

# ALASKA SURVEY

## MENTAL HEALTH AND MENTAL RETARDATION



66-65048

PREPARED BY  
**DANIEL BLAIN, M.D.**  
FOR

**STATE OF ALASKA**  
DEPARTMENT OF HEALTH AND WELFARE  
DIVISION OF MENTAL HEALTH

MENTAL HEALTH AND RETARDATION IN ALASKA

REPORT ON

IMPRESSIONS AND SUGGESTIONS FROM A LIMITED SURVEY

A Survey Conducted to Aid and Assist:

Colonel Levy M. Browning, M.D.  
Commissioner of Health and Welfare, Alaska

Dr. Karl Bowman, Director, Division of Mental Health

The Governor's Planning Committee on Mental Health  
and Mental Retardation

William J. Rader, M.D., Chairman  
Barbara Ure, M.D., Coordinator

Daniel Blain, M.D., Consultant  
Director of Psychiatric Planning  
and Development  
The Pennsylvania Hospital  
Philadelphia, Pennsylvania 191  
President, The American Psychiatric  
Association

September 1964

00186 X

Lutheran Bodies, 22; the American Lutheran, 11; Lutheran church in America, 5; the Missouri Synod, 5; Independent, 1; generally distributed. Methodist Bodies, 32; 12 in Anchorage, which includes one church for Negroes.

Military Chaplains are located in each of the military installations and hospitals. The list can be obtained from the military authorities.

Nazarene has eight churches and Pentecostal, 13.

Presbyterian, 44, with 21 in the southeast, 8 in the Anchorage area, and 9 in the north area, chiefly in Native villages. Of special interest is the Mission Boat at Petersburg and the Sheldon Jackson High School and Junior College at Sitka, also the Hospitality House at Fairbanks.

Roman Catholic Priests. The list was obtained from the head office in Anchorage.

Diocese of Juneau, including Anchorage area, has 24, many of whom are located in hospitals. This includes the Kenai Peninsula, Cordova, Kodiak, Sitka, Skagway, and Wrangell.

Diocese of Fairbanks has 49 in churches, hospitals, and schools.

This includes the northern area and the western area with Fairbanks, Barrow, Bethel, Dillingham, Kotzebue, Nome, and Nelson Island covered.

Catholic Congregations of Sisters:

Sisters of Providence operate the Providence Hospital in Anchorage; St. Joseph Hospital in Fairbanks, and three schools.

Sisters of St. Anne operate St. Anne's Hospital in Juneau and three schools.

Ursuline Sisters operate St. Mary's School, St. Mary's.

Little Sisters of Jesus are located in Nome, Fairbanks, and work for the Eskimos in Diomed Island.

Sisters of St. Joseph of Newark operate the Ketchikan General Hospital.

Grey Nurses operate the Griffin Memorial Hospital and St. Mary's School in Kodiak.

### III. SUMMARY AND CONCLUSION

In spite of obvious difficulties, there appears to be hope for reasonably adequate services for both mentally ill and retarded in Alaska, before 1950 and without immediate radical changes. This will require acceptance of the necessity for using some untried approaches, accepting a limited goal, at least for the time being, and a main dependence on obtaining the help and assistance and the use of all current health and related facilities and obviously moving toward the expansion of those which are appropriate from time to time.

#### Unknown Factors

After very brief experiences and observations, limited to four weeks, and less than maximal opportunities to enlarge my information from discussion with individuals and printed materials, there come to mind certain questions with regard to the situation; for example, such unknown factors as the true extent of mental illness and retardation; the special characteristics of these problems in Alaska; the possibilities of consolidating forces in the State; the economic future of the State; the contributions that may be expected of the federal government on the basis of exceptional needs in Alaska; and finally, the possibilities of obtaining adequate traditional personnel in the future.

#### Assumptions

I suggest we accept, until further studies are made, these assumptions: ... that the incidence and characteristics of mental disorders and retardation are not greatly different from that found in the lower 48;

... that there is a reasonable hope of ever closer cooperation between various federal, State, and voluntary groups and possible unification of these governmental forces under State auspices in the future, with gradual progress in this direction which could start immediately. I believe that it is a fair assumption that the federal government may, if strong presentation is made, accept the fact that exception should be made for Alaska for the next few years in the regulations which guide federal participation in State programs;

... that the State government will exist on slender resources for some time; and

... there will not be in the foreseeable future sufficient professional personnel to meet the requirements of the traditional patterns.

