WHAT ARE OUR RESPONSIBILITIES IN MENTAL HEALTH ?

A REPORT BY
THE GOVERNOR'S COMMITTEE
ON
MENTAL HEALTH

January 1, 1957

Governor's Committee on Mental Health
Room 230
State Capitol Building
Denver, Colorado

Honorable Edwin C. Johnson
Governor of the State of Colorado
State Capitol Building
Denver, Colorado

Dear Governor Johnson:

Your Committee on Mental Health respectfully submits the attached report on Mental Health in Colorado for your consideration.

Since its appointment by you in July, 1955, the Committee has studied carefully many aspects of the mental health program in Colorado and incorporated its findings and conclusions into this report.

The Committee has received the fullest cooperation from everyone contacted. Committee members especially commend the Colorado Legislature for its assistance. This report would not have been possible without the cooperation of Shelby Harper and the staff of the Legislative Council.

The Committee feels the study has stimulated interest in the mental health program among the citizens of the state, and hopes you will encourage wide circulation of the report.

The members of the Committee appreciate your continued interest and support and wish to thank you for the opportunity to be of service. The Committee hopes its efforts will prove of benefit to the state of Colorado.

Sincerely,

Senator Walter W. Johnson
Chairman
Representative Lucille L. Beck
Co-Chairman
Betty M. Chronic
Project Director

State of Colorado

EXECUTIVE CHAMBERS

DENVER

N C. JOHNSON
GOVERNOR

1-29-57 Free

Gen. Committee on Mental Health

FOREWORD
By Edwin C. Johnson
Governor of Colorado

A Western Interstate Conference on Mental Health met in San Francisco in March, 1955, and adopted a resolution requesting each of the Western States to undertake a survey of its mental health situation for use as a basis for making recommendations to the Governor and General Assembly on this problem.

I appointed the following persons to serve on the Colorado Committee:

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Pueblo, Colorado

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Mrs. Henrietta A. Loughran
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Lawrence Rogers, Ph.D.
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Psychiatric Clinic
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Mrs. Daniel Richardson, President
Colorado P.T.A.
Wheatridge, Colorado

Their first session was held in Room 243, State Capitol, Denver, 9:30 a.m., July 28th, 1955. Dr. C.H. Hardin Branch, University of Utah College of Medicine, Salt Lake, and the Project Director of the Mental Health Training and Research Survey of the Western States, got Colorado off to a flying start at this session.

This magnificent report with realistic and pertinent recommendations, and completed as a basic study, is the result. I take this opportunity to thank all persons who helped formulate this significant report. It was a labor of love on their part, but it is priceless in its sound approach to this vital problem of improving the mental health of our people. I urge all concerned to give its recommendations the attention its very great merit deserves, together with such implementation as appears desirable.

(Signed)

Edwin C. Johnson
Governor of Colorado

This report is dedicated to the citizens of the state of Colorado who are working actively in the field of mental health and to those who contributed information necessary to the report.

The value of this report will be measured by them, individually and in groups; as they find it useful in study and action, so will its worth be determined.

INTRODUCTION

RESPONSIBILITIES OF THE COMMITTEE:

On July twenty-first, 1955, Governor Edwin C. Johnson appointed the following persons to the Colorado Governor's Committee on Mental Health:

Senator Walter Johnson, Pueblo, Chairman
Representative Lucille L. Beck, Denver, Co-Chairman
Mrs. William L. Chronic, Boulder, Secretary--Project Director, Past President of Colorado Association for Mental Health.

Roy Cleere, M.D., Executive Director, Colorado Department of Public Health.
*John B. Farley, M.D., Pueblo, Physician.
Lynwood Hopple, M.D., Director Mental Hygiene Division, Colo. Department of Public Health.
Guy Justis, Director, Colorado Department of Public Welfare.
Dean Henrietta Loughran, Boulder, Dean of School of Nursing, University of Colorado.
*Representative Edward Lehman, Denver
Francis R. Manlove, M.D., Director, University of Colorado Medical Center.
Mrs. Lynn Miller, Past President, A.A.U.W.
Harold Nitzberg, Director, Psychiatric Social Service, C.U. Medical Center.
Mrs. Fredrick B. Orman, Pueblo.
Robert T. Porter, M.D., Greeley, Past President, Colorado Medical Society.
Mrs. Daniel W. Richardson, Wheatridge, Colo. Congress of Parents and Teachers.
Lawrence S. Rogers, Chief Clinical Psychologist, Veteran's Administration Hospital, Out Patient Clinic.
Mrs. Albert Solomon, P.T.A.
Mrs. David Stacey, Boulder, League of Women Voters.
Robert Stubblefield, M.D., Director, Psychiatric Clinic, C.U. Medical Center.
Richard E. Troy, M.D., Grand Junction, Psychiatrist, Director, Grand Junction Mental Health Clinic.
*Karl J. Waggener, M.D., Pueblo, Director, Woodcroft Hospital,.
F.H. Zimmerman, M.D., Pueblo, Superintendent, Colorado State Hospital.

*did not participate in preparation of the report.

At the first meeting of the Committee on July 28, 1955, Governor Johnson charged it with two responsibilities:

One: Participation in a survey of mental health needs and resources, in cooperation with the other western states, Alaska, and Hawaii, under the auspices of the Western Interstate Commission for Higher Education.

Two: Development of a program of prevention and care of mental illness for the state of Colorado through study of the present program and suggestions for improvement.

In discharging its first responsibility the Committee met initially with Dr. C.H. Hardin Branch, Director of the Regional Survey, to learn the procedure planned for the survey.

Questionnaires were developed by the regional office in Salt Lake City and mailed to the several states for distribution. The Colorado Committee compiled mailing lists for the eighteen forms to be sent out, and on a volunteer basis, assisted by the staff of the Legislative Council, mailed over 2,000 questionnaires to citizens in the state.

Nearly 600 questionnaires were returned by November, 1955. These were collected and sorted for analysis (for return figures see pages 2-3, regional report, appendix).

Prior to the 1956 session of the Legislature, the Committee had no funds. The mailing was handled through the cooperation of the State Welfare Department, the State Public Health Department, and the Legislative Council. Members of the Committee paid their own expenses to and from meetings.

During the 1956 session, the Legislature passed two measures pertaining to the Committee:

Senate Joint Resolution Three which gave formal recognition to the Committee.

House Bill 106 which granted an appropriation of $3,500 for the period ending June 30, 1957.

Mrs. Betty M. Chronic, a member of the Committee was selected to serve as project director for the report.

The questionnaires were analyzed in March, 1956, and statistical tables prepared. Committee members working in small sub-committees, carefully studied the results. Additional information became necessary and was secured.

The first report was drafted and approved by the Committee May 4, 1956. Upon its completion, this report to the region was presented to Governor Johnson, May 29, 1956.

The final meeting of the participating western states was held June 1 to 3 in Salt Lake City. Each state presented its report to the Western Interstate Commission on Higher Education at that time. The report prepared by the Colorado

Committee is found in the appendix of this report.

NEW STUDY STARTED:

With the completion of the first charge, the Committee began preparation for a second study.

It was felt that as a citizen group composed of both professional and lay interests, the Committee had a unique opportunity to study all aspects of mental health programming in the state.

Accordingly, the Committee divided itself into small sub-committees on: 1) Community Mental Health Services, 2) Institutions and Hospitals, 3) Central Authority and Coordination, 4) Training and Research.

Each sub-committee held whatever informal hearings it felt necessary, visited communities, clinics, hospitals, and institutions. Emphasis at all times was on program: what the state has now and how it can be improved. On all of its visits the Committee was received courteously and given the fullest cooperation.

To assist them in their study, Committee members felt fortunate in having available competent consultants in many fields. A debt of gratitude is owed these busy people who gave generously of their time to assist the Committee:

Consultants included:

Harry Allen, Executive Secretary, Joint Sub-Committee on Appropriations.
Herbert Allen, Director of Institutions.
Carl Anderson, Ph.D., Regional Mental Health Consultant, U.S. Dept. of Health, Education, and Welfare.
Lewis Barbato, M.D., Director, D.U. Student Health Service.
Edward Billings, M.D., Psychiatrist, Denver Medical Society.
John Benjamin, M.D., Director, Child Research Council.
Mrs. Regina Collins, Director of Social Services, Denver Public Schools.
Don Daily, Governor's Executive Assistant.
Franklin Ebaugh, M.D., Psychiatrist, Denver Medical Society.
James Galvin, M.D., Director, Colorado Psychopathic Hospital.
Wray Gardner, M.D., Psychiatrist, Denver Medical Society.
Herbert Gaskill, M.D., Director of Psychiatric Services, C.U. Medical Center.
Ray Gordon, Executive Secretary, Denver Area Welfare Council.
Ellis Graham, Ph.D., Consultant, Colorado Education Department.
Dorothy Gregg, Coordinator, Psychiatric Nursing, C.U. Medical Center.
Shelby Harper, Director, Legislative Council.
Elaine Homan, Research Analyst, Legislative Council.
Emma Kent, M.D., Director, Psychiatric Unit, Denver General Hospital.
Jerome Levy, Ph.D., Chief Psychologist, Dept. of Public Health.
Francis Meyer, M.D., Director of State Homes & Training Schools.
Representative Elizabeth Pellet, (D) Rico, Colorado.

Barbara Rentfro, Psychiatric Social Worker, Denver General Hospital.
Galen E. Rowe, Jr., O.D., Denver.
Marie Smith, Director, Child Welfare, Colo. Dept. of Public Welfare.
E.M. Sunley, Ph.D., Dean, School of Social Work, Denver University.
Representative Rena Mary Taylor, (R) Palisade, Colorado.
Goodrich Walton, Editor of Publications, State Planning Commission.
W.M. Williams, Director, State Planning Commission.

