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A HISTORY OF THE MENTAL HEALTH MOVEMENT IN OKLAHOMA

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A HISTORY OF THE MENTAL HEALTH MOVEMENT IN OKLAHOMA

CHAPTER I

NATURE AND SCOPE OF THE STUDY

The purpose of this study has been to present a brief account of the development of the mental health movement in Oklahoma. The materials relating to Oklahoma were secured from interviews with persons who took an active part in the movement, from newspaper articles and from the texts of Oklahoma laws relating to mental health. Information relating to the mental health movement in general was obtained from various published sources.

For this study, a definition of health in its most positive and broadest sense has been adopted. This definition, from the charter of the United Nations World Health Organization, states that "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."[1] It is thus recognized that mental health is inseparable from total health.

Since health connotes not only the absence of manifest disease, but also the absence of non-manifest and undiagnosed disease or impairment, a perfectly healthy person is one totally adjusted to himself and his

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[1]The Council of State Governments, The Mental Health Programs of the Forty-Eight States, (Chicago, Illinois: 1950), p. vi.

environment. This definition also suggests that the promotion of health begins with the prevention of disease. Certainly this is true in the field of mental health. The trend is towards defining the terms "mental health" and "mental hygiene" synonomously, and they express the idea that "the way current experience is built in or assimilated by the personality structure may be influenced as the experiences occur and during the process of their being added to the personality structure."[2]

Historically, however, the mental hygiene movement has included concern for the care of all types and grades of mental disease and defects as well as the promotion of mental health. Statistically, too, with "health" so intangible, measures of health are extremely difficult to devise and indices must be based on illness, impairments and even death. Thus, at present, there is only a measure of the degree of mental illness that is manifest in this country. And even here the gross term "mental illness" itself indicates the rudimentary state of knowledge concerning this large group of diseases, although it is now thought that it includes perhaps as many as seventy disease categories.[3]

Something about the extent of mental illness, as it now exists in this country, is also known.

One index of the extent of the mental health problem became apparent during World War II. The number of men rejected for psychiatric reasons,

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[2]Paul V. Lemkau, M.D., Mental Hygiene in Public Health, (1st ed.; New York: McGraw-Hill Book Co., Inc., 1949), p. 10.

[3]President's Commission on the Health Needs of the Nation, Building America's Health, (4 vols.; Washington, D. C.: U. S. Government Printing Office, 1949), I, 10.

popularly referred to as the "psychological 4-F's", was about 1,850,000. This represented twelve per cent of the approximate 16,000,000 men examined and thirty-seven per cent of the approximate 5,000,000 rejected for unfitness.[4]

As of June, 1946, there were 448,235 World War veterans on disability compensation rolls because of neuropsychiatric diseases, or 29.5 per cent of the 1,519,013 veterans on the rolls. The proportion of World War II veterans on the pension rolls for neuropsychiatric causes was more than five times as large as the proportion of World War I veterans on the pension rolls in 1922 for the same reasons.[5]

Statistics show that almost half of all the patients in hospitals in the United States occupy beds for the mentally ill.[6] Measured by the records of the United States Census, the number of mentally ill persons, under institutional care, increased nearly 188 times in the hundred years from 1840 to 1940. During the same period the population of the United States increased about eight times.[7] Patient population in the Nation's mental hospitals rose from 636,000 in 1946 to 698,000 in 1951, an average increase of more than 12,000 patients each year. Tax-supported mental hospital operating expenditures increased from $260 million in 1946 to

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[4]Thomas A. C. Rennie and Luther E. Woodward, Mental Health in Modern Society, (New York: The Commonwealth Fund, 1948), p. 4.

[5]Ibid., p. 64.

[6]Charles C. Limberg, Patients in Mental Institutions, Biometrics Branch of the National Institute of Mental Health, U. S. Public Health Service (Washington, D. C.: U. S. Government Printing Office, 1947), p. 11.

[7]Council of State Governments, op. cit., p. 41.

more than $500 million in 1950.[8] At the present rate, 1 out of every 12 children born each year will need to go to a mental hospital sometime during his life because of severe mental illness.[9]

However, this accounts for only the seriously ill. Figures show that as many as half of all patients who consult physicians have either primary or associated emotional disorders. The same is true of 1 out of 3 persons who go to general hospitals.[10] If illness is viewed in terms of the total number of days a person is disabled, heart and mental disease head the list.[11] One in 10 persons will need psychiatric aid and 1 in 5 families will be disrupted by mental illness. Almost as many people enter mental institutions annually as graduate from college in the United States.[12]

Further, because of the large emotional determinant frequently involved, accidents, juvenile delinquency, crime, divorce and intergroup discrimination are directly related to the mental health problem.

Finally, as Franz Alexander points out, until nations learn to work together the heralding of the so-called atomic age can never be valid. Distrust, fear, and intolerance in international relations are perhaps the most frightening manifestation of the extent of the mental health

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[8]President's Commission on the Health Needs of the Nation, op. cit., p. 41.

[9]Newsletter of the Oklahoma County Chapter of the Oklahoma Association for Mental Health to members, February, 1953.

[10]President's Commission on the Health Needs of the Nation, op. cit., p. 58.

[11]Ibid., p. 10.

[12]The Daily Oklahoman (Oklahoma City), March 23, 1952.

problem in the world at the present time.

The mental health problem in this State is no less severe than in the Nation as a whole. Measured by the demand for State hospital facilities for the seriously ill, the increase in mental illness in Oklahoma is perhaps a little higher than the national average. In 1948 the average daily resident population of the State mental hospitals was 7,473. By 1952 this number had increased to 7,926. This represents an increase of nearly five hundred over a three year period, or a two per cent increase every year. In other words, one person out of every 175 was hospitalized for mental illness in 1952. Perhaps a more significant index of the problem is reflected in the statistics concerning separations from hospitals. This term covers both discharges and deaths. In 1952 there were 2,823 separations, or numerically almost as many separations as admissions. Out of this number, however, there were approximately 620 discharged by reason of death. This indicates that the hospitals are still largely custodial care institutions. Further, there were still only five per cent of the patients admitted to institutions by voluntary application, while ninety-three per cent were admitted through the largely out-moded procedure of court certificate.[13]

The causes of the apparent or real increase in mental illness are not known. Feeble-mindedness due to premature birth, to birth injuries, or German measles in mothers during pregnancy; the after-effects of meningitis and alcoholism; and paresis due to syphillis are about the only

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[13]Dan Tolliver, "Statistics Concerning Patients in Oklahoma's Mental Hospitals," (Unpublished statistics from the Oklahoma Department of Mental Health, Oklahoma City, 1953).

specific examples of cause in a small proportion of the total cases needing hospitalization.

At present, there are several influential factors to which the increase may be due. Among them are the general population increase, so that simply more people have mental disease; the increase in older age brackets, where the highest incidence of mental disease has always fallen; and the urbanization of society. Increased urbanization has caused a marked change in the tempo of living and in the ability of families to care for their mentally ill members. Further, there is more public acceptance of mental illness and an increased willingness to utilize mental hospitals. And last, the concept of mental disturbance has broadened so that mental patients are drawn from a wider and wider range of disturbed conditions and are diagnosed earlier.[14]

Despite increased public attention to the problem, however, the care of the mentally ill remains seriously inadequate. The need for 330,000 additional beds reflects the vast overcrowding in State hospitals. In some States over-crowding runs as high as fifty per cent. Mental hygiene clinic service is so underdeveloped that as late as 1950 the ratio of clinics to population for the country as a whole stood below 1 to 100,000.

Psychiatry is one of the least developed specialties. Two thousand psychiatrists are needed in State hospitals alone. Shortages are widespread among all categories of psychiatric workers.

Legislation in many States is completely outmoded. Admission poli-

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[14]The Council of State Governments, op. cit., p. 33.

cies often reflect the old-fashioned view that the purpose of mental hospitals is merely segregation, rather than treatment. Of particular importance is assurance of steady financial support, rather than "famine o or feast" depending upon temporary swings of public sentiment.

It is now felt by most mental health authorities that the outstanding need in the mental health field is more basic knowledge concerning both the distribution of mental illness in the community and the specific causes of its numerous forms. Yet, over the five year period from 1946-1951 grants for mental health research were less than five per cent of grants and contracts for all types of medical research. For each patient treated for mental illness less than four dollars is being spent per year on research to find new ways of prevention and treatment. This is less than one-seventh of what is being spent on polio, TB or cancer. Yet all of this knowledge of causes is essential to developing means of maintaining mental health.

Finally, mental health leaders point out that the extension of mental hygiene responsibility to the preclinical period requires the utilization of many additional professional and non-professional groups to meet the problem. These groups, although lacking the technical knowledge or training to concern themselves with sick individuals, are the only ones who, from a practical standpoint, can apply on a mass basis the psychiatric knowledge gained over the past decades. They are the only ones who can arouse and sustain public interest to a point where new gains can be made on the problem.

CHAPTER II

PROBLEMS INHERENT IN A HISTORY OF THE MENTAL HEALTH MOVEMENT

As Lemkau states, "The spread of interest in psychiatry from the patient in the institution to the functioning individual in the community has taken a long time, and the growth process has not always been smooth and calm."[1] He cites examples the indignation aroused by the disclosures of Dorothea Dix and the bitter controversy within the psychiatric profession, as well as among the public, when Freud's works were published.

The disclosure that the problem concerns emotions and inter-personal relationships probably speaks for itself. However, certain other factors such as the mystery and stigma surrounding mental disease, and the fact that the mentally ill have often been isolated from the normal population, have made the mental health problem one fraught with potential explosions and emotional overtones as far as public opinion and action is concerned.

The whole problem of motivations -- constructive or destructive interests in any social welfare subject -- cannot be dealt with in this study. However, it does remain an important factor in the development of any reform movement in which aggressive action is needed.

Finally, as in any development as young as that of mental hygiene, its immaturity is often reflected by an idealism sometimes inconsistent

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[1]Lemkau, op. cit., p. 3.

with reality. The psychiatrist, or the research specialist, concerned with the lack of definitive method and the need for specific knowledge concerning causative factors in the field, may be disturbed by the somewhat extravagant claims and demands made by persons interested in mental health. Conversly, these groups are annoyed by the conservatism of professional groups. There are bound to be differences of opinion as to priorities and ways of achieving objectives reflected in the development of a program. More often than not, however, it is out of these areas of disagreement that the most progress comes.

All of these elements are certain to influence the student in his effort to write an objective history of the mental health movement. Faced with analyzing conflicting material, where there is no written record; in evaluating written material that is obviously subjective; and in talking with people whose feelings about their connection with the movement still are personal, it is impossible to be completely objective. Further, the personality of the individual and case work training make interpretation difficult to avoid.

It is believed that the methods involved in this study are scientifically valid. Where personalities were involved in a change of personnel, or in certain decisions, no mention has been made of this unless it meant a clear change of policy on the part of the organization. The conclusions drawn, at the end of the study, are based on the historical facts as collected and presented in comparison with certain principles and objectives generally accepted by recognized mental health authorities.

CHAPTER III

ORIGINS AND DEVELOPMENT OF THE NATIONAL MENTAL HEALTH MOVEMENT

As Dr. L. S. McLeod has pointed out, "A hundred years ago in the United States there was no mental health problem.....There were people who were mentally ill, but the problem they created for society was a problem of nuisance rather than of health."

However, mental disease has fascinated men throughout history. The diagnosis of diseases "of the mind" and the treatment of their victims, now the province of psychiatry, have always been the object of much popular interest and curiosity.