Mental illness and mental retardation must be accepted to all extents possible by all services as a regular part of human need, and should be included in their operations in every way that is suitable.

There seems to be little hope of getting satisfactory results from dependence solely on 1) a central hospital for mental illness, and 2) a

central hospital and/or school for retarded and a clinic operation in each health area headquarters.

#### Decentralization: Central Operation

Therefore, there seems to be logic in developing a plan for decentralized regional and localized direct services, under the general medical profession, the Department of Health and Welfare, and the Native Health Services (expanded), using the central operation as a highly specialized center for: a) difficult evaluation and diagnostic situations, b) temporary treatment and management for certain cases useful in research and for c) specialized programs such as small children which perhaps in Alaska would not be justified in more than one place, and d) special programs for the study of alcoholism, juvenile delinquency, and experiments with methods of special education, training for retarded and for rehabilitation of all groups.

Prevention and positive mental health services should be done by general social, educational, religious, public health, and governmental agencies.

The most important agency to make this plan work is the Alaska State Medical Society and its membership doctors. Accepting as forlorn the hope that professional psychiatric personnel will ever be available to do the whole job -- and this is not the best way in any case -- there is only the medical profession to turn to. A traditional pattern of excluding mentally ill and retarded from the usual medical practice prevents these doctors from accepting them routinely along with all other patients. True, the approach is different, but not as much as had been believed necessary. Psychiatry has advanced to the point that its practice can fall in the medical model; it can be absorbed in the mainstream of medicine. Psychiatrists in private practice are already contributing much. Their function as consultants would need to be, under the general plan, markedly expanded.

It seems logical that the medical profession would agree to do all it can to increase the coverage of their patients, as they already do so much. This is also an opportunity for the private section of society to demonstrate its availability to hold the line from extension of government treatment services.

The proposal, as discussed informally with some members of the Society, is for the Medical Society to offer to do all it can within the capacity and availability of its members, each acting independently to carry a major part of the load of psychiatry and mental retardation. A plan for extensive training in psychiatry, including financial compensation for the time consumed, is discussed under Training.

#### Regional Operation

Decentralization on a regional basis would then proceed to use facilities already in existence when possible, and placed reasonably close to the people. Such existing facilities are, of course, institutions which can furnish service or be adapted with some added resources such as special personnel or buildings. These are chiefly hospitals; though schools and government structures are often useful. Examples of the latter, for example, is the large federal institution which exists in Whittier and which must be carefully examined to see whether any part of it could be of use to the Division of Mental Health. It is important that if compromises are made on physical structures which are available, be kept in mind that such compromises are likely to become permanent unless special provision is made that a less suitable situation is acceptable only for a limited time.

The thirty hospitals, listed elsewhere, are moderately well distributed about the State, with those of the Alaska Native Health Service being the best placed, with the two contract hospitals rounding out the list of suitable places (Nome-Fairbanks).

#### Alternative to Regionalization

Two routes may be taken to secure these beachheads: first, to persuade the hospital to undertake the service as part of its responsibility, assuming that money and personnel would be available from some source. This, the Alaska Native Health Service, if the United States Public Health Service accepted this function in outlying areas where it is not performed by the Division of Mental Health, could routinely accept mentally ill and retarded on the same basis as all other cases, sending on to Alaska Psychiatric Institute those that need special evaluation or the initiation of special treatment for a brief time. This would work best with a psychiatrist stationed at each hospital or by the physician in the hospital getting special training in psychiatry for three to six months (see Training). Any community hospital might be persuaded to do the same. The psychiatric function might be performed also by a private physician in the neighborhood who is competent in this field or who would take extra training in psychiatry.

