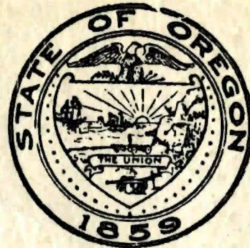
STATE OF OREGON



MENTAL HEALTH IN OREGON

A REPORT TO
GOVERNOR MARK O. HATFIELD
BY
MENTAL HEALTH ADVISORY COMMITTEE

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APRIL 1960

STATE OF OREGON

MENTAL HEALTH IN OREGON

A Report to
GOVERNOR MARK O. HATFIELD

On Selected Aspects of the Organization of Mental Health Services in Oregon

By

MENTAL HEALTH ADVISORY COMMITTEE

April 7, 1960

MENTAL HEALTH ADVISORY COMMITTEE

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DIGEST OF RECOMMENDATIONS

OF THE

MENTAL HEALTH ADVISORY COMMITTEE

1. There should be established a Department of Mental Health that would have overall responsibility for all direct services in the fields of mental health, mental illness, and mental retardation, including the state mental institutions, the work of the Oregon Alcohol Education Committee, the mental health section of the Board of Health, the community clinics and all other pertinent activities and programs.
2. A state-wide pattern of Community Mental Health Clinics and programs should be developed in cooperation with local governments in order to provide essential services in the community and initiate a program of preventative mental health.
3. Intra and inter-governmental cooperation, especially at the community level, must be increased to provide better services and more effective orientation.
4. The new Dammasch State Hospital should be developed as an intensive and acute treatment center so integrated into the state's mental health program that it does not become merely a third general mental hospital. No additional bed facilities should be constructed at present.
5. No treatment facility exclusively for psychotic children should be built by the state at this time. A more comprehensive use of existing facilities should be made.
6. The size of Fairview Home should not be increased beyond present Plans, Mid-Columbia Home should be converted to care solely for the mentally retarded and expanded up to 500 bed capacity as necessary, and a fuller mobilization of community resources should be made to assist the mentally retarded.
7. The State Tuberculosis Hospital should be placed under the State Board of Health.
8. A reorganized and rationalized approach to mental health and mental illness will provide better service to the people of Oregon. Too little is being done too late, and with the recent advances in treatment and prevention a totally fresh and more comprehensive approach is necessary. The recommendations of the Mental Health Advisory Committee are made on the basis that nothing significant is going to be accomplished in Oregon if the old patterns are simply improved.

RECOMMENDATIONS OF THE ADVISORY COMMITTEE ON MENTAL HEALTH

PART I

Introduction

In making these recommendations as of April 7, 1960, the Advisory Committee on Mental Health, appointed in the Fall of 1959, by Governor Mark O. Hatfield, believes that an essential beginning has been outlined herein that will provide better services to the people of Oregon and permit a far more effective use of the State's resources in the field of mental health.

It will be recalled that this Advisory Committee on Mental Health, prior to September, 1959, was serving the Oregon State Board of Health, (which is known as the Oregon Mental Health Authority), and was instructed by the Governor to conduct a new Mental Health survey for the interpretation of data already available bearing on recommendations of proper state policy with regard to:

1. State responsibility now and in the next decade for care and/or for treatment of the mentally ill, the mentally deficient, the tubercular, the aged, the alcoholic, and others in related categories, and,
2. Alternative methods of discharging these responsibilities, including consideration of greater reliance on community facilities.

In accord with these instructions, the Advisory Committee on Mental Health has since October, 1959, been responsible to the Governor through the Department of Finance and Administration of the State. They have met regularly at least twice a month. They have had the undivided, devoted, and extremely provocative services of Dr. T. L. Shay, Associate Professor of Political Science on leave of absence from Willamette University as Executive Secretary to the Committee. The Committee has met sufficiently often to go through the mass of information that was, and is, available to them on the problem of Mental Health, particularly in the fields noted above, both from the international, the national, and more particularly from the local scene.

The following points are of specific significance in clarifying one's thinking prior to considering the formal set of recommendations:

1. The available statistics, both from local sources, as well as from established national sources, indicate that mental illness is the most serious and pervasive public health problem existing today. One out of every two U. S. hospital beds is used for mental patients.

2. If we add to these facts on mental illness, the additional tremendous challenge in the field of mental health, we have then become profoundly aware of the truly sobering needs that exist in this area for the next decade.

3. Present methods of dealing with both mental health and mental illness (as we presently define these expressions and deal with them) are entirely inadequate. There is fragmentation both administratively and programatically. Too little is being done too late, and with the recent advances in treatment and prevention, a totally fresh and more comprehensive approach is necessary.

4. Whereas, Oregon needs additional professional staff, the evidence shows that there will be a growing deficiency of professional personnel who can work effectively in both in-patient and out-patient care of the mentally ill, in the preventive aspects of mental illness, and in the positive aspects of mental health.

5. It is quite evident that under the present salary scale it is not now possible to fill existing vacancies on the professional staff of the State's institutions. The State must provide an adequate salary range to permit the recruitment of qualified personnel.

