

August 10, 1960

DEPARTMENT OF MENTAL HYGIENE FACT SHEET

MISSION: Prevention, early diagnosis, treatment and care, and rehabilitation of the mentally ill and the mentally retarded. Four major areas:

1. Primary prevention of mental disorders by such techniques as appropriate prenatal and obstetrical care to avoid brain damage; appropriate attention to the medical care and diet of infants to avoid infant syphilis and cretinism; and immunization against these communicable diseases which may produce brain disturbances, and on the broadest scale the relief of stress of people whose emotional reactions are related to the stress stimulant.

2. Promotion of healthy, well-adjusted citizens with strength and resistance to mental breakdown through such established institutions as home, school, church, and job.

3. Discovery, diagnosis, treatment, and rehabilitation of mental disorders by means of inpatient, outpatient, and transitional facilities (both public and private).

4. Promotion of the necessary resources of knowledge (through research), of skilled personnel (through training and recruitment), and of improved inpatient and outpatient facilities (through architecture and planned construction).

HISTORY: Stockton, 1851; Department of Institutions, 1921; Department of Mental Hygiene, 1945.

PRESENT: Represents State Government in nearly all psychiatric responsibilities. Maintains 24 separate facilities and is directly responsible for 64,000 of the state's citizens in addition to reimbursing city and county services to another 10,000 patients. During 1959 over 85,000 Californians received some direct services from the Department of Mental Hygiene.

The State Government of California may exercise its responsibilities in mental health chiefly through the Department of Mental Hygiene, but it supplements this with activities in the Youth Authority and Corrections, in the Departments of Public Health and Social Welfare, in the Departments of Education and Veterans Affairs, and in other state agencies and units. All provide services which conserve and increase the strengths of people; all actively evaluate their operations, which evaluation cannot help but increase our knowledge and improve our services and facilities in the broad field of mental health.

It is the thesis of the Department of Mental Hygiene that the broad scope of the mental health field requires a cooperative sharing of responsibilities by:

1. Private individuals, organizations, and institutions in the health and welfare fields;
2. Federal, county, and municipal government;
3. State government.

PATIENTS

AND FACILITIES:

Range in types of facilities and service is tailored to the nature and degree of disturbance suffered and to the readiness of local persons to use mental health consultation and education.

IN HOSPITALS:

2 University Neuropsychiatric Institutes and	
10 Hospitals for General Psychiatric Patients	37,000
4 Hospitals for the Mentally Retarded	11,500

Patients Outside Hospitals

7 Outpatient Clinics	3,500
8,000 patients seen annually by the State	
outpatient clinics	

Bureau of Social Work	
Indefinite leave from hospitals	11,477
(1500 in family care homes)	

Direct Discharges	14,237
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Patient Movement

Hospital Admissions, 1959-60	24,749
Releases from Hospitals, 1959-60	25,436

Clinic admissions	4,600
Clinic releases	4,500

<u>Relative Reduction in Beds</u>	1950	303/100,000
	1960	232/100,000

Quid Pro Quo

PERSONNEL:

20,000 - 1/5 of all state employees.

Physicians	691	Vacancies 71
Registered Nurses	1,227	Vacancies 289
Social Workers	455	Vacancies 53
Psychiatric Technicians	10,939	Vacancies 218

Ratio of Employees to Hospital Patients 1:2.5 and 1:3 in Nation

Turnover	-	In Doctors	28%
		In Registered Nurses	40%
		In Technicians	20%
		In Trainees	60%

Sacramento Office - Director, 5 Deputy Directors,
16 Section Heads - A total of 538 employees working
out from the Central Office

Community Services
Bureau of Social Work
Liaison and Prevention
Research/Statistical Bureau
Bureau of Patients' Accounts
Guardianship
Personnel and Training
Rehabilitation
Nursing
Mental Health Information and Education
Patient Transfer
Nutrition Service
Inspection and Licensing of Private Institutions

In Hospitals - 19,238 employees
In Extra Mural Programs - Bureau of Social Work 277 employees
State Clinics - 90 employees

FINANCES AND BUDGET:

Some Major Items

Hospitals	\$118,400,000
Extra Mural	2,900,000
Salaries	\$ 92,700,000
Training	209,584
Research	1,020,000

Operation of Federal Grants \$2,225,000

Federal funds disbursed by Department

1959-60 \$ 338,000
1960-61 \$ 460,000 (anticipated)

Assigned to 25 projects. Clinics, private welfare agencies, departments of public health.