The other alternative would be for the Division of Mental Health to recruit a psychiatrist who would be stationed in each regional hospital and work with patients in the sections devoted to these patients, or with all patients in the hospital who have psychiatric complications. Or the Division of Mental Health could contract with the local physician to furnish this service to the hospital. The use of existing institutions is more satisfactory for the State government and for the total economy and personnel utilization than building a new one and operating a whole new organization.

Arrangements with the Alaska Native Health Service would be most satisfactory, as these hospitals already perform this function to some degree and medical teams from the hospitals visit the villages, and a medical aide already exists in each village. Also, radio-telephone communications are established between the villages and the hospitals. The Division of Public Health nurse would automatically fit into the plan.

The use of other hospitals could be explored with a suitable pattern of participation worked out differently for each one. The Military Hospital, for example, could furnish consultation in psychiatry, possibly some local beds and also arrange to take care of the full psychiatric needs of the military and their families, and veterans, and also give service in emergencies to all in the area.

Divisions of the regional center could be found in the Public Health out-station, Military Dispensaries, and Air Force Remote Units. These all have personnel trained in some phase of health.

It would appear that the largest population centers, i.e., Fairbanks, Anchorage, possible Juneau, could be served for psychiatry and mental retardation on a pattern quite different from smaller towns and villages. For example, day hospitals and night hospitals would be suitable, as many people would be near enough to utilize these services. Such services might be operated in connection with existing large general hospitals or built on the grounds of any hospital or on the grounds of the Alaska Psychiatric Institute.

In Sitka, Juneau, or Ketchikan, for example the community hospital might well serve these patients, the great majority of whom could live in a home of some kind and go over for treatment; and, also to some other place for necessary schooling. Such an arrangement would be suitable and practical in other towns of sufficient size such as Seward, Kodiak, Cordova, Palmer, or Nome, each location being subject to discussion with regard to its surrounding population and resources.

#### Local Units

Further decentralization would extend to the primary unit, the village, town or city. Again, logic demands the use of the economy that is in effect when it is found suitable. (The word economy comes from the Greek "economía," meaning "housekeeping"; in this sense, "local arrangements.")

The smaller units, fourth class cities or villages, have now a village council which could adopt a health section, perhaps this already exists. There is a school, and the teacher is obviously one of the educated people in the village. There are usually one or more ministers of religion who can be counted on to work toward improving village health and other conditions. These have, often, a large and strong church organization behind them which can be most useful.

There are leading citizens, both men and women, and in larger towns and cities, civic and professional organizations such as Rotary, Chamber of Commerce, Lions Club, and innumerable small organizations of people. There is also a Welfare Agent, and I have heard of a Drug Agent. There is, therefore, a group in each village of four or five persons who are engaged in meeting health, welfare, education, social, and spiritual needs of the people. Visiting teams come from the Alaska Native Health Service hospital, from the Division of Public Health, and from the Division of Mental Health.

The person who is most directly associated with health is the Medical Aide, and he often has an assistant. He is carefully chosen, elected by the Council, and often the leader of the village, sometimes a teacher or preacher. He is getting training for his job. He is the logical center. His training obviously needs a thorough inclusion of mental health and retardation information.

The obvious move is to get these people to formally accept the responsibility for our patients, give suitable training to each, and orientation and understanding to the whole village population. It is important that all the population come under the tent of this effort and are eligible to get help from all of these various representatives. To accomplish this the Alaska Native Health Service and the Bureau of Indian Affairs must include necessary service to non-Native people, both those who are wholly Caucasian, and also those who are in fact Natives but may not fit the requirements; for example, there may be a father in the family who is not 1/4 native, thereby knocking out the eligibility of the family.

With emphasis on short hospitalization, there will be need to share those in continued treatment, long time nursing and housing care, for such homes, and limited continued services in their own villages and towns. This means the development of more residential sites, boarding homes, convalescent and nursing homes, but not hospital beds, for they are too expensive and also do not provide the simpler forms of living for which these people are ready. These will be slow to develop, but in Fairbanks people have indicated a desire to start nursing and convalescent homes. It seems likely that with some encouragement, like financing for construction, or contracts to place state or welfare patients, a number could be developed.

