MENTAL HEALTH

A G E N D A

November 7-10, 1956

A G E N D A

CONFERENCE OF

THE SURGEON GENERAL

of the

PUBLIC HEALTH SERVICE

with the

STATE AND TERRITORIAL

MENTAL HEALTH AUTHORITIES

and their

COMMUNITY MENTAL HEALTH PROGRAM DIRECTORS

November 7-10, 1956

Department of Health, Education, and Welfare Building

Washington 25, D. C.

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

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FOR YOUR INFORMATION

MEETING ROOMS

The general session for the combined conferences will be in the Auditorium (first floor) of the Department of Health, Education, and Welfare Building, North, 4th and Independence Avenue, S.W. Other general sessions and executive sessions are to be held in Room 5051 (fifth floor) of the same building.

Conference committees meet at the Hotel Washington, 15th Street and Pennsylvania Avenue, N.W. on Sunday, November 4. On other days conference committees meet in the North and South Buildings, Department of Health, Education, and Welfare, 4th and Independence Avenue, S.W. in the rooms noted on the Committee Agenda.

Technical sessions for the hospital and medical facilities program directors will be held in Room 5051 (fifth floor) of the North Building, Department of Health, Education, and Welfare. The opening general session of the technical sessions for the community mental health program directors will be in the Auditorium of the same building. Group sessions will be in the rooms indicated in the program.

HEADQUARTERS

Official conference headquarters for the Association of State and Territorial Health Officers is the Hotel Washington, 15th and Pennsylvania Avenue, N.W.

REGISTRATION AND INFORMATION

Registration. The registration desk is located in the main lobby of the Department of Health, Education, and Welfare Building, North, facing the Auditorium entrance on the first floor. Check here to register and pick up your conference badge.

Information. The information desk is located in the main lobby of the Department of Health, Education, and Welfare Building, North, next to the registration desk. Messages for those attending the conferences will be placed on a bulletin board near the information desk.

Stenographic service. Arrangements for stenographic service may be made at the registration or information desk.

ADMISSION TO HEW BUILDINGS

During regular office hours, 9:00 - 5:30, all entrances of the Department buildings are open. After hours, and on Saturdays and Sundays,

the only open entrance to the North Building is on the C Street side. This is the street between the North and South buildings. Your conference badge will be your pass for admission to the North Building for evening and Saturday sessions.

SOCIAL EVENTS

The Association dinner is scheduled for Thursday night, November 8, 7:30 P. M. at the Hotel Washington. Other social events will be announced during the conference.

FOOD SERVICE

Dining rooms are located on the first floor of the Department of Health, Education, and Welfare Buildings, North and South. They are open between 11:30 - 1:30.

Cafeterias are located in the basements of the Department of Health, Education, and Welfare Buildings. They are open as follows:

	North	South
Breakfast	7:30 - 8:45	7:50 - 8:30
Snacks	10:00 - 3:30	10:00 - 3:30
Lunch	11:00 - 2:00	11:00 - 1:30

Several snack stands are located in the basements of the Department of Health, Education, and Welfare Buildings. The snack bar near the entrance to the tunnel in the North Building is open from 8:00 a.m. to 9:00 p.m.

TRANSPORTATION

Street cars and busses: Fare - one trip 20¢; tokens 5 for 95¢; no charge for transfers; weekly permit 90¢ entitles person to unlimited number of rides at the rate of 10¢ each.

To Union Station: #30 street car to Capitol Hill, transfer at Library of Congress to #90 car.
To National Airport: Arrange with airline ticket office to meet airport limousine - fare $1.25. To airport via taxicab $1.50 per person or $1.00 group riding.
To White House, Treasury, and Downtown Area: #30 street car (Friendship Heights) on opposite side of street in front of North Building.
To Capitol, House and Senate Office Buildings, Congressional Library and Supreme Court: #30 street car (17th and Penna. Ave., S.E.) at stop directly in front of North Building.

To Government Accounting Office: (from HEW) #70 street car to 7th and G, transfer to #80 street car and ride to 4th and G., N.W.; (from Washington Hotel) #42 street car on F street.

Taxicab: Best service available on the corner of Fourth Street (West) end of North Building parking area. Fares range from 40¢ and up for individual according to distance - 30¢ and up for each individual riding in group.