Psychiatry itself was perhaps born in ancient Greece when Hippocrates developed his first rational concept of mental disease. Before and after that time, mental illness was often thought of as being influenced by the possession of evil spirits, or by some astrological force. For example, from Luna, the moon, came the work "lunatic". The mentally ill were treated as witches or animals who were a disgrace and an object of fear and aversion. It was not until the end of the eighteenth century when Pinel, in France, developed his revolutionary concept of humane treatment for the mentally ill, that any cognizance was taken of the mentally ill person. Fifty years later, in this country, a notable reform in the field of institutional care was initiated by the crusading efforts of Dorothea Dix. Even at the turn of the century, however, public hospi-

tals were almost wholly custodial institutions.

The term "mental hygiene" was used in America as early as 1843, and a few years earlier in Germany. Subsequently, during the nineteenth century, it was employed in a sense closely approximating its present meaning, including the principles of the cure and prevention of mental disorder and the preservation of mental health. The means of achieving these objectives were but dimly understood throughout that time and as late as the beginning of the present century.[1]

At least one organized attempt to promote mental health was begun as long ago as 1880. This organization, known as the National Association for the Protection of the Insane and the Prevention of Insanity, was founded in Cleveland in 1880. Its establishment was accomplished largely from the impetus it received from the National Conference of Social Work which was then in its infancy, but from which had already radiated many important social movements. At the 1878 annual session of the Conference, a paper on "The Prevention of Disease and Insanity" was read. The following year a mass meeting was held in New York City and a resolution was adopted recommending the founding of a protective society for the insane. Even then its initiators consisted both of interested citizens and professional people.

However, the National Association came to an end a few years after its founding. Although both internal and external factors contributed

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[1]Albert Deutsch, The Mentally Ill in America: A History of Their Care and Treatment from Colonial Times, (2nd ed.; New York: Columbia University Press, 1949), p. 310.

to its disintegration, probably the most important cause of its failure was the lack of public support.[2]

With the opening decade of the twentieth century, however, the social climate was more favorable. There was an extraordinary rise in reform movements, political, economic, and social.

Within the field of public health the discoveries of Pasteur and Koch had, in a short period, made possible the prevention of diseases that had hitherto taken huge annual tolls in human life. The dramatic conquest of yellow fever by Walter Reed and his associates had been an important factor in making America health conscious. This period marked the beginning of organized preventative medicine, and it was within this framework that the mental hygiene movement originated in 1908.

The mental hygiene movement itself is perhaps unique in its origin, for it represents the efforts and dreams of Clifford W. Beers, a very unusual man. Actually his early life was not too unusual and his ambitions were equal to his talents. Later, after he had graduated from college, he became disturbed over the condition of a brother who had epilepsy, and was obsessed with the idea that he too would be a victim. He attempted suicide. The next three years of his life were spent in three different mental hospitals in Connecticut where he was subjected to all of the harsh and crude treatment that was prevalent at that time.

During one of the periods of elation that accompanied his psychosis, Beers vowed that upon his recovery he would immediately launch a world-wide reform movement that would blot out the abuses inflicted upon him-

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[2] Ibid., p. 314.

self and his fellow patients. When he was released from his period of hospitalization in 1903 he did not forget this vow. He began to campaign cautiously and methodically. Thinking of the tremendous influence Uncle Tom's Cabin had exerted on the anti-slavery movement, he decided to write a book about himself, and about his experiences in three institutions for the insane. However, instead of emphasizing only the shortcomings in the treatment of patients, he undertook to present a constructive and definite plan for amelioration of existing conditions. The outcome was an autobiography, A Mind That Found Itself, published in 1908.

He withheld publication of the book until it was endorsed by several outstanding leaders in the field. Their eagerness in lending their names to the support of the book and of the movement was fortunate and served to promote development faster than might have been the case had Beers tried to work alone. While in close communication with these men, Beers changed some of his concepts concerning what he wanted the movement to represent.

William James, the psychologist and writer, was one of the first to lend his support. Dr. Adolf Meyer, who was later to become known as one of the outstanding leaders in the psychiatric field, was another. Beers teels that the credit for selecting the title "mental hygiene" to characterize the movement, belongs to Dr. Meyer, and that it was intended to express not only the idea of amelioration of conditions among the insane, but also that of prevention of mental disorders. He also states that it was Dr. Meyers, "who because of his profound knowledge

of the scientific, medical, and social problems involved, did more than anyone else to place the initial work on a sound basis."[3] Other supporters included Drs. William H. Welch and Llewellys F. Barker, of Johns Hopkins University Medical School, Henry Phipps, a wealthy financier, and Jane Addams, a prominent social worker.

Having secured the necessary support, the book was published in March, 1908, and immediately attracted favorable attention in this country and abroad. The movement was formally launched shortly after the book appeared. Beers was prepared to organize the movement on a national scale, but it was finally decided that it should be started on a statewide basis to serve as a sort of demonstration project. On May 6, 1908, the Connecticut Society for Mental Hygiene was founded. The demonstration quickly proved successful, and on February 19, 1909, the realization of Beer's first major goal was gained with the formal founding of the National Committee for Mental Hygiene, at a meeting in New York City.

Perhaps the objectives of the Connecticut Society are significant in themselves to explain the new concept that was presented. They are as follows:

> The chief purpose of this Society shall be to work for the conservation of mental health; to help prevent nervous and mental disorders and mental defects; to help raise the standards of care for those suffering from any of these disorders or defects; to secure and disseminate reliable information on these subjects; to cooperate with federal, state and local agencies or officials and with public and private agencies whose work is in anyway related to that of a society for mental hygiene.[4]

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[3]Clifford W. Beers, A Mind That Found Itself, (7th ed.; New York: Doubleday & Company, 1948), p. 263.

[4]Ibid., p. 304.

This concept embodied the realization that the psychiatrist, in dealing with mental illness, usually was concerned only with the single patient and with a single temporary state of that patient. The group that met in New Haven visualized, not a single patient, but a whole community. They considered each member of that community as an individual whose mental and emotional status was determined by definite causative factors and whose compelling need was for prevention rather than cure. From the first its emphasis was upon detection and control of the incipient maladjustments with which the physician, as a physician, might never come into contact unless specific community machinery and far-flung educational facilities are provided for the purpose.[5]

While the objectives of the National Committee were clearly enunciated from the first, it took some time for the organization to begin active work toward the realization of these objectives. Adequate funds were slow in forthcoming and it was not until 1912, shortly after Henry Phipps donated $50,000 to the National Committee, that it was able to place its work on an active basis. In that year, Dr. Thomas W. Salmon, then connected with the United States Public Health Service, was engaged as director of special studies. For the next eight years of its existence, the major objective of the National Committee was the accumulation of a solid factual basis for its community program. This was the period of local, state and national surveys under liberal grants from the Rockefeller Foundation. For the first time data were made available as to the actual resources for the care and treatment of mental disease and defect,

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[5]Beers, op. cit., p. 305.

and programs were formulated for better institutional facilities. In the prosecution of this task, a second need became obvious. There was a great need for more specially trained psychiatrists and psychiatric social workers to meet the growing demands of the time. The National Committee also applied itself to this task.

In 1917 the United States entered World War I and the National Committee for a time devoted its entire energies to applying the principles of psychiatry and mental hygiene to the armed forces of the nation. The machinery created under its guidance for the detection and treatment of emotional disturbances among soldiers attracted world-wide attention, and resulted indirectly in the recognition of the importance of mental hygiene generally. Within a few years after the World War it was being recognized as an important factor in such varied fields as education, public health, industry and social work. However, it was in the field of social work that the influence of the movement was most profoundly felt.

For some years there had been an increasingly strong trend toward "individualization" of treatment. In psychiatry this trend was leading to the discovery of broad social factors hitherto obscured from the psychiatrist, and in social work attention was being increasingly focussed on personality in the study and treatment of socially unadjusted individuals. The new concept of mental hygiene was important to both, but as social work swerved from its orientation around mass social reform movements to the importance of individual casework, the mental hygiene movement assumed all the force of a <u>deus ex machina</u>.

The first World War also served as an important stimulus to the integration of mental hygiene with social work. The need for trained psychiatric social workers was particularly felt by the National Committee, immersed as it then was in the problems of mentally disabled soldiers. It proposed the establishment of a training school for psychiatric social work, and formed a sub-committee to accomplish that end. In the summer of 1918 the Training School for Psychiatric Social Work was opened at Smith College. An intensive eight-weeks course under the direction of Mary C. Jarrett, chief of social service at Boston Psychopathis Hospital was offered. Thenceforth the application of psychiatric principles to social work techniques progressed rapidly. A large part of the National Conference of Social Work held at Atlantic City in 1919 was devoted to a section on "Mental Hygiene". In the words of leading social workers present, "mental hygiene and psychiatry swept the conference."

Mental hygiene also contributed heavily to the Child Guidance Movement. With the development of the preventive ideal in dealing with social ills, attention was focussed on the child. As early as 1909, a clinic for studying the juvenile delinquent had been established in Chicago and in 1913 the Phipps Psychiatric Clinic in Baltimore opened a special department for children. The need for special psychiatric clinics for children was evident, and the National Committee stood in the forefront of the drive to meet this need. In 1921, under the joint auspices of the Commonwealth Fund and the National Committee for Mental Hygiene, a five-year demonstration program of child guidance clinics was launched. The movement was greatly stimulated through this experiment and many

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clinics were subsequently established. Lawson Lowrey, Marion E. Kenworthy, David Levy and George S. Stevenson were prominent leaders in the field.

While the mental hygiene movement was expanding, it was also growing in organizational strength. By 1917 the National Committee had grown to a point where it could launch an organ of its own. Mental Hygiene, a quarterly was started under the editorship of Dr. Frankwood E. Williams who succeeded Dr. Salmon as medical director of the National Committee in 1922 and remained in that post until his resignation in 1932.

In 1917 the mental hygiene movement formally entered upon its international phase when a conference between Mr. Beers and Dr. Clarence M. Hincks of Toronto resulted in the organization of the Canadian National Committee for Mental Hygiene. In 1928 the American Foundation for Mental Hygiene was established as a means of securing a large fund as working capital for the National Committee. Until this time recurrent crises had occurred almost yearly; now the movement was put on a sound financial basis once and for all.

The internationalization of the organized mental hygiene movement progressed steadily until in 1936 there were national societies for mental hygiene in thirty countries, representing every continent. A dramatic event in the world-wide movement came in 1930, when the First International Congress on Mental Hygiene was held in Washington, D. C. The congress was attended by more than three thousand persons, representing fifty countries besides the United States and its territorial possessions. A permanent International Committee for Mental Hygiene was founded at the Washington congress. Since that time two congresses have been held,

one in Paris in 1937 and the second in August, 1948. A major outcome of this last congress was the birth of the World Federation for Mental Health, to work closely with the United Nations World Health Organization and the U. N. Economic, Social and Cultural Organization. The theme selected for the Congress was "Mental Health and World Citizenship."[6]

These international congresses served as dramatic symbols and vindicated the founder of the mental hygiene movement. The idea for a world-wide movement in behalf of the mentally ill, originating in the mind of a patient in a mental hospital, had now come to fruition. The "delusion of grandeur" had been realized in a generation.

Meanwhile, in the United States the National Committee, carried on its work. In the late thirties a nation-wide mental hospital survey was made that showed only two of the forty-eight states in which mental hospitals were free from overcrowding. In some states there were four times as many hospital beds in relation to population as in others. In only fifteen states were the hospitals engaged in any out-patient clinical or social services, or other community mental health work.