Dr. Bowman has suggested the use of a few beds in community hospitals about the State, allocated to long-term chronic mental patients who would fit in. This custom is already in vogue for non-psychiatric long-term older patients. This is done in several places and is looked upon as a boon to small hospitals who are quite low in census a good part of the time. There is a training problem which has to be looked into. Certain categories of patients, like children, alcoholics and aged, need special programs and living quarters near treatment centers.

child-care homes, listed elsewhere, now operating throughout the State, might well add to their capacity or be given professional assistance. Such homes for the aged as the Pioneer Home in Sitka might well be a focus for a nursing unit.

Alaska Pioneer Home (Sitka) may well also be a good site for a program of primary prevention to keep the aged from mental breakdown. The State may well bring other such homes into being.

Increased attention to the aged and liberalization of the Kerr-Mills Act should encourage the building of more nursing, rest, and convalescent homes for the aged. It would appear that there will be monies to pay for the upkeep of needy individuals.

The group which is most consistently engaged in child-care homes and frequently in both hospitals and nursing homes is the church organizations. The motivation is already present with these groups and further encouragement and some financial and personnel assistance might well allow them to take the lead in supplying this type of housing.

#### Immediate Needs.

There is little manifest opposition to a new approach to the handling of these problems in long-term planning; but, there are always current needs which work towards maintaining the old pattern, because no interval for re-tooling presents itself, and immediately available buildings are often too tempting to refuse; even though they may be in places which can never be adequately staffed or in need of repair, which is in the end far too costly. It is a truism that if the State rushes in and fulfills a need, no one else will make the effort.

The immediate needs for patients to be placed is an ever-pressing source of anxiety or irritation, and a solution must be found a) for the benefit of the patient if there is truly no solution elsewhere; b) for the family, which often refuses to or cannot accept a situation any longer; and c) for the State government which is embarrassed by complaints of citizens.

Fortunately, there is a temporary solution: to continue the use of out-of-state facilities for a while longer, until alternative resources develop.

It is my conclusion that the State should agree to slow down on the schedule of withdrawal from Morningside Hospital, Portland, and continue to send patients who have been there before, selecting those whose personal situation is best adapted. This would permit the Alaska Psychiatric Institute to remain within its limits and devote some of its assets to opening a children's unit. This would allow time for alternative services to develop.

Morningside Hospital will take both mentally ill and retarded. It has an active treatment program and provides adequately for continued treatment of patients. There is a Nursing Home section.

Baby Louise Haven has indicated its willingness to create room for more crib cases. As the care has been satisfactory in the past, this would appear a reasonable solution, especially as it has, I am told, adequate medical coverage.

The Chairman of the Governor's Committee and the Coordinator of Planning have inspected these facilities and are better informed than though I have visited Morningside Hospital many times.

#### Services for the Retarded

All that has been said above is generally true for retarded. However, there are special needs for the retarded which have to be met.

Diagnosis must be improved (see Research), but children under the thought to be retarded, should be carefully observed to rule out retardation, or maternal and emotional deprivation. Hospital work for this purpose with psychiatric judgment and skilled, warm-hearted staff available are needed, and it should be near home. Where emotional deprivation is found, obvious good nursing care, and tender love, as mentioned for the hospital wards, should be available outside, in the home or foster home.

The Child Study Center needs places, such as foster homes for to live in while being observed, outside the hospital. Nursing to fill the need. This applies also to certain children coming under the attention of the Alaska Crippled Children's Association. These retarded children must also be met in the branches of the two organizations as they are developed throughout the State.

Special needs of retarded for early and continued training and education" are obviously outside of a hospital program. The latter, however, the consultation help of knowledgeable persons, and other physicians who may need special training. Most of these patients need physical therapy and rehabilitation, which also requires the consulting pediatrician or neurologist and other specially trained and interested physicians. There will be emotional problems on top of the organic damage in the preponderance of cases. Also, parents of these often have severe problems of adjustment. Both children and parents often have serious psychiatric complications needing competent psychiatric help. Special training to provide this type of skill is recommended under "Training."

There should be the same local and regional set-up for retarded as mentally ill. Locally, the village town or city organization which promotes proper care for the retarded will have to provide also what "special education" can be arranged in the schools and special arrangements for home education.

