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NATIONAL MENTAL HEALTH ACT

MAY 16 (legislative day, MARCH 5), 1946.—Ordered to be printed

Mr. PEPPER, from the Committee on Education and Labor, submitted the following

REPORT

[To accompany H. R. 4512]

The Committee on Education and Labor to whom was referred the bill (H. R. 4512) to amend the Public Health Service Act to provide for research relating to psychiatric disorders and to aid in the development of more effective methods of prevention, diagnosis, and treatment of such disorders, and for other purposes, having held hearings and given consideration thereto, reports the same (with amendments) and recommends that the bill as amended do pass.

GENERAL STATEMENT

The committee considered S. 1160, known as the National Neuropsychiatric Institute Act, and H. R. 4512, known as the National Mental Health Act, which passed the House of Representatives. H. R. 4512 is a revision of H. R. 2550, the companion bill to S. 1160, an earlier bill with the same title and objectives. The revision is designed to fit the provisions of the earlier bill into the framework of the Public Health Service Act (42 U. S. C., ch. 6A) and to meet any objection to the establishment of a separate program for grants-in-aid to the States for mental health work. S. 1160, which was a self-contained statement of authority and which, therefore, was not dependent on the Public Health Service Act furnished a more convenient basis for hearings than does H. R. 4512, particularly from the viewpoint of witnesses not familiar with the Public Health Service Act. Hearings were held on S. 1160 and H. R. 4512 (as reported by the House Committee on Interstate and Foreign Commerce) on March 6, 7, and 8, 1946, before the Subcommittee on Health and Education, at which representatives of the Selective Service System and of the armed forces, of the medical profession, of teaching institutions, and of interested professional and civic organizations appeared. All were agreed on the magnitude of the mental health problem and the dangerous lack of research facilities and experienced psychiatrists in this

field. They were also agreed on the desirability of legislation embodying the principles and the objectives of S. 1160. The bill here reported gives to the Public Health Service substantially all the authority which would be granted to it under S. 1160, but does so within the framework of the present Public Health Service Act.

In the interest of clarity, it is perhaps advisable to discuss briefly the terminology used in the bill in referring to the types of illnesses involved in the mental-health problems with which the bill deals. It is apparent to the committee that the nomenclature in this particular field of medical science is not free from confusion. Under these circumstances the committee followed the example of the House committee in choosing terms broad enough to embrace all the aspects of the mental-health problem. In S. 1160 the term "neuropsychiatric disorders" is an over-all term. It is evident, however, that there is a difference of opinion among professional persons concerning the appropriateness of the term "neuropsychiatric." Some psychiatrists believe the term is too limited in its scope, if not a misnomer, and the term "psychiatric" would be more satisfactory. In the bill here reported the term "psychiatric disorders" is used. It may be that this term in its normal meaning is broad enough to include any disease of the nervous system affecting mental health, and the committee, like the House committee, does not intend to imply otherwise by the language used in defining that term in the bill. However, in view of the apparent difference of opinion, the committee believes that in adopting the term "psychiatric" in lieu of "neuropsychiatric" as provided in S. 1160, the former term should be defined as is done in H. R. 4512 to include "diseases of the nervous system which affect mental health." The term "psychiatric disorders" is also used in this defined sense in this report.

The term "mental health" is also used in various places in the bill as reported and in this report and is to be understood as referring to a condition of health free from "psychiatric disorders" as the latter term is defined.

EXTENT OF THE PROBLEM

The seriousness of the mental health problem has been sharply brought to the attention of the committee. It was pointed out that one-half of all the hospital beds in the United States are occupied today by mental patients. Today more than 600,000 persons are hospitalized for mental diseases and over 125,000 new cases are admitted each year.

These figures, however, are by no means indicative of the total amount of mental illness or even the number of patients who are totally disabled by it. Prewar studies show that at any one time there are about 1,000,000 permanently disabled by mental illness and another million temporarily disabled by it. It is estimated that 10,000,000 of the current population will require hospitalization for mental disease at some time in their lives.

These data, which include the more seriously ill, do not reflect the vast majority of milder cases which now receive no psychiatric treatment. It has been estimated that today about 6 percent of the population, or approximately 8,000,000 people—more than the entire population of New York City, suffer from some form of mental illness.

