--Who Are The Mentally Ill?--

Today begins the eighth observance of Mental Health Week which is directed and sponsored by the National Association for Mental Health and is co-sponsored by the National Institute of Mental Health. The National Institute is a governmen agency, whereas the National Association is a voluntary citizen's organization, but both are devoted to the fight against mental illness and to the advancement of mental health, and through mental health week they seek to more pointedly spread information and to enlist participation and to solicit funds.

All of us, I suppose, grow somewhat tired of being solicited week after week for one cause and another and insofar as the subject of mental illness does not yet stir our concern in the degree that cancer, for example, does, it tends to be by-passed and neglected. This is unfortunate and unrealistic in the extreme. For mental illness is without question our number one health problem. It is estimated that some ten million Americans--one in every sixteen--are now suffering from some form of mental disorder. About three-quarters of a million are under the care of mental hospitals. This is more than half of the number of patients in all hospitals for all diseases in the entire country, or in other words, there are more people in hospitals for mental illness than for polio, cancer, heart disease, tuberculosis and all other diseases combined. Moreover our mental hospital population has been increasing by some twelve to sixteen thousand more patients each year and at an added cost each year of some one hundred million dollars. And still more, because mental illness is

so often of long duration, it is responsible for more time spent in hospitals than all other diseases combined. All this means a heavy cost to taxpayers and to the families of patients; and even heavier are the costs in loss of earnings, the loss to society of the productive output of the mentally ill-- to say nothing of the cost, not measurable in money, in the suffering of individuals and families.

While it is undoubtedly true that no clear-cult line seperates the mentally ill from the mentally well and it may even be said that the symptoms of most mental diseases are merely exaggerations of personality traits and characteristics which we all have and display in some greater or lesser degree, there are nevertheless certain distinctions and classifications that can be made and need to be recognized by the layman as well as the specialist in the field. First, mental illness does not necessarily mean insanity. Insanity is a legal term only , and not a medical term. It is defined by the laws of the different states in various ways. In some states insanity is considered to be the inability to distinguish right from wrong. Other states use the term to indicate a lack of competence to handle one's own affairs. Those who are legally judged to be insane are a very small proportion of those who are mentally ill. The term insanity, when still used, is concerned with the legal side of mental illness rather than with the nature of the illness itself. Second, feeble-mindedness, or to use a better term, mental deficiency, is not to be confused with

mental disease or other tyeps of psychiatric illness. Mental deficiency is a condition usually present at birth or beginning shortly afterward and as a deficiency it canot be cured since there is no way,as yet known, whereby the basic stuff of intellect can be increased. Through specialized training the less severely deficient may be helped to get along on their own in a somewhat sheltered environment. Third,there are the mental disorders that are associatee with infectious or organic diseases. With typho d fever, for example, there may be visiu) hallucinations. This type of mental disturbance is usually only temporary and disappears after the underlying fever has cleared away. There are other infectious diseases, however, that may attack and do permanent injury to the brain and other parts of the nervous system.This is true of the organisms which cause syphilis. In the late stage,there results a disease called general paralysis,or paresis. And until very recently, one-tenth of all patients in the country's mental hospitals were there because of syphilis. And closely related although differing in their causes are mental diseases brought about by toxins,or poisons.Lead-poisoning used to be not too rare an occurrence of this kind. Today, the most common Agent by far for producing mental illness of this type is alcohol.It s usual form of resulting psychiatric illness is delirium tremens,or more popularly called the D.T's. Surveys reveal that alcoholism now ranks as the third most frequent cause of mental disease requiring hospitilization. Fourth,there are the mental disorders which someti

accompny the aging process. With hardening of the arteries, not enough blood reaches the brain to allow it to function properly and the resulting mental condtion, commonly marked by forgetfulness and lapse of memory, is called cerebral arterio-sclerosis. Or it may be that with extreme age thee is a general degerenation of the brain substance along with other body tissue, which results in a similar but more prounou ced condition called senile dementia.

And fifth, there arethe mental disorders in which there is no underlying infection, or poisoining, or physical disease, or any change in the brain which is discoverable. These a e usually considered to be based on deep emotional changes, and are commo ly seperated into two types. or groupsings. The first are called neuroses or psychoneuroses. These are relatively mild in that the personality still remains largely intact and continues to function. They are neverthele s intensely discomforting and may be seriously damaging to those who are ill with them. They take various forms such as fear of high places or fear of shut in places, or combat fatigue in war, or severe attacks of anxiety, or hysteria with accompanying paralysis of arms or legs or loss of sight or bodily pain for which there is no discernible organic cause. Behind the symptom in a neurosis, whether it be anxisety, fear, pain, or compulsion, the e is some hidden emotional tension that may have its root begi nnings far back in infancy, and skilled professional aid is usually required in revealing it and in learning how to deal adequtely with it.

