

FOREWORD

The Round Table discussions reported in this volume are based on the studies by four research teams investigating the effectiveness of new types of comprehensive, integrated local mental health services. The community mental health services they investigated are described in prepared statements of programs, resources, organizations and goals. These underlie the evaluators' efforts to identify measurable indices of success and failure in achieving goals.

Evaluation research (analysis of program effectiveness, the use of scientific method in appraising the success of community health programs) is a well-established feature of public health work. Evaluation research initiated by the Fund in Cattaraugus County¹ and Syracuse^{2,3} was a landmark.

Evaluation research in comprehensive community mental health services is a new field. This volume is the first publication to discuss accomplishments in this type of research. Two prior publications^{4,5} reviewed the situation and the needs, but at that time systematic work of the kind reported in this volume had not been done.

The comprehensive, local, integrated psychiatric service being evaluated in these studies is a new type of mental health service. In the past 15 years great changes have occurred in mental hospitals and in their relationship to the communities they serve. There is a hopefulness, a flexibility, a new pattern of respect for the patient as a person. There are new methods for recognizing his personality assets, and for preserving and strengthening them while simultaneously dealing with individual manifestations of mental disorder. These changes are symbolized by the re-introduction of a role for local governments (after a hundred years' absence from this area of public service), the integration of hospital and extra-hospital services, the assignment of continuing responsibility for the care of a patient through the various stages of his disorder, and above all, by the "open hospital."

Breaking down barriers between mental hospitals and the communities from which their patients come (and now return to!) has been particularly encouraging. All these changes have been facilitated by the new groups of drugs which alleviate certain symptoms of severe mental illness.

Each of the four services participating in this Round Table is a proponent of the important trend towards comprehensive, integrated local mental health centers.

Such centers have for some time been a distant hope of a few far-seeing enthusiasts in the United States and Britain. Ever since President Kennedy's Message to Congress⁶ emphasizing the need for Local Mental Health Centers, the prospect of many such centers has become an immediate possibility in thousands of communities. The programs described and evaluated in this volume were the work of some of the early enthusiasts and may be looked upon as prototypes of the comprehensive mental health centers of the future.

The participants in this Round Table assumed that the organization of services affects the outcome of the disorders which a psychiatrist treats. The participants were all familiar with the arguments that the services being evaluated might have the desirable effect of lessening the social disability associated with psychotic mental disorders. As an aid to readers, a paper reviewing the history of this concept begins on page 363. This paper was not circulated to the Round Table participants and was not discussed at the Conference.

The Milbank Memorial Fund, in arranging this Round Table on the evaluation of community mental health programs, has come full circle since its first Round Table meeting on a mental health topic in 1949. At that meeting psychiatrists studying the epidemiology of mental disorders and epidemiologists seeking to learn more about epidemiological contributions to the understanding of mental disorders, spent two days discussing the possibilities inherent in using the epidemiological approach to the study of mental disorders (*Epidemiology of Mental Disorder*, 1950). Many of the possibilities have become reality. Another conference⁷ reported some early findings of studies which were then beginning to examine the effects of social environment on the incidence and prevalence of mental disorders. In the following years the Fund supported periodic private meetings of the staffs of the projects conducted in New Haven by A. B. Hollingshead and F. C. Redlich; in Wellesley by Erich Lindemann and Gerald Caplan; in Nova Scotia by Alexander and Dorothea Leighton; in "Midtown" by Thomas Rennie

and his colleagues, and in Syracuse by the New York State Mental Health Research Unit. These group consultations made it possible for several teams starting work in psychiatric epidemiology to take advantage of each others' experiences.

The activities in the early stages of contemporary psychiatric epidemiology focused on unanswered questions and unsolved problems. Two special meetings were convened to discuss reviews of the existing state of knowledge prepared by distinguished authorities. The first produced "Biology of Mental Health and Disease" in 1952. The second review, and a summary of the discussions to which they led, were published in 1962 as "Causes of Mental Disorders: A Review of Epidemiological Knowledge, 1959."