The experience of the Selective Service System and the armed forces during the war also demonstrates the seriousness of the mental

health problem. The Director of the Selective Service System testified that about 1,100,000 persons were rejected for military duty because of mental or neurological diseases or defects—by far the largest single group of causes for rejection. In addition to those who were rejected for military service, it was stated that almost 40 percent of the medical discharges from the Army were for psychiatric disorders. In the case of the Navy, 91,500 men were, during the period beginning January 1, 1942, and ending June 30, 1945, discharged from the Navy during their training period because of some psychiatric defect and an additional 76,700 were discharged after a period of service.

There is evidence, also, that the number of mental cases is increasing out of proportion to the population increase. While the rates for a given age group is probably no higher than in the past, the steady increase in the average lifespan is probably responsible for this rise since the incidence of mental disorders increases with age. The number of persons age 65 and over is expected to double within the next 40 years as compared with an over-all population increase of only about 23 percent. Unless positive steps are taken, we must, therefore, expect the problem of mental diseases to increase as our population grows older.

SOCIAL AND ECONOMIC CONSEQUENCES OF MENTAL ILLNESS

Except for disabilities connected with military service the discovery, diagnosis and treatment of individuals with mental disorders is the responsibility of the civilian health authorities. Unless prompt and vigorous action is taken immediately, our country has reason to expect during the postwar period a sharp rise in delinquency, suicide, alcoholism, and other phases of social disorder, all of which are frequently signs of psychiatric disorders.

The seriousness of the consequences of mental illness is not only reflected in the extent of the problem but also in the economic consequences. Fifty percent of all pensions paid by the Veterans' Administration for disability are payable because of psychiatric disabilities of the recipients. Sixty percent of all hospitalization by the Veterans' Administration is for psychiatric disorders; and the Veterans' Administration has estimated that the cost to it of maintaining these persons in its hospitals amounts to as much as $40,000 or more per case. In 1942 the total budgets of public psychopathic hospitals alone were over $170,000,000 and 10 years from now, at the present rate of increase, their budgets can be expected to exceed $250,000,000 annually. High as they are, these figures do not even represent the total direct cost of hospitalization. Not all mental hospitals are included in these figures and no break-down is available showing the cost of mental patients in institutions which have both mental and general patients.

The economic losses resulting from reduced earning power of individuals suffering from psychiatric disorders are far greater than these direct costs. Studies have shown that once an individual is admitted for the first time to an institution, his earning power is decreased for the rest of his life on the average by 60 percent. It was stated at the hearings that in 1936 the income loss to patients, plus the cost of maintaining mental hospitals and health services, amounted to about one billion dollars. Since that time the number of hospitalized cases has increased by 33 percent. This estimate takes no account of the

reduced earning power of individuals who are not hospitalized but who have some mental disorder, of the cost of clinical service and private treatment or of the cost to society of juvenile delinquency, crime, and relief burdens resulting from mental illness, but some idea of the magnitude of the total economic and human cost to the Nation by reason of mental illnesses is suggested by the data your committee has set forth above.

PRESENT AND PROPOSED RESOURCES FOR MEETING THE PROBLEM

Despite the contributions of public and private organizations and individuals, the Nation has not yet made real progress toward the goal of mental health because these efforts have been limited and they lack coordination. Research on the causes, prevention, diagnosis, and treatment of psychiatric disorders has not kept pace with research in other branches of medical science, nor has the training of specialists in this field kept pace with growing demands for psychiatrists in public service and in private practice. Finally, services for the prevention and early diagnosis of psychiatric disorders, equivalent to those which have been developed and made available to the people in other fields of medicine during the past decade, have not been available to the public to a sufficient extent.

MENTAL HOSPITALS AND CLINICS

The testimony at the hearings show how inadequate are the personnel, services, and facilities available to handle the mental health problem at the present time. Mental hospitals provide care principally for the most seriously ill; yet our mental hospitals are today poorly equipped to serve even the limited function of treatment after the illness of patients has become disabling, a time when treatment has the least chance of being effective. Too often these institutions are equipped to render little more than custodial care, thus offering society merely a means of getting rid of these unfortunates for whom it has failed to provide adequate treatment. Though our knowledge of the prevention and cure of mental diseases is limited, even the meager knowledge we do have is not widely available and is, hence, poorly used. Publicity recently given to the barbaric and "concentration camp" conditions in some institutions, even institutions in some of our larger and more progressive States—as well as testimony to this effect in the hearings—makes it clear that many of these institutions do not even provide decent custodial care of the mentally ill. As one witness put it, "if there is such a thing as a public conscience, it ought to be aching very hard right now."