Shuttle Service is available between the Department of Health, Education, and Welfare Buildings and the National Institutes of Health. Reservations must be made in advance by calling Ext. 2247. The schedule is as follows:

From NIH (Leaving Adm. Bldg. 1)	To NIH (Leaving 4th St. entrance of No. Bldg.)
8:45	8:45
10:00	10:15
12:05	11:10
1:05	1:15
2:25	2:25
3:40	3:40

SCHEDULE OF EVENTS

When			Where	What
Nov. 2	Fri.	9:00 a.m.	Room 5051 - North	Technical Session of Hospital and Medical Facilities Program Directors
Nov. 3	Sat.	9:00 a.m.	Room 5051 - North	Technical Session of Hospital and Medical Facilities Program Directors
Nov. 4	Sun.	10:00 a.m.	Washington Hotel District Room	Civil Defense Special Committee
		10:00 a.m.	Washington Hotel Capital Room	Penalty Mail Subcommittee
		2:00 p.m.	Washington Hotel Council Room	Indian Affairs Special Committee
		4:00 p.m.	Washington Hotel Capital Room	Migrant Labor Special Committee
		7:30 p.m.	Washington Hotel District Room	Meeting of the Executive Committee, Chairmen of Standing and Special Committees, CB and PHS liaison and other representatives
Nov. 5	Mon.	9:00 a.m. 5:30 p.m.	Room 5051 - North	Conference with State Hospital & Medical Facilities Survey and Construction Authorities
		12:30 p.m.	Room 5006 - South	Luncheon meeting of the Executive Committee with the Chief, BSS
		7:30 p.m.	Room 5051 - North	Association of State and Territorial Health Officers Discussion: State & Local Health Department Participation in Research.
Nov. 6	Tues.	9:00 a.m.	Room 5051 - North	Executive Session of the Association of State and Territorial Health Officers

Meetings of Standing Committees on Conference and Association Business

		10:00 a.m.	Room 5051 - North Room G-759A - North	Federal Relations Committee Environmental Sanitation Committee

SCHEDULE OF EVENTS (cont'd)

When		Where	What
	10:00 a.m.	2305 - Tempo "R" Room G-743A - North Penthouse - North Penthouse - North Room G-751 - North	Hospital Committee Infectious Diseases Committee Maternal & Child Health Committee Mental Health Committee Special Health & Medical Services Committee
	1:00 p.m.		Lunch
		Room 5069 - North	Luncheon meeting of the Executive Committee with the Surgeon General
	2:00 p.m.	(Same as morning room assignments)	Standing Committee Meetings
	5:30 p.m.		Adjourn
Nov. 7 Wed.	9:00 a.m.	HEW - Auditorium	General Session of the Conference - CB & PHS Program
	11:00 a.m.	HEW - Auditorium	Discussion: Principles of Legislation for Chronic Illness and Health of the Aged
	11:45 a.m.	Room G-743A - North	Lunch - Mental Health Planning Group
	1:30 p.m.	HEW - Auditorium	General Technical Session - Community Mental Health Program Directors
	2:00 p.m.	Room 5051 - North	Executive Session of the Association - Consideration of Committee Reports
	2:00 p.m.	G-743A - North G-747A - North G-759A - North	Group Technical Sessions - Community Mental Health Program Directors
Nov. 8 Thurs.	9:00 a.m.	Room 5051 - North	Business Meeting of the Association of State and Territorial Health Officers
	9:00 a.m.	Penthouse - North Room H - GAO Bldg. Room 2518 - GAO Bldg.	Group Technical Sessions - Community Mental Health Program Directors

SCHEDULE OF EVENTS (cont'd)

When		Where	What
	12:30 p.m.	(Room to be announced)	Luncheon meeting of the Executive Committee of the Association of State and Territorial Health Officers, Outgoing and Incoming Chairmen of Standing and Special Committees with PHS & CB representatives
	2:00 p.m.	Room 5051 - North	Executive Session of the Association - Reports from Association Representatives to Outside Organizations
	3:15 p.m.	Penthouse - North	General Technical Session - Community Mental Health Program Directors
	4:00 p.m.	Room 5051 - North	General Session - State & Territorial Health Officers Discussion: Accident Prevention Programs
	7:30 p.m.	Hall of Nations (lower lobby)	Banquet of the Association of State and Territorial Health Officers
Nov. 9 Fri.	9:00 a.m. 5:30 p.m.	Room 5051 - North	Conference with State Mental Health Authorities
Nov. 10 Sat.	9:00 a.m.	Room 5051 - North	Conference with State Mental Health Authorities
	11:00 a.m.	Room 5051 - North	Meeting of Mental Health Planning Group

ROSTER
OF
STATE MENTAL HEALTH AUTHORITIES

November - 1956

ALABAMA

D. G. Gill, M.D.
State Health Officer
State Department of Health
State Office Building
Montgomery 4, Alabama

ALASKA

Charles R. Hayman, M.D.
Acting Commissioner of Health
Alaska Department of Health
Alaska Office Building
Juneau, Alaska

ARIZONA

C. G. Salsbury, M.D.
Commissioner of Public Health
State Department of Health
State Office Building
Phoenix, Arizona

ARKANSAS

J. T. Herron, M.D.
State Health Officer
State Board of Health
State Health Building
State Capitol Grounds
Little Rock, Arkansas