6. Together with this shortage of available professional personnel from a medical point of view, there is abundant evidence that the current type of treatment facilities must be thoroughly re-evaluated. This, it would seem, is primarily due to:

(a) the growing change in the emphasis of the locale of the treatment.

(b) the shift in basic use as to the types of treatment that should be employed in dealing with the several mental disorders.

(c) the impact on treatment procedures and results by some of the newer methods of treatment such as the pharmacologic agents, electric therapies, group therapies, etc., and,

(d) the impact on treatment processes by some of the other non-medical professional groups who are interested in, capable of, and effective in treatment facilities, and,

(e) the need for governmental organization, taxation structures and tax money allocations to keep in flexible continuing relationship with the rapid unforeseen changes in problems of study and treatment of mental illness that are bound to occur.

7. The past 15 or 20 years have emphasized that the problem of mental health is not one solely of the psychotic confined to large state institutions. It must include the mentally handicapped in their institutions or environments, the alcoholic who is in and out of institutions, the various psychiatric problems such as the psychoneuroses, the geriatric problems and the confined aged, the handicapped person who needs rehabilitation, the chronic non-working individual, the pre- and post-delinquent families with their children, the problem people in the courts where the many problems of anti-social and psychopathic behavior are seen, the school children, yes, almost everyone. The mental hospital is the last resort when treatment of acute and chronic mental debility is required. Action must be taken as early as possible, at the community, county and state level to effectively deal with the total problem.

8. There is growing evidence that the many communities in the State of Oregon are ready for co-operation and mutual assistance to formulate facilities which will aid in the whole program of mental health. Counties and groups of counties must work together where conditions are appropriate.

9. Effective action requires much more individual, community, and state-wide interest and willingness to work cooperatively in solving this number one public health problem. Moreover, the State and communities must plan for a general reassessment and regrouping of all efforts in this area of mental health and disease.

10. In Oregon particularly there is little comprehensive planning and no effective coordination of these efforts. State organizations, health agencies (governmental, community, and private) are frequently all working on common problems with overlapping of efforts, or actually paralleling and not complementing these efforts to anyone's benefit. This is obviously time consuming and monetarily and economically a poor investment of funds and effort. Fragmentation dominates the present scene and areas of vital concern are being neglected.

11. With the tax load growing as it is, with evidence that some forms of mental illness are themselves increasing, with government, citizenry, everyone, showing an increased willingness, to join forces and participate in a common goal, with the professional and individual needs indicating a rightness of time, and with current treatment facilities and treatment procedures so markedly improved, it would seem altogether wise to make concerted efforts to implement immediately some of the recommendations that are made below.

12. Historically, Oregon has always been somewhat behind the times as far as good treatment of mental illness is concerned. This is not a criticism of the State or the people in it; it is rather, a statement made most emphatically with the hope that some of the lethargy that has existed will be overcome by the recommendations made below.

The recommendations are made on the basis that nothing significant is going to be accomplished in Oregon, if the old patterns simply are improved.

PART II

Basic Elements of a Plan

Oregon must develop a more satisfactory broad-scope mental health program. A comprehensive plan of attack should include, as a basic point of departure for further planning, the following elements:

1. Effective organization and rationalization of the State's efforts require the establishment of the most efficient and responsible administrative and organizational structure possible. All those state institutions, agencies and activities presently providing direct services in the fields of mental illness, mental retardation, alcoholic rehabilitation and education, and mental health must be integrated into a State Department of Mental Health. This Department should be charged with coordinating all present programs and developing new approaches toward a more comprehensive attack on the problem of mental illness. The first recommendation deals with this subject.

2. A pattern of community mental health clinics must be developed jointly by communities, counties and the State Government, with the fullest possible interest and participation of private citizens and groups in order to bring mental health services in Oregon up to nationally accepted standards. The importance of the role of community clinics in an effective program can not be overemphasized. The second recommendation deals with this subject.

3. Because effective action demands the fullest possible development of community and state, private and public resources, a special statement concerning cooperative effort has been included as the third recommendation.

4. Special consideration of the role of F. H. Dammasch State Hospital and the other state institutions is made in the fourth recommendation.

5. A consideration of the most appropriate state action in the field of treatment of seriously disturbed and psychotic children is made in the fifth recommendation.

6. Specific attention to the program and facilities for the mentally retarded is included in the sixth recommendation.

7. Specific attention is also directed to the State's tuberculosis treatment program in the seventh recommendation.

PART III

Recommendations

The Committee on Mental Health, advisory to the Governor and the Department of Finance and Administration of the State of Oregon, make the following specific recommendations as of April 7, 1960.

I. STATE MENTAL HEALTH ORGANIZATION

It is the recommendation of this Committee that it is imperative to establish as rapidly as possible a strengthened mental health organization for the State of Oregon. The implementation of the recommendations herein made depends upon a rationalized and reorganized state responsibility. This organization should be a separate department in the government of the State of Oregon, operating as a peer to the Public Health Department and the Public Welfare Department, and known as the State Mental Health Department. It might well be included in a cabinet post of Health, Mental Health and Welfare.