An effort to bring the facts to the attention of professional groups and divisions of government which shared responsibility for the mentally ill was made. However, that effort was not adequate. Somehow mental illness offered to the average individual a much more severe threat than even the most serious and most loathed diseases of the body. People did not want to think about mental illness in relation to themselves or their family.

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[6]Deutsch, op. cit., pp. 300-331.

With the second World War the picture changed considerably. Psychiatric rejections for military service and discharge of large numbers of men who broke down under combat or other military conditions caused the people in every community to realize the fact that even outstanding and seemingly stable men may become mentally ill under sufficient stress. This helped greatly to remove the age-old stigma and to bring the mentally ill within the pale of respectability.

By 1946 mental illness received official recognition as a major public health problem. On July 3, 1946, the President approved a legislative measure of great import to state administration in the field of mental health. This measure, known as the National Mental Health Act, set forth a blueprint for a comprehensive long-range program looking to the improvement of the mental health of the nation. The program was conceived as a coordinated federal, state, and local approach to the problem. In this connection it should be noted that an effort was made almost a century ago to provide federal assistance for the "indigent insane". Dorothea Dix was almost successful in securing federal land grants to be used for the relief and support of such persons. Congress actually passed a bill for that purpose in 1854. However, the measure was vetoed by President Pierce on the ground that it was an improper intrusion of the federal government into a field of local responsibility.[7]

The National Mental Health Act provided for several activities. First, it provided for a program of research to be conducted by the National Institute of Mental Health. The Institute was under the direc-

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[7]The Council of State Governments, op. cit., p. 82.

tion of the surgeon-general of the United States Public Health Service and a National Advisory Mental Health Council. The Act provided grants to support research projects and fellowships in non-governmental institutions. Second, it provided for grants to assist state mental health authorities in establishing and developing mental health programs . In accordance with the provisions of the National Mental Health Act, each state was requested to designate one agency that would formulate, control, and be responsible for the state mental health program.[8]

In 1950, the National Mental Health Program was supported by one voluntary organization and two major governmental agencies. In the same year, in order to strengthen the attack on the mental health problems of the country, the National Committee for Mental Hygiene merged with two other voluntary agencies in the field. These agencies were the National Mental Health Foundation and the Psychiatric Foundation. A new organization with the name, National Association for Mental Health was formed. It is this Association which is now largely responsible for most of the voluntary work. Its work is performed, either through direct administration, or through cooperation and coordination with State and local groups.[9]

The Division of Psychiatry and Neurology of the Veterans Administration and the National Institute of Mental Health of the United States Public Health Service have significant programs in the mental health field and, hence, can be regarded as being mental health agencies.

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[8]Council of State Governments, op. cit., p. 82.

[9]American Association of Social Workers, Social Work Year Book, 1951, Margaret B. Hodges, editor, (Albany, N. Y.: Boyd Printing Co., 1951), p. 320.

The Division of Psychiatry and Neurology of the Veterans Administration provides direct services to veterans through hospitals, clinics, and compensation pensions. The National Institute of Mental Health, which is an outgrowth of the Mental Hygiene Division of the Public Health Service, is engaged in research and supports research, training, and community services conducted by other organizations.[10]

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[10]James V. Lowry, "Public Health Agencies, State and National," The Annals, CCLXXXVI (March, 1953), 100-106.

CHAPTER IV

ORIGINS AND DEVELOPMENT OF THE OKLAHOMA MENTAL HEALTH MOVEMENT

At first glance the history of the mental health movement in Oklahoma seems characterized by a statement made by a native New Yorker about Oklahoman's citizens. This writer stated that..."Oklahomans will always be a strange and wonderful breed of people. It takes a lot to get them started, but when they've made up their minds, they want to act in a hurry. They came across the line in '89 to settle the land in a hurry; they built a powerful state in the short space of a generation; they want to do everything - but now."[1] Another observer who was one of the men associated with the volunteer movement from its inception, said: "It grew like the proverbial Topsy."[2] Both of these statements are graphic descriptions of the immediate picture. However, an inquiry into the past will reveal an interest in mental health that was slowly and painstakingly built up by numerous people.

One of the early leaders was Edith Johnson who has been a writer for The Daily Oklahoman since 1908. Starting as a society editor, she soon became a feature writer and then a counselor to various readers.

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[1]Mike Gorman, "Oklahoma Attacks It's Snake Pits," Reader's Digest, (September, 1948).

[2]Personal interview with the Reverend J. Clyde Wheeler, minister of Crown Heights Christian Church, Oklahoma City.

According to her own statement she first became interested in psychiatry shortly after the first World War when she began to communicate with a young Dr. Myron S. Gregory who was then an Army psychiatrist in charge of the psychiatric ward at Ft. Sill. Stimulated by him to read Freud and other writers in the field, she began to transmit some of her new found knowledge to her readers through her daily column. The reaction was 'violently antagonistic'. She recalls that a board member of the paper threatened to fire her and that the president of one of the state universities came to her office, shaking his fist and telling her she was doing the work of the devil. Nevertheless, she persisted in her efforts and in 1930 was assigned to cover the First International Congress of Mental Hygiene, held in Washington. Some titles of articles printed about this meeting in the May 8-11 issues of the Daily Oklahoman were "Student Mental Hygiene," "Lecture on Sex," "We Are Born Bad," and "Ban on Married Teachers Hit By Hygiene Congress."[3]

It can be questioned, however, how much of this information was absorbed by readers accustomed to reading about mental illness as a joke. A column in The Daily Oklahoman of 1925 included the following:

> We have a state whose mental weight, sagacity and poise, is one of nature's points of pride and pardonable joys. But screws get loose without excuse and intellects will flop; the hardest skulls may suffer from adventure and mishap. And Dr. Griffin heads the shop on Norman's healthful hill, where competent machanics will correct your thinking mill....[4]

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[3]Personal interview with Miss Johnson.

[4]The Daily Oklahoman, January 9, 1935, "The Velvet Hammer Column."

Dr. Gregory, whom Miss Johnson mentioned, was another early pioneer in the field of Mental Health in Oklahoma. At his death in 1937, a newspaper article noted that he was probably the only physician in the State, in private practice, to devote his entire time to mental and nervous disorders. It was also noted that he made frequent trips to state cities to address professional and other groups.

In a newspaper article on suicide, written in 1932, Dr. Gregory said of suicide victims, "They are sick - the sickest people on earth ... they suffer, probably worse than from anything physical." He also described the effects of severe early training and broken homes, on the person who becomes mentally ill. He ascribed guilt, not loss of money, as the primary factor in suicides. And he ended his article by saying that, "People become mentally ill because of emotion - not intelligence. Intelligence can never save the human mind - only love and human kindness can."[5]

Still another pioneer in the field was Dr. D. W. Griffin, who for forty years was Superintendent of Central State Hospital. When he first went to Central State in 1899 it was a private hospital with a three man staff. Facilities consisted of frame shacks and there were 382 patients. He once told a reporter that the first thing he did was to erase the words "for Violent Insane" off the cornerstone of one of the original buildings at Central State. He spent most of his life-time trying to get public acceptance of his one-time revolutionary ideas for the treatment of patients. Upon his retirement in 1950, he said, how-

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[5]Oklahoma City Times, November 22, 1932.

ever, that "still, forty years later, it was a hard fight sometimes."[6]

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EXAM III
old tests

In 1937 the National Mental Hospital Survey Committee pointed out that Oklahoma's mental institutions had a patient overcrowding of 31.5 per cent, while the national average was 11.2 per cent. It also pointed out an alarming shortage of doctors and personnel. It stated that the State Board of Public Affairs had more functions than it could properly

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[6]The Daily Oklahoman, August 2, 1950.

[7]L. S. McLeod, The Present Status of the Mental Health Problem, (President's address to the Oklahoma Academy of Science), December 3, 1948.

ever, that "still, forty years later, it was a hard fight sometimes."[6]

For more than fifteen years, previous to 1948, the Oklahoma Congress of Parents and Teachers had a state chairman for Mental Hygiene and had given a space to mental health in its programs and publications.[7]

For the most part, however, there was little organized interest in the mental health problem. In fact, there was no noticeable reaction to several attempts to report the unsatisfactory conditions of the seriously ill.

In 1936 The Daily Oklahoman published a series of articles about conditions at Central State Hospital. Written by Leon Hatfield, a reporter who posed as a patient there for two weeks, it described the wards, the patients, and methods of treatment in an objective but critical way. Articles pointed out overcrowding, understaffing, and the monotonous diet. They also pointed out the need for a public enlightened attitude, and through such titles as "What Will the Future Harvest Be?" and "Through Hope Hall to Hazy Land" an attempt was made to capture public interest. No great reaction was forthcoming, however.

In 1937 the National Mental Hospital Survey Committee pointed out that Oklahoma's mental institutions had a patient overcrowding of 31.5 per cent, while the national average was 11.2 per cent. It also pointed out an alarming shortage of doctors and personnel. It stated that the State Board of Public Affairs had more functions than it could properly

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administer.

It voiced the opinion that no board which changed every four years, or at the discretion of the Governor, had any opportunity for planning consistent development of the State's institutions. It pointed out that Oklahoma had no facilities for the observation and treatment of mental illness in its early stages.

During the thirties there was some interest in Oklahoma City in mental health and early treatment for mental illness. This interest, however, seems to have been confined to social agencies working with children.

For example, the Sunbeam Home had used the services of a psychologist for psychological testing of children during the thirties. There are records showing that a member of the Psychology Department of the University of Oklahoma was giving one day a week to the psychological testing of these children in 1938. At the same time there was also a part-time social worker.

This service was maintained on a voluntary basis until November, 1939, when the Oklahoma Community Chest accepted the expense involved as a legitimate expenditure of the Sunbeam Home.

In January 1940 it was decided that the service should be expanded, and with this idea in mind Sunbeam Home officials began to meet with members of the Oklahoma Junior League to discuss the matter. In February of that year it was decided that the Sunbeam Home would ask for a survey of the Child Guidance Program to be done by the National Committee for Mental Hygiene. It was to be paid for by the Junior League.

Dr. Milton E. Kirkpatrick, from the National Committee of Mental Hygiene's Child Guidance Division, came to Oklahoma City to make the survey. In April he submitted a report in which he recommended that a psychiatric clinic be set up and that a psychiatric team, including a psychiatrist, a psychologist and a social worker be employed. He also recommended that the clinic be an autonomous agency and that it should be governed by a board of thirty representative people. Following Kirkpatrick's report the Sunbeam Home Board met and decided to set up the clinic and hire personnel with at least minimal qualifications. It was also decided that the clinic would serve as a community resource and would be both for diagnostic and treatment purpose. It was not to be autonomous, however, for it was to be operated by the Sunbeam Home Board. However, a Community Child Guidance Advisory Committee was to be set up also. The Junior League was to be represented on this committee and was to provide volunteers to be supervised by the social worker. Members from fourteen other fields of social welfare were also to be selected.

The Junior League agreed to help finance the clinic on a three year basis with a subsidy of $2,400 a year. At the end of this time the Community Chest, through the Sunbeam Home Association, was to assume full responsibility.

