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One criticism frequently made of newspapers is that, having covered a dramatic event in exciting prose, they rarely follow up this story with an analysis of its aftermath -- less exciting, perhaps, but equally real and newsworthy. Recently, however, my attention was captured by a follow-up story of a case of senseless violence. The article in the November 30th issue of the Washington Post was headed: "Gang's Beating Leaves Mental Scars on Youth."

That beating of a 14 year old boy by fellow teenagers who, apparently, wanted nothing more than a moment of excitement, had occurred over six months ago. It had left the boy hospitalized with a blood clot on his brain, but apparently on the way to physical recovery after surgery.

But mental recovery was another matter. Checking up on this earlier story, the Washington Post reporter confronted a boy clutching at his mother as she prepared to leave his room at a psychiatric institute, and then kicking and screaming in the tantrum of a preschooler. The psychiatrist's report was that this boy, unable to cope with the trauma of that physical attack, had retreated into the safety of his early childhood.

And what of the "trauma" of the parents, financial as well as emotional? Already holding hospital bills totalling more than \$16,000, they face the additional expense of institutional care and treatment, amounting to over \$100 a day, for an unknown period of months. The father, a painting contractor, obtains contracts intermittently. Last year he made about \$8,000. He and his wife, who is also trying to find work, have no car. To save money, they have moved in with relatives.

Something is wrong when an affluent and supposedly child-centered society cannot find a way to help these people -- a boy who could, after intensive care and rehabilitation, make it back into society and eventually become a contributing member of that society, rather than be "put away" somewhere and yet remain a permanent burden upon a society that says "out of sight, out of mind." Something is very wrong when we cannot help thousands upon thousands of parents who face the crisis of not even being able to find help for their emotionally "fragmented" children, either because of the expense of institutional care or because they are far down on the waiting list for even an initial interview.

We know that emotional illness is now the number one health problem in the nation. But do we have any concept of how extensive this problem is among our children?

The 1970 report of the Joint Commission on Mental Health of Children estimated that emotional disturbance strikes ten million of the 100 million children and youth of America -- and this figure includes 2 million who are classified as psychotic. And yet, only one million children are getting any help at all.

In testimony before the Platform Committee of the Democratic National Committee last June, representatives of the American Psychiatric Association reported that there are only 3,000 child psychiatrists in America, and that there is a serious shortage of mental health facilities. As a result, the number of children in state and county mental hospitals, now 55,000 has doubled since 1963.

These harsh statistics ought to shock this nation into action. There is no question that dramatic steps would be taken if these figures applied to a disease epidemic, such as diphtheria or measles or polio. But apparently, society continues to regard the whole area of mental health in a different light. Despite

major initiatives launched by Congress in the last decade to address this extensive health problem, federal programs continue to languish for want of adequate funding, and mental health remains low on the Administration's list of human resource priorities in annual federal budget requests.

It is sharply clear to me that a concerted effort must be made in the present decade to bring America out of the dark age of ignorance about mental illness, and to focus upon the direct connection between mental and physical health. And yet, this is precisely the point that Dr. Oscar Reiss and Dr. David Davis were making 22 years ago when the Reiss-Davis Child Study Center was opened in a converted warehouse in Los Angeles. Perhaps far ahead of their time, these pediatricians recognized the critical need for an integrated program of diagnosis and treatment, ongoing research, professional training, and extensive community education on childhood emotional disturbance.

Now occupying a uniquely designed facility -- the result of Hill-Burton assistance and a major community fund-raising effort -- this Center is an outstanding example of advanced approaches to childhood mental health problems that ought to be going forward all across this nation. Here you will find a total investment in the rehabilitation of emotionally disturbed children, where each case is made the deep concern of a clinical team of professionals in psychiatry, psychology, and psychiatric social services.

But from the beginning, the Center saw each child as a member of a family unit and of his or her community, and it reached out to this total social situation, through directing counselling and help to the parents as well as the child, and through launching extensive and highly successful institutes and seminars for school teachers. I find it remarkable that such an obviously essential approach to mental health should not have received national recognition until the enactment of the Community Mental Health Centers Act of 1963. For it is that family and community society, from which the child has withdrawn, which will ultimately provide his or her "cure" and which, at the same time, will be a better society for having been given this opportunity.

In this regard, I can only applaud the Center's basic treatment program on an out-patient basis and to which a long-term commitment is made. I cannot accept the alternative of institutionalization, any more than I can believe that childhood emotional disturbance should be simply "controlled" through quickly administered palliatives. I know that a major fund-raising effort is underway to expand this basic treatment program, and hopefully, to reinstitute the richly promising programs of the Day Treatment Center for even more severely disturbed children. And you have my deepest wish for success in this vital undertaking, to enable this nationally accredited and recognized independent institution -- only one of five of its type in the nation -- to fulfill its promise.

But the time has come to establish an equal commitment across this nation that every child shall be guaranteed the right to mental health. And it is my personal commitment that Congress shall play a decisive role in securing this right.

We must begin by overruling continuing objections by the Nixon Administration, to provide full funding for medical research and training programs -- for example, psychiatric residency training, where the loss of federal support would cut the number of present residents almost in half.

Similarly, when the Community Mental Health Centers Act comes up for renewal in 1974, we must substantially increase authorizations if we are to meet the original goal of establishing 2,000 fully operational centers by 1980.