1. This Department should be headed by a qualified psychiatrically trained physician experienced in administration, who will possess all of the powers, responsibilities and status of a major department head. He should be appointed by and serve at the pleasure of the Governor, acting with the advice of the Mental Health Advisory Board hereinafter mentioned.

2. The Department of Mental Health should have a Mental Health Advisory Board appointed by the Governor, whose duties should be to advise the Governor as contemplated in paragraph one, and provide advice to the administrative head of the Department.

3. Under the administrative head of the Department should be united all of the direct services in the fields of mental illness, mental retardation and mental health, including the state institutions, the work of the Oregon Alcohol Education Committee and the Mental Health Section of the Board of Health, the community clinics, and all other pertinent activities and programs.

4. With the Department of Mental Health and its administrator as their responsible leaders, all governmental organizations throughout the State, in which there is any direct contact with the mental health problem, should be properly organized and a representative group to be known as the "Inter-departmental Mental Health Council" should be established, to promote, correlate and coordinate the mental health activities of all such appropriate state agencies.

5. The administrative head of the Department of Mental Health should also be charged with (a) the development of cooperative programs with interested private groups throughout the State to effect better community awareness and action in the field of mental health, and (b) assisting in all necessary ways community general hospitals to establish psychiatric services.

6. The organizational structure of the Department should include at least the five following major divisions:

   (a) Division of Institutions. Having overall responsibility for coordinating the programs of the State's mental health institutions. These institutions are, Oregon State Hospital, Eastern Oregon State Hospital, F. H. Dammasch State Hospital, Fairview Home and Mid-Columbia Home.

   (b) Division of Community Activities. Having the responsibility of establishing, coordinating, financially assisting and directing the community clinic program and integrating this program into the total state effort. The Community Clinics would be set up in any city, county, or region of counties wherein the population in that area warranted or needed such a venture. This would supplant the present clinics existing in the Board of Health and the Mental Health Division of the Board of Health would then become a part of the Mental Health Department. It would also incorporate the work of the Oregon Alcohol Education Committee.

(c) Division of Education and Liaison. Having the responsibility of carrying on public education in the State concerning mental health and in acting as the liaison center for work with all interested public and private groups and agencies in the field of mental health. This Division would be needed not only for in-service education assistance in preventive aspects of mental illness, etc., but especially in establishing a state-wide, department-wide training program for all professional people needed by and in the whole field of mental health in this State. In would also incorporate the educational efforts of the Oregon Alcohol Education Committee and the Mental Health Division of the Board of Health. Liaison activities would be carried on among and between:

(1) The State Institutions noted above.
(2) All now existing state, county or community mental health clinics.
(3) All lay or local health agencies.
(4) The projected State-Community mental health clinics, as defined in Part II of the recommendations.
(5) Private alcoholic programs.
(6) Vocational rehabilitation.
(7) Mental Health Association of Oregon.
(8) The Psychiatric Division of the Oregon State Medical School and Hospitals.
(9) Juvenile courts.
(10) The Welfare Departments.
(11) The special service departments of the schools.
(12) All committing courts.
(13) The Mental Health Committees of all medical organizations.
(14) All private agencies, hospitals, groups, or individuals engaged in mental health work.

(d) Division of Research. Having the responsibility for conducting and coordinating basic and operational research, epidemiological investigations and statistics in mental illness and mental health in Oregon.

(e) Division of Business Administration and Services.

7. In short, then, the Committee's recommendations, based upon the tremendous need for new and appropriate action in the field of mental health, urge the establishment of that necessary legal framework which will make immediately possible a new Department of Mental Health empowered to carry out the above recommended functions.

II. COMMUNITY MENTAL HEALTH CLINICS AND PROGRAMS

With the advent of new methods of therapy, and with increasing public awareness of the problem, communities are coming to realize the importance of their position in the care for mental illness and the promotion of mental health. Community consciousness has led to the development of many local mental health programs, both private and public, ranging from alcoholic programs to youth centers, from homes for the aged to child guidance clinics. There is increasing realization that many forms of mental illness can be prevented by early action, and many mentally ill people can better be treated in their local community than isolated in a central state mental hospital. However, without question, much more can be done to initiate new programs and integrate the present efforts in the cities and counties of our State. Social workers, educators, court counselors, public health officiates, ministers, private physicians and private practicing psychiatrists are doing a great deal. New community mental health clinics and programs can become the focal point to bring to bear the communities' total resources on the prevention, early location, diagnosis, and community treatment of mental illness and the promotion of mental health.

Therefore, it is the recommendation of this Committee that a pattern of community mental health clinics and programs be developed throughout the State under the direction of a Department of Mental Health working in full cooperation with other public and private agencies at the community level. These clinics and programs should be developed gradually as community interest

and resources come forward. Moreover, private and community hospitals should be encouraged to add proper facilities for the care and treatment of psychiatric patients. It is further recommended that financial support from the State on a matching 50-50 basis be mandatory in all these matters, and that grants should be made to counties and groups of counties as determined by the Director with the advice and assistance of the counties involved.