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The second group of mental disorders, not usually associated with any physical disease but the gray matter of the brain, are those which are referred to as psychoses. These are much more severe than the neuroses, involving what can be an almost complete breakdown of personality integration, and they are also different in character. In manic-depressive psychosis, which is one of the two most common psychoses, there are exaggerations of mood, extremes of excited elation and inability to depression. In the other of the two most common psychoses, namely dementia praecox or schizophrenia, there is also mood disturbance, and extreme withdrawal from all ordinary interests, loosening of associated thought and behavior with reality, and, [illegible], wherein it is generally supposed that neurotic individuals do better if they are kept on at work and sometimes as closely as possible to one of their family and social obligations, this is quite impossible and even hazardous for those who are suffering from a psychosis. They need hospitalization and professional care. The patient withdrawn from reality has to be brought back to reality, and the patient with manic-depressive moods has to be protected from the possible outcomes of his excited elation as well as from his occasional tendencies toward self-destruction.

And there are a number of more than half the patients in mental hospitals are there with schizophrenia.

Across the years there have been some appreciable advances made with regard

to menta health, just as there have been with regard to organic disease and physical illness. Not least, first of all, has been a growing public recognition particularly over the past fw years that mental illness is illness and is to be considered as such and ~~as far as possibl~~ is to be dealt with as such. A little over a month ago there was an hour long documentary on television entitled "Out of Darkness". ~~The~~ an film made by means of concealed cameras in a California mental hospital, it was a study of a young woman who had retreated within herself to such a degree that she could neither speak nor repsond to reality, and who week by week, and bit by bit, and gesture by gesture was brought by her psychiatrist back into communication with the world. As part of the commentary added to the filem were some selections from a century old book wrriten by an anonymous writer who had been a mental patient in an institution in Glascow, Scotland. One quote from this book, entitld "The Philosophy of Insanity" was as follows: "For seventeen years I have been in communication with insanity, and for a long time I have been impressed with the idea that could this disease be rendered more familiar, and less repulsive to the public mind, its chance of being chekked and subdued in the first stage would be much greater. Lunacy, like rain, falls upon the evil and the good; and although it must forever be a fearful misfortune, yet there is no more sin or shame in it than there is in rheumatism or a fever. Had I the certainty of an attack of insanity ~~of insanity~~ befroe me and the power to prescribe for myslef, I would say

put me in a place where I can do no harm to myslef to any other person; and let that place not be a prison in which penance must be undergone and punishment suffered, but let it be a place of refuge-- an asylum."

We have by no means gone all the way as yet in being able to view mental illness without sin or shame, as the anonymous writer held should be the case, but we have come quite a way in viewing it more objectively and realistically. The very showing of such a film as "Out of Darkness" is a significant contribution to making the public more familiar with mental illness and more sympathetic with those who are its victivms. And the very fact that we have dropped or are dropping from our speech such terms as "Bug-house","Boobie-hatch","lunacy and even "insanity" and "asylum" is an indication that we have modified our views from earlier superstitions and inaccuracies of reference to smoething more scientific and hopefully meaningful.

Again, along with this there has been ~~some~~ improvement in the custodial care provided for mental patients. It has been a considerable improvement compared to the time not so long past when the mentally ill were kept in filthy jails, were given ~~only~~ foul food, were chained to the floor,were exiled from all normal human contact, and beaten and treated as evil and bedeviled creatures. In Europe, it was a determined French psychologist,Phillippe Pinel,who beginning in 1793 marched into these ~~kinds of~~ cells in Paris and loosed the mentally ill from their chains and fought for humane treatment of them. In this country it was a Boston Unitarian teacher, Dorothea Dix, who in the 1840's

barnstormed up and down and across a good part of the country and personally persuaded one legislature after another to appropriate funds for mental hospitals and to get mental patients out of prisons. She visited every state east of the Rocky Mountains and numerous of the Canadian Provinces and in many of them secured leglislation on behalf of the mentally ill and brought about the construction of state mental hospitals. Singlehandedly she succeeded in convincing Congress to establish a Federal mental hosptial, near Washington, D.C., the famous St.Elizabeths., ~~which is now being directed, as it has been for some time by a Unitarian~~. Thus the jails and the ppor-houses gave way more and more to hospitals for the mentally ill. Btu these hospitals, much as they represented a step forward, became in many instances nothing much more than custodial snake-pits. They were inadequately staffed, they were drab and dreary, the food was poor in qulaity and monotonous ~~lack of~~ in variety, mechanical restraints were widely used, and little if any remedial treatment was given many of the patients. In large measure the mental hosptials were aside from the public conscience, and outside the mainstream of medical development. During the first part of this century there were attempts at reform. Clifford Beers, a former mental patient, made a considerable impact with his book "A Mind That Found Itself" and he went on to establish the National Committee for Mental Hygience which has done valuable work in fostering citizen interest in better care for the mentally ill. It was not until the advent of World War II, however, that a widespread and powerful demand for reform and