(Director's Note: A great deal of detailed information was gathered by the Committee which was not used in the report. This information is available as reference material in the office of the Legislative Council.)

This report was written and edited by Betty M. Chronic, Project Director, assisted by Goodrich Walton, Editor of Publications, State Planning Commission.

Typed by Beverly Ann Fyke.

Printed by State Multigraph Department, Meyer Greenstein, Supervisor.

MENTAL HEALTH TERMINOLOGY

Definition of Mental Health: Mental Health is not only the absence of disease and symptoms severe enough to interfere with ordinary living functions but also the capacity of the individual to fulfill his potentialities for achieving maturity in relationships with other people so that he may be able to love someone other than himself, he may obtain satisfaction through work contributing to the community, he may live comfortably with his feelings through daily stress and strain.

Psychiatric Personnel: Several persons function together as a psychiatric team, each contributing a special skill, in the effort to help a patient recover. These are:

Psychiatrist: An M.D. with specialized training in the care and treatment of the emotionally disturbed and the mentally ill.

Clinical Psychologist: A person with a Ph.D. degree in psychology with specialized training in the clinical area. Skilled in administering and interpreting tests, individual and group psychotherapy and research.

Psychiatric Social Worker: A social case worker with a Master's degree from a school of social work, functioning as a case worker in a psychiatric setting.

Psychiatric Nurse: The term includes two groups of nurses 1) "general practitioner" of nursing with some training in psychiatric nursing, and 2) clinical specialist with Master's degree, specialization in psychiatric nursing.

Occupational Therapist: A person trained to help a mental patient toward recovery through purposeful activity in a psychiatric setting.

Mental Health Clinic: The term "mental health clinic" refers to a clinic service established to treat the mental and emotional illnesses of individual patients, and to assist in the community program of promotion of mental health.

Clinics are professionally staffed by a team consisting of a psychiatrist, clinical psychologist, and psychiatric social worker, which works together in a coordinated therapy effort.

Functions of clinics are outlined briefly as: 1) diagnosis and evaluation studies, 2) treatment of emotional and mental illnesses, 3) consultation with other agencies and professional people, 4) participation in constructive mental health planning in the community.

Mental Health is the Nation's Number One Health Problem

Loss of earnings in the United States due to mental illness in 1954 was estimated at $1,241,110,000 Colorado's loss has been estimated at $1,250,000

One out of every two hospital beds in the United States is occupied by a mental patient. Three-quarters of a million persons are now under care for mental illness.

At the present rate, one out of every twelve persons will spend some of his life in a mental hospital.

Practicing physicians state that mental disorder is a factor in 50-70% of their cases.

The total public expenditure in the nation for mental illness has tripled in the last decade.

Mental hospitals admit approximately 250,000 new patients a year and re-admit another 100,000.

Mental illness and other personality disorders play a significant role in crime, suicide, alcoholism, etc.

Last year Colorado had an institutional population of about 9,250 persons. It cost taxpayers $11,500,000 to support these people.

Everytime a man, woman, or child leaves a mental institution it saves Colorado taxpayers about $1500 per year and everytime a person leaves a penal or correctional institution it saves Colorado taxpayers more than $1500 per year.

Everytime a person receives early treatment, making hospitalization or institutionalization unnecessary, the savings to the taxpayers are obvious.

Facts taken from "Some Facts About Mental Illness", National Association for Mental Health, and other sources.

In view of the foregoing facts there is good reason for every citizen to be concerned with the following questions:

1. What is the mental health program in Colorado at present?

2. What can be done in Colorado now and in the future to improve this program?

Keeping these questions in mind, the Committee presents its report in three sections:

I. COMMUNITY MENTAL HEALTH SERVICES

II. HOSPITALS AND INSTITUTIONS

III. COORDINATION OF THE STATE PROGRAM

PART I

COMMUNITY MENTAL HEALTH

SERVICES

WHAT DO WE MEAN BY "COMMUNITY MENTAL HEALTH SERVICES?"

Mental illness is directly related to the individual and his adjustment to his environment in his community. The "community" consists of an individual's family, neighborhood and town or city.

Treatment of mental ilness in the community, whenever possible, although expensive, costs less than hospitalization or institutionalization. Early diagnosis and treatment often make it possible for an individual to remain at home with his family, and at his job thus permitting him to continue as a self-supporting member of society, rather than a ward of the state.

Therefore, a major point of emphasis in state planning should be at the community level, before hospitalization is necessary.

There are five generally accepted categories of community mental health services:

1. Diagnosis and treatment: These are involved with the process of making an early diagnosis and providing early treatment for individual cases of mental disorder. In this category may be included all of the mental hygiene and child guidance clinics, in-patient psychiatric services in general hospitals, and the case finding efforts of school systems, welfare agencies, and public health departments.

2. After Care: The second category of service in the community is that of rehabilitating the discharged or convalescent patient from the mental hospital.

3. Consultation: These are services rendered by trained mental health personnel to professional staffs of other agencies such as welfare departments, schools, courts, public health departments and so on. They deal with questions regarding the mental status and the probable abilities of an individual to fit into the usual practices of the agencies seeking the consultation.

4. Education: Under this heading may be included all these activities carried out by mental health personnel to communicate to other professionals and to the general public what has been learned from the clinical relationships of mental health personnel regarding the problems of human personality. These activities are directed toward teachers, physicians, attorneys, ministers, parents, policemen, and all other individuals who have, because of their occupational or other relationships, special responsibilities for the welfare and the mental health of other persons. This field of mental health education has only begun to develop. There are many untapped areas of work, areas where almost nothing has been done systematically up to the present time to improve the understanding of occupations which have a crucial relationship to the thinking and feeling of people about personality.

5. Prevention: At the present time, it is the least voluminous

of all of the mental health activities although it is probably the most important. It is true that all of the four categories previously mentioned have been considered to be preventive or prophylactic. This fifth category, however, refers to specific efforts so to deal with facts of community life as to reduce the frequency with which personality disorders occur. Two general divisions of this category may be described--those where the disease has an organic cause which is preventable; and those which we believe the disease has a psychological cause. With respect to the first division, preventable causes can be grouped into trauma, infection, malnutrition, and poisoning. Examples are venereal disease control programs, the problem of rubella during early stages of pregnancy, the adequacy of nutrition during pregnancy, the problem of minimizing complications of brain injury, and the treatment of the infections of childhood, like measles so as to avoid encephalitic complications. In the matter of psychological causation, there is need, for example, to be concerned with the maintenance of the primary relationship a young child has during the first years of life. Prevention here encompasses the implications of maternal separation, of adoption and child placement practices, and of visiting regulations on the pediatric wards of general hospitals.

WHO NEEDS PSYCHIATRIC SERVICES?

In a talk before the Regional Survey Committee on Mental Health in Salt Lake June 1-3, 1956, Daniel Blain, M.D., Medical Director of the American Psychiatric Association, discussed what he termed "population zones", in an attempt to clarify the areas in which there is need for psychiatric services.

Zone I (PRENATAL AND BIRTH) includes all babies, up to and including birth, with their genetic inheritance, their foetal development, and reactions to the act of birth itself.

Zone II (NORMAL LIVING) most persons in Zone I enter into and function normally in the normal living zone. In this zone they act on and are influenced by the social environment--food, family, climate, school, church, jobs, etc. They follow a reasonably satisfactory course of development, and the ups and downs of life are handled without reference to outside trouble--spotting agencies. People remain in Zone II except when they are in special need and must seek help for special purposes.

Zone III (TROUBLE AREA) encompasses people in special need, most of whom come from Zone II. They turn to the "trouble-shooting agencies", which are set up by society for its protection and adjustment. Here we find the health, education and welfare agencies, doctors in hospitals, public assistance, special organizations for crippled children, orphanages, the Travelers Aid, Salavation Army, programs for maternal and child welfare, the police and the courts. In this zone people suffer from stress but their emotional problems may remain secondary to the stress itself. If their special emergency needs are met they return to Zone II and this is true of the great majority.

One of the main points Dr. Blaine made in his talk was that an important task in the mental health program lies in building up these "trouble-shooting agencies" as a bulwark to prevent people from sliding into Zone IV.

If these agencies can be adequately staffed and given the money and tools to do their job, the demand for clinical services can be reduced. Psychiatry is needed by these agencies in a consultive and sometimes advisory capacity. The great bulk of the work to be done with the troubled people in Zone III will be carried out by this vast network of personnel. Given proper support and consultation, they can turn people back into Zone II living, and prevent them from sliding into Zone IV.

Zone IV (MENTAL ILLNESS) includes all those who have developed emotional responses to stress situations of such serious degree that they cannot be included in either Zone II or III. This is the zone in which psychiatric clinical services must be provided. The people in this Zone need consultation, diagnosis, and suitable referral for treatment.

WHERE DO ZONE IV PATIENTS COME FROM?

Those in Zone I who are brain-damaged at birth enter Zone IV fairly directly and most of them are placed in institutions for various kinds of handicapped and retarded children. Some stay at home. The basic attack on the problems presented by this group is primarily a job for obstetricians, geneticists, researchers on foetal development, and the like. The psychiatric job is to foster research and do the best job possible with present knowledge. At present much of the job in this area is to provide basically good custodial care, allowing as much opportunity for personality development and training as possible.

In Zone II, the Normal Group, everyone must share responsibility for maintaining and contributing to normal growth and development. Workers, businessmen, political scientists, sociologists, teachers, psychiatrists all have general roles to play. But none of them has any kind of exculsive responsibility for the maintainenance of well being, and certainly not psychiatry! Psychiatrists can and should contribute knowledge, as they acquire it, that will assist importantly in fostering the health and well-being of all; but at the present time this cannot be their primary responsibility. Pure preventive work is clearly a function of Zone II.