The clinics and programs would perform such functions as:

1. Early location and diagnosis of incipient mental illness.
2. Out-patient treatment of selected cases not in need of hospitalization.
3. Family counseling and guidance, including marriage counseling.
4. Diagnostic work-ups for the mentally retarded, and assistance in the training and education of the mentally retarded.
5. Alcoholic education and rehabilitation services at the community level.
6. Counseling service for juvenile departments, schools, etc.
7. Promote community mental health education.
8. Assist where appropriate as a screening agency for court commitments of the more seriously ill to mental hospitals.
9. Assist the state hospitals with pertinent information of both voluntary and court commitment cases to aid the psychiatric staff at the hospitals.
10. Assist patients and families prior to commitment, during commitment, and after discharge and return to the community from a state hospital.
11. Assist returned patients in their social and vocational adjustment to community life.
12. Use the community as an integral part of the State's training program in mental illness and mental health.

III. IMPROVEMENT IN LOCAL COOPERATION

The success of any reorganized mental health effort in the State of Oregon will depend upon greatly increasing and improving cooperative work in the field of mental health at all levels, especially the community. The State is not in a financial position to undertake a full scale local mental health program, and, moreover, the imposition of such a program in the communities would be far from desirable. Education and community awareness must come first. This awareness must develop into a willingness to participate with other communities, counties and the state in a frontal attack on mental illness. It also involves the intelligent cooperation of many disciplines. Human resources will be more important than funds in this attack, and reliance for the effective promotion of mental health will have to rest, in large measure, with individuals not integrally a part of the Department of Mental Health, or employed by an agency of state or local government. Teachers, public health doctors and nurses, vocational rehabilitation officers, social workers and counselors, courts, law enforcement officials, juvenile workers, etc., must be called upon for active assistance. Doctors, nurses, private hospital staffs, ministers, employers and unions, parents and all kinds of private groups and associations as well as individuals will have to assist if a strengthened mental health program is to be developed.

It is the recommendation of this Committee that, under a Department of Mental Health, a program of public education and specialized training courses be initiated in order to develop a basis for informed cooperative effort at the community level and that the community clinics and programs be established in such a manner as to most effectively aid each given community in meeting its particular problems in the field of mental health.

Specific steps that might be taken are:

1. By placing emphasis on the family as the unit in difficulty and directing special attention to specific problem groups such as alcoholics, mentally defectives, disturbed aged, pre- and post-delinquents, disorganized multi-problem families, etc., better service can be provided by the many agencies and groups concerned.

2. Encourage staff members from State institutions to participate in local mental health clinics, mental health institutes, etc., and act in a consultant status to local agencies, and provide a flow of the best available information to all local bodies in a position to assist individuals in need.

3. Encourage facilities for in-service training of caseworkers, counselors, nurses, etc., in community clinics and at State institutions and the medical school. Time away from regular duties and travel expenses must be provided for.

4. Invite participating agency workers and supervisors to the medical school or any other facility to which a person or family is referred, to be present at the evaluation and thereafter is indicated.

5. Encourage the strengthening of basic community resources as a part of any overall approach to mental health. Particularly, it is urged that schools, juvenile courts, and any other institutions or organizations responsible for children include qualified personnel to detect and work with early problems. Unless the school (or other organization working with the child) is equipped to detect and help children with beginning emotional problems, these children consume excessive amounts of the teachers' time to the detriment of other students. Rarely can such children be successfully referred to other community agencies or clinics until the problem has become much more serious and established. It then takes much longer and is much harder to correct.

6. Rather than add buildings, add personnel at all levels where needed, increasing salary ranges in order to attract the best available people, provide working conditions under which able people will want to work, and place emphasis on employing personnel that will train future personnel and work in new ways.

7. Encourage the establishment of a graduate school of social work in Oregon, a necessary step to advance many of the above recommendations.

IV. THE ROLE OF THE F. H. DAMMASCH STATE HOSPITAL

In view of the fact that this Committee is recommending the establishment of a Department of Mental Health and is seeking to suggest the broad lines of a plan for reorganization of the State's mental health effort, co-ordinating programs and institutions, and is further recommending the establishment of a pattern of community mental health clinics, it is necessary to review the role and functions of the new F. H. Dammasch State Hospital. Current research reports and treatment innovations point up some surprisingly major "break-throughs" in methods of treatment. In the field of biochemistry and related sciences, we could easily see the illnesses such as schizophrenia, arterisclerosis, and depressions, treated in a totally different manner than now being done. In no other bracket of the treatment field would these innovations have a greater impact than in that of the State Hospitals.

For these and multiple other reasons: It is the recommendation of this Committee that an intensive and acute treatment center be developed at Dammasch; that an augmented out-patient facility be put in operation; that a diagnostic and screening center be established at Dammasch to provide coordination and correlation of the State's institutional program with the community mental health program; that complete treatment and rehabilitation facilities be provided at Dammasch, but that there be no new construction of additional bed facilities until the reorganized state mental health program is functioning and a clearer determination of the need and kind of increased facilities is possible.