Discussion should be carried out by proper authorities like the Board of Indian Affairs to include "special education for retarded" in the

school system. ("Special education," as used by the Bureau of Indian Affairs, means special arrangements to meet the needs of the native children who are behind or don't speak English, etc., but not the specific needs of retarded.)

A primary prevention program for retardates requires an emphasis on pre-natal care, the avoidance of premature delivery and obviously of birth injury, and preparation of the family to receive warmly the new arrival in order to prevent maternal deprivation. Thus Zone I is especially important in retardation.

Obviously, tests to detect phenylketonuria must be developed and placed in the hands of proper authorities; either routine clinic investigations or the family within the proper time after going home.

It appears now that there is enough information on chromosome counts to warrant the beginning of the program of chromosome counting either in families where retarded have appeared, or as part of marriage counseling. Obviously, this could not be done for all persons approaching marriage, but a pilot study could be made of a sample of persons, and carry on from the results found in such a pilot effort.

Early attention and treatment for the retarded includes the provision of protection against too much failure, stress, and disappointment as these children are especially vulnerable to escape mechanisms such as apathy, withdrawal, somatic complaints, depression, rage, etc.

There is also special emphasis (for these children) on the need for public understanding and appreciation of their needs and deficiencies. For institutional and home training and education, it must be borne in mind that many retarded do far better than is expected. For example, mongoloids do well at home, need home-like surroundings, love and attention, and should be kept at home at least until school age. The rejection by the family which so often appears is a reaction to their feelings of guilt and rage at having this child in the family. This type of response needs psychiatric attention; but, usually this is not recognized by the family, who refuse to discuss their need to put the child out.

The need for the retarded to stay at home and be part of the family, and the need for the family to have them at home and work through their emotions concerning these children are always present. However, there are individual differences in various situations and decisions for or against keeping the child or sending him away depend on many factors which should be carefully explored.

Institutional care, therefore, should be available only for those for whom home and foster homes are not available.

A program of gradually increased responsibility, training for self help, and, ultimately independent living, is the goal. Experience shows that those with an I.Q. of 50 or above can, in fact, in about five years, be capable of leaving the institution and, after a time of protected living and

working, can look after themselves. The exceptions to this are those who have, in addition to their retardation, complications such as psychosis, congenital defects, physical crippling, etc. The use of "colonies," as the term is used in New York State, or small boarding houses not too far from home, has been a good solution. The system in Alaska should provide for these homes or their equivalent (Half-Way House), under expert guidance, and adequate house mother and professional consultation, in or near all population centers throughout the State.

#### Non-Hospital Services for Mentally Ill and Retarded

These include doctors' offices and arrangements for patients to come to out-patient or day services. This obviously requires that the patients live in quarters or his home be within a reasonable distance of that the necessary transportation is available.

Substitute for hospitalization is often found in day nurseries and all-day medical programs called Day Treatment Centers, or Day Hospitals. Depending on the needs of the particular group of patients, all treatments found in a good hospital should be available in the day hospital, and the day should be planned in a way which is constructive and therapeutic. This arrangement provides for less professional time and more help from others under supervision, and it is far cheaper. Such a day program also gives the family considerable relief during the day, and they are frequently able to keep their relative at home during the night when most of the time is spent in sleep.

Day hospitals can only operate in population centers of some size. In Alaska they would be useful in Anchorage, Fairbanks, and possibly Juneau, though that may be too small. However, small units somewhat similar with relatively simple programs, which, however, do keep patients in a protective environment during the day with some group therapy and wholesome activities, can be carried out in many places, even in small towns. These are frequently part of the program of the community church or a part of a recreational center. They need, however, highly trained persons to direct them. An adequately staffed day treatment program with activities and group therapy can contain seriously ill patients, when drugs and electroshock are used. This requires a licensed M.D., qualified in psychiatry. The opportunity for occasional individual therapy, however, is absolutely necessary if a real therapeutic job is attempted.

