequate care and treatment?

We have the knowledge and the riches to remedy many of the conditions which affect our young, yet we lack a genuine commitment to do so. We blind ourselves to the fact that we create most of the social problems of our young which we so deplore -- infants who fail to thrive - seriously disturbed children in mental institutions - adolescent drug addiction - senseless acts of violence and destruction by youth.

Our lack of commitment is self-defeating. We know already that it is more fruitful to prevent damage to our young than to attempt to patch and heal the wounds. We know that much of the damage could be avoided in the first three years of life. We know that mental development and competence are largely set by the age of six. Yet we do not act on this knowledge. Studies indicate that children in general, regardless of class or race, do not receive the needed support and assistance from our society. But, it is the damaged, the vulnerable, and the poor who are given the least opportunities to overcome early deprivations. They benefit least from our health, welfare, and educational services. Those who are the most helpless are the most neglected.

Essentially, we propose a shift in strategy for human development in this Nation. We must truly concentrate our resources on the new generation and thus eliminate problems which exact so high a price later on.

In the allocation of these resources, the Commission recommends the following priorities of effort:

1. The diagnosis and treatment of the emotionally sick child;
2. The prevention of illness;
3. The optimization of growth and capacity.

These services should cover the entire range of childhood, from the prenatal care of the pregnant mother at one end of the spectrum to the transition of the college age youth into young adulthood at the other.

So that the major thrust of this report will be crystal clear to all who read it, we quote again from the final report of our Clinical Committee:

"The priorities for the establishment of services and training programs, and for the overall distribution of monies should follow this order of goals: First, the treatment of every child as well as the family around the child wherever demonstrable illness is found; then, and, often enough as part of the same effort, the attempt to prevent illness and disturbance by large scale planning; and, ultimately, the reorganization of social structures in a way that will encourage the maximum flowering of each person's individual potential for self-realization and social contribution."

Fostering the development of human beings in this country is a means to an end -- a means to stem the increasing proportions of people damaged by an economy which cannot use them and to whom increasing proportions of the gross national product must be delegated; a means to decrease the number of people alienated from the mainstream of our society who are living lives with little hope, ready impulses to violence, and diminished chances for becoming productive, contributing citizens.

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The first step in accomplishing this goal is a genuine commitment to our children and youth. We must look honestly at the scope of the problem and begin now to follow our words by action. For in our children lies our future and our hope for the fulfillment of our national goals. We must not -- cannot -- afford to do less.

Mike Gorman