It should be recognized that:

1. By the completion of the 460 bed intensive treatment center at Dammasch, a more flexible use of existing facilities, and the integration of institutional programs and community clinics, the problem of overcrowding at the two present state mental hospitals should be eliminated. A policy of screening all voluntary admissions to the hospitals through out-patient clinics should materially reduce the in-patient flow. Improved care and treatment can thus be rendered to the more chronic patients and facilitate their rate of discharge.

2. That it be recognized that the State of Oregon itself must study and evaluate carefully the major epidemiological factors in the area of mental illness, juvenile delinquency, family break-downs, etc., and that perhaps in this major "research" type of project, Dammasch State Hospital could easily contribute a major part.

3. That further, it be recognized that Oregon is seriously in need of professional personnel in the medical, psychiatric, sociologic, psychologic, mental hygienist's fields, and that only by "home training" are we likely to gain this personnel. Here, too, could be a major project of the Dammasch State Hospital, inter-relating itself to such other teaching institutions as the residency program of the Oregon State Hospital, the Department of Psychiatry of the State Medical School, the graduate school of social work to be developed by the State System of Higher Education, the law schools, etc.

4. That, though originally the Dammasch Hospital plan was the result of a desire by the people and the legislature for a geriatric facility, developments during the past several years, relating to the work of the Council on Aging, the development of new treatment techniques, the establishment of more and better local facilities for the care of the aged and other factors have altered the need and desirability for a large state hospital limited to or primarily emphasizing the care of geriatric patients. Likewise, new concepts in the mental health field in general, and a fuller employment of the State's resources in this field demand a carefully coordinated program within our community and state hospital complex. It requires that we must avoid duplication in order to provide the best possible care with the dollars available. The Dammasch Hospital, being completed at this very strategic time, can play its most significant role by being able to make adjustments in accordance with the latest developments in medicine and by inter-relating itself to the other institutions and agencies in the field. Progress is often made by being readily available for some quite imaginative innovations. Dammasch Hospital should be kept in this status and not allowed to become merely "a third State Hospital".

V. PSYCHOTIC CHILDREN'S TREATMENT FACILITY

This Committee was specifically requested to consider the best means of providing treatment for seriously disturbed or psychotic children.

It is the recommendation of this Committee that no treatment facility exclusively for psychotic children be built by the State at this time. A more comprehensive use of existing facilities should be made.

1. The best available evidence indicates that many seriously disturbed adolescents respond to care in an appropriate treatment institution for disturbed adults, being intermingled with adults, as in the present program at Oregon State Hospital, rather than in a separate children's facility.

2. Other facilities, both private and public in the State should be used for the care and treatment of disturbed children, their use being determined after careful evaluation of the child's particular needs. Such facilities include private hospitals, the Children's Home and the Juvenile Home in Portland, Fairview Home, special education classes and foster home care. More use of the total resources of the community and the state should be made. The pilot project of a maximum of 10 children under an intensive treatment program now in progress between the Children's Home and Public Welfare in Portland should be watched with interest.

3. In some cases, the protection of court custody should be used to remove children from deleterious home situations.

4. Wherever the treatment takes place, care must be taken to insure adequate educational facilities are made available to the child.

5. The determination as to the best kind and location of treatment on an individual basis should be made by the Director of the Department of Mental Health.

VI. STATE FACILITIES FOR THE MENTALLY RETARDED

This Committee was asked to investigate the facilities for the care and treatment of the mentally retarded, with especial reference to Fairview Home.

It is the recommendation of this Committee that the size and capacity of Fairview Home not be increased beyond present plans, that Mid-Columbia Home be converted to care solely for the mentally retarded and as required be expanded to care for from 450 to 500 patients, and that fuller mobilization of community resources be made to assist the mentally retarded. The basic school support fund law should be changed so that special education and training programs for emotionally, mentally and physically handicapped children may obtain aid on an equal basis.

1. An institution for the mentally retarded with a capacity of 3,000 is too large, and since Fairview Home is this size, no additions to it should be made.

2. A second home for the mentally retarded should not be built at this time; however, Mid-Columbia Home should be expanded to take care of up to 500 patients who require a minimum amount of professional staff, this provision being adequate to care for the increase in retarded cases for some time and to permit the evaluation of new approaches and techniques in the care of the mentally retarded.

3. Increased community effort for the mentally retarded should be encouraged. Specifically:

   (a) The expansion of services to educate retarded persons in the public schools through the Division of Special Education is an important development. There should be no letup in this area.

   (b) Community operated day schools wherein preschool, trainable children can be helped should be started and supported by local communities. These schools would provide care and training for those individuals who are not educable or trainable at the public school level.

(c) Foster Homes and Colonies. Oregon has virtually no foster home placement care for mentally retarded. Some states have had gratifying results with both foster home placement on an individual basis and on a colony basis wherein 15 or 20 mentally retarded individuals are cared for. These are state supported but in varying degrees may become self-sufficient according to the patient's earning power.