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State Department of Mental Hygiene
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Executive Director
State Department of Public Health
State Office Building
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State Department of Mental Health
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Hartford, Connecticut

DELAWARE

M. A. Tarumianz, M.D.,
Superintendent
State Board of Trustees
Delaware State Hospital
Farnhurst, Delaware

DISTRICT OF COLUMBIA

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State Health Officer
State Board of Health
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Director
Georgia Department of Public
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President, Board of Health
Territory of Hawaii Department
of Health
Kapuaiwa Building
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Honolulu, Hawaii

ROSTER OF STATE MENTAL
HEALTH AUTHORITIES (cont'd)

IDAHO

L. J. Peterson
Director of Health
Idaho State Board of Health
State Capitol
Boise, Idaho

ILLINOIS

Otto L. Bettag, M.D., Director
State Department of Public Welfare
State House
Springfield, Illinois

INDIANA

Margaret E. Morgan, M.D., Commissioner
Division of Mental Health
Department of Health
1315 West Tenth Street
Indianapolis 7, Indiana

IOWA

Paul E. Houston, M.D., Director
Psychopathic Hospital
State University of Iowa
500 Newton Road
Iowa City, Iowa

KANSAS

Thomas R. Hood, M.D.
Executive Secretary
State Board of Health
State Capitol Building
Topeka, Kansas

KENTUCKY

Frank M. Gaines, M.D., Commissioner
State Department of Mental Health
620 South Third Street
Louisville 2, Kentucky

LOUISIANA

Jesse H. Bankston, Director
Louisiana Department of Hospitals
10th Floor-State Capitol Building
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MAINE

Dean H. Fisher, M.D.
Commissioner
Maine Dept. of Health and Welfare
Augusta, Maine

MARYLAND

Perry F. Prather, M.D.
Director of Public Health
State Department of Health
2411 North Charles Street
Baltimore 18, Maryland

MASSACHUSETTS

Jack R. Ewalt, M.D., Commissioner
of Mental Health
State Department of Mental Health
15 Ashburton Place
Boston 8, Massachusetts

MICHIGAN

Charles F. Wagg, Director
State Department of Mental Health
Cass Building
Lansing 13, Michigan

MINNESOTA

Morris Hursh, Commissioner
State Department of Welfare
117 University Avenue
St. Paul 1, Minnesota

MISSISSIPPI

Felix J. Underwood, M.D.
Secretary and Executive Officer
State Board of Health
Old Capitol Building
Jackson 5, Mississippi

MISSOURI

James R. Amos, M.D.
Director of Health
Division of Health
Missouri Department of Public Health
and Welfare
State Office Building
Jefferson City, Missouri

MONTANA

R. J. Spratt, M.D., Superintendent
Montana State Hospital
State Department of Mental Hygiene
Warm Springs, Montana

NEBRASKA

E. A. Rogers, M.D.
Director of Health
State Department of Health
State Capitol Building
Lincoln 9, Nebraska

NEVADA

Daniel J. Hurley, M.D.
Acting State Health Officer
State Department of Health
Carson City, Nevada

NEW HAMPSHIRE

Anna L. Philbrook, M.D., Director
Mental Hygiene and Child Guidance
Clinics
State Commission of Mental Health
274 Pleasant Street
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State Dept. of Institutions & Agencies
135 West Hanover Street
Trenton 7, New Jersey

NEW MEXICO

Stanley J. Leland, M.D.
State Director of Public Health
New Mexico Department of Public
Health
Santa Fe, New Mexico

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State Department of Mental Hygien
State Office Building
Albany, New York

NORTH CAROLINA

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Secretary and State Health Officer
State Board of Health
North McDowell Street
Raleigh, North Carolina

NORTH DAKOTA

Jerome H. Svore, Director
of Public Health
State Department of Health
Capitol Building
Bismarck, North Dakota

OHIO

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Acting Director
State Department of Mental Hygien
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Commissioner of Health
State Department of Health
3400 Block of North Eastern
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State Board of Health
1400 South West Fifth Avenue
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PENNSYLVANIA

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State Department of Welfare
State Capitol
Harrisburg, Pennsylvania

PUERTO RICO

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Secretary of Health
Puerto Rico Department of Health
Ponce de Leon Avenue
San Juan 18, Puerto Rico

RHODE ISLAND

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State Department of Social Welfare
40 Fountain Street
Providence 3, Rhode Island

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of Mental Health
South Carolina Mental Health Commission
1100 Senate Street
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SOUTH DAKOTA

G. J. Van Heuvelen, M.D.
State Health Officer
State Department of Health
State Capitol
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Tennessee Department of Mental Health
300 Cordell Hull Building
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State Department of Health
410 East Fifth Street
Austin 14, Texas

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State Department of Health
130 State Capitol Building
Salt Lake City 1, Utah