Under existing conditions, however, it is scarcely to be expected that satisfactory standards of care can be maintained in our mental hospitals. Overworked and poorly supervised attendants cannot give proper attention to patients, and physicians burdened with an average of twice the number of patients recommended by the American Psychiatric Association have little opportunity to give adequate treatment, to say nothing of receiving further training in the newer and more effective methods of therapy.

Mental out-patient clinics, conveniently located and offering facilities for early diagnosis and treatment, give every promise of being the most effective means at our disposal for combating mental disease.

The very existence of an adequate number of such clinics, associated with regular hospitals and health centers, would help to break down the public prejudices associated with asylums which now prevent many from seeking the help they require. Our present clinic facilities, however, are wholly inadequate both in number and distribution.

Less than 20 percent of the number of out-patient clinics required for the prevention, early diagnosis and treatment of mental illness are now available, and these are concentrated largely in cities having more than 150,000 population and are devoted almost exclusively to child care.

The lack of a sufficient number of such clinics and similar facilities has had and is having a serious effect upon our children. Persons who are juvenile delinquents frequently are unable to obtain necessary mental treatment even when recommended by the courts and, as a consequence, they return to the courts later as adult criminals who have committed serious offenses against society. Children seriously in need of psychiatric treatment to prevent the commission of more serious crimes against society have been left to drift because of this absence of appropriate personnel and facilities. Even children who do not come into the juvenile courts, but who are in need of psychiatric help to prevent later aberrations leading either to the commission of crimes or commitment to mental institutions, or, if they are fortunate, merely leaving them unable to contribute their full share to society, suffer from this lack of clinics and the personnel to staff those which do exist. This is true even though, at the hearings, the importance of treating mental illnesses when they first appear in early childhood and the saving such treatment would mean to the Nation was emphasized.

Out-patient clinics are also important for the cure and prevention of the mental illness of our veterans. While care of the service-disabled veterans is primarily the job of the Veterans' Administration, it was pointed out at the hearings that the success of the Veterans' Administration in treating its patients depends on the facilities that are available in the various communities. Even for its service-connected cases, the Veterans' Administration is depending on the establishment of out-patient clinics in the various communities with which the Veterans' Administration can contract for the follow-up or pro-hospitalization care of veteran patients. Moreover, it is of little use to give the veteran fine care if the absence of care for his family lands him in the psychiatric wards of the veterans' hospitals. If his family is emotionally unstable, he is likely to be. And what is the veteran to do prior to the time when hospitalization is required if he is attacked by a mental illness which is non-service-connected?

From a purely economic viewpoint, such out-patient clinics would readily pay for themselves by reducing the amount of hospital care necessitated by mental illness. It has recently been estimated that the cost of maintenance in the average case committed to a mental institution is $7,000 for civilians, and $40,000 for service cases. If each such clinic prevented the commitment of only one veteran with a service-connected disability, or five civilians, per year, more than the estimated average cost of operating a clinic (about $32,000 per year) would be saved. This reckoning takes no account of the saving to the community through the reduction of unemployability, relief, or juvenile delinquency and crime. In addition to reducing the num-

ber of commitments, these clinics are capable of rendering needed follow-up care for patients discharged from institutions.

In one State, it was estimated a few years back that the State could save close to $600,000 annually if it had enough clinics or community mental hygiene services available to treat mental cases before, not after, they needed commitment, and close to another $300,000 if adequate clinics existed to permit the parole of some of the institutional cases.

Although it has been estimated that for case finding and early diagnosis of psychiatric disorders and treatment of cases not needing hospitalization the Nation should have as a minimum one all-purpose psychiatric out-patient clinic for each 100,000 of the population, with such special clinics as experience may show to be needed in certain areas, the present shortage of psychiatrists makes it impossible to reach this goal in the near future. On the basis of present resources, during the first year the establishment of one clinic for each 500,000 of the population would add about 100 clinics throughout the Nation. It should be noted that these clinics will not only provide pre-hospitalization care and follow-up care for patients discharged from mental institutions; they would also provide the nucleous or key for almost all research and training in the field of psychiatry.

RESEARCH

Research in the field of mental illness has up to the present time been utterly inadequate in view of the magnitude of the problem and its serious consequences to our society. It is estimated that not more than $2,500,000 is spent annually on research in psychiatry and related fields, as compared to an expenditure of at least $250,000,000, or 100 times as much for the maintenance of mental institutions. This is an extremely inefficient way of attacking the mental health problem.