Neither need the people who are sifted out of Zone II into Zone III be considered the primary responsibility of professional psychiatric personnel, although it is important in this zone to have available such personnel for consultation, assistance, and direction at the right time and place. This is the zone in which we find the wife and three children who have been deserted by the husband, the chronically ill, the physically handicapped, the victim of catastrophy, the excessive drinker, the overly dependent personality, the juvenile delinquent, the chronically unemployable. And although all of these conditions are accompanied by a considerable degree of emotional stress, that doesn't necessarily make them psychiatric patients. Relieve the stress and mot of the anxiety will disappear. These are the people who turn to society's "trouble-shooting agencies", and this is the zone from which many sift into Zone IV following the failure of the trouble-shooting agencies to meet their special needs.

WHAT RESOURCES SHOULD A COMMUNITY HAVE TO UTILIZE MENTAL HEALTH SERVICES?

Before a community can benefit from the mental health services listed on page

one and two, it must have a strong framework of so-called "basic" services provided by the agencies listed in Zone III: welfare, social service, health, and education.

Mental health services cannot exist in a community vacuum. They are a part of the total mental health program of the community, but not the whole of the program.

Before professional mental health personnel can be of value the community should have:

Educational facilities of standard quality for children and adults

Family counseling and adjustment services and provisions for insuring the economic security of the family

Services and care for children in their own homes and provisions whereby substitute homes or institutional care may be provided when necessary

Adequate children's court and detention facilities

Provisions for care of children of working mothers and adequate standards in child labor laws

Recreation facilities and leadership for all ages

Vocational guidance for children and youth and counseling for adults

Employment services for youth and adults

Provisions for adequate care, adjustment and recreation for the aged

A community health program of public and private service designed to provide both

Preventive care and treatment for all ages including hospitals and out-patient clinics

Adequate and well-trained personnel in health, education, recreation, and welfare

(In general, two areas of programming are considered by most basic agencies:

Promotion: Those activities and programs which promote concepts of good mental health. These vary according to the needs of the community.

Modification: Those services which directly assist people in solving their problems.

Both kinds of program are offered by most agencies. Because they work with people, they are often the first contact with an emotionally upset person.)

WHAT BASIC SERVICES ARE AVAILABLE IN OUR STATE?

Communities differ in the type and kinds of service they are able to offer. Some areas in our state are small in total population, isolated by geographic barriers, poor in economic wealth. All of these factors and others influence the kind and quality of service.

However, through the questionnaire and other techniques, there is some specific information available.

Public Welfare Services

The various public welfare programs in Colorado are administered by the sixty-three county departments of public welfare, under the supervision of the State Department of Public Welfare.

The county welfare departments have approximately eight-hundred employees. Each county department has a welfare director and such other employees as are necessary to administer the welfare programs in that county. Employees are appointed by the county department, subject to regulations of the Colorado Merit System for county departments of public welfare. All employees must meet the minimum qualifications for positions, as established by the Merit System, and must take examinations in order to gain probationary and permanent status under the Merit System.

Private Welfare Services

In several of the larger communities in the state, notably Denver, Pueblo, and Colorado Springs, private agencies contribute valuable service to people in the community. A list of those in the Denver area is available through the Denver Area Welfare Council.

Public Health

There are at present eleven organized local Health Department units in the state. These include:

Denver
Mesa County
Tri-County (Adams, Arapahoe, Jefferson)
Otero County
Weld County
Northeast Colorado
Colorado Springs (El Paso County)
Pueblo
Las Animas (Huerfano County)
San Juan Basin
Boulder City-County

In addition, there are approximately 30 part-time health officers in counties having no formal health department organization. Fifteen of the unorganized counties have no public health nurses.

Categorical Health Programs

There are many voluntary health organizations in Colorado, including Cancer, Heart, Arthritis, Cerebral Palsy, Polio, Muscular Dystrophy, Multiple Sclerosis, Crippled Children, Tuberculosis, Red Cross, Retarded Children, etc.

Many of these function through local chapters whose program includes direct service to individuals in the community.

Education

One index of the work being done in education is found in the table listed on the following page. According to questionnaire returns and information secured from the Colorado Education Department, special personnel are employed by the following public school districts as indicated on the table shown on the next page.

District	Counselor	Psychologist	Social Worker	Mentally Retarded	Speech Correctionist	Remedial Reading
Adams City				1	2	
Aurora				2	1	
Bent	1					
Boulder	6	2		2		2
Canon City				1		
Colorado Springs				1		
Conejos					1	
Delta					1/5	1
Denver #1		5	30	22	17	25
Durango #9	2	1		1		
Ft. Collins	4		½	½	1	
Grand Junction				2	2	
Greeley				1	1	
Gunnison	1				1	
Huerfano	1		1			
Jefferson		1		3		
La Junta				1		
Larimer						
Littleton				2		
Mesa	7	1	1	1	2	
Montezuma	1					1
Otero	1			3		
Prowers	1				1	1
Pueblo	1			2		
Pueblo #60	10	4		11	6	
Salida #7	2				1	1
Sterling				1		
Trinidad #1	3					

This list is not completely accurate but it does indicate that many districts try to provide personnel to meet mental health needs. (Information on personnel as of 1955 school year.)

Also it should be noted that the concentrated population centers employ proportionately more personnel.

Indications of Citizen Interest

Personal interviews with citizens in Boulder, Colorado Springs, Greeley, and Grand Junction indicate that citizens feel mental health is the number one health problem.

Several communities in the state have undertaken recent volunteer studies of their resources and needs, including Colorado Springs, Grand Junction, Greeley, and La Junta.

Formation of Mental Health Associations

Specific interest in mental health has led to the formation of mental health

associations both on the state level and in local communities.

The state organization is the Colorado Association for Mental Health Inc. The history of the organization goes back many years to 1928-1932, when Colorado had an active Mental Hygiene Society affiliated with the National Committee for Mental Hygiene. A trained psychiatric social worker served as Executive Secretary of the Society. During this period the Society attained a membership of about 1,00 and had eight or ten functioning local branches.

During the depression years of the 1930's the organization in Colorado became inactive.

In 1947 interest in the Denver area resulted in the formation of the Denver Mental Health Committee. A small membership met regularly for more than a year.

In 1949 the Denver Mental Health Committee selected a professional advisory committee of over 25 members to meet with them and advise them. This professional advisory group became the Mental Health Committee of the Denver Area Welfare Counci in May, 1949.

Three significant achievements resulted from the work of this latter committee: 1) the Directory of Mental Health Resources in the Denver Area, 2) the annual Mental Health Lecture Series, now in it's seventh year, 3) the Interim Mental Health Committee, which became incorporated in August, 1953, as the Colorado Association for Mental Health.

In August, 1955, the Colorado Association received it's charter from the National Association.

Program Aims

The program aims of the association include: 1) promotion of mental health through programs designed to disseminate information on mental health concepts, 2) prevention of mental illness through support of research programs, 3) implementatio of state and private programs of care for the emotionally disturbed and the mentall ill through continuing study and recommendations as to needed improvements.

At present more than 1,200 citizens are active members in the state association.

Affiliated with the state association are chapters in Denver, Jefferson County, Larimer County, Longmont, Pueblo, and Washington County.

Unaffiliated local groups include associations in Arapahoe County, Colorado Springs, Mesa County, Morgan County, North East Colorado, Southeast Colorado, Weld County, and Yuma County. Several of these groups are in the process of affiliation with the state association.

WHAT MENTAL HEALTH RESOURCES ARE AVAILABLE TO COMMUNITIES?

Community resources include clinics, diagnostic services, hospitalization facilities, and consultation services.

Many communities in the state have no resources, others have a few, some ha

access to service in another nearby community, and a very small number have good resources.

State-Wide Services Available to Communities

Two state-wide resources of an out-patient nature are available at the University of Colorado Medical Center.

1. The University of Colorado Psychiatric Clinic

History: Established on March 15, 1925, as the out-patient clinic of Colorado Psychopathic Hospital, the clinic has a long history of service to the citizens of the state.

Under the leadership of Dr. Franklin Ebaugh, Director of the hospital from its establishment until his retirement in 1953, the importance of a community clinic program was soon recognized.

Clinic services were offered at the Psychopathic Hospital and traveling clinic services were established.

Traveling Clinics: The first traveling clinics were organized in cooperation with the Colorado Child Welfare Society. Financed by the federal government under the Shepherd-Towner Act, the clinics were set up to provide diagnostic services for the physical and mental problems of children. During the three years of activity more than 1,600 patients were seen in 101 communities in the state.

With the expiration of this act the hospital continued regular traveling clinic service to Sterling, Durango, Greeley, Ft. Collins, and Alamosa. Clinics were also held in various years in Grand Junction, Glenwood Springs, La Junta, Lamar, and Boulder.

During the 1930's, traveling clinic services were withdrawn due to depression conditions. The only clinic surviving was the one in Greeley.

The clinic at the Psychopathic Hospital continued, however, during the depression years.

In 1946 the clinic at the hospital moved to a separate building and changed its name to the Mental Hygiene Clinic. Traveling clinic service to five communities was re-established.

By 1955 the Mental Hygiene Clinic moved into a new building adjoining the Colorado Psychopathic Hospital and changed its name to the University of Colorado Psychiatric Clinic.

Financial Report: The clinic program is supported by the University of Colorado Medical Center and by U.S. Public Health Service Teaching Grants. In addition, a small amount of income (less than 10%) is derived from fees.

Type of Service: The clinic is an all-purpose clinic with Child and Adult Divisions. It accepts people of all ages, with all kinds of psychiatric problems, within established financial eligibility requirements.

Responsibilities: As a clinic participating in the training of professional personnel as well as giving service, responsibilities are more varied than those of a clinic organized to give service alone.