Follow-up Services: After hospitalization, some help and protection must be provided. Social workers commonly provide consultation, are useful to the family, help in employment, and maintain a connection with the patient. When a patient comes from a distance, this is maintained through persons in the place of residence. The Public Health Nurse and the local village Medical Aide are organized and trained to assist in this function. There are frequently nearby, in regional offices and branches

representatives of the various State and federal services who are always useful and always helpful.

Social Worker and Public Health Nurse: For this purpose as representative of the Division of Mental Health in the outlying territories, Public Health nurses of the Department of Public Health are the natural agents. However, to be effective and have reasonable case loads, there should be many more available. The exact number has not been calculated but it should probably be doubled or tripled. More social workers out of the Division of Mental Health should be available to work with them in these common problems. This is probably the biggest economy that the State could make in terms of increasing the effectiveness of the hospital program. To prepare people for leaving the hospital, making arrangements with the family and other details, social workers in the Alaska Psychiatric Institute and the clinic need to be increased.

Clinics: The presently operated clinics should be enlarged to operate as Day Hospitals closely cooperating with hospitals and agencies in the city. Depending on transportation, they should be near a hospital. Both 1) easy accessibility to the public, and 2) emergency and diagnostic services and beds of a hospital are important. The choice of site must be governed by these needs. Such a Day Hospital will cut the need for Alaska Psychiatric Institute hospitalization remarkably for persons living within reasonable distance. The same is true for Fairbanks, and possibly Juneau.

State funds should be provided for a Day Hospital in Anchorage and Fairbanks.

The Comprehensive Community Mental Center -- For Mentally Ill and Retarded: This term refers to an association of services which, combined and coordinated and working closely together, can provide all of the services to meet the needs of mental patients and retarded in an area, or at least some of every type of service.

When starting from scratch, it may mean a single physical unit providing all of the services which have been discussed, including a number of hospital beds.

This could be considered as a long-time goal on the grounds of Alaska Psychiatric Institute (without more beds), assuming that public transportation may be provided eventually. One could also consider the grounds of the Alaska Native Health Service Hospital in Anchorage; and in Fairbanks the grounds of St. Joseph Hospital, or nearby. At this time and since other services exist, a complete new unit is not recommended, but the total list of services should be available.

The National Institute for Mental Health, in promoting the appeal of President Kennedy and the appropriation of Congress for this purpose, has issued literature describing complete comprehensive services. They are:

In-patient Services  
Out-patient Services  
Partial Hospitalization  
(Day Hospital, Night Hospital, etc.)  
Research & Evaluation

Diagnostic Services  
Rehabilitation Services  
Pre-Care and After-Care  
Training

This is the list which should be used to see if a city or town has all of the services that it needs. The Committee is to read carefully the Comprehensive Community Mental Health Center, "Department of HEW, Public Health Service Publication No. 1137, for sale by the Superintendent of Documents, U.S. Printing Office, Bethesda, Md. 20814

#### Tools.

The program must provide, or otherwise arrange for, the acquisition of the tools necessary to meet its needs. These are:

a. Scientific knowledge, elaborated and increased by research. Much is known that is not used. Accessibility and utilization of existing scientific knowledge is a goal in itself. This requires a library and a trained librarian, and provisions for the use of the library. In Anchorage, the library of the Arctic Health Center is a splendid addition to the medical resources which are in existence elsewhere. The library at the Alaska Psychiatric Institute could be a valuable service to the city if developed.

Research needs no explanation nor apology; it is useful to widen knowledge and to improve treatment procedures. Studies should be incorporated in all sections of the program of the Division of Mental Health and in all medical activities throughout the State.

The Arctic Health Research Center is nearby. It should have a Mental Health Section added to its other six sections, and recommendations might well be made to the Public Health Service in this regard. It would be most helpful if the Division of Mental Health could form an organic union with the splendid research center, contribute to its funds, and share in its resources even more than the current courtesies of the Director make available. No other state hospital in the United States is so close to such a splendid research institution whose total program is entirely appropriate to the state of Alaska and its need, and it already contains to some degree in its social science studies and investigation, matters of immense importance to the field of mental health and retardation.

The Arctic Health Research Center had the authority, and in the past has brought in special teams to study special problems. This has not been done for some time, but the authority is still there. Also, the National Institute of Mental Health has the authority and some funds to



to bring in special persons for special problems over a period of some time.