The history of public health shows that more substantial sums for preventive work must be expended and a greater proportion of the total expenditures for a particular disease must be allocated to research work if we are to make any real progress in this field. All public and private Government agencies together are spending not more than 25 cents per year for research for each estimated case of mental illness, and only $1 for each known case of total disability because of mental ill health, as compared, for example, with $100 per case of poliomyelitis, a disease which is far less widespread. The proponents of this legislation, recognizing the present disproportion between expenditures for research and preventive work and expenditures for the care of the mentally ill, have emphasized that Federal funds should not be used to finance routine bed care in mental hospitals but should be devoted primarily to the further development of existing and new techniques of preventive and treatment methods as well as to training of much-needed personnel. Significant advances in psychiatric research, at least in diagnosis and treatment, were made in recent years, particularly from the war effort, despite the meager resources available. All of this research can be accelerated and brought to a more rapid usefulness to our society through the extension of laboratory facilities and the employment of personnel of the highest type trained to deal with the complex problems of mental illness.

The importance of research is illustrated by the fact that if an effective cure were discovered for one type of mental disorder alone, dementia praecox (schizophrenia), the number of patients resident in mental hospitals could be reduced by approximately one-half. Such a development would result in an annual saving of more than $80,000,000 in State hospitals alone.

A question was raised at the hearings whether the subsidization of more and more research by the Federal Government would dry up the private sources of such research. The answer seems clearly to be "No." First it was pointed out that public contributions in this field are so infinitesimally small as to amount to nothing more than a pin prick. Probably the main reason for this is the public stigma attaching to the unfortunates afflicted with this disease. Even though we have come to realize that insanity is no less an illness than our physical ailments, popular attitude still attaches too often a vague disgrace to the individuals (and their families) who are afflicted with these diseases. Moreover, experience has shown that where the Government has indicated an interest in a disease by expending money on its prevention or cure, public support by philanthropic contributions has increased considerably rather than decreased. Here, private money in the field has been so small that an expression of Federal interest in mental health problems cannot help but be encouraging of private help. It will also go a long way toward breaking down the unreasoned public prejudices against everything connected with mental illnesses.

TRAINED PERSONNEL

The most serious deficiency in the field of mental health is the lack of trained personnel. Before the war there were approximately 3,500 experienced psychiatrists in the United States. This number was so inadequate that the armed forces were unable to obtain a sufficient number to take care of their needs and were compelled to set up special schools to train medical officers in psychiatry. These schools were of great value and produced men who were useful in the handling of psychiatric cases. These courses were not, however, adequate substitutes for regular training in mental health medicine. As a result, the armed forces used many medical officers for psychiatric work who were not trained sufficiently to assume responsibility for the care of patients having psychiatric disorders.

Today there are only 4,000 experienced psychiatrists including those in the armed forces, whereas it has been estimated we now need at least four times that many to staff hospitals, out-patient clinics, research and teaching institutions. Since there have not been more than 1,000 qualified psychiatrists in the armed services, demobilization, although providing some relief, will not solve the problem.

In addition to the great number of psychiatrists needed, similar shortages exist among other personnel needed for the treatment of the mentally ill. It is estimated that an adequate mental health program would require at least an additional 1,700 psychologists, 15,000 psychiatric nurses, 4,500 psychiatric social workers, 1,000 occupational therapists, 15,000 attendants, and some 3,000 other technical personnel.

Not only is the number of psychiatrists and other trained specialists insufficient to meet the current urgent needs, but the distribution of

those in practice is very uneven among the population. For example, New York State with 10 percent of the population, has 20 percent of the psychiatrists, while several other States have no psychiatrists at all.

In 1940 State mental hospitals had an over-all deficit of 48 percent in the number of psychiatrists recommended for the adequate care of in-patients. At least 1,500 additional psychiatrists, plus many times that number of other technical personnel were necessary to bring the staffing of these public mental hospitals up to minimum standards which this country needed before the war. These deficiencies in personnel in mental institutions have been seriously increased by mobilization and wartime occupational shifts.