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115 Colchester Avenue
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VIRGIN ISLANDS

_____
Commissioner of Health
Virgin Islands Department of
Health
Knud-Hansen Memorial Hospital
St. Thomas, Virgin Islands

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State Department of Health
1412 Smith Tower
Seattle 4, Washington

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State Director of Health
State Department of Health
State House Building No. 3
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WISCONSIN

Wilbur J. Schmidt, Director
State Department of Public Welfare
State Capitol Building
Madison 2, Wisconsin

WYOMING

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Director of Public Health
State Department of Public Health
State Office Building
Cheyenne, Wyoming

ROSTER
OF
COMMUNITY MENTAL HEALTH PROGRAM DIRECTORS

ALABAMA

John M. McKee, Ph.D.
Bureau of Administration
Division of Mental Hygiene

ALASKA

Oscar Hubbard, M.D.
Section of Mental Health

ARIZONA

Harriet K. Beck, Ph.D.
Division of Mental Health

ARKANSAS

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Bureau of Local Health Services
Division of Mental Health

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Department of Mental Hygiene
(Community Services)

COLORADO

Lynwood M. Hopple, M.D.
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Division of Community Services

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Mental Hygiene Ext. Clinics

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Marvin E. Perkins, M.D.
Mental Health Division

FLORIDA

W. Laney Whitehurst, M.D.
Bureau of Mental Health

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Henry Raymaker, Jr.
Chief, Division of Mental Health
Planning and Evaluation Section

HAWAII

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Division of Mental Health

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Dale D. Cornell, M.D.
Mental Health Services

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Assistant Deputy Director
Department of Public Welfare

INDIANA

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Division of Mental Health

IOWA

M. Opal Fore, Executive Director
Iowa Mental Health Authority

KANSAS

Leila N. Myers
Division of Mental Hygiene

KENTUCKY

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Asst. Comm. for Div. of Community
Services, Dept. of Mental Health

LOUISIANA

E. Roy Rogillio
(Psychiatric Social Consultant)
Mental Hygiene Division

MAINE

Margaret R. Simpson, M.D.
Mental Health

ROSTER OF MENTAL HEALTH
PROGRAM DIRECTORS (cont'd)

MARYLAND

Robert Thomas, M.D.
Division of Mental Health

MASSACHUSETTS

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Division of Mental Hygiene

MICHIGAN

Charles F. Wagg, Director
State Department of Mental Health

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Child Guidance Program
Division of Maternal and Child Health

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Montana State Hospital
State Department of Mental Hygiene

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Bureau of Prev. Med. Services

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Community Mental Health Services

NORTH CAROLINA

Edward S. Haswell,
Mental Health Section
Division of Local Health

NORTH DAKOTA

Chester J. Eugene
(Associate Psychologist)
Acting Director
Division of Mental Hygiene

OHIO

C. Earl Albrecht, M.D.
Acting Director
State Dept. of Mental Hygiene & Correction

OKLAHOMA

A. A. Hellems, M.D.
Mental Health Unit
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OREGON

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Mental Health Section

PENNSYLVANIA

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Division of Community Mental Health Services
Bureau of Mental Health

ROSTER OF MENTAL HEALTH
PROGRAM DIRECTORS (cont'd)

PUERTO RICO

Dolores G. LaCaro
Bureau of Mental Health

RHODE ISLAND

Edward P. Reidy
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SOUTH CAROLINA

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Mental Hygiene Division

SOUTH DAKOTA

Florence Dunn (registered nurse)
Division of Preventive Disease
Control and Local Health Services
Mental Health Section

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C. J. Ruilmann, M.D.
Department of Mental Health

TEXAS

Charles H. Mitchell
Division of Mental Health

UTAH

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VERMONT

Arthur Funke, Acting Director
Division of Guidance Clinics

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State Department of Mental Hygiene
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VIRGIN ISLANDS

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L. Prosser, M.D.
Mental Health Consultant
Mental Health Section

WEST VIRGINIA

Jackson C. Rhudy
Bureau of Mental Health

WISCONSIN

Wilbur J. Schmidt, Director
State Department of Public
Welfare

WYOMING

A. R. Taylor, M.D.
Maternal & Child Health &
Crippled Children Division

November 1956

Proposed Rules and Procedures
Conference of the Surgeon General of the Public Health Service
with the State and Territorial Mental Health Authorities

1. Matters for Conference action shall be presented in the manner indicated by the attached form, "Proposed Conference Action."

2. Agenda items submitted by State authorities will be screened by the Conference Planning Group prior to the compilation of the official Conference agenda for the purpose of ensuring adherence to the required format, of consolidating like items, of clarifying recommendations to be made or actions to be taken, and of evaluating the timeliness and national significance of the items presented for Conference consideration.