After 1955 the Fund turned its attention to the problems of organizing local, comprehensive community mental health programs. The 1953 New York State Community Mental Health Services Act authorized local governments to create Community Mental Health Boards for planning and administering Community mental health services. (Several other states passed similar legislation in subsequent years.) Meetings were held on the "Elements of a Community Mental Health Program" (1955), "Programs for Community Mental Health" (1956), and "Progress and Problems of Community Mental Health Services" (1958). Leaders in developing local mental health programs brought out major new trends and in turn gave the participants and the readers of the publications a perspective of this rapidly growing field. With the assistance of the Fund in 1957, the late Paul H. Hoch, M.D., at that time Commissioner of the New York State Department of Mental Hygiene, dispatched a committee of his hospital directors on a mission to appraise the then new community-oriented mental hospitals in the United Kingdom. This committee brought back new ideas on how the mental hospitals could change to complement the rapid growth of community mental health services. This led to a round table meeting on "An Approach to the Prevention of Disability from Chronic Psychoses" (1957). In the following years, the Fund assisted similar committees from New Jersey and Connecticut to go to Britain. The tendency to unlock mental hospital doors, to bring the mental hospitals closer to community services and of the community mental health services to extend their range of concern to give greater attention to severe cases of adult mental disorders, influenced meetings on "Steps in the Development of Integrated Psychiatric Services" (1959).

The rapid changes in the social organization of mental health pro-

grams led to growing concern about the inadequate means available for evaluating the effectiveness of these services. To draw attention to the opportunity these changes offered to employ epidemiological methods to evaluate the effectiveness of mental health programs, a meeting was held on "Planning Evaluations of Mental Health Programs" (1957).

Dr. Robert C. Hunt became Director of Hudson River State Hospital in 1958. He participated actively in many of these meetings, and was among the first to call attention to the significance of the British open mental hospital patterns of "community care" which he had studied while a World Health Organization Fellow. He immediately began to put some of these ideas into practice. Progress could be made only up to a point, however, because the hospital served such a large number of diverse and distantly separated communities and because the 5000-bed hospital was not organized to integrate its program and staff with each of the many local programs. The idea of setting up a semi-autonomous unit of the state hospital to serve one county in its district was seen as a way of speeding up progress. This formed the basis for the creation of the "Dutchess County Unit" which is discussed in the present publication. The geographic decentralization of large mental hospitals had been activated in some other locations, and the Fund organized a meeting on "Decentralization of Psychiatric Services and Continuity of Care" in 1961 to review the experiences in several locations. Another meeting in 1962, entitled "Mental Hospitals Join the Community," went into the implications of this trend in more detail.

The Fund wishes to take this opportunity to thank all the participants in this conference for their willingness to share work in progress with colleagues and their lively and friendly participation in the Round Table. Special thanks are due Dr. Morton Kramer and Dr. Bertram Brown for their capable chairmanship of the meetings.

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³ ———, *HEALTH UNDER THE EL*, New York, Harper & Bros., 1937.

⁴ *EVALUATION IN MENTAL HEALTH*, U. S. Department of Health, Education and Welfare, Public Health Service, 1955.

⁵ Herzog, Elizabeth, *SOME GUIDELINES FOR EVALUATIVE RESEARCH*, U. S. Department of Health, Education and Welfare, Social Security Administration, Children's Bureau, 1959.

⁶ Message from the President of the United States Relative to Mental Illness and Mental Retardation, 88th Congress, 1st Session, House of Representatives, Document No. 58, February 5, 1963, pp. 1-14.

⁷ *Interrelations Between the Social Environment and Psychiatric Disorders*, Papers presented at the 1952 Annual Conference of the Milbank Memorial Fund, New York, The Milbank Memorial Fund, 1953.