For example, the clinic has as its functions:

Diagnostic evaluation of patients;

Treatment of such of these patients as can be expected to benefit from treatment;

Training of mental health specialists (psychiatrists, psychiatric social workers, and clinical psychologists):

Development of research studies;

Consultation with agencies such as schools, institutions, other hospital

Interpretation of psychiatric information to family physicians and other persons;

Teaching in the medical school program of the university;

Participating in state and local preventive mental health programs;

Participating in the Student Health Service on the Boulder campus of the university.

Staff psychiatrists serve as:

Teachers in the medical school program for undergraduate medical student for residents in psychiatry, for interns and residents in pediatrics;

Consultants to the Denver Public Schools Mental Health program;

Advisors to the Colorado Mental Health association and the Denver Mental Health associations;

Consultant for the clinic in Boulder.

Supervisors of consultation services in Trinidad and Loveland, jointly with the Child Welfare Division of Public Welfare.

Consultants and attending physicians at the V.A. and Fitzsimons Hospital as a part of their teaching responsibilities.

Treatment Services:

Child Division: The team approach is used in treatment of children so that one or both parents are involved in the treatment process. The initial interview is handled by the psychiatric social worker. The child is referred to one of the resident or staff psychiatrists and is given whatever tests are useful by the clinical psychologist. In most instances the psychiatric social worker continues to confer with the parent and the psychiatrist usually works with the child.

Adult Division: The initial interview is handled by the psychiatric social worker, with an evaluation made by a staff or resident psychiatrist and the patient is accepted for treatment.

Patients are seen regularly over a period of time. Children average 8-50 interviews and adults 20-50 interviews in this clinic.

Approximately one-fourth of the applicants are from outside Denver County.

Staff: The staff in May, 1955, consisted of 4½ full-time psychiatrists, 7 psychiatric social workers, 1 clinical psychologist, 15 second and third year residents in psychiatry, 8 interns in clinical psychology, and 6 students in psychiatric social work.

2. The Children's Diagnostic Center:

The Center was authorized by the 1955 session of the Colorado Legislature with three functions: 1)to provide that children be sent to the institution most suited to their care, treatment, and rehabilitation; 2) to provide superintendents of institutions with evaluative studies of children committed to the institutions; 3) to provide courts with information prior to sentencing.

The Center is located at Colorado Psychopathic Hospital under the supervision of the regents of the University of Colorado.

Its services are available to superintendents of state institutions and to judges in counties of less than 150,000 population.

As of August 30, 1956, the Center had been in operation for 14 months. At that time a progress report was submitted to the Childrens Laws sub-committee of the Legislative Council. All of the information listed below is taken from this report.

Staff: The basic pattern includes:

1 part-time psychiatrist--Director
1½ staff psychiatrists
1 clinical psychologist
2 part-time psychometrists
3 psychiatric social workers
1 part-time pediatrician
2 secretaries

Functions of the Staff Personnel:

Psychiatrist: evaluates the children in one or more interviews, including estimation of the child's intelligence, level of anxiety, major personality problems, and estimation of treatability.

Psychologist: administers and interprets psychological tests given to every child, including a thorough assessment of intellectual functioning, a screening for disturbances associated with brain damage and tests of personality functioning.

Pediatrician: gives a thorough physical examination to all county referrals, and some cases from the institutions. Carefully reviews the past medical record and performs routine laboratory work on each child.

Psychiatric Social Worker: responsible for orientation and interpretati interviews with children, parents, relatives, social workers, court personnel, guar ians, etc.

Financing: The current expenses for the year ending June 30, 1956, are $31,228.27. Estimated budget for fiscal year July, 1956 through June, 1957, is $43,748.00.

Case Analysis:

Referrals for Evaluation:

Children accepted from counties:	83
Children accepted from 5 state institutions:	102
Number of counties making request:	25
Average length of time for diagnosis:	15½ days

Disposition of Cases: Virtually every child referred to the center pos some type of problem either to parents, school, community, or institution. Thus, d turbed children who are causing other people little difficulty are not being re- ferred. As the staff worked with the children it soon became obvious that a large percentage of them needed care of a type not available in Colorado.

The figures below indicate staff findings on the placement needs of the children evaluated at the center and the percentage for whom each type of facility could be made available. (125 children were included in this study.)

Type of Facility	Percentage Needing Each Type	Percentage of Actual Placements
Out-patient psychotherapy at home or foster home.	18	16
Out-patient psychotherapy in non-psychiatric institution.	4	16
Psychiatric or psychiatrically oriented treatment institution.	34	7
Institution for borderline mentally retarded. (IQ 60-80)	17	0
Institution for mentally retarded.	15	26
Other facilities.	12	12

It seems apparent two facilities for children are lacking in Colorado: 1) a psychiatric treatment institution; 2) an institution for borderline mentally re- tarded. (These children are placed in other institutions where they do not belong.

Recommendations by Staff: As a result of fourteen months experience the st suggested that: 1) the Diagnostic Center be made a permanent operation of the sta and that its function of diagnosis be broadened to include a period of professiona observation of a child in a group situation; 2) the state consider the establishmen of a psychiatric treatment center for children who need both a controlled environme and intensive psychotherapy not available in any other institution.

Community Clinics

There are clinic services available in the communities listed below. Many of the clinics are severely limited, in the amount and kind of service they are able to offer, by the lack of staff, the limited operations, on the basis of the demand in the community. The Committee visited clinics in Boulder, Colorado Springs, Greeley, and Grand Junction. It had contact with community and agency representatives in Arapahoe County, Fort Collins, and Sterling.

Boulder County Child Guidance Clinic

The Clinic was started in 1955 as a result of the work of a Citizen's Committee appointed in 1952, an outgrowth of the White House Conference of 1950.

Location: It is housed in a separate wing of the Boulder General Hospital operated by the County Commissioners, receiving these quarters rent free. Quarters are satisfacory under the present staff arrangement but would have to be enlarged if more personnel were available.

Board: The clinic is operated by a lay board of citizens who are chosen from several geographic areas in the county. In addition, a Professional Advisory Committee composed of representatives from welfare, county court, medical society, schools, and professional mental health personnel is selected each year by the Board.

Staff: A fund drive was held in 1954, raising a limited amount, not enough to insure financial stability for the clinic. However, it became possible during the summer of 1955 to make arrangements with the State Department of Public Health for psychiatric services one day per week. A similar arrangement was made with a psychiatric social worker at the University of Colorado. At present, a graduate student in psychology serves two days per week.

Demand for Service: One-day-a-week service does not meet the expressed demand in Boulder County. Referral agencies have stated that they have not referred as many cases as they would like to, because they understood the limited time available.

As an estimate of known need, the clinic could operate at least on a half-time basis if funds and personnel were available. By December first one-day-a-week service will be expanded to two days. An arrangement has been made with another psychiatrist to serve this additional day. Other personnel will give two days service also.

Referrals: Referrals to the clinic have come from doctors, schools, welfare, health, county court, and the family themselves. There is a waiting list at present. This will be shortened with the addition of another day's service.

Financing: The clinic was accepted as a Community Chest--United Fund Agency in Boulder this fall in the amount of $5,000. It is hoped to make arrangements also with school districts and other agencies.

Citizens of Boulder County apparently would have no objection to receipt of state funds to strengthen the clinic program. Financing has been a major problem in securing staff.

Program: The program of the Boulder Clinic consists of

(1) diagnosis and treatment of emotional disorders of children;

(2) consultation with other agencies;

(3) in-service training program for personnel in health and welfare. (This was not resumed this fall although it is hoped it can be soon.)

The staff and the Board have continuously evaluated the job the clinic was doing in terms of what the community wanted and needed.

Community Support: The community-at-large (county wide) shows varying degr of information and response to the clinic. A two-year, intensive public education program was carried out in 1953-1954, through a speakers bureau, newspapers, and radio. The impact apparently has been greater in Boulder, although there is strong support from some groups and individuals in Longmont, Lyons, Nederland, Lafayette, and Louisville.

Mental Health Association: A Mental Health Association has been formed in Longmont. Its members actively support the clinic program.

Colorado Springs Child Guidance Clinic

History: The clinic opened in January, 1928, as the Bemis-Taylor Foundatio Child Guidance Clinic, financed by a ten-year endowment from the foundation.

At the end of the ten-year period the clinic was reorganized as the Colorad Springs Child Guidance Clinic. Financing of the clinic became a joint responsibili of the County Commissioners, city of Colorado Springs, and Colorado College. The Bemis-Taylor Foundation also continued support for two or three years.

During the years of World War II the clinic was kept open by a small staff through the efforts of several community leaders. In 1947 the Board was reorganize and the present Director secured.

Board: The Board of Trustees is composed of 15 members, one each appointe by the County Commissioners, School Distric #11, City Council of Colorado Springs, and Colorado College. The balance of the Board (11 members) is selected at large.

The Trustees are the policy making group for the clinic.

Financing: The clinic is financed jointly by El Paso County, the city of Colorado Springs, and School District #11. Voluntary contributions bring in a smal amount of money. A small grant has been made to the clinic by the state health department to help meet the deficit for this year.

Staff: Present staff consists of a Psychiatrist-Director, psychiatric soci worker, and psychologist, all employed full time.

Location: The clinic is housed on the second floor of the Red Cross Building in Colorado Springs (a remodeled home). Expansion of staff would not be possible in present quarters.

Service: Service offered is: diagnosis and treatment of emotional disorders in children. Emphasis has always been placed on treatment. Demand for this service has increased steadily over the past few years.

Contact with referral agencies is often limited to telephone consultation due to the demand for service time.

Referrals are largest in number from doctors, schools, welfare, and courts, in that order.

Comments by agencies and individuals in the community indicate that the clinic offers service of great quality but that it does not meet the demand for service. Also, that the function of the clinic is not clearly understood by the people in the community. Apparently a closer relationship between the clinic and the community would be beneficial.

The Board of Trustees has just received this past summer the report of a survey completed by a consultant employed by it. The report is being used as a guide for future planning. The Board has assumed responsibility for a larger share of community interpretation which it feels will lead to improved relationships.