3. Items not on the official agenda will be considered after all items on the agenda have been acted upon by the Conference.

4. Voting on official Conference actions shall be by States.

5. Each State shall have one vote which will be cast by the State official who has been selected by the State to be the Mental Health Authority, or by a representative whom that official has designated in writing.

6. The Conference will be called to order by the Surgeon General or his representative.

7. The Chairman of the Conference Planning Group will chair the Conference sessions during the discussion of and voting on the disposition of agenda items and the selection of the State members of the Planning Group for the next annual Conference.

8. Any necessary Conference committees will be appointed by the Chairman of the Conference Planning Group.

9. The Conference Planning Group will consist of five State Mental Health Authorities and a representative of the Surgeon General. Three of the five State authorities shall be selected to serve as Chairman, Vice-Chairman and Secretary of the Conference Planning Group.

10. Conference proceedings will be published by the Public Health Service.

TECHNICAL SESSIONS

Group Discussion Leaders and Recorders

GROUP 1

Discussion Leader	Dale C. Cameron (Minnesota)
Alternate Discussion Leader	E. J. Marsh (Connecticut)
Recorder	Marvin E. Perkins (D. C.)
Alternate Recorder	Jackson C. Rhudy (West Virginia)

Wednesday, November 7 - Room G-743A, HEW Building North
Thursday, November 8 - Penthouse, HEW Building North

GROUP 2

Discussion Leader	Charles S. Mitchell (Texas)
Alternate Discussion Leader	Robert C. Hunt (New York)
Recorder	Warren T. Vaughn, Jr. (Massachusetts)
Alternate Recorder	John M. McKee (Alabama)

Wednesday, November 7 - Room G-747A, HEW Building North
Thursday, November 8 - Room H, GAO Building, 4th & G, N.W.

GROUP 3

Discussion Leader	Carlos Madsen, M.D. (Utah)
Alternate Discussion Leader	Portia Bell Hume (California)
Recorder	Florence B. Dunn (South Dakota)
Alternate Recorder	Henry V. Guhleman, Jr. (Missouri)

Wednesday, November 7 - Room G-759A, HEW Building North
Thursday, November 8 - Room 2518, GAO Building, 4th & G, N.W.

TECHNICAL SESSIONS

AGENDA

for

ALL DISCUSSION GROUPS

TRAINING AND RESEARCH

Training

1. Problem of recruitment.
2. Problem of supervision of multidisciplinary staff.
3. Medical residents - non-medical direction and supervision of mental health programs.
4. Practices and procedures developing in mental health education - possible sources of trained personnel for this work - centers for training in this area.
5. Residency training programs in State Institutions - especially review of 3-1 year residencies.
6. What are the safeguards and essentials of a State mental health training and research program?
7. Special aspects of training (child psychiatry - administration, etc.)
8. Consultant services, types of staffs, content of training program for consultant staffs.

Research

1. Techniques and procedures used in programs where there has been some study of "so-called" problem families in community.
2. The development of training and research activities in State Mental Health Programs.
3. New operational research studies in mental health, particularly in community services.

PROGRAM DEVELOPMENT AND ADMINISTRATION

Legislation

1. Discuss legislative and program trends.
2. Interstate compacts (like Conn.).
3. Reports on experience of New York with its Community Mental Health Service Act.
4. Should legislation for community clinical services be quite general with authorization to establish regulations or be more specific?
5. Is State licensing of community clinics an accepted method of maintaining good personnel and other standards?
6. Admission, commitment and discharge procedures for mentally deficient.
7. Desirability of preparing guidelines for item 6.

Development and Coordination

1. Coordination of existing programs.
2. Methods of developing over-all plan on blueprints for more efficient functioning of existing agencies and possible guide for expanding services.
3. Problem of developing psychiatric services in general hospital.
4. Interdisciplinary relations in a mental health program.
5. Provision of consultation by Regional mental health personnel to State agencies other than State mental health authority.
6. Clarification of services from Regional mental health personnel to school for mentally retarded - when apart from State mental health authority - Children's Bureau consultants available also.
7. Development of increasingly responsible role for mental health in a department of public health - change from Division of Mental Health to bureau status.

Financing

1. Sources of financial assistance in the form of grants-in-aid and special study or research grants available to State programs. How to make application for such assistance - also possible ramifications and coordination with Vocational Rehabilitation and Social Security aides.

SPECIFIC PROGRAM EFFORTS

1. Development of community mental health programs in rural areas.
   a. Sparsely populated States
2. Mental retardation programs.
3. Foster homes and home-care programs for mentally retarded, juvenile delinquent and post-hospital patients.
4. Evaluation of effectiveness of mental health education efforts.
5. Alcoholism programs.
6. Parent study group programs.
7. Services of Boards of Directors in operation of clinics and community interpretation.
8. New patterns of community organ and functions.
9. Experiences of local health department in providing post-hospital services to mental patients and their families.
10. Development of programs to support the discharged "tranquilized" patients.