The lack of technical personnel constitutes, however, only part of the mental health problem, for increasing the number of trained psychiatrists, even to a considerable extent, can never meet the existing psychiatric problems. The first line of psychiatric defense is the general medical practitioner. Today, the general practitioner is inadequately trained to handle mental illnesses. General practitioners who are well-grounded in psychiatry have estimated that one-half to two-thirds of their patients are suffering in whole or in part from psychiatric difficulties which either cause or aggravate the supposedly organic conditions of which they complain. The family physician's knowledge of his patient and his background places him in a particularly advantageous position to handle the patient's psychiatric maladies. Well-known psychiatrists also, have expressed the opinion that the general practitioner, if properly trained, also can deal competently with the majority of mild cases of mental illness, particularly in the early stages where a slight amount of preventive treatment may suffice to stave off an otherwise disabling malady. Given adequate training the general practitioner will be able to recognize and handle the bulk of minor ailments with which the general practitioner's patients may be afflicted.

Psychiatric training today is inadequate in perhaps one-third of our medical schools and it was nonexistent at the time when many of our older physicians received their medical training. Accordingly, a mental health program must call for the encouragement of adequate psychiatric training in medical schools for the improvement and expansion of teaching facilities.

The hearings disclosed, however, that the present facilities for the training of psychiatrists are inadequate to meet our needs. Undergraduate training in psychiatry was rated in a prewar survey as excellent in only 19 of 67 class A medical schools in the country, and psychiatric training was considered to be substandard in approximately one-third of these schools. About 49 of the schools just about met the standards of the American Psychiatric Association. As a result, many of our general practitioners are not trained to treat the great number of mild cases or even to recognize any but the most obvious cases of mental illness among their patients. A further result is that insufficient numbers of medical students become interested in psychiatry as a speciality, and of those who do, many are handicapped by the lack of fundamental training in the field of psychiatry.

The standard form of graduate training for specialists in this field is the residency, consisting of at least 2 years of clinical work and study under the supervision of qualified psychiatrists. As of December 1944, 237 individuals were receiving postgraduate training in psychi-

atric residencies whereas there were in the United States an additional five-hundred-odd residencies in psychiatry which were vacant. Many of these vacant residencies did not meet the standards of the American Psychiatric Association. It is no wonder, then, that the number of graduates now entering the practice of psychiatry annually barely keeps pace with the attrition due to death and retirement.

There is, thus, the double problem of attracting more physicians into the field of mental health and of increasing the number of approved residences available for them. Medical school administrators are aware of the great need of more and better training in psychiatry, but, without extensive financial aid, they will continue to be unable to provide the facilities, personnel, and clinical material which are necessary even to take only the absolutely essential steps toward meeting this national psychiatric problem. Since scarcity of trained personnel is at the present time the principal barrier to all expansion of mental health facilities, it is of prime importance to the mental health program of the country that the trained personnel available for service to the public and for teaching be increased as rapidly as possible.

With more and better trained psychiatrists and general practitioners we can, even if no new methods of prevention, treatment, or cure are discovered, save much money and human misery by giving our present inmates of mental institutions more adequate care and curative treatment. With such personnel we can staff the out-patient clinics so important to early preventive treatment of our veterans, our children, and the rest of our people and to posthospitalization treatment of those who must now continue in our institutions indefinitely. With such personnel we can also conduct more fruitful research to discover and test new methods of prevention, treatment, and cure of mental illness.

PRINCIPAL FEATURES OF THE BILL

The authority which Congress has bestowed upon the Public Health Service in the consolidated Public Health Service Act, Public Law 410, Seventy-eighth Congress, with regard to research, grants-in-aid, fellowships, aid to the States, and cooperation with the States in the solution of their public health problems, is extended to the field of mental health. The bill would cover the mental health problem specifically and would, together with the authority given the Public Health Service under existing law, permit the establishment of an effective program in this field of public health.

The bill establishes a National Advisory Mental Health Council to assist the Surgeon General in the planning and development of a mental health program, including recommendations to the Surgeon General as to grants-in-aid for research projects. It grants authority to the Public Health Service to provide training, instruction, and demonstrations in the field of mental health and to make grants to public and other nonprofit institutions for this purpose. The bill also provides for recognition of the mental health problem in making grants to the States for general public health services. Finally, the bill authorizes the Surgeon General to provide for the construction of buildings and facilities to be known as the National Institute of

Mental Health to serve as the national center for research, experimentation, and advanced or specialized training, and as a clearinghouse for the collection and dissemination of information concerning advances in the prevention, diagnosis, and treatment of psychiatric disorders.

The bill will provide the leadership, stimulus, and financial resources necessary to develop a national mental health program, and such a program is of immediate and vital importance to our Nation.

Explanation of the Bill by Sections

SECTION 1

This section provides that the bill may be cited as the "National Mental Health Act."