Use of State Funds: The community opinion on the use of state funds in the clinic was divided. Generally three points of view were expressed: 1) that public money from the state would be welcomed; 2) that it would be welcome on a temporary or short-term basis for expansion of service or to meet a deficit; 3) that the community does not really need state money: that the soundest programs are those the community supports without such aid.

Mental Health Association: A mental health association was formed in the community three or four years ago. The membership is not large, and is primarily composed of professional people. The association offers a great potential in leadership in the community and should be helpful in interpretation of the clinic.

City and County of Denver

Structure of Service: The city and county of Denver operates its mental health program through the Department of Health and Hospitals, Denver General Hospital.

A psychiatrist-director serves as chief of the mental health department with responsibility for: clinics, hospitalization, after-care, consultation, and education.

Location: The clinic services are housed at the hospital in two areas--the first floor (Cambio Clinic) and the fifth floor psychiatric department.

History: Clinic service was not available prior to 1950. With the establishment of a treatment service at the hospital, out-patient clinic service grew in direct response to the demand for it.

For example, the emergency room received referrals of people who needed

psychiatric help, but perhaps did not need hospitalization. Also the staff needed a service to offer follow-up care for the patients discharged from the hospital.

Basic Staff Pattern: The basic staff pattern is as follows:

3 psychiatrists (2 vacancies at present)
1 psychologist
5 psychiatric social workers
1 psychiatric occupational therapist

In addition, as a teaching hospital affiliated with the University of Colorado Medical School and the University of Denver School of Social Work, students are accepted in psychiatry, psychology, social work, and nursing.

Program: The staff is responsible for the total program offered by the department:

1. Cambio Clinic for alcoholics held weekly.

2. Mental Health Clinic--services of the psychiatric team to persons who have not been hospitalized and follow-up services to patients who have been released from the hospital.

3. Consultation services--to other wards of the hospital and to agencies in the community.

The problem of retaining staff limits the amount of service that can be offered.

Community Programs: Since the establishement of the service the staff has participated in many community programs including:

1) Cooperation with the Denver Division of Maternal and Child Health and Visiting Nurses program in the parochial schools. Consultation with teachers and principals on problem children.

2) Consultation with Denver Public Schools Social Work Department accepting parents and adolescents for treatment when staff time is available.

3) Consultation with the Denver Department of Welfare. The Unit assumed this responsibility in 1950.

4) Participation in the inservice training program for the staff of the Denver Orphanage in 1951-1952. This involved training of 30-50 persons.

5) Community education programs presented to civic clubs, P.T.A.'s, and church groups.

6) Until this fall, once a month consultation services to Traveler's Aid Society.

The community of Denver has participated in the defining of service needs. As an example, the Cambio Clinic for Alcoholics was established upon the recommendation of a Mayor's Citizens Committee in 1952.

Grand Junction (Mesa County)

History: The clinic was originally started as a traveling diagnostic clinic staffed by personnel from Colorado Psychopathic Hospital during 1927-1929. After the second World War, with the re-organization of the Colorado Public Health Department, traveling clinic service was made available to Grand Junction one day per month with a psychiatrist and psychologist from the health department. In 1954, the clinic program had expanded sufficiently to attract a resident part-time psychiatrist. The other staff member, a psychologist-social worker, also resides in the community.

Location: The clinic is housed in the local health department offices and meets every Wednesday morning for four hours. Appointments are made through the Public Health Department and follow-up services are handled by public health nurses. Referrals are from school nurses and teachers, doctors, public health, and welfare.

Budget: The financial needs at present are included in the budget of the Mesa County Health Department. If, however, services were expanded it might be necessary to secure outside financing. A small fee is charged, with amount based on family's ability to pay.

Demand for Service: A waiting list has developed and therefore the clinic is not meeting expressed demand. The staff felt that this is partially due to the lack of a psychiatric social worker to consult with parents and agencies. Agencies in the community feel the waiting list makes referrals difficult and that a need for more service is indicated.

The clinic staff also conducts a conference once a month with personnel of agencies, particularly health, welfare, and schools to discuss functions and services of the clinic.

Community Interest: Several groups in the community express interest in the clinic, including the medical society, PTA, and others. However, there seems to be somewhat of a lack of community understanding about the functions of the clinic and how the clinic can be used.

A local mental health association has been formed in the past three years. Although there is no formal relationship between the clinic and the association, the organization might provide an outlet for information to the public.

Use of State Funds: Apparently there is no adverse feeling about state money being used to expand clinic services. State money has benefited the program from it's inception so that no friction would be anticipated.

Weld County

History: The clinic in Weld County was started by the psychiatric department of Colorado Psychopathic Hospital in 1928.

For many years the service offered was on a part-time basis staffed by personnel of the hospital and residents in psychiatry from the medical school.

Location: The clinic is housed in the Weld County Hospital Building on the second floor of the Health Department Wing. Quarters are pleasant as the building is a comparatively new one.

The clinic operates only part-time as the psychiatrist-director also maint a private practice. Associated with the psychiatrist is a clinical psychologist. A psychiatric social worker makes one visit every two weeks.

Financing: At present the clinic finances are handled through the budget of the Weld County Health Department which contracts with the psychiatrist to pro vide clinic services as part of the community's total health program. Budget for 1957 is $9100, exclusive of secretarial assistance. No charge is made for cli services. However, those who can afford private psychiatric care are not accepte at the clinic.

Services: The clinic operates approximately one-half time with the psychi trist spending about 1½ hours per day at the clinic and the psychologist spending four hours a day.

The clinic functions as a diagnosis and treatment center. Referrals come from county court, health department, schools, and welfare.

A major emphasis of the clinic has been on evaluation studies of all juve cases for the judge of the county court. Information gained from these studies assist the judge in proper placement of the boy or girl.

Treatment is offered a limited number of children and a large portion of t is spent in consultation with other agencies.

Demand for Service: The director feels that while the waiting list is kep to a minimum (10 in August, 1956) that the demand in the community is not being m He feels that additional staff is necessary, especially a psychiatric social worke and another psychiatrist.

Other agencies in the community confirm his statements about demand, and especially do they see the need for more treatment.

Community Support: Community support appears very strong. The director i well known in the community and has been able to successfully interpret his progr

A local mental health association carries on a community education progra particularly emphasizing community-wide workshops in the fall and spring. No for relationship exists between them and the clinic, although the director is very active in the group and one of its founders.

A discussion with community leaders of the use of state funds led to the c clusion that there would be no objection, particularly for expansion of the progr

Arapahoe County (from the report made by Denver Area Welfare Council)

History: The Arapahoe Mental Health Center was incorporated on July 1, 19 and opened a mental health clinic on July 9, 1955, in donated space in the Tri-County Health Building.

Staff: Professional personnel were available at first as part-time volun on a demonstration basis. These included one psychiatrist, two clinical psycholo three psychiatric social workers, one public health nurse. As of January, 1956, psychologists, social workers, and the psychiatrist were put on a paid basis. Th nurse continues to volunteer her services.

Service: The clinic serves both children and adults with its chief function being treatment and prevention of emotional and mental disorders. It is open on Monday and Wednesday evenings.

Referrals are limited to those received from private physicians, public welfare, Tri-County Health, public schools, county court, family, and Children's Service and Red Cross.

The clinic is managed by a board of seven directors elected by members of the local mental health association.

Finances: Finances to date have been raised by contributions from state health department ($375.00), Health Council, Englewood Educators, Service Clubs (3), County Medical Society, and from fees.

The Board is set up on a budget of $10,800 for 1956-1957. It is hoped to secure this amount from the following possible sources: payments by school districts, contributions from service clubs and organizations, fees, state mental health funds, Arapahoe County Community Chest, welfare and court.

Expressed Demand: A comprehensive survey of need has not been made by Arapahoe County, but community opinion indicates that the center is not quite meeting the need in the area. There is a substantial waiting list (15 mothers and children, 4 adults as of October, 1956).

North East Colorado Clinic in Sterling

History: The clinic was started in March, 1954, as a two-year demonstration project financed by a grant from the Cerebral Palsy Association.

The North East Colorado Health Department made quarters available and provided secretarial service.

Staff: An arrangement was made with the state department of health for the services of a psychiatrist-director and a psychologist. A part-time social worker was secured in the community.

Service: The clinic has been operating on a two-day per month basis. Public Health nurses who serve this six-county area serve as case finders and participate in the follow-up program.

Community Support to the County Commissioners: In October, 1956, the District Board of Health submitted a request for $8,000 to continue and expand clinic services to four days per month. The request was refused.

Also in October an evaluation meeting was held and the Cerebral Palsy Association agreed to continue its support for another year if the clinic received broader backing.

It is felt that the clinic is very much needed in the area and should be continued. The Medical Society is in support of the program, as are other interested agencies.

Community support is difficult to gauge because of the size of the area se There are two mental health associations in the region, one started last year in Washington County, another initiated in October, 1956, in Sterling. Perhaps these two groups and the District Health Council will participate actively in support of the clinic program.

Larimer County

Staff and Location: A part-time evaluation clinic staffed by a psychiatri psychologist, and psychiatric nurse from Weld County under contract with the Count Commissioners, who are the board of health. The clinic is housed in the psychiatr private offices in Fort Collins. A receptionist is on duty the two and one-half days a week the clinic is open and other days she can be reached at her home in Ft Collins to make appointments with the psychiatrist. (Cost of Service: $6,500 per year.)

History: This service has been in operation since January, 1956, and was designed to help the county court, public welfare department, pbulic health nurses and the clasroom teacher in diagnosis and evaluation of emotional problems of children and adults.

Financing: Most of the larger school districts in the county are reimburs ing the county on a lump sum basis for their use of the clinic. The clinic provid evaluative studies for the special education program to these districts, and for a fee of $30 per evaluation to non-participating districts.