C O N F E R E N C E A G E N D A

1956 CONFERENCE OF STATE MENTAL HEALTH AUTHORITIES

Submitted by: Connecticut State Department of Mental Health

Training of Community Mental Health Personnel

Action desired:

ADOPTION OF RECOMMENDATION:

THAT THE PUBLIC HEALTH SERVICE ENCOURAGE THE TRAINING OF MORE PERSONNEL FOR COMMUNITY MENTAL HEALTH PROGRAMS BY GIVING PRIORITY TO APPLICATIONS FOR GRANTS-IN-AID FROM TRAINING CENTERS THAT ARE TRAINING COMMUNITY MENTAL HEALTH PERSONNEL, AND BY ENCOURAGING EXISTING TRAINING CENTERS TO INCLUDE TRAINING IN COMMUNITY MENTAL HEALTH PRACTICES IN THEIR TRAINING CURRICULA.

Supporting statement:

Recently the State of Connecticut advertised nationally for applicants for a job as director of its community mental health programs with no responses except from one individual already in the State service. Other States have had similar difficulties in recruiting personnel for community mental health programs. On a local level community mental health clinics are finding it extremely difficult to recruit personnel with any experience or ability in community mental health work. The cause of the shortage is very complex but one item is the lack of adequate training of people for these jobs. Action by the Public Health Service to encourage community mental health training in training curricula is one positive step that could be taken to alleviate the shortage.

Submitted by: New York State Department of Mental Hygiene
Washington State Department of Health

Training Programs for Mental Health Services

Action desired:

ADOPTION OF RECOMMENDATION:

THAT THE PUBLIC HEALTH SERVICE CONSULT WITH AND KEEP THE STATE MENTAL HEALTH AUTHORITIES INFORMED CONCERNING THE ALLOCATION OF TRAINING GRANTS FOR MENTAL HEALTH POSITIONS WHICH ARE TO BE UTILIZED IN THE RESPECTIVE STATES AND THAT CONSIDERATION BE GIVEN TO ENLARGING THE ROLE OF THE STATE MENTAL HEALTH AUTHORITIES IN THE UTILIZATION OF TRAINING FUNDS.

Supporting statement:

State mental health authorities are handicapped in their development of State supported training programs by lack of information, or information received too late to be effective, about grants made by the training division of the National Institute of Mental Health to agencies and individuals within the respective States. For example, a recent application by the Seattle Community Psychiatric Clinic for Adults for a training grant was approved, and the first knowledge that the Washington State Mental Health Authority had of either the application or the approval was a news release in the papers. Fuller utilization of training resources and better integrated training programs will result from a closer relationship between the training programs administered from Bethesda and those operated by the individual States.

1956 CONFERENCE OF STATE MENTAL HEALTH AUTHORITIES

Submitted by: Public Health Service

Needs for Advanced Training in Mental Health in States

Action desired:

ADOPTION OF RECOMMENDATION:

THAT THE STATE MENTAL HEALTH AUTHORITIES AND THEIR PROGRAM DIRECTORS EXAMINE THEIR NEEDS FOR ADVANCED GRADUATE TRAINING OF PERSONNEL TO CARRY ON COMMUNITY MENTAL HEALTH WORK AND ADMINISTRATION; AND THAT THE AUTHORITIES COMMUNICATE THIS NEED TO THE SURGEON GENERAL.

Supporting statement:

The need for more personnel and more suitable training for directors of community mental health programs at all levels has been repeatedly reaffirmed by many States. The National Advisory Mental Health Council has approved the use of stipends at a relatively high level for psychiatrists, psychologists, psychiatric social workers and psychiatric nurses in order to get more personnel into these needed areas. In order to implement this training, the States and communities with vacant positions and no training program or funds of their own to support training may wish to make an inventory of their ability to recruit candidates for advanced training and to make arrangements with training centers that can conduct the type of training which is needed to carry on community mental health work. Such information would be useful to the National Institute of Mental Health and others who are interested in meeting training needs in the field of mental health.

Submitted by: Oregon State Board of Health

National Register for Mental Patients

Action desired:

ADOPTION OF RECOMMENDATION:

THAT THE PUBLIC HEALTH SERVICE OR OTHER SUITABLE AGENCY ESTABLISH AND MAINTAIN A NATIONAL REGISTER FOR MENTAL PATIENTS.

Supporting statement:

In order to develop effective follow-up treatment and rehabilitation programs for paroled and discharged mental hospital patients it is essential to know their history and disposition subsequent to parole or discharge. Many such patients leave the State and subsequent developments are lost. A national register would enable follow-up and history continuity on many of these cases readmitted to hospitals in other States.