SECTION 2

This section provides that it is the purpose of the bill to improve the mental health of the people through authorizing the Public Health Service to conduct, to assist others in conducting, and to promote the coordination of, research, investigations, experiments, and demonstrations relating to the cause, diagnosis, and treatment of psychiatric disorders, and through authorizing the Service to assist and foster such research activities by public and private agencies, to train personnel in matters relating to mental health and to develop, and assist States in the use of, the most effective methods of prevention, diagnosis, and treatment of psychiatric disorders.

SECTION 3

This section adds paragraphs (l) and (m) to section 2 of the Public Health Service Act, which contains the definitions of the various terms used in that act. The first new paragraph defines the term "psychiatric disorders" to include diseases of the nervous system which affect mental health; and the reason for this definition has already been explained above, under the heading "General statement."

The second new paragraph defines "State mental health authority" as meaning the State health authority, except in the case of a State which has a different single agency charged with responsibility for administering the State mental health program, in which case it means such other single agency. In S. 1160 the defined term did not appear since all dealings with the States were to be conducted through the State health authorities under that bill. However, in some States there is a State agency, separate and apart from the State health authority, which has primary responsibility for the preventive mental hygiene activities and the other activities related to the State's mental health program. Your committee does not contemplate by the new definition to include those State agencies whose activities in the mental health field are restricted to jurisdiction over mental institutions and their patients. It does contemplate substitution of the other State agency for the State health authority where the former is really the State health authority in the field of mental health.

SECTION 4

Section 4 of the bill amends section 208 (b) of the Public Health Service Act. The only change in existing law which this amendment would make is contained in paragraph (2) of the proposed new subsection, since paragraphs (1) and (3) merely restate what is at present in section 208 (b). Paragraph (2) will authorize the appointment of additional officers in the Regular Corps of the Public Health Service to grades above that of senior assistant, but not above that of director. The number of such additional officers appointed pursuant to the new paragraph, who may hold any such office at the same time, is, however, limited to 20.

The purpose of this new authority is to enable the Public Health Service to secure a sufficient number of adequately trained and expert officers who are so necessary to the successful operation of the expanded mental health program contemplated by the bill.

SECTION 5

The central provision of this section is subsection (d), which amends section 217 of the Public Health Service Act by adding two new subsections. The first, which would become subsection (d) of section 217, provides for the establishment of the National Advisory Mental Health Council. It is patterned after the provisions of subsection (c) of section 217 which provides for the establishment of the National Advisory Cancer Council. In H. R. 4512 as it passed the House, this new subsection (d) of section 217 contained a provision which, unlike the provisions of the Public Health Service Act governing the appointment of the National Advisory Cancer Council and the National Advisory Health Council, would have required the Surgeon General to select three of the members appointed by him to the National Advisory Mental Health Council from a panel of six persons submitted to him by the deans of the approved medical colleges and schools in the United States. In addition to raising the question of what is an "approved" medical school, this requirement, inserted on the floor of the House, might raise other serious problems. Polling the deans of all the medical schools of the Nation would, to say the least, be a very cumbersome procedure. It is also possible that the deans would not agree on six names. What the Surgeon General would be required to do in such a case was certainly not clear from the bill passed by the House.

It should also be noted that one of the reasons for the serious shortage of trained psychiatrists in the country and for the inadequate psychiatric training given general medical practitioners is the fact that a great majority of the deans are not sufficiently informed regarding the mental health needs of the country—at least not informed to such an extent as to improve and expand, within the limits of their financial ability, the psychiatric instruction available in their institutions. That the deans under such circumstances would be likely to make the most desirable selection for membership of the Council is open to serious doubt. There is great danger that many of the important aspects of the mental health program authorized under H. R. 4512

will bog down if the best available minds of the country are not selected for membership on the National Advisory Mental Health Council. The Surgeon General who is fully aware of the mental health needs of the country and of the role which the Public Health Service and existing institutions should play in meeting these needs, as well as of the areas in which he will have great need for advice and counsel, will be able to make the best selection of the members for this Council. Your committee eliminated this requirement from the new section 217 (d), thus maintaining the basic consistency in the Public Health Service Act's provisions dealing with the appointment of the various advisory councils.