At 4:00 p.m. the second Wednesday of each month the psychiatrist holds a lecture-consultation session in the Junior High School library in Fort Collins. This is open to the public, but is primarily intended for those who are in a posit to refer cases to the clinic.

Consultation Service: Once a month Consultation Services to the Public Welfare Department are given by a psychiatric team from the University of Colorado Medical School. This all-day consultation is held in the Welfare and Health Offic in Loveland.

New Service Planned: In addition to these services, plans are being compl for a new service to start in January, 1957, when treatment services will be offered by the psychiatric team from Weld County on a one-day-a-week basis with referrals handled by the County Welfare Department for the medically indigent. A budget of $2,000 has been set by the County Commissioners to provide this service.

Mental Health Association: A local mental health association has been act for several years in Fort Collins. It has assisted in the planning for all these community services.

Community Hospitalization Facilities

In the report prepared by the Commission on Hospital Care, Commonwealth Fund, entitled Hospital Care in the United States published in 1947, the followin recommendation was made:

> "General hospitals should provide facilities and personnel for the diagnosis of mental diseases and for the treatment of those patients who are not in need of long term institutional care."

Some of the information on Colorado was obtained from the hospital survey section of the Colorado Public Health Department through the courtesy of the Colorado Hospital Association.

Services in Colorado generally are of two kinds: 1) a separate department in the hospital specifically designated as a psychiatric ward; 2) a clinical service of the hospital not specifically designated as a separate psychiatric ward or unit.

Hospital	Psychiatric Ward	Clinical Service
1. Denver General Hospital Denver	X (36 beds)	
2. General Rose Hospital Denver		X
3. Porter Sanitarium Denver	X (51 beds)	
4. Presbyterian Hospital Denver		X
5. St. Anthony Hospital Denver		X
6. St. Joseph's Hospital Denver		X
7. St. Luke's Hospital Denver		X (17 beds)
8. St. Mary's Hospital Grand Junction		X
9. Weld County General Hosp. Greeley		X
10. Corwin Hospital Pueblo		X
11. Rangely Community Hosp. Rangely		X
12. Wray Community Hospital Wray		X
13. University of Denver Hosp. Denver		X

From the information furnished it is seen that only two general hospitals, Denver General Hospital and Porter Sanitarium, have separate departments designated as psychiatric wards. Porter Sanitarium, a private hospital, is discussed in the appendix report, pages 73 and 74. Denver General is the only public facility providing a psychiatric unit. This may be changed in the near future in hospitals now under construction. Column two on clinical services gives an indication of hospitals accepting mentally ill patients for observation and treatment.

Some hospitals do not list either of these categories of service but show evidence in their records of accepting emotionally disturbed or mentally ill patients as listed in the table below:

Record of Admissions 1955
for Emotionally Disturbed and Mentally Ill Patients

Hospitals	Admissions	Total Days
1. Pitkin Hospital Aspen	1	21

Hospitals (con't)	Admissions	Total Da
2. Boulder General Hospital Boulder	26	412
3. Memorial Hospital Colorado Springs	24	220
4 Beth Israel Hospital Denver	4	23
5. Porter Sanitarium Denver	535	14076
6. Presbyterian Hospital Denver	125	1021
7. St. Anthony Hospital Denver	139	1075
8. St.Joseph's Hospital Denver	No data. Average daily 2.1 patients	799
9. St. Luke's Hospital Denver	458	5070
10. University of Denver Hospital Denver	23	92
11. Weld County General Hospital Greeley	354	3566
12. St. Vincent's Hospital Leadville	2	18
13. Rifle Community Hospital Rifle	2	6

Interpretation of these figures is difficult on the basis of the informati available. However, it is encouraging to note the number of general hospitals gi some kind of service, even if it is just as a pre-commitment type of service.

Denver General Hospital

As the only general hospital with a psychiatric unit, the Denver Genera Hospital deserves particular attention.

History: In the 1880's and 1890's the care of the mentally ill in Denve was the same as elsewhere in the state. No facilities were provided and patients were sent to the Colorado Insane Asylum established in 1879 at Pueblo (now the Colorado State Hospital).

From about 1900 to 1910, however, the state hospital refused to accept patients from the city and county of Denver. The city and county then establishe a detention unit with a capacity of 100 patients.

After 1910 Denver patients were again accepted for treatment at the state facility. Denver General Hospital at that time established a detention pre-commi ment ward on a permanent basis.

In 1927 the hospital made an arrangement for all mentally-ill patients to be treated at the new Colorado Psychopathic Hospital and the Pediatrics Departmen at Denver General occupied a third floor ward which had been set up originally f a detention and pre-commitment ward.

With the completion of a new pediatric building, Denver General Hospital again set up its own service in the third floor unit vacated by pediatrics.

By present-day standards, the physical plant was extremely primitive, with iron prison-type doors, dark, poorly-ventilated rooms, and awkward accommodations of all kinds.

Until 1947 only emergency care was given. No psychiatric treatment was given.

In 1947 the hospital became a teaching hospital for the University of Colorado Medical Center with the detention unit under the supervision of the Department of Psychiatry at the university. Residents in psychiatry were assigned to give psychiatric care to patients.

Under this arrangement residents did not recieve adequate supervision; so the need for a hospital staff became apparent.

In 1949 the present director was employed as the first Director of the Denver General Hospital Psychiatric Unit. Plans for improvement in physical plant and care of patients progressed rapidly with proper direction, and by 1955, the department moved into remodeled fifth floor quarters at the hospital.

Physical Plant: The 36 bed unit under the supervision of a Psychiatrist-Administrator, provides two wards: 12 beds for disturbed patients, 24 for convalescents, including dayrooms and serving kitchen. In addition, there are 8 offices (also used for out-patient services), an occupational therapy shop, and a conference room.

Treatment Service: Services offered fall into three main categories:

1) Pre-commitment facility. Patients are placed in the hospital for diagnostic studies prior to commitment.

2) Treatment of psychiatric emergencies such as amnesia, attempted suicide, etc. Average stay is 5 days.

3) Short term treatment facility. These patients can benefit from a short period of hospitalization (3 weeks to four months). Some are referred by agencies, physicians; some come voluntarily for help; others are transferred from the pre-commitment group.

Staff: The psychiatric unit staff provides an individual treatment plan for each patient. A resident psychiatrist is assigned to each patient and a psychiatric social worker is also assigned to the case.

The staff when all positions are filled consists of:

3 psychiatrists
2 psychologists
5 psychiatric social workers
1 occupational therapist
nursing staff

As at any teaching hospital, students in the mental health disciplines are assigned for training.

Volunteer Program: With the improvements in care offered by the establishment of the psychiatric unit at the hospital, community support and interest grew also.

One of the ways in which this has been demonstrated is the growth of the volunteer program. Two groups, the Council of Jewish Women and St. John's Guild, have been particularly active. For several years (about 1950-1953) they presented holiday programs and other kinds of service.

In the past two years the program has been stepped up and has reached professional standards. Volunteers are carefully chosen and given orientation by the staff of the Unit.

They give regular service on the wards to the patients, under supervision of the staff. Activities include group games such as bingo, special activities at holidays, parties, music, and crafts.

Patient response has been very good to the program. The staff feels the volunteer makes a valuable contribution to the program.

Community Relationships: A conscious attempt toward good community understanding has been an important part of the program of the unit. In 1955 when the new unit was opened the hospital held a series of five open houses. Community response was excellent. The hospital was the first Denver hospital to participate in Mental Health Week by having an open house.

Community Private Facilities

Physicians: There are psychiatrists in private practice in Boulder (1), Greeley-Ft. Collins (1), Grand Junction (1), Pueblo (2 associated with private hospital), Colorado Springs (6-5 associated with private hospital, 1 with clinic), Denver (approximately 19).

Hospitals: Private hospitals make a contribution for treatment of short term acute illness that strengthens the community where they are located. (Specific details on pp. 73-74 in the appendix report)

Record of Care for 1955

Hospital	Beds	Admissions	Total Day's
1. Emory John Brady Hosp. Colorado Springs	140	531	41,610
2. Mount Airy Sanitarium Denver	80	1625	26,085
3. Bethesda Sanitorium Englewood	60	144	17,574
4. Woodcroft Hospital Pueblo	92	636	23,995

Other Resources: Mentioned and listed in the report in the appendix are Veterans Administration facilities and student health services (pp. 79-80).

Conclusions of the Committee

After study of the resources available in communities to citizens of the state, the Committee concluded that 1) resources are limited in spite of vigorous effort by several communities, 2) financing of services is expensive and often a serious problem to the community, 3) that the major emphasis in future planning be on providing community mental health services.

Why does the Committee feel that state money should be spend? Study has shown that, as expensive as these services are, they are less expensive than long term institutional care.

Specific conclusions are listed by categories of service:

Community Clinics: The Committee feels that diagnosis, treatment and prevention of mental illness in the community is such an integral part of the state program in mental health that state funds should be made available to assist in support of community mental health services. It believes that every citizen needing help should have access to out-patient care.

The Committee suggests a plan of action as follows:

1. That funds be made available to existing community mental health services and that funds also be made available to initiate such services.

2. Type of Service: That consultation services, diagnostic services, traveling clinics, and permanent community clinics, part and full-time, be included in this program

3. State Coordination: That the program be directed and coordinated by a state level agency whose emphasis is on community care. By this the Committee does not mean state control, but a program coordinated at state level to assist local services.

4. Relationships With Communities: That the state agency charged with the program consider the following plan:

Development Plan for Community Mental Health Services

It is recommended:

Eligibility:

a) that the request be made by a representative community group, composed of every element concerned with mental health.

b) that the state agency evaluate the requesting community's status in regard to need, ability to eventually support the service, availability of basic services, and degree of participation by local citizens.

c) that the community provide a share of the financing needed.