Registration would be obtained by submission to the national register of all hospital admissions, paroles, and discharges. Such information from private hospitals would probably have to be on a voluntary cooperative basis.

1956 CONFERENCE OF STATE MENTAL HEALTH AUTHORITIES

Submitted by: California State Department of Mental Hygiene

Intensification of Mental Health Programs and Facilities in the Schools

Action desired:

ADOPTION OF RECOMMENDATION:

THAT THE STATES UNDERTAKE, AS A MATTER OF FORMAL POLICY, THE IMPLEMENTATION AND SUPPORT OF A PROGRAM FOR ENCOURAGING INTENSIFIED MENTAL HEALTH ACTIVITIES IN THE PUBLIC SCHOOL SYSTEM:

(1) THROUGH TEACHER-TRAINING IN THE PRINCIPLES OF GOOD MENTAL HEALTH AND METHODS FOR DETECTING MENTAL OR EMOTIONAL DISORDER IN ITS EARLY STAGES,

(2) THROUGH ADEQUATE PROVISION FOR A MENTAL HEALTH STAFF IN EACH SCHOOL SYSTEM TO INCLUDE PSYCHIATRISTS, CLINICAL PSYCHOLOGISTS AND PSYCHIATRIC SOCIAL WORKERS AS CONSULTANTS, AS WELL AS SCHOOL PSYCHOLOGISTS AND TRAINED COUNSELING PERSONNEL,

(3) THROUGH IMPROVED COORDINATION OF THE EFFORTS OF TEACHER, PARENT AND COMMUNITY IN REARING MENTALLY HEALTHY CHILDREN.

Supporting statement:

Community programs for teaching of mental health principles and for the prevention of emotional and mental disorders generally reach only the people who have already developed an interest in this field. A more far reaching and more fully effective mental health program can be carried out through the public school system.

A mental hygiene program in the schools, to be fully effective, must be solidly founded on the general appreciation of the importance of mental hygiene by the entire educational system. Mental health principles must be incorporated in the teacher-training program, kept in mind in the selection of candidates for positions, form a part of the inservice training program, be considered in the development of curricula and the school's program of extra-curricular activities, and bear on the formation of administrative policy all to the same degree that the educational system is concerned with the physical health of its charges. (See Mental Health Recommendation No. 6 of the 1953 Conference).

1956 CONFERENCE OF STATE MENTAL HEALTH AUTHORITIES

Submitted by: Oklahoma State Department of Health

Promotion of Mental Health in Industry

Action desired:

ADOPTION OF RECOMMENDATION:

THAT THE NATIONAL INSTITUTE OF MENTAL HEALTH, IN COOPERATION WITH STATES AND LOCALITIES, MAKE A STUDY OF VARIOUS PROGRAMS FOR PROMOTION OF MENTAL HEALTH IN INDUSTRY AND PROVIDE INFORMATION THAT WILL ENABLE THE STATE MENTAL HEALTH AUTHORITIES TO IMPLEMENT A COOPERATIVE PROGRAM FOR PROMOTING INDUSTRIAL MENTAL HEALTH.

Supporting statement:

That National Institute of Mental Health consider the feasibility of regional conferences on this subject that would bring together management, personnel departments, counsellors in industrial relations, union officials, industrial medical consultants, psychiatrists and others interested in the mental health of workers on the job. Such conferences would provide discussion of mutual problems and methods and techniques to be utilized in an educational program.

That National Institute of Mental Health finance such conferences and provide consultants. This could be done on a regional basis or on request by the individual States.

It has been recognized that emotional conflicts are a major factor in absenteeism, alcoholism, and lack of efficiency on the job. Often these conflicts are due to difficulties in interpersonal relations between the man and his supervisors, or perhaps his concern about his private family life or financial problems.

Submitted by: California State Department of Mental Hygiene

Establishment of Minimum Standards for Community Coverage by Outpatient Psychiatric Clinics

Action desired:

ADOPTION OF RECOMMENDATION:

THAT EITHER THE NATIONAL INSTITUTE OF MENTAL HEALTH OR A PRIVATE RESEARCH FOUNDATION INTERESTED IN THE GENERAL AREA OF MENTAL HEALTH UNDERTAKE SURVEYS IN DIFFERENT COMMUNITIES TO DETERMINE THE PREVALENCE OF PSYCHIATRIC DISORDERS, THE TYPES AMENABLE TO OUTPATIENT CLINIC TREATMENT, THE OPTIMUM STAFF TIME REQUIRED FOR PSYCHIATRIC DIAGNOSIS AND TREATMENT AS WELL AS PREVENTIVE SERVICES, AND THE DEVELOPMENT OF MINIMUM STANDARDS OF THE NUMBER AND KINDS OF PSYCHIATRIC PERSONNEL PER UNIT POPULATION.