I find it incredible that, almost ten years after this law was enacted, there are only 452 centers operational today. Community mental health programs have played a vital role in

addressing problems of drug addiction, alcoholism, and mental health problems of minority groups, veterans, children, adolescents, and the aged. And these community services have probably saved millions of dollars that would otherwise have been required for long-term institutional care and the treatment of cases that would have become more severe.

Next, Congress must enact legislation to extend and expand programs under the Developmental Disabilities Services and Facilities Construction Act. This law focuses upon the handicaps that originated in childhood -- children who are victims of cerebral palsy, epilepsy, and similar disabilities attributable to neurological impairments.

But it is a law which has never been given the chance to do the job in its first three years, because the Administration has requested only \$120 million of the \$295 million authorized by Congress for these comprehensive services.

This law amended the 1963 Act providing for federal assistance for the construction of community facilities for the mentally retarded. And several million mentally retarded children remain the largest constituency of those having a serious need for services under the 1970 Act. It is profoundly wrong that these children should be isolated from society, denied the educational opportunities that are vital to the development of a child's capabilities to his or her fullest potential. We know that the major type of mental retardation arises from adverse environmental and cultural situations. Stated simply, many children unable to compete in school or in society lacked the early childhood developmental experiences necessary to prevent functional retardation.

It was precisely to address such prevalent conditions that last year I introduced legislation that went right to the heart of the matter where children, youth, and adults are denied an equal chance in life solely because of a mental or physical handicap. My bills, therefore, would have amended the Civil Rights Act to prohibit discrimination, on the basis of such handicaps, both in all programs receiving federal assistance and in employment.

But this is only one example of the comprehensive approach that must be taken to establishing the right to mental health for all our people. We know, for example, that the high incidence of mental retardation in areas of poverty has one direct cause in pervasive malnutrition. Here we confront the organic causes of mental illness -- for example, Pellagra, associated with a diet deficient in niacin and protein. For this reason, I have placed strong emphasis in my legislative work on expanding federal assistance for such programs as maternal and infant nutrition. And it is my intention to introduce again the Universal Child Nutrition and Nutrition Education Act -- to assure that every American child receives nourishing daily meals.

What I am suggesting is that what is termed "preventive intervention" must be regarded as of equal importance with comprehensive rehabilitation services in combatting mental illness, particularly among children. That is why, for example, I have presented a nationwide program of maternal and child health care:

- a comprehensive program of prepaid medical care for all pregnant women and for children in their earliest years

- a program that is also directed at the child's home situation

- a program geared to the early prevention of physical and mental illness through periodic screening and complete diagnostic services

- and a program to provide treatment and care to children under six years of age whose health has been threatened by major trauma or catastrophic illness.

Such a comprehensive and intensive approach to guaranteeing child health should be an integral part of a national health insurance program, whose enactment should have the highest priority in the next Congress. But with respect to national health insurance, I fully agree with the position of the American Psychiatric Association that this program must also include coverage of a full range of services and facilities for the mentally ill and emotionally disturbed.

However, the time has also come to coordinate and substantially expand services for the treatment and rehabilitation of emotionally disturbed and mentally ill children and youth. The high rate of juvenile suicides, homicides, and drug overdose deaths demands this national action without further delay.

I believe that an effective method by which this can be accomplished is through providing federal assistance for "full-service" mental health programs in our communities. The approach I am suggesting would sharpen the focus of the Community Mental Health Centers Act. This approach would make mental health clearly a responsibility of the total community. By pulling together vital resources, it would make mental health services more clearly identifiable and available to a far broader range of families at the lowest possible cost.

The Reiss-Davis Child Study Center program has two aspects of particular relevance to what I have in mind. First, it offers a central clinic providing special services, but tied in with an ongoing educational program involving local school districts. Second, it has set the standard by reserving treatment for the children of families who cannot afford private care.

I believe that federal project grants should be provided to promote this constructive interaction of professional services and local school districts, whereby educators are sensitized to potential emotional disturbance, mental illness, and learning disability problems of children. And through providing incentives for state and local matching assistance for the development of professional centers, these children can be reached at the earliest possible time, while the children themselves are enabled to enjoy a normal social atmosphere to the fullest feasible extent.

Finally, to further the goal of establishing well-rounded mental health programs with maximum outreach, communities would be encouraged to establish mental health associations, both to promote communication and citizen participation, and to expand services through fund-raising campaigns, educational programs, and the training of citizen volunteers.

Only in this way, can we reaffirm the rights of bilingual, handicapped, or slow-learning children to education in the public schools, instead of being wrongly classified as retarded or uneducable and dismissed.

Only through so expanding the horizon of our awareness of what is going on in our communities, will we begin to take action to help the so-called "naive offender" -- the retarded youth who lacks perception or intuitive judgment about the offense with which he is charged -- and the law enforcement officer or court official who sees no alternative to placing him in a jail cell. And it is only through achieving such heightened concern by the total community that we will address the profound problem of tens of thousands of people receiving only custodial care in mental institutions -- where all too frequently we are confronting shocking cases of human degradation.

And yet, in the end I come back to that 14-year-old boy who has withdrawn from society, and I think of the thousands of children and youth like him whose view of society is blocked by a tightly drawn curtain, while parents sit in the next room in the silence of despair and anxiety.

American society dare not withdraw from them. The curtain must be opened. Hope must be restored. A nation of compassion can do no less. A people who are concerned can do so much more.



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