In December, 1940, the personnel Committee of the executive board of the Sunbeam Home and representatives from the Junior League decided to employ Dr. Harold J. Binder as the psychiatrist in charge of the clinic. By January the clinic was established, the staff recruited and

operations had started. In January, 1943, the clinic was still operating. In the meantime, however, the question of operating the clinic as a department of the Sunbeam Home and not as an autonomous agency had come into sharp focus. The problem was not resolved between Dr. Binder and the Board of the Sunbeam Home Association and in May, 1943, the United Community and War Fund was asked to appoint a special committee to make a survey of the services rendered by Dr. Binder. The findings of the survey were to be used by the Sunbeam Home board as a basis for determining the advisability of asking for deferment of Dr. Binder from military service.[8]

The scope of the survey included a statistical comparison of the case loads of the child guidance clinics throughout the nation, the attitudes of parents whose children had been treated in the clinic, the attitudes of school principals and agencies who had referred children, and the attitudes of members of the Advisory Committee and of doctors in the community who had had contacts with the clinic.

It was concluded that the work of the clinic was of a high standard, that it was meeting a real need in the community, that Dr. Binder was both an effective and skillful psychiatrist, and that unless an immediate cordial working relationship could be achieved between the administrative officials of the Sunbeam Home and the director of the Child Guidance Clinic, it would be inadvisable to continue the operation of the clinic under the supervision of the Sunbeam Home.

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[8]From official correspondence and records of the Sunbeam Home Association, as interpreted by Mr. Charles Leopold in a personal interview with him.

Recommendations submitted were to the effect that an immediate effort should be made to secure Dr. Binder's deferment from military service and that, in the event of removal of the Child Guidance Clinic from the supervision of the Sunbeam Home, the Clinic should be transferred to the Variety Club Health Center and be made an integral part of the Oklahoma County Health Association.[9] By the time the survey was completed, however, Dr. Binder had been inducted into the service.

The Sunbeam Home hoped to continue operation of the clinic but was unable to employ a psychiatrist. Within three months both the psychologist and the psychiatric social worker resigned and by 1944 the clinic was no longer functioning. There is little doubt that the clinic's operation and the final controversy had left lasting imprints - both positive and negative - on the community's attitudes toward mental hygiene.

In 1945 there was significant development in Tulsa. In that year, Dr. Marcella Steele, who was chairman of the Health Division of the Tulsa Council of Social Agencies, appointed Dr. L. A. McLeod chairman of a committee to study mental health needs in Tulsa. Dr. McLeod, a psychologist, was also Dean of Tulsa University's Graduate School and was Chairman of the Mental Hygiene Division of the Oklahoma Congress of Parent Teachers Association at the time.

A matter of particular concern to the Committee was the practice of holding mental patients in the city or county jail while awaiting commitment to a mental hospital.

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[9]Child Guidance Clinic Survey Committee of the Oklahoma City Community Chest, "A Survey of the Services of the Child Guidance Clinic Division of the Sunbeam Home Association," 1943, 36pp.

An informal organization was effected and preliminary meetings were held. In November, 1945, a public meeting was held. The original committee assumed the name of the Tulsa Mental Health Society. The group realized the need of a mental health clinic in Tulsa, and its two major objectives were to educate the public to realize the need for a clinic and to take active steps toward its establishment.

By October 4, 1946, Dr. James A. Plant, Director of the Essex County Juvenile Behavior Clinic of Newark, New Jersey, and a member of the Executive Committee of the National Committee for Mental Hygiene, was brought to Tulsa. He addressed a Parent Teacher Association group in the afternoon and the Tulsa County Medical Society in the evening. Both were open meetings. Expenses were paid by the medical society and help was offered by the University of Tulsa, the Red Cross and the Council of Social Agencies.

With the cooperation of the Mental Health Society, in November 21, 1946, Dr. George Saslow, of the Washington University Medical School, was brought by the State Conference of Social Welfare, for an address at its annual meeting at Tulsa.[10] In the meantime, however, certain other events had occurred in Oklahoma City. In July of 1946 Harold Johnson, Assistant Meneging Editor of The Daily Oklahoman assigned a reported named Mike Gorman to make a factual report on conditions at Central State Hospital. Gorman was told that E. K. Gaylord, publisher of the paper, had received a complaint from one of Oklahoma's leading bishops

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[10] L. S. McLeod, "Summary Sketch of the Development of the Tulsa Child Guidance Clinic," (Unpublished report to the Tulsa Council of Social Agencies, 1950), pp. 1-4.

about the hospital's inadequacy and wanted the report.

Gorman made his visit to the hospital, was surprised by what he saw, and asked permission from his editor to enlarge his report to cover all the hospitals in the State. After seeing them, however, he was still not satisfied. He asked to have two weeks to do research in order that he could make some comparisons between conditions in Oklahoma and in other states.

On September 22, 1946, his first article appeared on the front page of the feature section of the paper. "In the center of the page, six columns wide and two-thirds of the page deep, was a picture taken in one of the women's wards....The banner head, splashed across the top of the page in 72-point type, read: 'Misery Rules in State Shadowland.' An editor's note warned squeamish readers: 'This story is not easy or enjoyable reading.' The article began: 'In many ways the treatment of our mentally ill in Oklahoma today is little better than in times when they were chained in cages and kennels, whipped regularly at the full of the moon and hanged as witches.'"[11] The preceding statement is a representative sample of the journalistic style employed in three more full page layouts and in daily articles terminating October 6, 1946.

Deficiencies in each institution were catalogued and the title of the last article was "Public Apathy Is Given Full Blame for Conditions." Public apathy did not last long. Gorman estimated that over 300 letters a week came into the office. Five thousand requests for copies of the articles were received. Readers sent money to establish a mental hospi-

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[11]Gorman, "Oklahoma Attacks Its Snake Pits," op. cit., p. 145.

tals fund. Gorman soon began to realize that an intense interest in mental illness had been catalyzed and needed to be channeled. He found that Oklahoma had no state mental hygiene society, but he learned of the Tulsa Society. On November 21, 1946, he went to Tulsa to meet with this group.

In an article published November 22 in The Daily Oklahoman, Gorman pointed out that protests were coming in from all over the state following the reduction in the budget requests of the six mental hospitals. Dr. Hugh Galbraith, a psychiatrist, deplored the situation while Mrs. Thomas W. Leach, then Chairman of the Mental Health Committee of the State League of Women Voters, was quoted as saying that if necessary, they would march to the opening of the state legislature and picket every legislator until he voted the full appropriations asked by the hospitals. Mrs. Elmer Brillhart, president of the Okmulgee Parent-Teachers Association announced that reprints of the Gorman series were being sent to every PTA Unit in the State. The article also stated that in Oklahoma City a movement was on foot among persons who had relatives in State mental institutions to form an association to fight for reforms in the state's mental institutions.

On November 24, 1946, The Daily Oklahoman carried the story of the efforts to organize an association in Tulsa. The article quoted Dr. McLeod as saying that the purpose of the state mental hygiene committee was to channel into one large organization the efforts of thousands of Oklahomans who wanted to know how they could effectively fight deplorable conditions now existing in our state mental institutions. The article also stated that, as soon as the committee was formed, it intended to

apply for affiliation with the National Committee for Mental Hygiene. Plans were announced for a statewide meeting to be held on December 3, in the Municipal Auditorium in Oklahoma City, in order to elect officers and plan a fund raising program. Widespread public interest in the movement was sought by Mrs. Thomas Leach, of Tulsa, who had been appointed temporary treasurer. She stated the while they would appreciate contributions from large civic organization, they would like to see the majority of the fund subscribed to by dollar contributions from average citizens all over the state. The objectives of the new organization as outlined by Dr. McLeod and Mrs. Matofsky, then president of the Oklahoma Congress of Parents and Teachers, were: (1) Continued pressure upon the legislature to grant the full $15 million asked by state mental hospitals to enable them to reach minimum national standards, (2) establishment of a psychopathic hospital, (3) setting up of adult and child psychiatric guidance clinics, and (4) a permanent, long range program to make Oklahoma the most progressive state in the country in its care and treatment of its mentally ill.[12]

On November 25, 1946, a letter of invitation to this meeting was sent out to about one hundred persons all over the state. Dr. McLeod was not sure how this list was made up, but it contained the names of well-known doctors, lawyers, judges, social workers and civic lay leaders. Other interested people were invited through newspaper publicity.

The First Few Months

On Tuesday, December 3, 1946, the statewide mass meeting was held

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[12]The Daily Oklahoman, November 24, 1946.

at the Municipal Auditorium in Oklahoma City. Previous to the meeting, the nominating committee, headed by the Reverend Walter Gilliam of St. Mark's Methodist Church in Oklahoma City, had suggested the names of persons to be elected temporary officers of the Association. The first order of business was to elect officers to administer affairs until a permanent organization was set up. Those elected were: Hugh N. Davis, head of the Mental Hygiene Commities of the Oklahoma City Rotary Club as president, Mrs. A. A. Matofsky, President of the State P.T.A.'s, as vice-president, Mrs. J. A. Traughber, Oklahoma City, secretary, and Mrs. Thomas W. Leach, Tulsa, as treasurer. Dr. McLeod was named chairman of the board of directors and Dr. Hugh M. Galbraith, Oklahoma City psychiatrist, was named as medical advisor.

Excerpts from minutes of the meeting show that Mr. Gorman acted as temporary chairman of the meeting and explained the need for larger appropriations for the State mental institutions. He also told of the work of the Ohio Mental Hygiene Committee which had just been successful in improving conditions in that state. He suggested that Justin G. Reese, Chief Representative of the National Committee for Mental Hygiene, be invited to survey the state situation and advise the committee. It was voted that as soon as funds were available, Reese should be invited for a stay of four days. It was also voted that $10,000 be set as a goal with which to launch the work of the association. Mrs. Leach was elected chairman of the fund-raising committee. The Executive Committee was directed to work out articles of incorporation with a lawyer, Welcome D. Pierson. Mr. Dick Graham, Executive Secretary of the Oklahoma Medical

Association, offered desk space in the Association office at 210 Plaza Court. It was agreed that the name of the organization would be the "Oklahoma Committee for Mental Hygiene" and membership fees were set at $2.00 for individual membership for 1946. It was decided that a Legislative Committee should be appointed to work out a formal legislative program. Employment of an executive secretary was discussed. The Executive Committee was directed to draw up a slate of members for a permanent Board of Directors. It was suggested that state-wide groups name their own representatives to serve as ward members; also, that there should be a Negro member.[13]

The Tulsa Daily World carried a story of the meeting of the organization and outlined the four-point program as follows: (1) $15,000,000 in appropriations from the State legislature for corrective handling at State institutions, (2) A new state mental hygiene law, (3) A state psychopathic hospital, probably to be operated in conjunction with the University Hospital, Oklahoma City, and (4) A long-range mental aid program for Oklahoma.[14]

The Oklahoma Mental Hygiene Committee was officially underway. In the meantime, a special state senate investigating committee went to the Central State Hospital.

On December 19, Dr. McLeon sent a letter to Mr. Davis suggesting that the Oklahoma Committee should select a permanent board of directors,

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[13]Lucile C. Traughber, "Minutes of the Statewide Meeting to Organize the Oklahoma Mental Hygiene Committee," (December 3, 1946).

[14]Tulsa Daily World, December 4, 1946.

frame a constitution, and make sure that either an informal or formal legislative committee was making definite plans for the legislative session.