(d) Vocational Rehabilitation. There is a definite need for vocational rehabilitation services in both rehabilitation and job placement for the person of moron level or above. These services are needed and could be rendered at the Fairview Home, at the school level and on an individual basis in the community.

(e) Mental Health Clinics and Programs. It is expected that mental health clinics and programs as previously defined, wherever operating, will include services to the mentally retarded and their families. It is possible that a traveling team of experts in this field might go from the Fairview Home on a regularly scheduled basis to clinics throughout the State. This service would greatly assist the courts in determining commitment policies in individual cases.

4. It is further recommended that the Out-patient Clinic at the Fairview Home be expanded to include treatment as well as diagnostic service with an eventual temporary in-patient service. Provision for short-term hospitalization at the Fairview Home Diagnostic Clinic should be considered.

VII. STATE TUBERCULOSIS CARE

In view of the excellent tuberculosis central program now operating in Oregon between the private physician, state and local health departments, the Oregon State Tuberculosis Hospital, the University Tuberculosis Hospital and the Oregon State Tuberculosis and Health Association, no major change in State-Community program of case finding and treatment is advocated at this time.

If a Mental Health Department, as recommended above is established, it is the recommendation of this Committee that the Oregon State Tuberculosis Hospital be placed under the State Board of Health, and that the University Tuberculosis Hospital remain under the Board of Higher Education. However, in view of the diminishing demands for beds for tubercular patients, consideration should be given in the future to a more flexible use of the University Tuberculosis Hospital for other pressing medical needs.

PART IV

Conclusion

The Committee feels emphatically that action on these recommendations is necessary if the problem as we have found it and see it today is to be changed in any material way. We hope that the Governor and the Legislature of the State of Oregon will provide the necessary legal basis to implement these recommendations at an early date.

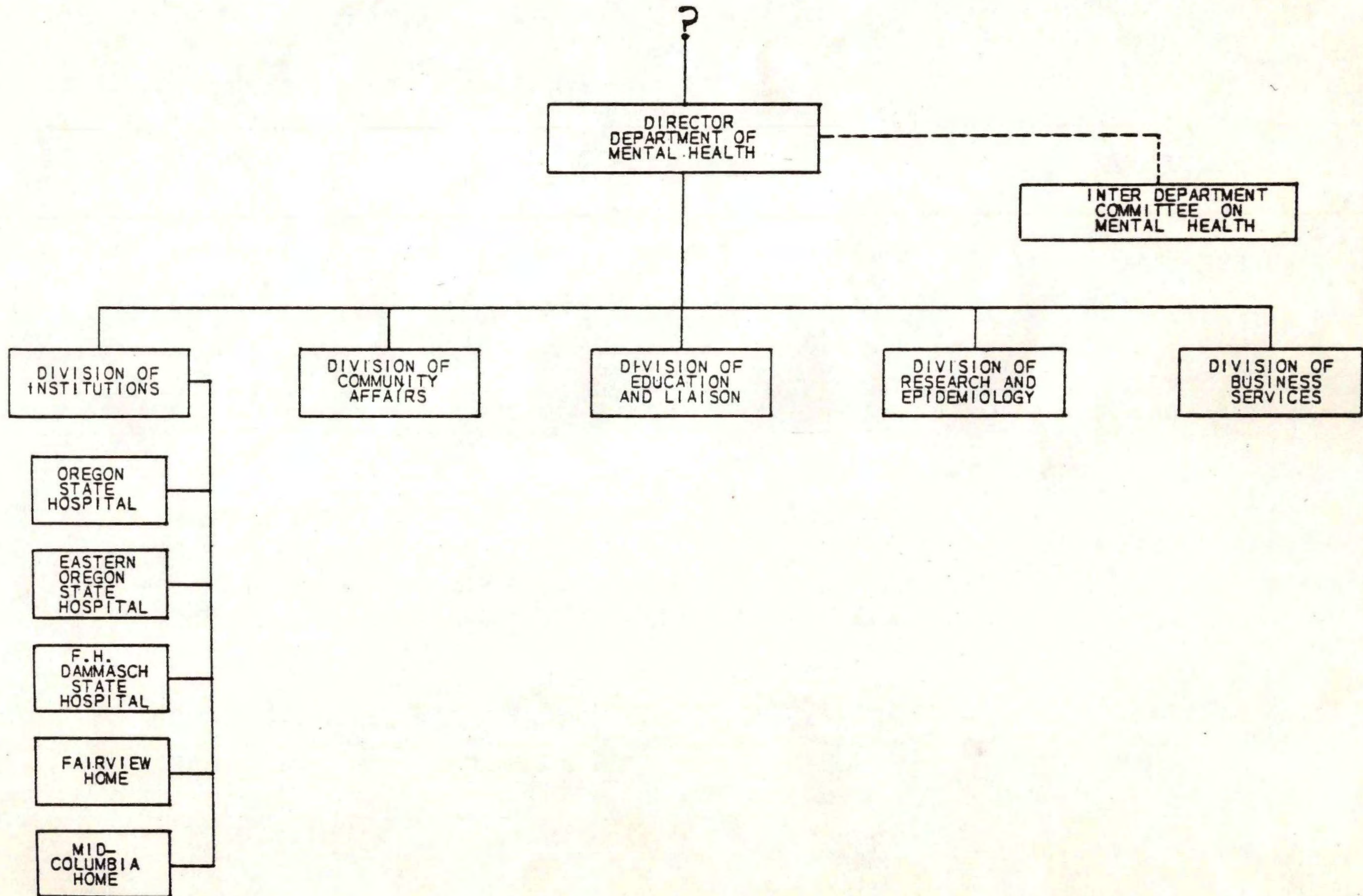
In making these recommendations about the overall mental health problem in Oregon, we have in no way differentiated between the clinical types of illness, and have,therefore, necessarily included the mental health problems of the aged, the psychotic, the psychopathic, the alcoholic, and other specific problems as being a common part of the overall picture. We feel that the recommendations made, if properly implemented, would most satisfactorily service any and all phases of psychiatric illness as it exists throughout the State.