Function: That whenever possible, services include:

a) diagnosis and evaluation studies for children and adults.

b) treatment of the emotionally-disturbed and mentally-ill child and adult, for those individuals amenable to such treatment on an out-patient basis.

c) consultation with community agency personnel such as health, education, and welfare, and with physicians, attorneys, clergymen, etc.

d) community education programs to teach the concepts of good mental health.

e) referral center for after-care services for patients released from mental hospitals.

Standards: That the state agency be responsible for basic standards of personnel and staffing patterns so that clinics and other services meet accepted standards.

Hospitals: It would seem advisable for every community with a clinic or psychiatrist in practice there to consider providing at least temporary hospitalization facilities for the mentally ill. For example, confinement in a jail is not the proper place for a person awaiting commitment proceedings.

The Committee recommends that communities planning additions to present hospitals or building new units consider the inclusion of appropriate facilities for care of the mentally ill, and that such communities be informed by the proper agencies fo national standards and recommendations.

CONCLUSIONS

Many communities have made excellent beginnings in offering mental health services. It should be clearly understood, however, that these services are severely limited by lack of funds, scarcity of personnel and other factors. Clinics are not meeting expressed need at the present time in any community.

It should also be emphasized that personnel changes occur all too frequently so that the description of services and staff throughout the first chapter may already be out of date by the time this report is printed. All information was gathered prior to November 20, 1956 and should be valid for that date unless otherwise indicated.

PART II

INSTITUTIONS AND HOSPITALS

INTRODUCTION

It is recognized by experts in the field of mental health that:

There are individuals who need removal from the demands of society for a period of time in order to recover from mental illness.

There are other persons who must be removed from society for the protection of the public.

In Colorado the state program of public institutional care consists of:

1) Hospitalization facilities: Colorado State Hospital at Pueblo, Colorado Psychopathic Hospital at University of Colorado Medical Center.

2) Homes and training schools for the mentally retarded: Ridge and Grand Junction.

3) Correctional facilities for boys and girls: State Training School for Girls at Morrison and Industrial School for Boys at Golden.

4) Penal institutions: State Reformatory at Buena Vista, State Penitentiary at Canon City.

5) State Home for the Aged at Trinidad.

6) Soldiers and Sailors Home.

7) State Children's Home, Denver.

The Committee visited all of the institutions listed in 1-5.

Keeping in mind the objective of learning about the state program, emphasis was placed on the treatment, training, and rehabilitation programs in each institution. While some members were "experts" on institutional building, most were not. Therefore while institutions were toured, detailed attention was not given to physical plants and maintenance programs. Finances and budgets were discussed only in so far as they pertained to program, especially staff needs.

Committee observations and conclusions are listed below. At all times and on all visits superintendents and their staffs were courteous and eager to assist the Committee. Pertinent information was freely offered.

When visiting the institutions the Committee became very conscious of the dedicated service given by various staff members at each institution. The 40 hour week will not have much effect on either the lives or income of some staff members who are housed at the institutions and becuase of their responsibilities and devotion to their work are on call 24 hours a day.

Prepared for the Governor's Committee on Mental Health
by the Sub-Committee on Appropriations (1)
Harry Allen, Secretary

Institution	1955-56 Average Daily Pop.	Per Cap. Cost	Average 1955-56 No Employees	Actual New* Employees	1956-57 Approp.(3)	1957-58 Request General Fund	Inst. Earnings
Industrial School, Boys Golden, Colorado G. F. Soelberg, Supt.	205	1,717.28	54	8	347,042	488,368	5,000
State Training School, Girls Morrison, Colorado Miss Betty Portner, Supt.	98	2,261.56	38	8	221,633	412,543	--
State Home & Training School Grand Junction, Colorado Dr. F. P. Meyer, Supt.	569	1,490.50	158	33	778,096	1,363,079	70,000
State Home & Training School Wheatridge, Colorado Dr. F. P. Meyer, Supt.	529	1,424.60	137	35	678,615	1,144,944	75,000
State Penitentiary Canon City, Colorado Harry C. Tinsley, Warden	1493	1,611.94	220	43	1,556,620	1,872,064	850,000
State Reformatory Buena Vista, Colorado James S. Thomas, Warden	356	1,460.87	57	11	520,071	637,818	--
State Hospital Pueblo, Colorado Dr. F. H. Zimmerman, Supt.	5626	1,362.95	1864	(2)	4,626,992	6,681,474 (4)	3,040,954

*These are employees actually added since July 1, 1956 when the 40-hour week went into effect. Per capita cost does not reflect increase in employees.

(1) These figures are taken from budget proposals submitted in October 1956 to the Controller, from a copy used by the Sub-Committee on Appropriations. These figures may vary with the final budget proposals prepared by the Controller's office.

(2) The figure was not available. However in September 1956 the Hospital had a total of 1908 employees.

(3) Figures shown do not include the legislative allocation for the $20 a week pay raise.

(4) This increase is partially due to the deletion by the last legislature of the mill levy for operation

HOSPITALIZATION FACILITIES

Introduction: Treatment in a modern mental hospital ought to be reserved for those persons suffering from mental illness who cannot live elsewhere, either because of the nature of their own needs or the needs of their family, and neighbors, or society itself. Furthermore, such hospitalizations should always be made as brief as possible with a patient changing to outpatient status as soon as he is able. A hospital must provide for the patient, in addition to an individually planned regime of therapy, the protection he needs, and yet permit him to move from dependence toward maturity and health. The modern mental hospital undertakes to design an environment every single part of which is consonant with the patient's treatment plan. All human contacts and every experience within the hospital should be focused on his recovery from his illness.

This is accomplished by establishing a therapeutic atmosphere and by the proper use of various medical therapies and psychotherapy. The treatment program is carried by the psychiatric team, who must be under the direction of a qualified and competent psychiatrist. All members of the psychiatric team should be properly trained in their respective fields, adequately supervised, and should have suitable personality characteristics for work with psychiatric patients. Since modern psychiatry is a rapidly changing and expanding scientific field, it must be assumed that the staff will continue its training indefinitely, through in-service teaching programs, professional meetings, and similar activities. The hospital ought progressively to prepare all its patients for relatively comfortable lives outside the hospital.

COLORADO STATE HOSPITAL

Within the last few years public interest in mental health has grown tremendously. Public attention has been focused on the mental hosptials in the country as never before. Crowded conditions have been exposed, improved treatment methods developed, and put into use, the growing costs of hospitalization discussed and debated.

In population, the state hospital is the 23rd largest city in the state. It compares in size to Canon City which is slightly larger. On October 19, 1956, there were 5,558 patients. On June 30, 1955, there were 5,720 patients, with an average population for 1955-56 of 5,626 patients. The institution employs 1,890 persons.

The appropriation for 1956-57 is $4,600,000. Institutional earnings of $2,426,374 bring the total income to $7,026,374.

It is the largest institution in the state. All the other institutions combined have less than one half the population at the state hospital.

Knowing these basic figures, the Committee was interested in discovering what kind of service this money bought. Two visits were made to the state hospital by the Committee, one in May and one in October.

(3) Figures shown do not include [illegible]
(4) This increase is partially due to the deletion by the last legislature of the mill levy for operation

Physical Plant: The first impression was one of size: the hospital is composed of 55 buildings covering an area of 323 acres. Many of the buildings ar multi-storied. The hospital represents an investment of over eleven million dolla

The Committee toured the hospital on both visits. The newer buildings are as a whole very cheerful and well planned. They contain on the wards both private rooms and small dormitories. Day rooms are located at the end of each ward. Barber shop, beauty shop, canteen, auditorium-theater, and dining and kitchen area were visited in the newer buildings.

However, there are many buildings that are substandard in construction, over-crowded, unsafe, understaffed, and unsanitary; so the citizens of the state should not become complaisant about housing accommodations. Touring these buildings made the Committee tense, uneasy, and repelled by conditions.

Personnel: One of the chief concerns of the Committee after gaining an impression of physical care of patients was to learn more about the program.

Are patients significantly improved?

Do they return home and resume normal activities?

What kind of staff administers to the patients and how does it compare to the national standards for care?

At present Colorado State Hospital staff consists of the following professional categories. Ratios are based on a patient population of 5,435 as used on page 70 of the Appendix Report.

Psychiatrists: 10 currently employed or over-all ratio of 1 to every 543 patients. American Psychiatric Association standards are:

1 to 30 patients for admission and intensive treatment
1 to 150 patients for continued treatment
1 to 150 patients for geriatric service

Need: 33.9 additional

Clinical Psychologists: 3 currently employed or over-all ratio of 1 to every 1811 patients. American Psychiatric Association standards are:

1 to 100 patients for admission and intensive treatment
1 to 500 patients for continued treatment

Need: 4.7 additional

Psychiatric Social Workers: 2 currently employed or over-all ratio of 1 every 2717 patients. (1954-1955 admissions 1,326) American Psychiatric Association standards are:

1 to 80 new admissions a year
1 to 60 patients on convalescent status
1 supervisor to every 5 case workers

Need: 40.5 additional

Registered Nurses: 30 currently employed or over-all ratio of 1 to 181 patients. American Psychiatric Association standards are:

1 to 5 patients on admission and intensive treatment
1 to 40 patients on continued treatment
1 to 20 patients on geriatric services

Need: 224.5 additional.

On the basis of these figures it is obvious that the hospital is severely understaffed in the mental health professions.

However, there are bright spots in the staffing pattern.

The Colorado State Hospital is almost unique among state hospitals in its program of adequate medical and surgical care. Serving on the hospital staff are 4 physicians. In addition, local physicians (32 in 1955) serve as attending and consulting staff. 20 residents in various specialities complete the staffing pattern. Here the ratio, based on 5,435 patients, is 1 to every 123 patients, excluding the services of residents or 1 to every 97 patients if residents are included. This ratio does not meet A.P.A. standards of 1 to every 50 patients, but approaches them and is certainly superior to many other state mental hospitals. The physicians in Pueblo and the superintendent of the hospital are to be commended for working out this arrangement.