On December 27 the Executive Committee met and agreed to hire Mrs. Lucy Mae Smith, then Women's Page Editor of the Tulsa Tribune, as Executive Secretary. She reported to the office on January 1, 1947. The Executive Committee also voted to invite Mr. Justin Reese to come to Oklahoma the week of January 13 - 20.[15]

On January 7 the Legislature convened. Mr. Gorman wrote that "the legislature hadn't convened a week when the skillet began to boil.... For a week charges and countercharges flew thick and fast. Then the legislature started nightly hearings on the budgets for the mental hospitals. These sessions, closed to the public in other years...were now jam-packed with interested citizens."[16]

On January 22 the Oklahoma Committee for Mental Hygiene appointed a Legislative Committee with Joseph K. Peaslee, a former guidance director at one of the Oklahoma City High Schools, as chairman.

On February 1, the Board of Directors of the Committee met and elected Mrs. Thomas Leach president of the Mental Hygiene Committee. The Reverend J. Clyde Wheeler, of the Crown Heights Christian Church of Oklahoma City was elected First Vice-President; Mrs. T. G. Gibson, Ardmore, president of the State Federation of Women's Clubs, was elected second vice-president; and Mrs. J. A. Trauber, state legislative chairman of

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[15]Excerpts from the minutes of a meeting of the Executive Committee Of the Oklahoma Committee for Mental Hygiene, December 27, 1946.

[16]Gorman, "Oklahoma Attacks Its Snake Pits," op. cit., p. 149.

the League of Women Voters was elected secretary.

Mrs. Lucy Smith reported that the organization had progressed from a temporary Executive Committee of seven to a Board of fifteen with permanent officers. She also reported that Committees on Public Policy, Medical Advisory and speaker's Bureau were already functioning. She stated further that there was an immediate need for Committees on Finance, Membership, Constitution and By-Laws, and a Taft Advisory Committee to be composed of interested Negroes.

A need for the Board to express a defined policy toward the proposed mental health legislation was stated. This bill which was outlined by a Committee headed by Mrs. George Calvert, of the State Board of Affairs, and approved by the Governor, was to be submitted to the legislature in two weeks.

It was reported that the program that had been developed had been limited because there was no clerical help. The activities which had been sponsored included securing speeches when requested, sending out literature and working with groups that had volunteerd services. The American Association of social workers had appointed a committee, headed by Miss Genevieve Janssen, to work with the Mental Hygiene Organization and had been asked to take a project making a survey of social work follow-up needs in the State's mental institutions.

The Oklahoma Council of Churches, the State Board of the League of Women Voters, the Parent-Teacher Associations, and the Federation of Women's Clubs had all endorsed the mental hygiene program. These organizations were asking their members to write to legislators, requesting

support of the program.

There was discussion concerning the formation of an Advisory Committee of the Oklahoma Press Association to assist in dissemination of information relative to education of the people of Oklahoma on matters of mental hygiene.[17]

On February 17, the Mental Health Bill was introduced in the Senate as Senate Bill 122. The Public Policy Committee of the larger Mental Health Committee decided officially to support the Mental Health Bill. "The Committee was composed of Mr. Peaslee, Dr. Galbraith, and Mr. Welcome Pierson. Also present were Dr. Paul Gallaher, Dick Graham, Mike Gorman and Mrs. Lucy Smith. The Committee issued the following statement: 'The Public Policy Committee, designated by the Board of Directors of the Oklahoma Committee for Mental Hygiene, approves the major objectives of the proposed mental health act as a long step towards the improvement of existing laws for the care and treatment of the mentally ill in the State of Oklahoma, and the prevention of mental illness'" On February 22, a letter was sent to about 500 persons acknowledging contributions and asking support of the Bill.[18]

Meanwhile, during the months of January and February, another series of articles by Mike Gorman was appearing in The Daily Oklahoman. Based on observations of State hospitals in Colorado, these articles pointed

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[17]Lucy Smith (secretary), "Minutes of the Meeting of the Board of Directors, Oklahoma Committee for Mental Hygiene," (February 1, 1947).

[18]Lucy Smith (secretary), "Minutes of the Meeting of the Board of Directors, Oklahoma Committee for Mental Hygiene," (March 15, 1947).

out the good psychiatric care and training that was available in a neighboring state. In an article titled "Mental Lessons from Colorado" it was pointed out that federal funds were soon to be available for clinics in all states, but that the state first had to create a mental health authority to be eligible for these funds.

By March the whole campaign lagged. The Mental Health Bill had run into numerous obstacles in the legislature. Many of the legislators were wary of the psychiatric terminology. The bill was sent from committee to committee. During one of the darkest times, however, two rather sensational developments occurred. It was discovered that one of the patients at Central State had been beaten severely. An investigation revealed that an eighty-nine year old man had been beaten and almost choked to death by another patient. The aggressor had been diagnosed as a paranoid schizophrenic. Nevertheless, he had been acting as night ward attendant for over eighteen months. It was also found that there were at least sixty patients acting as ward attendants at the hospital. The next day the story, along with a picture of the beaten man's face, was published in The Daily Oklahoman. There was a flood of reaction just beginning when a similar beating and death occurred at Ft. Supply. In this instance the attendant was not a patient.

Public furor was reflected in the legislature. An amendment to the mental health act was introduced which would make it a felony instead of a misdemeanor for an attendant to abuse a patient in a mental institution. It set a penalty of a five-year prison term, a $500 fine, or both, for an attendant guilty of such a felony.

Hearings were finally scheduled on the Mental Health Act. Again the hearings lagged and there were discussions of proper psychiatric treatment and legal terminology in the involved committment sections of the mental health act.

On April 8, the senate appropriations committee cut $173,000 off the budget at Central State Hospital. In effect, it eliminated the reform movement at that hospital. Most of the discussion about the reduction in the budget was centered around the cost of feed for the cows and hogs at the hospital's farm!

The Public Policy Committee of the O. M. H. C. went into action. Mrs. Gibson, president of the State Federation of Women's Clubs asked that the organization pass a resolution requesting that the funds be restored. Wires were sent to each prominent legislator and the organization's membership made its influence felt.

Finally, during the last week in April another incident occurred. Senator Tom Anglin was shot by another Representative as he made a speech in the senate chamber. Actually, reporters did not regard the incident as too unusual, since they had covered some of the wild sessions during the formative years after statehood. It was rumored, however, that the man who had done the shooting was a neuro-psychiatric dischargee from the Army. It was known that the shooting was precipitated by divorce proceedings for the representative's wife.

It could never be validated but the general feeling was that all of the discussions about mental illness had aroused greater interest on the part of the legislators.

The senate passed the new mental health act. However, during the final discussion on the law Senator Louis Ritzhaupt, a doctor who had maintained from the beginning that Oklahoma's Mental hospitals were among the finest in the world, severely criticized the proposed legislation. Soon, however, Senator Fred Chapman rose to defend the bill. He stated that he had "seen conditions in those hospitals. My constituents want this bill, the people of this state want it, and everyone tells me it'll help the poor sock people in these institutions. Let's cut out fiddling around and pass it." The bill was passed with Senator Ritzhaupt voting for it on roll call.[19]

However, five days before the close of the session, a million dollars was cut from appropriations for new mental hospital buildings. On Monday morning an editorial, on page one of The Daily Oklahoman, launched another attack. Titled "Two More Years of Misery" it read:

> The legislature is in a hurry to get home.
>
> Speeding along toward adjournment, the house-senate conference committee has slashed a million dollars from the appropriations for new buildings at seven mental hospitals.
>
> .....In a few days the members of the 21st legislature will hurry happily down the statehouse steps and head in the direction of the warm May sun. But 10,000 mental patients in this State cannot head for home, nor can they bask in the rays of a benevolent sun. Crammed together in dilapidated buildings, they will continue to live out their days in filth and misery.
>
> Nor will these mentally sick people be able to protest this slash. They have no lobby. They cannot threaten the 21st legislature with retribution at the polls.
>
> .....Even if they had the voice, they couldn't

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[19] Gorman, "Oklahoma Attacks Its Snake Pits," op. cit., pp. 150-154.

> be heard. Their words would be too tired and weary. They have seen legislatures come and go, with their solemn pledges in February, and their ruthless slashings in May. They would delude themselves for the naive hope that the 21st legislature would have been different.

A resolution was introduced in the house that criticized not only The Daily Oklahoman but also the Tulsa World and Tulsa Tribune. "The resolution suggested that since these 'alleged newspapers' which had higherto advocated that the legislature 'keep appropriations within constitutional limits' had now 'seen fit to boost their circulation by a series of unreliable and inaccurate sob stories...A tax of one-half cent on each and every paper published by said newspapers be levied for the express purpose of providing adequate buildings for the mental hospitals in the State of Oklahoma'". One representative facetiously moved that the measure be assigned to the deep-sea navigating committee. The next day much of the reduction was restored. However, when the mental health bill was introduced into the house several amendments were attached.

The bill went to the house-senate conference but the legislature was due to adjourn on Thursday. From 10:00 p.m. until midnight supporters of the bill hurried to get the conferees to put their names on a compromise report. A little after midnight enough signatures had been obtained to pass the bill.

Next day, the last day of the session, the mental health bill was passed unanimously by both houses.

The Act is described in the Session Laws of Oklahoma - 1947 - as

> an act relating to mental health and the care, treatment and hospitalization of the mentally ill, mentally defective and epileptic persons, creating a State Department of Mental Health and defining the powers, functions and duties of such department; providing procedure for commitment...to institutions; providing for jury trial before certification,...providing penalties for abuse or mistreatment of persons in said institutions and repealing...conflicting laws; and declaring an emergency.[20]

The Daily Oklahoman printed a story the next day about the Act. The major points of the bill, including several conference committee revisions, as outlined in the article were that it:

> 1) Establishes a State Department of Mental Health headed by a board composed of the Chairman of the Board of Affairs, the State Commissioner of Health, the Dean of the Oklahoma University Medical School and a psychiatrist and physician appointed by the governor for four year terms.
>
> 2) Establishes the position of Director of Mental Health and provided that such a director should have had at least 10 years' experience in psychiatry, five in a mental institution, and shall have been certified by the American Board of Psychiatry and Neurology. Gives the director powers, including control of medical administration, care and treatment of mental patients...the right to appoint all heads of mental hospitals and the power to investigate and remedy any abuses in the care of the mentally ill.
>
> 3) Establishes mental hygiene clinics under the state department of health and working in conjunction with the state hospitals, to spearhead a campaign for early treatment and prevention of mental illness. Under this provision, the state will be eligible for funds under the re-

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[20] Session Laws of Oklahoma - Regular Session of the Twenty-First Legislature, "Senate Bill No. 122, Title 35," 1947, p. 256.

cently passed federal mental health act.

> 4) Wipes out Oklahoma's outmoded commitment laws and provides for voluntary admission of patients to hospitals with the classification of 'mentally ill' instead of insane...[21]

The new mental health act repealed the 1917 "Lunacy Law" which had included such terms as "every species of insanity," "idiots and imbeciles," and "reasonable award for apprehension and recapture of escaped insane persons."[22]

As Gorman again pointed out, "We had come a long way in a few short months. While many Oklahoman were still stumbling over such words as 'psychosis' and 'schizophrenia' Oklahoma had advanced a generation in its approach to the problem of mental health."

Later Development

While the legislature had been debating the mental health bill, the Oklahoma Committee for Mental Hygiene had undergone some changes.

The membership of the Board of Directors of the organization had been increased. The following persons were added to the Board: Dean Howard Taylor, Chickasha, Mrs. R. L. Fry, Yukon; Dr. W. B. Lemmon, Norman; Mrs. Herold Hughes, Enid, and Mrs. John F. Green, Vinita; Dr. Paul Gallaher, Shawnee, Joseph Peaslee, Midwest City, and Webster L. Benham, Jr., Oklahoma City.

