

# ALASKAN PSYCHIATRY—Interim Report

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In the two years since Alaska assumed its own authority (and responsibility) for the mentally ill of Territory-become-State some progress has been made, although to date not much of this is apparent.

Although Alaska assumed responsibility on February 22, 1957, and the legislature passed the Mental Health Act on July 1, 1957, no psychiatrists were employed by Alaska between February 1, 1957 when Oscar Hubbard, M.D., departed and February 21, 1958 when J. B. K. Smith, M.D., arrived in Juneau. Thus the burden of initiating procedures under the Mental Health Act and supervising contractual agreements with hospitals in Alaska as well as with Morningside Hospital in Portland, Oregon, fell upon the Department of Health with only a skeleton crew in the Section of Mental Health. Even in the year since then the addition of two psychiatrists has so far served merely to underline the problems present.

For many years much emphasis has been placed on tuberculosis as a major problem so far as public medicine is concerned, and at present these efforts seem to be paying off. In the same period much heat has been devoted to mental health, but little light developed except for the substitution of the archaic

federal statute by the modern Alaska Mental Health Act. As severe psychiatric problems used to be regarded as legal and police, rather than medical matters, Alaskan physicians were frustrated in attempts to deal with these patients. In addition less severe psychiatric illnesses could not be adequately referred unless the patient was sent Outside, so this again has required that physicians must either do without consultation or else agree to the possibility of losing the patient entirely because of the expense and other problems involved in such referrals Outside.

It seems then that the Alaska Mental Health Authority (under the Section of Mental Health of the Alaska Department of Health) has a threefold clinical responsibility: (1) Providing hospitalization and treatment for those patients with psychoses or similarly severe mental illness or retardation; (2) Affording consultation as requested, when possible, to private patients of Alaska physicians until such time as enough psychiatrists in private practice are available for this; (3) Providing consultative services to various public agencies such as courts, schools, police, and welfare where psychiatric recommendations are needed to assist these agencies in their functions.

To provide hospitalization and treatment the Mental Health Authority contracts with Morningside Hospital and with general hospitals in Alaska for brief care of psychiatric patients. Meanwhile, plans continue for the Anchorage psychiatric center which it is hoped will be in construction in 1960 and ready to receive patients in 1961. If possible a small psychiatric unit will be developed in the Anchorage Native Health Service Hospital in 1959 to serve as an acute treatment unit and training nucleus for the staff of the larger facility.

To provide consultation services, Section of Mental Health offices are presently functioning in Juneau and Anchorage. The Juneau office has been able to provide some service to the rest of Southeast Alaska and the Anchorage personnel have been making monthly visits to Fairbanks as well as seeing patients from out of town in Anchorage when possible. It is hoped that additional psychiatrists, when recruited, will feel encouraged by the Mental Health Authority and by the medical community to enter private practice, at first part-time and later on a full-time basis. It is hoped also that larger communities such as Anchorage and Fairbanks will gradually develop local, community-backed psychiatric clinics for patients not quite indigent but unable to support full cost.

Public health and preventive medicine activities of the Mental Health Authority are outlined now, but their implementation will probably be slow because of the acute clinical needs and the national shortage of personnel (and knowledge). Public education and research are the main areas of emphasis in this aspect of the program. Statistics on mental illness are notoriously difficult to compile and compare in any area, but this is particularly true in Alaska so far as the United States is concerned. The number of patients publicly hospitalized is available but probably is relatively meaningless because of the previous difficulty with which this was accomplished

and the slowness with which knowledge of the new law's provisions are disseminated. Private psychiatric hospitalization is essentially not done at this time in Alaska, and no figures are available for those hospitalized elsewhere.

Though there are undoubtedly numerous and varying reasons for Alaska's markedly elevated mortality rate from violent causes (including suicide, homicide, accidents, and those listed as due to alcoholism), it can safely be assumed that mental and emotional disorders play a significant role in this rate. Thus it is probable that increasing possibilities of treatment, both public and private, will help reduce this rate while the programs of education and research gradually lead to earlier detection of illness as well as possible methods of prevention.

It should be recognized in all these aspects of a mental health program that organized medicine as a whole and not just the specialty of psychiatry, which is still negligible in Alaska, must assist in leadership capacity in a teamwork approach on mental illness and its close relatives—crime, juvenile delinquency, family disruption, and economic instability and depression.

Thus the Alaska Mental Health Authority, despite its infancy, its present ridiculous incapacity to handle even its most pressing problems, and the obvious roadblocks of public apathy, politics, and bureaucracy, must look upon its role in the new state as that of a catalyst in the development of a therapeutic, and ultimately an essentially healthy community.

Though we know that such statements are a bit grandiose and that significant progress in this direction may not be detectable for years or even decades, it is hoped by the time of the next progress report that some definite advances will have been made, not only in the public Mental Health Authority, but also in the medical and lay communities, toward these goals.