Further, in making these recommendations, we have endeavored to outline that program which would most effectively meet the needs as they exist in Oregon today and have in no way wished to establish a dichotomy of health and mental health, but have rather wished to establish an effective program which would implement the necessary changes in the most effective way as quickly as possible.

It is not our intention in urging better organization of mental health in the state to separate mental health activities any farther from other health and welfare activities than recommended above and we hope that concrete and energetic measures will be undertaken by the Executive Branch of the State Government to coordinate the State programs for health, mental health, welfare and social services.

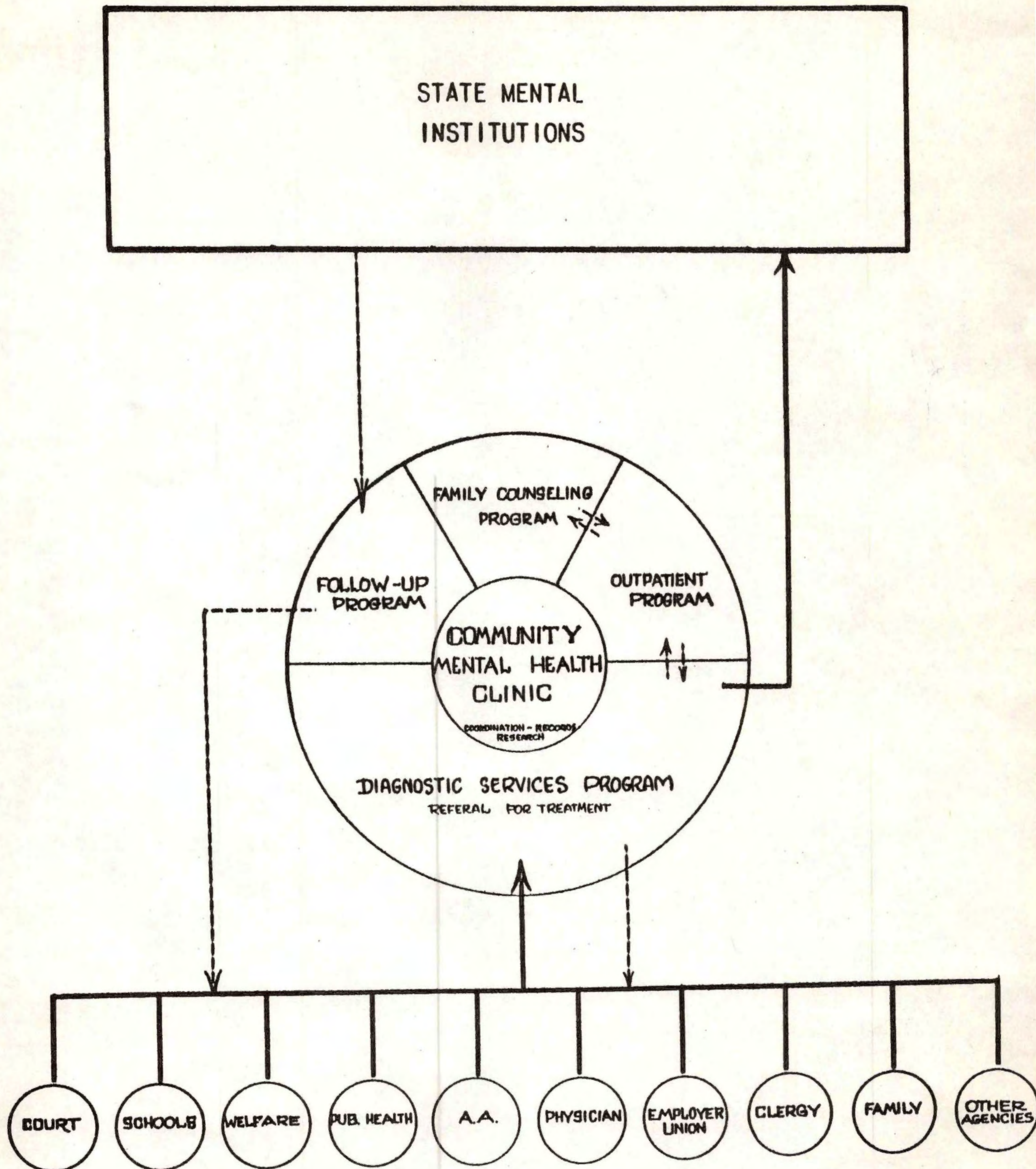
Appendix A

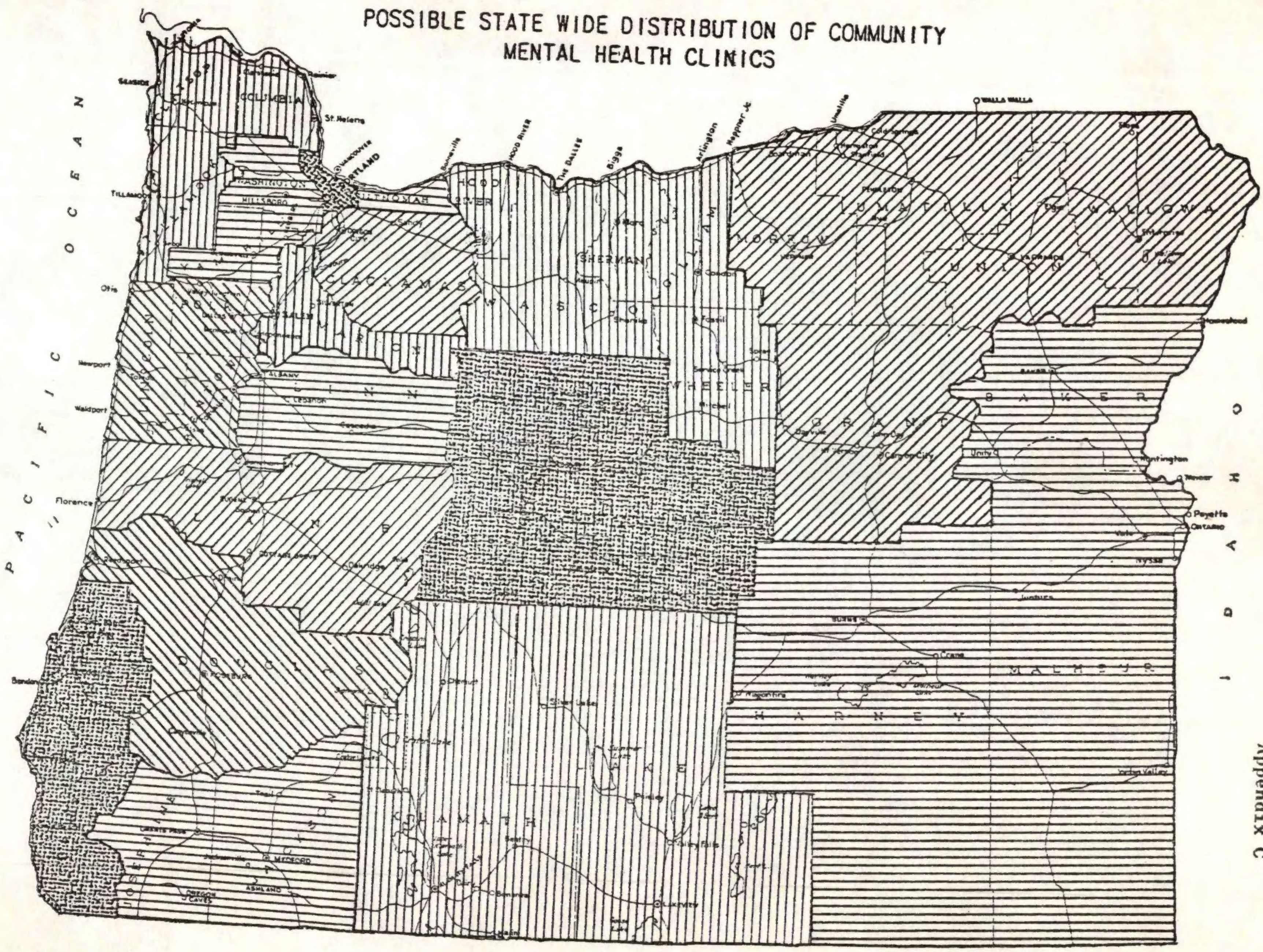
POSSIBLE ORGANIZATION OF A STATE DEPARTMENT OF MENTAL HEALTH



Appendix B

POSSIBLE STRUCTURE OF A COMMUNITY MENTAL HEALTH CLINIC





Appendix C

Appendix D

POSSIBLE PATTERN OF INTERRELATION BETWEEN COMMUNITY HEALTH CLINICS AND STATE MENTAL INSTITUTIONS