During the Board meeting of March 15, Mr. Dick Graham reported for

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[21] The Daily Oklahoman, May 9, 1947.

[22] "Senate Bill No. 85, Ch. 174," Session Laws of Oklahoma, Regular Session of the Sixth Legislature, 1917, p. 309.

the Finance Committee that a luncheon meeting was held March 6 at the Oklahoma Club. Plans for raising a budget of $35,000 from a few big donors in order to give adequate financing for a statewide program were discussed. Mr. Dick Graham, Mr. Pierson and N. R. Graham were appointed to call on Mr. E. K. Gaylord, publisher of The Daily Oklahoman, to ask his assistance in securing a chairman for the finance project. Mr. Gaylord was interested. Mr. Graham reported also that the Finance Committee of three planned to take action as soon as possible, since the major need of the organization now was sound financing.

Mr. Paul Taylor, Chairman of the Committee on the Constitution and By-Laws reported that a proposed Constitution and By-Laws for the Oklahoma Committee for Mental Hygiene had been drawn up. It was patterned after the Constitution and By-Laws of the Ohio Mental Hygiene Association and the Oklahoma State Medical Association.

Members of the board were supplied with copies of the Constitution and a discussion followed. Several corrections and amendments were made and the Constitution was adopted. At the same time, Dr. McLeod moved that "The Oklahoma Mental Hygiene Association" be adopted as the official name of the organization instead of "The Oklahoma Committee for Mental Hygiene, Inc.," and that the Articles of Incorporation be so amended. After some discussion the motion was tabled.[23]

The constitution, as adopted, included sections on Objects and Purposes, Membership, County Chapters, Board of Directors, Officers, Execu-

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[23]"Minutes of the March 15 Meeting of the Board of Directors for the Oklahoma Committee for Mental Hygiene."

tive Committee, and Meetings. The By-Laws included sections on duties of the Board of Directors, duties of the Executive Committee, duties of officers, duties of the Executive Secretary and one section on the relationships between the Oklahoma Committee for Mental Hygiene, Inc. and its County Chapters. They also included sections on definition of the fiscal year, effective date of the Constitution and By-Laws, amendments and membership fee.

The specific objectives of the organization, as stated in the constitution, were included under the broad statement of "conservation, protection, and improvement of mental health of the people of the State of Oklahoma." Some of the more specific objectives were to secure comprehensive modern programs in Oklahoma for the promotion of mental health and the prevention of mental illness through administrative and legislative action, to conduct research, and promote adequate financing of research; to promote the development of public interest in positive and preventive measures of mental health; to encourage training of personnel; to encourage cooperation between mental health agencies and "to do all other such things necessary and incidental to the accomplishment of any or all of the foregoing purposes, or any purposes pertaining to the mental health of the people of Oklahoma."[24]

The idea that the organization was to reflect a wide public response was made apparent by the Constitution. Composition of the Board of Directors was limited so that not more than five members, or one-sixth of

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[24] Constitution and By-Laws of the Oklahoma Committee for Mental Hygiene, Inc., Article II, March, 1947.

the membership of the Board elected at large, could be persons from the same professional or occupational group. It also provided that County Chapters could add names, other than those offered by the Nominating Committee, to the list of prospective officers at an annual election.

Provisions for County Chapters to become functional parts of the Oklahoma Committee were made in the Constitution. The establishment of standards for the organization of County Chapters was a delegated responsibility of the State Chapter.

New Executive-Secretary is Hired

On April 1, Mrs. Lucy Smith was notified by letter that her resignation as Executive Secretary was requested by the Executive Committee and that Joseph K. Peaslee was to be employed in the same position effective April 15, 1947. At the time there was considerable feeling about the dismissal on the part of several groups and individuals and several protests were made.

The dismissal would be of little interest in this study, however, except for the conflicts that follows. Dr. McLeod resigned as Chairman of the Board and in his place Dr. W. B. Lemmon, psychologist from the University of Oklahoma, was elected. From this time on one of the major objectives of the Oklahoma Committee for Mental Hygiene, Inc. was to establish a community clinic and a mobile psychological testing unit.

In order for the Oklahoma Committee to survive at all, however, funds were desperately needed. Despite the contributions that had come into the office, almost every cent in the treasury had been spent in the organization of the Committee. As had been suggested in March, it was felt

that at least $35,000 was needed for intensive educational and promotional work. A Fund-Raising Chairman needed to be selected.

The Reverend W. H. Alexander, of the First Christian Church of Oklahoma City, accepted the chairmanship of the fund raising campaign. Mr Alexander was well known as a dynamic personality within the community. He was an eloquent speaker, and a tireless organizer.

A concentrated state-wide drive was conducted during May and June. This included an extensive radio campaign, speaking tours, and the sending of literature to numerous groups and individuals. One observer characterized the new change of pace when he stated that, "We were conducting a crusade."[25] Another observer stated the same sentiment by saying, "We had a vision."[26] He also summed up the stalemate the Oklahoma Committee had reached by saying that "Without money we could not carry on our program and without a program we could not get the needed money." It was a vicious circle that probably could have only been broken by a new approach to the problem.

On June 18, 1947, the Tulsa Tribune printed a story entitled "Mental Hygiene Election Stirs Minor Flurry." It opened with a paragraph saying that "differences of opinion apparently were brewing in the Oklahoma Mental Hygiene Committee following an Oklahoma City paper's story concerning proposed officers for the following year." It quoted Dr. Lemmon as saying that the board had agreed that Reverend Alexander should be president of the organization and that the board would recommend the Reverend J

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[25]Personal interview with Mr. Joseph H. Peaslee.

[26]Personal interview with the Reverend J. Clyde Wheeler.

Clyde Wheeler as first vice-president. It also stated that Mrs. Leach had said that Rev. Alexander had obtained her assurance that she would serve as first vice-president. According to the Oklahoma City story Mrs. Leach was to be proposed for the post of third vice-president. Other suggestions offered were Mrs. T. G. Gibson, Ardmore, as second vice-president and Webster T. Benham as Treasurer.

When elections were held W. H. Alexander was elected President, Mrs. T. G. Gibson, First Vice-President, Mr. Welcome D. Pierson, Second Vice-President, and Charles L. Leopold, Treasurer.

The Oklahoma Committee also moved its offices from the State Medical Association to Sunbeam Home. Unfortunately, from this time on only the general activities of the organization are known because there are no written records available. Perhaps the organizational activities became less significant at this time because the total mental health program grew in many directions.

First, the Mental Health Board of the State Mental Health Department was appointed by the governor. As prescribed by law, Russel Borgman, Chairman of the State Board of Affairs, was designated Chairman. W. Grady Mathews, State Commissioner of Health, and Mark R. Everett, Dean of the Oklahoma University Medical School became members. Charles L. Leonard was appointed by the governor as the psychiatrist member, and W. W. Rucks, Sr. was appointed as the general medicine member.

Again, there were differences of opinion as to whom the new director should be. The board's opinion was that Oklahomans qualified to fill the post should be given equal consideration with out-of-state men. Others,

including the Oklahoma Committee for Mental Hygiene, represented by Mr. Peaslee and Reverend Alexander, thought that only an out of state man should be considered. Ultimately Dr. Charles Obermann of Iowa was appointed. He remained as director until 1952 when he resigned and was replaced by Dr. Hayden H. Donahue, another out-of-state person.

Dr. Grady F. Mathews, as newly appointed administrator of the federal funds now available, set up a new Mental Hygiene Division within the State Department of Health and appointed Dr. Charles A. Smith as director of the division.

In June of 1947, a committee from the Tulsa Mental Health Society consulted with Dr. Mathews about federal funds for the opening of a clinic in Tulsa. The committee was assured of a minimum of $15,000 for the first year. Since federal-state funds were promised only on the condition that one-half the funds be paid by local sources, application was made for membership in the Community Chest. In May 1948, the application was approved on a three year trial basis.

The Tulsa Mental Health Society gradually ceased to exist, and was succeeded by the Clinic Board of Directors. This Board was officially organized and began regular monthly meetings in the fall of 1948.

In 1953, the Tulsa Child Guidance Clinic operated with funds almost exclusively provided by the Community Chest. The Clinic had a staff of one full-time psychiatrist, two social workers, two clinical psychologists and two secretaries. It has recently been approved by the National Association of Child Guidance Clinics as an accredited member.[27]

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[27] L. S. McLeod, "Summary Sketch of the Tulsa Child Guidance Clinic," pp. 6-8.

In Oklahoma City publicized efforts to get a mental hygiene clinic were begun in August, 1947.

The Daily Oklahoman published a story in which Fay Webb, then executive secretary of the Oklahoma City Council of Social Welfare, announced on August 1, 1947, that a meeting of psychiatrists, doctors and interested citizens would be held on the following Friday to make plans for the establishment of a clinic.

It was reported that the main discussion at the meeting would revolve around how much money could be obtained by Oklahoma under the federal mental health act. It stated that the State Department of Health had estimated that $55,000 to $58,000 would be allocated to the state for establishing clinics and for the training of personnel.

Miss Webb said that a Citizen's Committee probably would make an appeal to both the city and county for funds. If the money could not be made available through these sources, an appeal would then be made to various civic organizations which had expressed an interest in preventing the spread of mental illness.

Listed as committee members who would attend the Friday meeting were: Dr. John Hackler, Miss Webb, Joseph Peaslee, Dr. Harold Binder, Dr. Walter Miles, Joe Hamilton, Dr. Beryle Summerfield, Dr. Hugh Galbraith and Eula Fullerton.[28]

A month later, a volunteer citizen's Committee met with City Manager William Gill for a two hour conference to discuss tentative plans and ask for city financing. Committee members included Mrs. George E. Calvert,

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[28] The Daily Oklahoman, August 1, 1947.

Mrs. W. C. Kite, Miss Fay Webb, and Joe Hamilton. Several weeks later Mr. Gill said that the City Council had met, and although it was agreed that the establishment of the clinic was a useful project, financial aid could not be given to the Clinic.[29] In the meantime the Oklahoma City Chapter of the American Business Club agreed to sponsor the clinic for one year.

On October 18, 1947, an article in The Daily Oklahoman announced that, "The first Mental Hygiene Prevention Clinic in Oklahoma came into being Friday at ceremonies in the Civic Room of the Biltmore Hotel."

Merton Bulla, President of the Oklahoma City Chapter of the American Business Club presented a check to Reverend W. H. Alexander, President of the Oklahoma Committee for Mental Hygiene.

It also stated that Mr. Alexander had said the clinic would start operations November 1 at the Sunbeam Home. It was to be an all-purpose clinic "giving intensive treatment to adults and children with severe behavior disorders."

The governing board of the clinic was to include two representatives from the board of directors of the American Business Club, two directors from the Sunbeam Home executive board, two directors from the Department of Psychology of the University of Oklahoma, and two directors from the Oklahoma Committee for Mental Hygiene.

It was announced that the clinic would accept referrals from schools, courts, and welfare agencies throughout the state. It was also stated that a mobile clinic would be established to make trips to outlying com-

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[29] Ibid., September 17, 1947.

munities.

Dr. Beryl Summerfield, child psychiatrist, was to head the clinic. Dr. Hugh Galbraith would serve the clinic on a consultative basis. Miss Dorothy Mitchell, a member of the University of Oklahoma psychology department who had been a psychology consultant at the University Guidance Center and Sunbeam Home for two years, was to head up the psychological staff. The clinic was established without the aid of federal funds.