Federal Construction Funds - Research
Laboratory \$512,000

Program shared with counties - Short Doyle Program
Subventions--1960-61 \$2,844.775

CURRENT DEPARTMENTAL STRENGTHS AND WEAKNESSES

Examination of the operations of the Department of Mental Hygiene has revealed certain areas of relative strength and others of relative weakness.

A real asset has been the support by the Administration, the Legislature and the people of the State which has resulted in progressive strengthening of the Department's program. The amount of money expended by the State per patient per day has increased from \$1.10 in 1940 to \$5.85 in 1959, an increase of 500%. Despite this, the overall expenditure per patient day is still only about 20% of that spent in the general hospital per patient day. Moreover, California does not compare very favorably with other states in its expenditures for mental health. We rank 22nd in mental hospital expenditures as a percent of total general state expenditures and 37th in per capita expenditures for mental health as a percent of total per capita public expenditures for health and hospitals.

The Department of Mental Hygiene may be justifiably proud of its record in a rapidly expanding state. Since 1950 the population of California has increased by 49%, while during this period the number of beds in the Department of Mental Hygiene has increased by only 14%. In 1950 the Department operated 303 beds for the mentally ill for each 100,000 of the general population, while in 1960 it operated only 232 beds per each 100,000 of the general population. If the rate of 303 per 100,000 population had been maintained, this would have necessitated an additional two large mental hospitals with a total of 8,500 beds.

During the past dozen years, a steadily increasing number of patients has been admitted to departmental facilities each year. Admissions have risen from 8,000 during 1946 to almost 25,000 in 1960, but releases have kept pace with this tremendous increase: from approximately 8,000 persons released in 1946 to over 25,000 in 1960. Cf. New York State.

California has one of the best aftercare programs of any state, especially in our Bureau of Social Work program. The number of patients on indefinite leave has increased from 5,100 in 1946 to over 11,000 in 1960. The family care program is especially strong and the number of patients in this program, since its inception in 1946, has steadily increased to approximately 1,500 in 1960.

The construction program is well advanced. Since 1946, the State has spent a total of \$200,000,000 in Department of Mental Hygiene construction, and our buildings are generally in good condition and in a good state of safety against fire. Despite this ambitious construction program, 86 wards remain to be modernized, and some special units remain on the immediate building schedule. The remodeling of wards is progressing at a rather slow pace, and this has been one of the causes of the loss of accreditation to certain of our hospitals. Some of our buildings are too large, with a subsequent reduction in certain aspects of professional and humanitarian care of patients. In some cases, architectural design has been sacrificed for short-term economy, as in the case of the installation of fixed windows which prevent a natural flow of fresh air in a new building which is not air conditioned. Furthermore, such economy is being considered in other buildings about to be built.

The Department has a strong nucleus of competent, well-trained personnel who are aware of the needs of patients and of most recent treatment techniques. The total number of personnel has increased from 8,000 in 1946 to 20,000 in 1960, an increase of over 200%. Despite this, in areas of every hospital, shortages of personnel leave many patients without all the professional help and nursing supervision they require. The Department's accident rate, including compensable illnesses, costs \$800,000 a year, with hidden costs bringing this up to a total of \$3,000,000 yearly. Recent staffing studies indicate that personnel who are in direct contact with patients are at approximately 40% of the necessary level to provide minimum adequate care and treatment. Furthermore, salaries, while comparable to those of other states, are sufficiently below competitive levels within the State of California to make recruitment difficult and to result in a rapid turnover, especially of the more highly-trained and qualified personnel.