The second new subsection, subsection (e), which would be added to section 217 of the Public Health Service Act by section 5 of this bill, sets forth some of the functions of the National Advisory Mental Health Council. The first sentence of the new subsection (e) provides that the new Council shall render assistance to the Surgeon General in matters relating to mental health; it is patterned after the first sentence of subsection (b) of section 217 of the Public Health Service Act which gives similar functions in the general health field to the National Advisory Health Council. The second sentence of the new subsection is patterned after paragraphs (a) and (b) of section 404 of the Public Health Service Act giving to the National Advisory Cancer Council functions with regard to recommendations for research projects and with regard to the collection and dissemination of information which are similar to those here given to the National Advisory Mental Health Council. The last sentence of the new subsection gives to the National Advisory Mental Health Council functions similar to those given under the provisions of paragraph (d) of section 404 and subsection (b) of section 403 of the Public Health Service Act to the National Advisory Cancer Council with regard to the acceptance by the Public Health Service of conditional gifts.

Subsections (a), (b), and (c) of section 5 of the bill amend the appropriate provisions of the Public Health Service Act so as to place the National Advisory Mental Health Council, in regard to compensation for the services of its members and in regard to the utilization of such services by the Surgeon General, in a position similar to that of the National Advisory Cancer Council.

SECTION 6

This section amends subsection (b) of section 214 of the Public Health Service Act. Under the existing provisions the Surgeon General may detail personnel of the Public Health Service for the purpose of assisting any State in work related to the functions of the Service, upon the request of the State health authority. The amendment provides that the request shall come from the State mental health authority, where that differs from the general health authority, in the case of work relating to mental health.

SECTION 7

Subsections (a) and (b) of this section amend paragraphs (d) and (g) of section 301 of the Public Health Service Act by designating the new National Advisory Mental Health Council as the body to make

recommendations to the Surgeon General on the awarding of grants-in-aid for research projects and on additional means for carrying out the purposes of section 301.

Subsection (c) of section 7 of the bill adds a new section, section 303, to part A of title III of the Public Health Service Act. Under paragraph (a) of the new section 303 the Surgeon General is authorized, for purposes of study, to admit and treat at the new National Institute of Mental Health (established under sec. 11 of the bill) voluntary patients, whether or not they are otherwise eligible for treatment by the Service. This authorization is patterned after similar authority granted to the Surgeon General with respect to the institutions, hospitals, and stations of the Service under paragraph (f) of section 301 of the Public Health Service Act. Paragraph (a) of the new section 303 would also authorize the transfer to the new Institute, for purposes of study, of patients from St. Elizabeths Hospital; such transfers to be made pursuant to arrangements, approved by the Federal Security Administrator, between the superintendent of the hospital and the Surgeon General.

As the bill passed the House the new paragraph (a) contained a proviso requiring the consent of a legal guardian to be obtained before the transfer of a patient from St. Elizabeths Hospital to the National Institute of Mental Health for treatment for purposes of study. Because your committee believed this proviso would cause difficulties in administration not warranted by any advantages which might accrue to the patients, the proviso has been removed. In many cases there may be no legal guardian whose consent can be obtained for the transfer since many of the commitments to St. Elizabeths Hospital are made by the judiciary without the intervention of a legal guardian. In other cases, if there does happen to be a legal guardian, he or she may be in some far off place, such as in Alaska, or on the west coast.

Clause (1) of paragraph (b) of the new section 303 would authorize the Surgeon General to provide training and instruction in matters relating to mental health to persons found by him to have proper qualifications and also to pay a per diem allowance to those of the persons selected by him for such training and instruction as he might designate. The number of persons receiving such training during any period or periods, however, could not exceed the number specified by the National Advisory Mental Health Council. The provisions of this clause are patterned after the provisions of paragraph (c) of section 402 and the provisions of paragraph (2) of subsection (a) of section 403 of the Public Health Service Act which give similar authority to the Surgeon General, but without any numerical limitation, in the case of cancer work.

Clause (2) of subsection (b) of the new section 303 would authorize the Surgeon General to provide the training and instruction, and demonstrations, in the field of mental health through grants to public and other nonprofit institutions, but only upon recommendation of the National Advisory Mental Health Council, Such grants could also be made under the bill as reported out by your committee, although not under the bill as passed by the House, for the construction, acquisition, or leasing of facilities which may be necessary in order to provide the training and instruction. As pointed out in the earlier part of this report, one of the primary purposes of the bill is to provide

a means for remedying the great lack of trained psychiatrists and other personnel needed to operate mental health facilities. While the National Institute of Mental Health will serve as a focal point for research, experimentation, and advanced or specialized training in the field of mental health work it is contemplated that the bulk of the training will be done by public and private schools and institutions. However, the hearings on the bill made it abundantly clear that the schools and institutions would need considerable assistance in expanding not only their staffs, but their facilities as well, if this important objective of the bill is to be accomplished. Clause (2) of paragraph (b), as amended by your committee, is intended to give the Surgeon General authority to make grants for these purposes, as well as to make grants for the purpose of enabling the States to conduct demonstrations.