better care really began to make itself felt. One thing that spearheaded the demand was the shock that came in finding that 12 per cent of all men examined for military serivce, which represented more than one third of those rejected, were barred for neuropsychiatric reasons. And during the war there was the problem of dealing with a considerable amount of mental illness among the armed forces which stemmed from or was triggered by the stress and strain of military life and combat duty. And many veterans returned from the war in need of hospitilization for serious mental illnesses. And added shock came in a series of hard-hitting articles written by Albert Deutsch in which he laid bare the inadequacies and deficiencies of the Veteran's Administration mental hospitals. The result was a shake-up in these hosptials that not only made for an improvement in the general over-all treatment and care, but also pulled the VA hospitals into the community of American medicine by tying their programs into the medical schools. Men, such as General Omar Bradley, and Drs. Paul Hawley and Paul Magnuson, and Dan Blain fought the strong opposition of some congressmen and insisted that the new VA hospitals be built in or near the major medical centers of the nation. Out of all this there came a strong and added stimulus for others to examine the still more rotten conditions prevalent in most of the state mental institions and to press for reforms. Some members of this society along with other Unitarins in this state worked long and hard and in conjunction with non-Unitarians in bringing about a decicedly better state program for the mentally ill. And in various others states the same kind of

reforms have been carried through under the pressure of newspaper campaings and the work of citiznes committees and the couragous support given by some elected officials. It is not something that we can be completely elated about, but neither is it cause for falling into a slough of despair. The cause of teh mentally ill has been advanced more during the past twenty years than it was ever advanced during all of out previous national history, and there is too much interst in the matter both on the state and the national level to warrant a belief that sustained efforts at more reform will not be made.

Again, over the years there has been an accumulating body of knowledge about the nature of mental illness and various advances have been made in techniques and means for treating different kinds of mental illness . There is still much to be learned and much to be done, but we have come a long way from the days when mental illness was thought to be beyond the reach of any remedy ahd treatment and beyond any possible relief and cure. A tremen ous break-through in the wall of ignorance was made by Freud in his development of the concept of the unconscious mind and the derivd practice of healing by psychoanalysis. However, for this kind of treatment, a patient must be in fairly good control of his faculties, he must be able in some measure to think connectedly and speak coherently. And thus Freud, himself, was of the opinion that this analytic method was far be ter suited for treating neuroses than psychoses and that still other methods in addition at least were needed for most psychotics.

And this turned out to be pretty much the case. As it was found that a large number, even a vast majority of mental patients, were not accessible to treatment by psychoalnalysis, there was a turning to various kinds ofphysical treatments, which were opposed in spirit to basic Freudian theory, but were accepted as a matter of practical necessity by many psychiatrists as the only precedures offereing even faint hope of health for co ntless patients,and espe cially for those jammed into state hospitals. The first such treatment came as an accidental result of the use of the hormone insulin for medical pruposes.Doctors ~~seem~~ found that they could not give patients too much insulin wihout throwing the patients into a state of shock.But when some mental patients were given too much insulin,they seemed to snap back with minds clearer than before and more willing and able to talk about their emotional troubles. Such insulin shock treatment seemed to be a ~~xxxxxxxx~~ means which would make the psychotic patient accessible to treatment of the analytic type. The insulin shock treatment however had serious shortcomngs.There were some patients who for medical reasons could not be given the treatment,and others did not respond to it,and in other cases it had to be repeated many times. This was largely replaced by the electric shock treatment, which avoided the medical complications associated with insulin, Electric schok has been the most widely used of the shock methods and has been of value in dispelling the intense melancholy which besets many patients who are around the age of fifty. It has also made thousands

of patients more manageable and has been used until recently as about the only way of controlling the more agitated inmates of the back wards.