Supporting statement:

Current standards for providing outpatient facilities to meet the needs of a community are based largely on speculation and subjective judgments. To our knowledge, no measure has been taken of the full extent of a community's needs. Intelligent long-term planning requires the establishment of reliable standards as well as a reliable measure of the psychopathology in a given population. (See Recommendation No. 1 of the Mental Health Committee adopted by the 1954 Conference.)

Submitted by: Connecticut State Department of Mental Health

Old Age Assistance for Former Mental Hospital Patients

Action desired:

ADOPTION OF RECOMMENDATION:

THAT THE PUBLIC HEALTH SERVICE IN COOPERATION WITH OTHER OPERATING AGENCIES OF THE DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE WORK OUT A PLAN THAT CAN BE RECOMMENDED TO THE STATES WHEREBY PERSONS WHO HAVE BEEN PATIENTS IN MENTAL HOSPITALS ARE NOT DISCRIMINATED AGAINST AS POTENTIAL RECIPIENTS OF FEDERALLY-AIDED STATE PUBLIC ASSISTANCE PROGRAMS.

Supporting statement:

There are many individuals who have profited so much from hospitalization in mental hospitals that their potential for rehabilitation is high, but the facilities available to the hospital for a rehabilitation program are entirely inadequate. The patients in question are not yet ready for complete independence of action, but no longer require the close supervision provided by a hospital. At the present time the Federal law appears to discriminate against these patients and in line with the current trend to eliminate such discrimination some way should be devised to establish a program on a state level that would meet the requirements of the Federal law while at the same time giving to the former mental patient all the rights and privileges of any other citizen in the community.

1956 CONFERENCE OF STATE MENTAL HEALTH AUTHORITIES

Submitted by: California State Department of Mental Hygiene

Definition of "Mental Health Authority"

Action desired:

ADOPTION OF RECOMMENDATION:

THAT THE SURGEON GENERAL'S CONFERENCE OF STATE MENTAL HEALTH AUTHORITIES FORMALIZE AND ADOPT A WORKING DEFINITION OF A "MENTAL HEALTH AUTHORITY."

Supporting statement:

At present there is some confusion between (a) a State's total mental health program (in whatever agency of State government it may be located) and (b) that part of a State program which is receiving federal grant-in-aid. It should be made clear whether the State "Mental Health Authority" refers to (a) and includes (b), or whether the term is to be applied to (b) alone.

1956 CONFERENCE OF STATE MENTAL HEALTH AUTHORITIES

Submitted by: California Department of Mental Hygiene

Definition of "Broad Preventive Activities." *

Action desired:

ADOPTION OF RECOMMENDATION:

THAT THE SURGEON GENERAL'S CONFERENCE OF STATE MENTAL HEALTH AUTHORITIES FORMALIZE AND ADOPT A WORKING DEFINITION OF "PREVENTION" THAT IS SUFFICIENTLY BROAD TO INCLUDE PROFESSIONAL ACTIVITIES THAT PROTECT MENTAL HEALTH AND PREVENT PSYCHIATRIC DISORDERS, BUT THAT IS ALSO SUFFICIENTLY LIMITED SO AS TO MAKE PRACTICABLE BOTH SURVEYS AND EVALUATIONS OF ORGANIZED PREVENTIVE PROGRAMS.

Supporting statement:

The term "mental hygiene" is generally considered to include both the prevention of psychiatric disorders and activities that conserve or promote mental health. Such a broad definition rightly includes a wide variety of activities on the part of both professional and lay groups; it also gives appropriate recognition to many differing techniques, approaches, theories of psychopathology or social apathology, and philosophies of mental health. For many purposes, such a broad definition is highly desirable. However, when it comes to surveying or evaluating an existing preventive program, and to planning or inaugurating a new program, some agreement delimiting the scope of "broad preventive activities" becomes necessary. This is particularly true when quantitative measurements are attempted. It would, therefore, appear that a working definition of prevention is needed by mental health authorities and agencies for purposes of communication, fact-finding, programming, research, etc. Such a definition would be admittedly and designedly less broad than a definiserving to promote the general public interest in mental health; it would, rather, be designed as a tool for specific professional and legislative purposes.

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* See Mental Health Recommendation No. 3 of the 1953 Conference.

(continued)

A working definition of "prevention" needs to be clearly descriptive of the activities included in the definition. (See the New York State Department of Mental Hygiene's Community Mental Health Services Law and the California State Department of Mental Hygiene's "Proposed Program for Community Mental Health Services.") If the definition includes remedial as well as other preventive activities, it must clearly delineate which is being prevented, e.g., any degree of psychiatric disorder or that degree of psychiatric disorder necessitating hospitalization. For example, if the definition includes the conservation of mental health then the prevention of any degree of psychiatric disorder is implied, and not merely the prevention of hospitalization.