Meanwhile, Oklahoma received national accalim for its mental hygiene movement. On November 12, 1947, The Daily Oklahoman carried a story which stated that:

> "The Oklahoma Mental Hygiene movement was proclaimed 'the outstanding state reform movement in the United States by Dr. George S. Stevenson, medical director of the National Committee for Mental Hygiene in a talk to delegates Tuesday on the eve of the thirty-eighth convention of the national committee.'
>
> 'A number of states initiated reforms in care of the mentally ill during 1947, but none was more dramatic or more effective than Oklahoma's year long battle for a new approach to the problem of mental sickness,' Dr. Stevenson said.
>
> He added, 'In paying tribute to the Oklahoma movement, I would be remiss if I did not mention the great journalistic crusade carried on by The Daily Oklahoman; a courageous crusade which has few parallels in the annals of American journalism.'
>
> He pointed out that an exhibit of the articles and portfolios of highlights of the campaign was on view to convention members and said, 'I commend them to your close attention, for they are now historic documents in the national movement.'
>
> He also congratulated the Oklahoma Committee for Mental Hygiene for becoming 'in the space

> of one year one of the outstanding, if not the outstanding, state mental hygiene society in the country.'..."

By March, 1948, another difficulty arose concerning Oklahoma's mental hygiene efforts. The Oklahoma City Times printed an article in which mental hygiene leaders criticized the congressional charges that Oklahoma, as well as other states, was not making full use of federal funds granted in 1947.

Dr. Mathews was quoted as saying that the biggest obstacle had been the recruitment of personnel to staff the clinics. He was joined by Joseph K. Peaslee, Executive Secretary of the Oklahoma Committee for Mental Hygiene, in making a protest against the action of the house appropriations Committe in holding up almost $4 million in grants to states for mental hygiene prevention programs during the coming year.

It was stated that if funds were not granted for the coming year, it was feared that the mental hygiene clinic at the University of Oklahoma Medical School and the scheduled opening of the Community Mental Health Clinic in Tulsa would be held up indefinitely.

The funds were finally released to the state.

Veteran's Administration Clinic Opened

In April, 1948, the Oklahoma Mental Health Movement widened its scope with the opening of the first mental hygiene clinic in Oklahoma for the treatment of veterans. The opening climaxed almost a year of effort on the part of the local Veteran's Administration and the Oklahoma Department of the American Legion to obtain personnel and funds.

Dr. R. M. Van Matre, a native Oklahoman, was announced as the Chief

psychiatrist of the clinic, and Miss Alma C. Gideon was named social case work supervisor.[30]

By June, 1948, it was announced that "the clinic had barely been able to keep up with the number of applicants for treatment during the first six weeks." It was also stated that Miss Gideon had gone to the Menninger Foundation in Topeka to take a twenty months course in advanced social work. Dr. Van Matre had recently been appointed a member of the department of psychiatry of the University of Oklahoma Medical School.[31] By November, 1948, another article announced that more than 100 veterans had received treatment in the six months since the clinic was opened.

The clinic staff had expanded considerably. In addition to Dr. Van Matre, Dr. Charles E. Knowles and Dr. Harold Binder were serving the clinic two half-days a week. It was announced, too, that Dr. George Guthrey would join the staff on a part-time basis December 1. Dr. Galbraith and Dr. Charles Leonard had been appointed consultants. Miss Pansy Pawson, a graduate of the Smith College of Social Work, had joined the staff. No psychologists with sufficient qualifications had been recruited.

University Hospital Mental Hygiene Clinic Opens

The University of Oklahoma Medical School's Mental Hygiene Clinic opened its doors in June, 1948. The clinic was established as a part of the out-patient facilities and was under the direction of Dr. Robert C.

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[30]The Oklahoma City Times, April 19, 1948.

[31]Ibid., July 16, 1948.

Lowe. The staff was composed of members of the department of neurology and psychiatry of the School of Medicine. Each person was to devote one afternoon a week to the clinic. Dr. Coyne Campbell, department chairman, announced that a full-time director would be hired as soon as one was available. The clinic was opened without the services of a full-time clinical psychologist and psychiatric social worker.

From the beginning it was stressed that the clinic would be largely diagnostic, but that it would also treat patients suffering from neuroses or more severe mental disorders. Also stressed was the fact that the clinic would serve as a teaching resource whereby medical students would get an opportunity to learn psychiatric techniques and procedures under the guidance of staff members.

In addition to members of the Central State Hospital staff, the clinic personnel included Dr. Charles Obermann, Dr. Charles Smith, Dr. R. M. Van Matre, Dr. Moorman Prosser, and Dr. Charles Leonard. Control of funds for operation of the clinic were under Dr. Grady Mathews, State Health Commissioner. Dr. Charles F. Smith, Director of the Mental Health Division of the State Health Department, was to act as liason between the health department and the clinic staff.[32] Within six months' time three mental hygiene clinics had been opened.

The Oklahoma City Community Mental Hygiene Clinic

During this period the mental health movement was experiencing some difficulties which generally accompany a rapidly growing organization.

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[32]The Oklahoma City Times, June 29, 1948.

Perhaps the Oklahoma Committee for Mental Hygiene was in for a larger share of these than might have been expected. From the first the program had experienced financial and organizational difficulties. As a state-wide organization it had been very difficult to get a Board that was representative of the membership. Since it was delegated with the responsibility for making decisions when the full Board could not meet, the Executive Committee began to exercise almost total control over the organization. The members of the Executive Committee considered that a guidance clinic was the most important objective of the organization. Actually, the idea of the clinic had begun to be formulated even before articles by Mr. Gorman appeared.

Mr. Charles Leopold, who came to Oklahoma City in 1945 as the Executive Director of the Sunbeam Home Association, saw the need for the reactivation of the clinical services of the association. The members of the Board, however, were of the opinion that the time was not appropriate for the restoration of clinical services.

Nevertheless in the Summer of 1946 Mr. Leopold made an agreement with the University of Oklahoma Psychology Department for psychological testing services to be resumed at the Sunbeam Home. Dr. Lemmon was the clinical psychologist designated to supervise the testing services.

By early 1947 Dr. Lemmon came to Mr. Leopold and discussed the Oklahoma Committee's idea of having a demonstration clinic. He asked if Mr. Leopold would be willing to provide office facilities for a clinic. Mr. Leopold discussed this with the Board of the Sunbeam Home and a plan was effected. The members of the American Business Club agreed to sponsor

the project. At the time, they felt they could raise $15,000, but actually only $5,000 was given by several individuals.

In November, however, the clinic was put into operation. Dr. Summerfield was employed half-time as the director. A social worker was also employed, and psychological services were furnished through the University of Oklahoma's Psychology Department.

A mobile psychological testing unit was established. The testing unit gave services to various institutions throughout the state. However, new difficulties arose. The social worker became ill. Dr. Summerfield carried most of the resident clinic load by herself. For a long period she worked without pay because of the critical financial situation. By the summer of 1948 the clinic was forced to close. In the meantime, other activities of the Oklahoma Committee had fared better. Mr. Peaslee made frequent trips over the state in an attempt to raise money and do educational work. He also attempted to set up local chapters. James Logan, a previous social work student, became the field-worker of the organization. Through Reverend Alexander's efforts large individual contributions were solicited from various people. These contributions kept the organization going for a short period of time. However, by the summer of 1948 the Mental Hygiene Program was almost without funds.[33] It was in the midst of this financial crisis that the Oklahoma Committee for Mental Hygiene was admitted as a participating agency of the Oklahoma Community Chest with a budget starting in November 1948. The original budget was for $23,000. Of this amount, $6,000

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[33]Personal interview with Mr. Charles Leopold.

was to go to the state organization and $17,000 to the clinic. Officers of the organization were asked to keep separate records on the two phases of the program.[34]

For the first time the organization had fairly solid financial support. However, Mr. Peaslee resigned as Executive Secretary. As he states it, "The crusade was over and organized social work had taken on the responsibility." Mr. James Logan became Executive-Secretary.

In December, Dr. George Guthrey, who had just finished his training at the Menninger Foundation returned to Oklahoma City. He was employed half-time at the Veteran's Administration Clinic and was hired by the Oklahoma Committee to be director and part-time psychiatrist for the clinic. The University of Oklahoma still provided psychological services and a full-time psychiatric social worker was employed. The clinic was still housed in the Sunbeam Home Cottage.

In 1949, the Sunbeam Home Association and the United Provident Association were merged. The newly created Family and Children's Service moved to new quarters at 527 S. W. 2nd Street, and the Community Mental Hygiene Clinic moved into the building next door. Office space was provided by Family and Children's Service in return for three hours' psychiatric consultation service a week by the clinic.

The local clinic seemed firmly established this time. However, the Oklahoma Committee for Mental Hygiene continued to have its financial troubles. There was a general lack of activity from 1949 to 1951.

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[34]From official correspondence of the Community Chest of Oklahoma City - as interpreted by Mr. Rudolph Evjen during a personal interview.

Reverend Alexander decided to run for the United States Senate and found it necessary to turn most of his efforts in that direction. He did not resign his office as President of the Committee or of the Oklahoma Association for Mental Hygiene. He resigned later when he became the official Chaplain to the Republican Party. The Reverend J. Clyde Wheeler became acting president.

The officials of the Community Chest were of the opinion that it was not the responsibility of the local community to finance a State Association, and as a result the annual grant to the state organization was reduced to $3,000.

Meanwhile, governmental subsidies proved to be more adequate for the promotion of the movement in Oklahoma. An article in the Oklahoma City Times pointed out that the University of Oklahoma Medical School Mental Hygiene Clinic had received the bulk of the 1947-1948 federal funds. Nevertheless, $5,000 of the total $22,000 granted to Oklahoma had gone to pay salaries and expenses of the newly created Mental Hygiene Division of the State Department of Health. The remainder was alloted to the Oklahoma Committee for Mental Hygiene to aid in its educational work.

Two post-graduate courses in psychiatry for doctors were also financed out of mental health act funds. One hundred and seventy-four state doctors attended psychiatric seminars in Enid and in Oklahoma City.

Plans for the next year called for a major portion of the estimated $58,000 to be granted to be used in financing the University Hospital Clinic. Of this amount, $15,000 was for a mental hygiene clinic in Tulsa.

Community Agencies in Tulsa were to contribute an additional $8,000.

Funds also were to be used for another series of psychiatric institutes for doctors and nurses. Grants could be made to state nurses, psychologists and social workers for advanced study in training schools in other states.

Psychiatric Training in Oklahoma

Professional training was one phase of mental health work that had suffered greatly because there were no training facilities in the state.

Dr. Charles Obermann, director of the State Department of Mental Health, made an effort to correct this situation. In the fall of 1949, an affiliated program for training student nurses in psychiatric nursing was started at the Central State Hospital. By 1950 eleven schools of nursing were affiliated with the hospital. Occupational therapy students from the School of Occupational Therapy at the University of Kansas also began receiving a part of their training at the Central State Hospital. In cooperation with the University of Oklahoma Department of Psychology, a program of training clinical psychologists was begun with the Enid State School and the Central State Hospital.

Finally, during the two years the Mental Health Department existed, cooperative arrangements between the Central State Hospital and the University's School of Medicine had been strengthened. Senior medical students now received a part of their medical training in psychiatry by serving clerkships at the hospital. However, only one hospital was provisionally approved for training of physicians in psychiatry. The report, from which this previous material was taken, recommended that every ef-

fort should be made to strengthen this program for full approval.