SECTION 8

This section amends section 312 of the Public Health Service Act by providing that whenever at any conference of State health authorities matters relating to mental health are to be discussed the mental health authorities of the respective States shall be invited to attend.

SECTION 9

This section amends the various provisions of section 314 of the Public Health Service Act relating to grants to the States for the establishment and maintenance of adequate public health services. Section 314 now provides for grants to the States for three primary purposes—for work in the field of venereal diseases, for work in the field of tuberculosis, and for work in the field of general public health. S. 1160 would have established a fourth category by providing for grants for work in the field of mental health separate from those already authorized for general public health work. Subsection (c) of section 314, which relates to grants for the establishment and maintenance of adequate public health services, is broad enough to permit funds granted under its provisions to be used for work in the field of mental health. Consequently, H. R. 4512, as passed by the House and as reported out by your committee, in lieu of establishing a fourth grant-in-aid program, amends the provisions of section 314 relating to grants for the establishment and maintenance of adequate public health services so as to provide that special consideration be given in making those grants to the mental-health problem. Your committee believes this will be adequate to permit accomplishment of the objectives of S. 1160 in the matter of grants to States while at the same time preserving the basic principles of section 314 of the Public Health Service Act.

Since H. R. 4512 contemplates increased grants to States for general public health work to take care of the expansion of mental health work, it seemed necessary to change the present limitation in subsection (c) of section 314 on the amount which may be appropriated for grants to the States for general public health work from $20,000,000 to $30,000,000. Similarly, it was thought necessary to raise from $2,000,000 to $3,000,000 the ceiling on the amount which may be used under that subsection for the provision of demonstrations and personnel to assist the States and for the training of personnel by the Public Health Service for State and local health work. The raising of these

two limitations is the only change the bill would make in subsection (c) of section 314 of the Public Health Service Act.

Subsection (b) of section 9 of the bill amends subsection (d) of section 314 of the Public Health Service Act which sets forth the method for determining the amount to be allotted to each State for work in the field of venereal diseases, tuberculosis, and general public health, respectively. The amendment provides that in determining the amount to be allotted to each State for general public health work the Surgeon General shall give special consideration to the extent of the mental health problem, as well as the other special health problems, in the respective States.

Subsections (c), (d), and (e) of section 9 of the bill amend subsections (f), (h), and (i), respectively, of section 314 of the Public Health Service Act so as to provide that, in matters relating to work in the field of mental health, the Surgeon General shall deal with the State mental health authorities where they differ from the general health authorities.

SECTION 10

This section amends subsection (e) of section 501 of the Public Health Service Act so as to provide that in cases where donations of $50,000 or over are made for work in the field of mental health suitable memorials to the donors shall be provided in the National Institute of Mental Health.

SECTION 11

This section authorizes the appropriation of funds for the erection and equipment by the Federal Works Agency of buildings and facilities, for use by the Public Health Service, which shall be known as the National Institute of Mental Health. S. 1160 would have established the Institute as a separate administrative division within the Public Health Service. This would have interfered somewhat with the administrative flexibility now provided under the Public Health Service Act; consequently, in fitting the provisions of that bill into the Public Health Service Act, H. R. 4512, as passed by the House and as reported by your committee, does not set up a separate statutory division for the administration of the functions of the Service in the field of mental health.

This section of the bill as it passed the House authorized the appropriation of $4,500,000 for the construction of the National Institute of Mental Health. It was brought to your committee's attention that the estimates on which this authorization was based were made before the war. Since that time the cost of construction and the cost of the acquisition of land have increased considerably and it is now conservatively estimated by the Public Health Service—and the recent experience of the Veterans' Administration in attempting to get its hospitals built bears this estimate out—that to construct the buildings envisioned when these estimates were made would require not less than $10,000,000. Of course, the section of the bill as reported does not require the appropriation of this amount. It merely authorizes the appropriation of "not to exceed $10,000,000." The Public Health Service will still have to justify its proposals and estimates before the Appropriations Committees and, should a less amount be needed to construct and equip the Institute, those committees will, of course, act accordingly.

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