It is recommended that immediate steps be taken in exploring and putting into effect the development of a team of scientists from appropriate disciplines to come to Alaska for sufficient time to adequately study certain important problems facing mental health and retardation needs of the State. It is suggested that conversations be initiated as quickly as possible with the Director of the Arctic Health Research Center and the Surgeon General and his group in Washington, and at the same time discussions be initiated with the National Institute of Mental Health for the same purpose, possibly leading to a combined effort with the University of Alaska to establish a broadly conceived and inclusive plan to study these problems in depth.

The first priority and the first effort should be given to attacking the problem of mental retardation in Alaska with special emphasis on the diagnostic difficulties, the characteristics of the problem, and methods of attacking its various phases, part of which undoubtedly will be the effect of cultural difficulties on the whole problem.

It is recommended that the Division establish a Director of Research who could, if necessary, also be the Director of Training, since in such a small state two directors may not be practical, and this director be chosen from a list of highly qualified individuals, able and willing to bring with him research workers, interested in broad areas, who can receive grants for projects for study in the State.

Further recommendations concerning research are not necessary. Details must be worked out as problems present themselves.

b. Personnel. It is said often, with some authority, that no over half of the scientific knowledge available is put into use because of the shortages of adequate personnel. Certain treatment programs are lagging for this reason. The problem of personnel involves the recruitment of appropriately trained individuals in various professions, the better utilization of those who are available including those who are trained, partially trained, and untrained, provided they have certain personal resources and abilities which might be fitted into the needs of patients.

Residency training in psychiatry is not feasible in Alaska at this time; but, residents from other programs outside the State may well come in with great profit to themselves. This is now being done by the University of Utah, in rotating psychiatric residents through Alaska Psychiatric Institute.

Medical Profession. -- The most important and practical form of training which should be carried out by the Division of Mental Health is offering psychiatric training to the total profession in Alaska so they can handle a large variety of mentally ill and retarded patients along with

their own regular practice. This is necessary, if the medical profession, as a whole, can respond to the suggestion made earlier that in their hands lies the only real hope of meeting the needs of this State and that a combination of State service and service by the entire medical profession does actually offer a real hope that something can be done.

Short workshop courses, sponsored by Western Interstate Commission on Higher Education, as well as those by the Academy of General Practice, are useful; but, something more is recommended, more in line with the three-month course given physicians during the war at Mason General Hospital, Long Island, in the Army Program. It should be three to six months long and should be available in flexible ways which will meet various needs of the doctors, some of whom can give a solid block of time, others who have to give a small amount of time continuously over a long period.

It is recommended that through the University of Utah, which is most well acquainted with Alaska, possibly with the cooperation of Western Interstate Commission on Higher Education, the matter of providing in Alaska an intensive psychiatric course equivalent to three to six months of solid time, be investigated, as to its need, feasibility, cost, and the personnel needed to run it.

It seems reasonable that anyone in practice who takes three months or its equivalent away from his work, should be compensated in terms equivalent to his earnings, which presumably would be between five and ten thousand dollars. It also seems reasonable that this sum would be an excellent investment of any monies that are available in terms of the services that could thereby be rendered in the State which otherwise would not exist. The suggestion, therefore, carries with it the implication that this matter should be explored in terms of obtaining stipends especially geared for such an Alaska program, and not necessarily similar to any other programs that the National Institute of Mental Health is now operating.

Negotiations should be carried out with the officers and members of the State Medical Society concerning mentally ill and retarded; obtain their cooperation and help in establishing such a training program, and pushing it to a conclusion as quickly as possible. (Some conversations on this subject have been held.)

In-Service Training. -- In-service training and experimentation with various personnel should be a matter of special attention in the villages, in the regional towns, in hospitals throughout the State; and mental health materials and concept included in all health education and personnel training.

The training of consultants who will assist those carrying out treatment services is a matter of importance also. Training should be in community services, in psychiatric techniques, in methods of communication, and the general principle of consultation by telephone,

now well done by the doctors of the Native Health Service, should be incorporated into psychiatry.