The report also noted that in "the extraordinary session of the twenty-second legislature made available to institutions within the Department of Mental Health approximately sixteen million dollars which includes two and one-half million dollars of Federal participation." The report stated further that "Oklahoma's mental health program was further benefited by a provision of $500,000 for the construction of a neuro-psychiatric addition to the hospitals for the University of Oklahoma Medical School."[35]

Since Mr. Gorman had left the state the actions of the Twenty-Second Legislature were not as dramatically recorded as were those of the Twenty-First. One of the more important laws passed by the legislature, however, called for an election on a bond issue to finance an appropriation for new mental hospital buildings.

Governor Roy Turner, who had contested the need for a new Mental Health Act in 1947, was one of the chief proponents of the bond issue. This in itself reflects the change of attitude toward mental illness and mental health that had occurred during a two year period. The movement gained widespread public support.

On September 5, 1949, Mr. Turner made a Keynote Bond Speech at Durant. Said he, in part:

> "We are confronted now with pitiful and shameful conditions at State institutions - conditions which have come about largely by reason of neglect. Some of this neglect dates back as far as 1932.

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[35]The Oklahoma Department of Mental Health, "Program and Performance Report," 1950, p. 2.

> I feel that the people of Oklahoma have a right to expect their governor to tell them the truth about these conditions. I also feel that the people have a right to expect their governor to do something about it."[36]

The bond-issue was approved by the people of Oklahoma and in 1950 there was another important development. Dr. K. W. Navin, health officer for Pottawatomie County, was concerned over the many potential and actual cases of mental illness he encountered in the practice of medicine. He wondered if the health education measures, used successfully for many years by the Public Health Service, could be applied to the problem of mental health. He conferred with Dr. Charles Smith, who was then director of the Mental Hygiene Division of the State Department of Health, and an idea was conceived whereby mental health could be brought to communities by teachers, policemen, county judges, ministers, and public health nurses.

Before the program could be started, however, Dr. Smith was appointed Superintendent of the Central State Hospital at Norman. Dr. A. A. Hellams became the new director and the first demonstration project was carried out in Shawnee. Impressed with the program's potentialities, Dr. Hellams began developing it in other cities in which county health departments were located. These included Wewoka, Norman, Ponca City, Muskogee, Okmulgee and Lawton. Meetings were held at the towns mentioned. Real cases of problem children were used and all the people who had contacts with these children were invited to the meetings. In 1953 ques-

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[36]Roy J. Turner, "Keynote Bond Speech" (Durant, Oklahoma, September 5, 1949), p. 1.

tions relating to motives for stealing and other anti-social acts were discussed. The main purpose of the meetings was to implant the principles of mental health. In this manner these principles can be applied to similar cases in the community.[37]

Through the cooperation of Dr. Hellams, Miss Mary Gormley, a social worker, made an effort to teach mental health concepts to various groups in 1952 as an aid in the prevention of mental disease.

By 1952, other significant changes had taken place. In January, 1951, Mrs. Locene Renshaw had replaced James Logan as Executive-Secretary of the Oklahoma Association for Mental Hygiene. The Association, for the first time, became very closely affiliated with the newly formed National Mental Health Association. Accordingly, the name of the organization was changed to the Oklahoma Association for Mental Health. A new president was elected. Mrs. Bertha F. Little of Bartlesville, who was a past president of the Oklahoma State Federation of Women's Clubs and a volunteer Field Consultant of the National Staff of the Red Cross, was elected to that office. Mr. George Ade Davis, who was a retired president of the Oklahoma Gas and Electric Company and Past Commander of the Oklahoma Department of the American Legion, was elected first vice-president. Mrs. E. R. Rector, of Tulsa, who was also a member of the Board of Directors of the National Association for Mental Health, was elected second vice-president. Officers of the organization were again representative of several towns and of different interests.

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[37]A. A. Hellams, "Promoting Mental Hygiene Through the County Public Health Department," Reprint from the American Journal of Public Health, 42, No. 11, (November, 1952).

An annual meeting of the Association was held December 11, 1952. By this time an Oklahoma County Chapter, with one of the largest county memberships in the Nation, had been founded. Mrs. Frank Buttram was the first President of this chapter. As a result of the efforts of Mrs. T. Burns Westman, the Chapter inaugurated a volunteer program which provided Central State Hospital with volunteer Sunshine Ladies, Grey Ladies and Musical Therapists. The Chapter also was presenting a Mental Health Program somewhere in the county on at least twenty out of thirty days each month. There were other county chapters in Washington, Commanche, and Tillman Counties.

Adequate financing was still a problem. On April 12, 1953 it was announced that former Governor Roy Turner would serve as Chairman of the 1953 Mental Health Drive in Oklahoma which was to open May 4. That drive had as its state-wide goal the sum of $49,700.[38]

In 1953 the Association was looking forward to a long-range preventative educational program and to the development of community interest in the mental hospitals through the volunteer program. Although it is still interested in securing better legislation and in meeting other immediate problems, the focus has changed to planning for the future.

Meanwhile, the addition to the psychopathic hospital building of the University Hospitals has been completed. The Mental Hygiene Clinic is located in this building but the in-patient facilities are not open because of the lack of appropriations.

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[38] The Daily Oklahoman, April 12, 1953.

The Clinic itself has encountered many difficulties. Mrs. Katherine Hudson began working at the Clinic in 1949 and continued there until the summer of 1952 as a psychiatric social worker. The clinic had no full-time social worker in 1953. Cases were referred to the Social Service Department of the University Hospitals and consultative psychiatric service was given to the Department.

Dr. Neil Kimerer, who was trained at the Menninger Foundation, was appointed director of the Clinic in 1951. Because of the lack of status usually associated with a new department, conflicts have occurred with related divisions and departments.

The Community Mental Hygiene Clinic has also encountered difficulties since 1950. In April, 1951, Mrs. Marguerita Davis joined the staff as psychiatric social worker. However, in 1953 Dr. Guthrey was called into the Navy and the Clinic was without a psychiatric director at the time the survey was made. It should also be observed that the name of the clinic was changed in July 1952 to the Community Guidance Center.

The Department of Mental Health has also had personnel changes. Mrs. Margaret Rule was employed by the Department in 1952 as chief psychiatric social worker. Dr. Charles Obermann resigned his position in 1953 and was replaced by Dr. Hayden Donahue.

Mental health is still a controversial subject, as is the care of the mentally ill in this State. The legislature, which was in session when this was written, was greatly concerned over reports of an investigating committee on conditions at Central State Hospital. Two members of the staff of the Hospital were dismissed as a result of this investi-

gation. Alleged brutality of patients has also been investigated as well as reports that patients could be sent to the hospital without adequate legal protection. The county courts and the present commitment laws have been vigorously criticized. In a pending mental health law provision for replacement of present members of the Mental Health Board by lay members has caused a considerable controversy.

Actually, the Mental Health Movement in Oklahoma has reached a period of relative calm. The issues mentioned previously have been largely confined to small groups of people. For the most part the public is now more concerned with a positive program for mental health than in attacking the many wrong conditions that still exist.

CHAPTER V

CONCLUSIONS

Organized efforts to improve existing institutional treatment and care for the mentally ill in Oklahoma, to provide early treatment for the less seriously ill, and to promote a preventative program have been existence for only a few years.

A great deal has been accomplished. A new mental health law designed to remove the stigma of mental illness and to provide better commitment procedures and care for the mentally ill is in existence. An extensive building program, including physical facilities for a psychopathic hospital, has been completed. A Department of Mental Health, governed by a board which is largely removed from political control has responsibility for coordinating plans and supervising administration, treatment, and care of patients in the state mental institutions, and for hiring qualified personnel. A Mental Health Division of the State Health Department is responsible for preventative work through the County Health Departments. Four treatment clinics have been established. One of these is only for Veterans. A State Mental Health Association, County Associations, and local associations, with wide-spread membership are now in operation. School systems frequently include programs for guidance and counseling of students as a part of their curricula. Some indication of the progress achieved may be seen in the statement of Dr.

George S. Stevenson, who for twenty-five years served in various capacities with the National Committee for Mental Hygiene and is at present medical director of the National Association for Mental Health. In a recent article he points out that the test of any mental health organization is, whether it ultimately advances the mental health of people living in communities. This is true whether the organization is local, international, voluntary or professional.

Differences of opinions among authorities are always legitimate insofar as these differences do not by-pass science. When the results are expressed in terms of an advance in scientific knowledge the public benefits. However, "concretely, it is of little concern to the public beneficiary whether the existence of mental health counseling in a well-baby clinic came through federal, state or local authorization. He is concerned first about results."[1]

From this perspective, it seems obvious that, although divisions of labor are needed within the field, no one division can assume a more important status or have authority over other divisions. As Stevenson states, "This means that unless there is a partnership between these agencies leading to reconcilation on program and coordinate action, the supposed beneficiary may be confronted with several guides, and to that extent injured. He is confused by defective service and by contrary paths to the same goal."[2]

From a history of Oklahoma's Mental Health Movement several criti-

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[1]George S. Stevenson, "The Citizens' Mental Health Movement," The Annals, Vol. 286 (March, 1953), p. 108.

[2]Ibid., p. 108.

cisms can be made in regard to the final outcome of the effort. First, there have been continuous differences of opinion as to priorities and objectives that often have far by-passed the realm of judgment and have become personal.

One example that may be cited is the issue of voluntary admissions. Differences of opinion, largely personal, on the part of hospital superintendents, are often responsible for the refusal to take such commitments. Another example is the issue of court commitments. Where differences exist as to whether commitments should be a legal or medical concern, there sometimes appears to be an urge to determine which profession is the more important, regardless of the welfare of the patient.

Differences of opinion, within a group have more than once disrupted organization. Some of these differences are personal and may sometimes be seen in the history of the Oklahoma Committee for Mental Hygiene.

Often a particular issue was brought before the public, in order to secure action. Insofar as the incident was of relatively little importance, it served only to satisfy personal needs rather to mobilize effort for constructive action.

There has also been a tendency between non-professional and professional groups to disagree over matters of leadership rather than to find out how they can best cooperate. The same has been true of state agencies working within the mental health field.

The history of the mantal health movement in Oklahoma reveals not

only the concrete advances that have been made, but also the more intangible developments. A change in public attitude has taken place. More people are willing to talk about mental illness, and to recognize it as a sickness and not as a mysterious manifestation of evil spirits, or of immorality. This attitude finds expression in a feeling that something constructive can be done about the problem. What they want now is united and cooperative leadership.

In the recent controversy over the proposed change in membership of the Mental Health Board, Dr. Hayden Donahue, the new director of Mental Health, made a significant statement. While one physician argued that lay membership would represent "flagrant encroachment of politics on the mental health problem" and another said that, "The director is going to have to have medical help - he should have physicians on the board," Dr. Donahue waited and spoke. In a statement he said that he did not feel that the composition of the board was important. "What you need are sound, sincere people interested in the improvement of the mental health program."[3]

The future history of the Mental Health Movement in Oklahoma depends on the leadership of persons who are able to promote the recognized principls of good mental health. This calls for the planning of a long-range program with long-range goals which can ultimately be reached by accomplishing carefully planned monthly goals. It also calls for organizational efforts based on a sound financial plan. Certainly, the effort should be continued, for within it lies the spirit needed for achieving

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[3]The Daily Oklahoman, April 10, 1953.

the desired results. The campaign must be conducted by skillful, objective people, who can use their skills to persuade more people to take part in the mental health movement. If these objectives are accomplished a widespread application of the principles of mental health may be expected.

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