A good start has been made in the direction of a well-planned in-service training program for all personnel and a well-planned research program. Since 1943, with the establishment of the Langley Porter Neuropsychiatric Institute, the Department has been interested in research and training, but during the past two years this interest has been markedly expanded into planned programs in both fields. The new buildings of the U.C.L.A. Neuropsychiatric Institute will be available in 1961. Research and training are going on in every hospital and clinic.

On the other hand, our Bureau of Patients Accounts has shown increasing strength, with resultant profit, (over \$12,000,000) and our guardianship program is unique and most helpful to patients.

All in all the State of California can be justly proud of its achievements and strengths. By the same token it must look carefully at its deficiencies and weaknesses with a view towards correcting and strengthening its part in the total mental health picture of the State. This is a current problem in face of the almost overwhelming population increase each year.

THE CALIFORNIA SITUATION

National Background

Known Patient Load-Est. 1958

Mental Hospitals	1,500,000
Offices, Pvt. MDs	1,250,000
Mental Hyg. Clinics	400,000
General Hospitals	400,000
	<u>3,550,000</u>

Chronic Illness	28,000,000	?? Psychiatric
Nursing Homes	450,000	30-60% Psychiatric
Psychosomatic	?	?

Total Estimated Load

Lemkau and Pasamanick-Baltimore 1/10
U.S. 17,000,000 California 1,500,500

Estimated Total Cases in California 1,500,000 1/10 of estimated population

Known Cases Under Treatment as of 1960 (Estimated)

1. State Hospitals	48,000	
2. Private Hospitals and Licensed Homes	8,000	
3. General Hospitals incl. Counties	32,000	
4. Private Practicing Psych.	175,000	
5. Out-Patient Clinics	32,000	
6. Direct Disch. State Hosp.	14,000	
7. On leave from Hospitals under Bureau Social Work	<u>11,500</u>	
Total		320,500

8. By Other Physicians ? (Very large)

Not Accounted For 80%

Appreciable percentage of chronic patients.

Appreciable percentage of nursing home patients.

Prisoners - Welfare Rolls Related

Labor Force-Absenteeism, Alcoholism, Accidents

The California Challenge

Very rapid growing population.

Increased demand for psychiatric services.

Increased opportunity through greater scientific knowledge.

Overall Coverage

The job cannot be done by any one agency at any one level, such as private physicians, private agencies and organizations, private hospital and nursing homes, county, municipal, State government and Federal government.

Requires sharing of responsibility. Need for development and expansion of all direct service resources and social forces such as employment, education, family, church, welfare, general health, ability to compete and meet unusual situations, relief from excessive stress and strain.

PROPOSED SOLUTION

Partnership Program

Private and Voluntary - Non-Governmental Resources
Local and Federal Tax Supported Resources
State Government Resources

Program of Department of Mental Hygiene

General Principles

1. Assumes responsibility for leadership (shared with professional organizations and other departments of state government.)
2. Efficient and maximum use of present knowledge-- New forms of residential care--Emphasis on extra-mural operations, home care, day hospitals.
3. Increased emphasis on prevention.
4. Greater support for research.
5. Stimulating broad public support.
6. Strong effort to continue increases in level of service.

Major Emphases - 1960

1. Encourage development of community services (non-state government) for prevention, treatment, rehabilitation-- Strengthen citizen interest and participation--Provide personnel for consultation and advice on request.
2. Strengthen existing operations for more rapid turnover of beds--Avoid building new and costly beds.
3. Extension of hospital services into community--Day Hospitals--Clinics--Bureau of Social Work--Convalescent Program--Greater use of family physician, visiting nurses.
4. Sharpening of existing tools
 - (a) Personnel--increased salaries, recruiting inducements, training.
 - (b) Scientific knowledge--research--encourage and assist high quality research in and outside of the Department.
 - (c) Housing--Remodel antiquated wards and classrooms.