A Director of Training for the Division of Mental Health is recommended, possibly sharing his time with the Director of Research, and a training program outlined and presented at the appropriate time in the next budget request.

Recruitment into State service is dependent on motivation of persons willing to come to Alaska and also on the remuneration offered. Part of this is contained in an exciting program -- the opportunity to work with disabled people -- part of it is obviously in terms of cash remuneration, part of which might hopefully be tax free. The whole scale therefore of civil service in Alaska, particularly if applied to scientific personnel in the Department of Health and Welfare, should be carefully reviewed and reasonable advances made as the resources of the State permit.

c. Buildings and Equipment. These are recognized nowadays as being of less importance than personnel to run the building and personnel to work with patients outside of residential quarters. Little needs to be said about this except that the choice is in the direction of alternatives to mental hospitals, consequently building will probably occur more in non-hospital facilities.

The location of buildings is extremely important and criteria for placing such buildings should be worked out by the Committee. Except in emergencies where available buildings must be put into use, no building should be placed where adequate staffing will not be available and all emergencies should be carefully examined to see whether in fact they cannot be met in other ways than commitment to the spending of large sums of capital investment in places which will never be able to be properly staffed. There will be certain isolated places which can very properly take care of certain types of patients for whom all hopes have been abandoned for return to a community, and who are expected to remain there the rest of their lives. In such a place the likelihood of developing a program which will assist them in improving and finding their way out is accepted as unlikely. This is a hard position to advocate publicly. Nevertheless, there are certain groups of patients who meet this category and can justifiably be kept in an isolated place in a humane fashion. They can be kept clean, have proper clothes, and get an adequate diet and some pleasure out of life. Such a limited goal is occasionally justified, and it may be that for certain groups this is the proper objective and would justify such a location, for "like old age, it is better than nothing." One must be sure, however, that this easy way out is justified.

A warning is issued that buildings from bond money which does not come directly out of people's pockets and is more easily voted by the legislature constitutes a seductive element which is difficult to withstand, and persons in the program and the public should be constantly on watch to see that this seduction is not successful, unless the cost of operating such a building is faced squarely and with appropriations.

d. Finances. Economy is justifiable, but true economy does not permit the spending of small sums over hundreds and thousands of days. It appears accepted at this time that a larger amount spent in the beginning in acute treatment is more valuable than a very small amount per day until the patient dies. Try estimating the cost of 62 patients at Morningside who have been there ten years and 33 who have been there 32 years.

In general, more methods of financing are appearing. Where the State is relinquishing some of its administrative functions to local government, as in California and New York, the principle is maintained that the state still pays most of the bill, possibly because the federal structure places most of the money there. In the same way, the federal government pays a great deal of the bill for construction, research, training, etc. With increases in insurance and federal subsidies for more and more available to mental patients, it is likely that more governmental resources can take care of patients previously regarded as completely without resources.

It is recommended that in the budget request the Director probably state the large sums that are needed for adequate services and that the same time realistically indicate that certain parts of this are probably not available now, but it should be made clear what the needs are and what the alternatives are for not obtaining adequate resources at this time.

e. Back-up Services. The needs of patients for economic existence, help for their families, clothing, travel, and the amenities, rest on the need of all people, particularly in the low economic brackets for welfare assistance. These services which back up the professional services in attempting to prevent mental breakdown, and to assist in their recovery, are essential; frequently money invested in the relief of stress is found out to be the best possible investment for the public welfare. These services are not usually provided by the Division of Mental Health, but rather by the Department of Welfare, Public Health, and other agencies. The Division of Mental Health, however, has the responsibility to keep these needs of their patients before the other authorities, and endeavor to see that they are provided.

f. Legal Framework. This must be examined from time to time. Dr. Bowman is one of the leading authorities in the United States and is more competent to comment. The trend is toward less legal authority and more medical judgment for patient care. Formal liaison with the State Bar Association is suggested.

g. An Informed and Supportive Public. The various publics include patients, their families, all citizens, and those in authority. It is recommended that the Division have, as part of its program, a section on public information and mental health education, and that this join with other services throughout the State in promoting this tool.

5/8