Within the last four or five years, however, new and exciting and what appear to be truly hopeful vistas in the treatment of mental illness have been opened up by the use of drugs. There is nothing new about the use of drugs in mental illness. But hitherto the drugs used have been in the nature of sedatives which have calmed the patient by putting him to sleep, or nearly so, and keeping him in that state. As such he could not be reached by constructive procedures. What was needed was a drug that would relax and tranquilize the patient but at the same time make him accessible to other curative approaches. And strangely enough, two drugs, which now after rather exhaustive tests seem to do this very thing, were introduced into this country at just about the same time. One of these, named reserpine, is one of many complex natural chemicals in the juices of an Indian shrub called snakeroot. In India, boiled extracts of this shrub have been used for centureis as a tranquilizer and for the treatment of various illnesses such as epilepsy, insomnia, fevers, and mental illness. It was known to European scientists as far back as the seventeenth century, but it remained for two Indian chemists in 1931 to isolate crystalline alkaloids from the shrub. In the same year two Indican phsycians experimented with the new alkaloids and found that they were effective not only in reducing high blood pressure but also the violent sysmtoms of certain types of mental illness.

Others experiemented and arrived at similar results. Among them was Dr.Vakil of the King Edward Memorial Hospital in Bombay, who was particularly interested inthe problem of hypertension. A report by Dr.Vakil was published in the October 1949 issue of the British Heart Journal. A copy of this journal found its way into the hands of Dr.Robert Wilkins, Director of the Hypertension Clinic at Massachusetts Memorial Hospital. He read it and sent for and studied the Indian medical reports of the previous twenty five years. He then sent for a supply of the alkaloid which arrived in Boston in the summer of 1950 and he began testing the drug on patients. He found it not only remarkably effective against high blood pressure, but it calmed patients ridden with anxiety and worry. In 1952 he made a report to that effect.

The other drug which has very similar results is called chlorpromazine. It is a brand new synthetic product of twentieth century technology which came out of the Rhone-Poulenc laboratories in France early in 1951. In the case of these two new drugs, as well as others which are now being worked on, we undoubtedly need to guard against thinking that they are a magic answer to all mental illness. But they give every indication of being highly effective, and they already suggest that may be some far reaching changes in the whole matter of the care and treatment of the mentally ill. Thus for example, at a conference held in April of last year, the representatives of thirty Veterans Administration mental hospitals reported on their experiences with use of the drugs on more than nine thousand patients. There was almost unanimous agree-

ment that Chorpromazine and Reserpine were invaluable in the treatment of mental patients in large hospital situations, and all hospitals reported dramatic reductions in restraint, hydrotherapy, shcok therapy, and lobotomy over And above the discharge of si nificant numbers of long-term psychotics. And Dr. Frank Ayd, a Baltimore psychiatrist, has stressed the vital role of these drugs in giving both the private psychiatrist and the general practitioner really effective weapons against acute mental illness. Speaking to his colleagues at the 1955 convention of the American Psychiatric Association he said: "Chlorpromazine and Reserpine make it possible to treat on an ambulatory basis many patients who would have had to be hospitalized...Only in severe manic or schizophrenic reactions was commitment to a psychiatric hospital necessary for a few weeks...Geriatric patients made satisfactory home adjustments while taking Chlorpromazine ~~and~~ or Reserpine. Without these drugs these senile individuals would have been placed in nursing homes, or state or private psychiatri hospitals....Chlorpromazine and Reserpine are valuable additions to the therapeutic armamentarium of the private practicing psychiatrist. Properly utilized, these drugs can: increase the number of patients who may be treated in the office; shorten the peirod of hospitalization, or make hospitalization unnecessary, thereby reducing the admissions to our overcrwoded state psychiatric hospitals; replace or reduce the need for electroconvulsive therapy, and reduce the cost of psychiatric care."

At the same convention a British psychiatrist said "I believe that the future of psychiatry lies not in the mental hosptial, but outside the mental hospital, and that our first task should be to educate the general practitioner so that he can become a better psychiatrist and eventually, I hope, put us all out of a job."

Such a remark may have brought alarm to some of his listeneres and may even have caused the couch market to drop a few points, but it did not need to. For the new drugs, far from representing a threat to psychotherapy create an oppotunity such as psytherapy never has previously enjoyed--- they make it possible for the psychiatrist to establish contact with severely ill patients and to conduct treatment. A closer allieance of the general practitioner and the psychiatrist would be a good thing. But the new drugs, far from making the psychiatrists services unnecessary, challenge him to carry the curative process farther, whether by psychotherapy or some other means.

