

# 'NOT JUST FOR SHOW'

Rosalynn Carter chairs the nation's first presidentially appointed mental health commission. Its work could trigger long-awaited improvements in care, proponents say.

BY JOEL GREENBERG

In 1970, Rosalynn Carter stood in line at a crowded political reception for the governor of Georgia and waited patiently to speak with her husband. When she finally reached him, she shook his hand and asked: "What are we going to do about mental health in Georgia?" Jimmy Carter replied: "We're going to have the best program in the country, and I'm going to put you in charge."

The resulting state mental health commission, of which Mrs. Carter was one of four members, triggered a sweeping reform of Georgia's antiquated state hospital system. Services became available in communities throughout the state and many chronic, backward patients were freed from snake-pit-style institutions and placed in therapy settings.

Now, Rosalynn Carter is a member—"honorary chairperson"—of the nation's first presidentially appointed mental health commission. The President's Commission on Mental Health represents the first comprehensive look at services throughout the United States since a congressionally appointed commission undertook a similar task in 1955. That group's work led to President Kennedy's Community Mental Health Centers Act in 1963.

But the nationwide reforms that were to result from that legislation have failed to materialize as envisioned. Just 600 of the proposed 2,000 community mental health centers—full-service inpatient and outpatient facilities designed to enable the patient to remain in the community while being treated—have been established throughout the country. Many middle- and lower-income persons who cannot afford the astronomical fees of private psychiatrists and psychologists are forced to go to state hospitals (most of which, while less crowded and fewer in number than years ago, still provide little more than custodial care) or must do without.

"We'll be focusing on the underserved," says Thomas E. Bryant, chairman of the commission, which will disband next April, after one year of existence. "President Carter has stressed that though we have spent billions of dollars over the years on mental health, there are



Photos: Joel Greenberg



The First Lady, a Secret Service man perched over her shoulder, chats during a break in the hearings with Kitty Jewett, a Buffalo, N.Y., retiree. Left, Mrs. Carter discusses a point with Commission Chairman Thomas E. Bryant.

still a lot of problems." The 20-member commission is supported by \$100,000 in federal funds and consists of an impressive collection of psychiatrists, psychologists, educators, writers, lawyers, human rights advocates and one expatriate. The group has already held two public hearings, in Philadelphia and Nashville, and two more are planned this summer, in Tucson and San Francisco.

The commission will submit preliminary recommendations to President Carter in September, in time for incorporation into his budget proposals. The group's final report will come in April 1978. And while no commission member is formally predicting what their suggestions to the President might be—"I have a lot of recommendations, but they'll come later," says Mrs. Carter—there are strong indications the recommendations will deal with:

- Altering the funding requirements for community mental health centers. A big reason that so few have been established, observers say, is because many

areas of the country, particularly rural areas, cannot meet the stringent staffing and full-service guidelines set up under the Kennedy act. "Now we see communities that want to develop centers, but think they can't do it," Bryant says.

- Promoting the establishment of supervised halfway or boarding-house type residences for persons who should not be in institutions but need help in functioning outside of hospitals. "The community movement has not been a total blessing," Bryant says. "In a lot of cases, the community is not ready to receive such persons, so they wind up going from apartment to apartment and boarding house to boarding house. The American public does not want a firehouse, school or boarding house next door."

- Including mental health services in the President's national health insurance package. "The President has made it clear that he intends for mental health to be involved [in the package]," says Bryant.

- Supporting specific treatment approaches for certain patients. The com-

mission will review research that assesses the efficacy of various approaches. One of the biggest concerns deals with disturbed and retarded persons from early childhood through young adulthood. The commissioners note that youthful suicide has increased by 90 percent over a decade ago, and alcoholism and juvenile crime have jumped by almost as high a percentage. Increasing evidence of disturbances and learning disabilities among young children is particularly puzzling. "We must find out what they need in the way of mental health services," Bryant says.

The commission, in addition to holding public hearings, is also setting up expert panels to study such issues, plus possible alternative federal and state methods of coordinating and funding programs. The panels will also study manpower needs, prevention, legal rights, the needs of minorities, child abuse, rape and rehabilitation.

It's all aimed at reaching people who need help, but are presently unable to receive it, Bryant says. The main target populations are the poor and those in urban or rural pockets that are presently inaccessible to services, he adds. Bryant notes that nearly half the psychiatrists in the country are now concentrated in just four states (California, New York, Pennsylvania and Massachusetts, according to American Psychiatric Association membership records).

At the Philadelphia hearing, the commissioners heard a day's worth of testimony on the inadequacies, and some successes, in mental health care in the United States. The most blistering indictment of current care came from Bob Harris, representing the Alliance for the Liberation of Mental Patients. The "horrors" of mental institutions still exist today, Harris assured Rosalynn Carter and the others, not only in state hospitals, but in community centers as well. "These centers, widely hailed by the liberal mental health establishment, serve basically to suppress and mystify people's feelings and experiences and to obscure the social and political sources of their pains," Harris said. The major "treatment" in such facilities, he testified, "is the administration of powerful and dangerous psychoactive drugs . . . all [of which] have serious and sometimes deadly side effects ranging from confused thought, lethargy and blurry vision to severe neuromuscular reactions and an irreversible brain syndrome known as tardive dyskinesia."

The panel was also warned that the percentage of physicians choosing psychiatry as a specialty is on the decline, and that by 1980 there will be a shortage of 10,000 psychiatrists in the United States. Gaps in current treatment were perhaps best illustrated by Maurice G. Kott, director of New Jersey's Division of Mental Retardation. Kott cited the case of a youngster who was "perceived to be too emotionally disturbed for a state

school for the retarded, not sick enough for a psychiatric hospital, yet too handicapped for a community mental health center."

President Carter has stated he does not want the commission to "reinvent the wheel," but rather to realistically survey the national picture and project the needs over the next 25 years for "dealing with emotional stress." There are currently an estimated 20-million Americans who require some treatment, including an estimated one and a half to two million who suffer serious psychiatric disorders.

Rosalynn Carter and Bryant dispute charges that the commission is a publicity ploy by the Carter administration and that the First Lady is little more than a figurehead. "Mrs. Carter knows a lot about the field—her work in Georgia showed that," says Bryant, a veteran of the mental health-drug abuse field. "There's a personal, informed interest on both their [the Carters'] parts."

After the first hearing, Mrs. Carter recounted to a reporter how she first became involved in the mental health field. From the time she first began campaigning in her husband's quest for the Georgia governorship in 1966, mental health services seemed to be the overriding concern of the people, she said. "I was approached by so many people who poured out their problems to me. People would say, 'I have a retarded child at home—what can the governor do help him?'"

"For a long time we've been past the need to be institutionalized," she said. "The community mental health center program is a good one, but it has problems. . . . We're working to evaluate just where we are in the country. This is not just for show." □

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