In the fight against mental illness there are a number of needs, many of which can be summed up under one word--money. Money for better staffed and equipped mental hosptials, money for many more community mental health clinics, money for a rehabilitation service for those who have been mentally ill(a service that so far has been almost totatlly absent), money for child health centers, money for psychiatists and other related professional workers in our school systems and in our churches and in our industries, money for the

and comunity
cultural components of mental heath such as decent housing, recrational facilities, work opportunity, and public health requirements, and money for resarch in mental illness. This sounds like a lot of money and it undoubtedly requires a lot of money. But America's number one helath problem is not going to be brought down to a reasonable size unless something more than pin money is spent on many fronts. Take the matter of research for example and the ten million dollars spent on reasorach for mental illness each years is much less than that spent for some of the other diseases such as cancer and polio, and it pales into insignificance when compared with military expenditures or even the amounts alloted to highway construction. This is really being penny wise and pound foolish, for it is out of reserach that almost evry advance has come that has helped to increase the rates of recovery and improvement in mental illness, as elsewhere in the general field of health, and it has been the major factor in keeping our mental hopstals from being far more over-crowded and numerous than they now are, and our tax bill for the care of mental patients from being a good deal more than it is. Thus for example the discovery of penecillin, and its widespread use against syphilis has within ten years brought the admission for paresis in mental hospitals down to a small percentage of what it formerly was. Again, thirty years ago there were thousands of mental hospital beds, particularly in the South, filled with the victims of pellagra. A reasearcher at the Hillman Hospital in Birminghham spent fiftenn

years tracking down the causes of pellagra. He finally pinned it down to one physiological cause, a nutritional deficiency due to lack of the vitamin niacin. Today pellagra is a medical rarity and the mental hospital beds are no longer filled with its victims. And again, through neurological and chemical research the once dread disease of epilepsy has yielded more and more to control by chemical means and drugs, and in the past several years, a number of state institutions for the care of epileptics have been closed. All this has returned tremendous gains, not only in saved costs but also in added productivity and in greater human well-being. We can seemingly expect similar gains from thlorpromazine and reserpine. But more spent for research, who can say what might not be discovered in the way of new drugs and the physiological causes of mental illness and the prevention of premature if not all arteriosclerosis. We might really be on the threshold of making an appreciable advance against mental illness, if as nation, state, and community we keep pushing hard.

Certainly mental illness is by no means the hopeless thing it was once thought to be. And if we ourselves should become mentally ill of if some one in our family should become mentally ill we should turn for professional help just as readily as we would if we had a broken leg. We need carry no moral stigma or sense of shame about it. In the struggles of life anyone can develop combat fatigue and we may all end in a mental hosptial some time and we will need

all the benefits of research, whether done by Freud or Dr.Vakil,and we will want the kind regard and understanding of neighbors and friends. Meanwhile we will do well to work and play and to have an interest in people and things beyond ourselves.For such seem to be a few of the old reliables that are most likely to keep us somewhat mentally healthy.

ORDER OF SERVICE

SUNDAY, APRIL 29, 1956, at 11 A. M.

Preludes: Viennese Sonatina #6 — Mozart
Allegro — Haydn

Hymn No. 106: Seeking Wisdom (Duke Street) — Henry Moore

Reading: From "Every Other Bed" — by Mike Gorman

Response

Aspiration

Solo: Faith In Spring — Schubert
Alan Thompson - Tenor
Janet Thompson - Accompanist

Hymn No. 56: Earnest Words Must Needs Be Spoken (Galilee) — J. G. Whittier

Offertory: Minnelied — Brahms
(Tenor Solo)

SERMON: "WHO ARE THE MENTALLY ILL?" (Mental Health Week) — Mr. Storm

Hymn No. 91: Not By Sudden Flight (Hebron) — H. W. Longfellow

Closing Words

Postlude: Fanfare — Lemmens

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Organist - Ruth Rye

ANNOUNCEMENTS

WEEK'S CALENDAR

Mon. - 8:00 p.m. - Couples Club

Wed. - 10:00 a.m. - ALLIANCE Workshop
10:30 a.m. - Cancer Bandages
11:30 a.m. - Board & Business Meeting
12:00 noon - Luncheon
1:30 p.m. - Program

Wed. - 7:30 p.m. - Chorus Rehearsal

You are most cordially invited to attend the COFFEE HOUR in the lower auditorium immediately following the morning service. Members of the Adult Forum will be your hosts.

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SERMON SUBJECT: Sunday, May 6. - - - "Can The Ivory Tower Be Defended?" . . . . . Mr. Storm

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ADULT FORUM: Next Sunday. Topic: "Conservation Program in Minnesota". Speaker: George A. Selke, State Commissioner, Conservation Department.

The subject discussed this morning by Campbell Elliott was "Implications of A.F.L. and C.I.O. Merger".

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COUPLES CLUB will meet on Monday, April 30, at 8 p.m. Members will read a play together. It will be George Bernard Shaw's play "Androcles and The Lion". Refreshments will be served. All couples of the church are cordially invited to attend.