Dut to the diligence of the superintendent the hospital attendant staff program has been more in proportion to national standards. On April 18, 1956, 803 attendants were employed or an over-all ratio of 1 to every 7 patients, compared to national standards of 1 to 4 patients on admission and intensive treatment, 1 to 6 on continued treatment, and 1 to 4 on geriatric services.

The hospital dietary service is recognized as outstanding by hospital administrators from throughout the county and serves as a model department. Food is well prepared and of excellent quality. Employees are well trained and capably supervised.

Any discussion of staff leads inevitably to the problem of salaries. Pages 21-23 of the appendix report list the civil service scales for Colorado. These figures are compared with salaries in other states in the table below:

SALARIES OF PROFESSIONAL PERSONNEL IN OTHER STATES*

STATE	STAFF PSYCHIATRIST	CLINICAL PSYCHOLOGIST	PSYCHIATRIC SOCIAL WORKER	NURSE
ARIZONA	$ 6,600 - 7,500	$4,800 - 6,600	$3,000 - 5,400	$3,120 - 3,600
ARKANSAS	7,000 - 9,000	4,800 - 6,600	3,000 - 5,400	3,300 - 5,400
CALIFORNIA	10,860 - 14,400	4,512 - 8,520	4,512 - 7,728	4,092 - 7,728
COLORADO	8,580 - 11,700	4,368 - 6,288	3,600 - 4,524	3,384 - 4,524
CONNECTICUT	5,160 - 11,520	4,020 - 8,160	3,540 - 7,080	3,540 - 8,160
DELAWARE	5,400 - 10,200	5,400 - 6,600	4,000 - 4,800	3,300 - 7,200
INDIANA	9,300 - 12,900	4,380 - 7,020	4,380 - 7,020	3,000 - 7,020
KENTUCKY	9,000 - 9,500	5,760 - 6,720	3,840 - 6,240	3,360 - 6,240
LOUISIANA	9,000 - 12,000	5,700 - 9,300	4,200 - 7,500	2,640 - 6,600
MAINE	5,824 - 7,228	4,888 - 6,084	3,432 - 5,304	2,600 - 6,084
MARYLAND	5,273 - 12,451	5,029 - 7,471	3,832 - 4,597	3,580 - 7,471
MASSACHUSETTS	6,331 - 11,635	4,641 - 9,230	3,497 - 6,474	3,328 - 7,020
MICHIGAN	9,250 - 10,962	3,946 - 10,377	4,489 - 10,377	3,946 - 10,377
MINNESOTA	8,328 - 10,536	4,440 - 8,004	3,948 - 6,072	3,120 - 6,564
MISSOURI	7,000 - 14,000	4,224 - 8,544	3,840 - 6,540	3,144 - 7,200
NEVADA	8,988 - 11,508	6,432 - 7,765	4,164 - 5,052	3,456 - 6,744
NEW JERSEY	9,180 - 15,000	4,560 - 7,620	4,380 - 7,140	3,360 - 7,380
NEW YORK	7,600 - 13,440	4,650 - 6,620	3,840 - 6,620	3,320 - 6,620
NORTH DAKOTA	9,840 - 15,480	4,740 - 9,540	4,740 - 6,180	2,820 - 7,500
OHIO	12,000 - 17,500	4,560 - 8,280	4,320 - 6,900	3,168 - 6,900
RHODE ISLAND	5,700 - 11,220	4,620 - 6,000	3,480 - 6,000	3,180 - 7,500
TENNESSEE	8,400 - 12,000	5,040 - 6,780	4,740 - 6,000	2,940 - 5,340
TEXAS	7,500 Max.	5,400 Max.	3,300 Max.	3,840 Max.
WASHINGTON	9,144 - 12,450	4,368 - 5,184	3,384 - 6,168	3,528 - 7,032
WISCONSIN	8,928 - 13,488	4,728 - 7,788	4,488 - 7,788	3,588 - 7,248

* Taken from "Salaries of Selected Personnel in State Mental Hospitals and Institutions for the Mentally Deficient" Report by Interstate Clearing House on Mental Health, Council of State Governments, December 1956.

The chart does not show how many vacancies exist or whether personnel can be secured at the salary listed. It does not take into consideration allotments for housing, food, and laundry, which in some states may amount to $3-4,000 for a family, in addition to salary.

Some states offer the maximum scale in a position in order to secure personnel.

Many studies that have shown there are not enough trained professional personnel to fill all the budged vacancies so that it is obvious that competitive bidding for their services results from state to state and from institution to institution.

Colorado must be realistic in setting its scales so that it can attract more personnel to service in its hospitals.

However, salaries are not the only answer. We must enlarge our training programs so that we train more mental health personnel in our own state. The often quoted program "Brains Not Bricks" of Kansas based much of its efforts upon a concerted program of training, plus realistic salary scales.

In Colorado the University of Colorado has had under discussion for some months suggested plans for training of career psychiatrist, similar in some ways to the Kansas program. One plan would provide for a five-year training program instead of the three-year program at present. Three years would be spent at the Medical Center and would follow the present program. The last two years would be spent at the state hospital.

If properly financed and staffed, such a plan might encourage more young people to enter the profession and would provide a broader, background, as well as providing additional service to the state hospital.

The Committee feels very strongly that besides salary increases there are other factors of job satisfaction that enter into the availability of personnel. These include expected work load, opportunities for continued training, professional advancement, and perhaps most important of all, personal satisfaction in seeing patients recover.

Population: As a citizen group with representatives from several communities the Committee was interested in knowing where the population at the state hospital comes from.

According to the 1955 annual report of the hospital the population come from the following counties:

County	Admissions	Discharge	Total Enrolled
Adams	11	6	76
Alamosa	5	2	29
Arapahoe	24	9	152
Archuleta	0	0	19
Baca	8	5	35
Bent	3	1	39
Boulder	39	19	183
Chaffee	5	4	50
Cheyenne	4	1	10
Clear Creek	2	0	15
Conejos	5	2	33
Costilla	3	0	10
Crowley	5	1	21
Custer	1	2	8

County	Admissions	Discharge	Total Enrolled
Delta	14	6	69
Denver	463	206	2582
Dolores	2	0	7
Douglas	3	1	10
Eagle	3	0	20
Elbert	2	2	22
El Paso	75	37	330
Fremont	32	17	117
Garfield	9	2	46
Gilpin	1	0	9
Grand	0	1	4
Gunnison	3	0	29
Hinsdale	0	0	1
Huerfano	25	16	108
Jackson	0	0	6
Jefferson	40	11	137
Kiowa	0	0	10
Kit Carson	6	1	33
Lake	24	1	18
La Plata	7	2	60
Larimer	19	8	93
Las Animas	42	25	217
Lincoln	7	1	17
Logan	6	3	52
Mesa	31	19	128
Mineral	2	0	4
Moffat	6	1	23
Montezuma	11	5	32
Montrose	8	3	47
Morgan	7	3	55
Otero	21	12	112
Ouray	.	0	9
Park	1	0	12
Phillips	0	0	15
Pitkin	0	0	8
Prowers	12	2	59
Pueblo	208	111	598
Rio Blanco	0	0	10
Rio Grande	14	3	45
Routt	5	4	65
Saguache	12	1	17
San Juan	1	0	4
San Miguel	1	1	6
Sedgwick	1	1	20
Summit	3	0	5
Teller	2	1	20
Washington	6	0	27
Weld	46	14	233
Yuma	6	0	43

Counties in the metropolitan area of Denver (Arapahoe, Adams, Jefferson, Denver) had a total of 2947 patients on the books at the state hospital out of an enrolled population of 6444.

On October 18, 1956, the superintendent stated that 31% of the hospital population was over 70 years of age (1834 patients), and that 915 patients were under 21 years of age.

Treatment and Rehabilitation Program: The program at the state hospital has been roughly comparable to that of other state hospitals. It has always been seriously limited in treatment program by shortages in personnel. These shortages have become more grave each year as technical advances are made.

Admission: Upon arrival, a patient is examined carefully by a staff physician for physical condition and by a resident psychiatrist for evaluation of mental condition. Necessary medical tests and examinations are given.

A social service staff member interviews the patient within a week whenever possible (this is restricted by staff shortages), and the patient is visited by a chaplain of his choice.

With the completion of tests and examinations, the patient is transferred to a ward.

Ward Treatment: After being assigned to a ward, a staff meeting is held to make treatment plans for the patient. This meeting is usually held on the ward.

The hospital has facilities for occupational therapy, hydro and electric shock therapy.

With the advent of the new "tranquilizing drugs" in the past few years the use of hydro and electric shock therapy has decreased and the need for psychiatric service and occupational therapy has greatly increased.

These new drugs do not cure mental illness but they make more patients amenable to treatment.

The hospital in August, 1956, reported 1981 patients were receiving daily allotments of these drugs. The response was summarized as: 37% good, 37% fair, 26% poor. 4,000 tablets per day were distributed at a cost of $473.87 for the month of September, 1956.

The hospital has a total of seven occupational therapy shops in the institution. Provision is made for several crafts, including weaving, and home making areas.

Activity on the ward centers around the day room and the television set. Recreational activities offered by the occupational therapy department include birthday parties, women's clubs, scouts, Y-teens, evening card parties, dances, music, typing and bookkeeping, library services, and attractive beauty shop and barber shop facilities are available. It should be recognized however, that these services are available to a minority of patients, primarily those in the Geriatrics and Rehabilitation Buildings.

Volunteer services at the hospital are offered by a Red Cross Grey Ladies unit from Pueblo.

Colorado still is releasing only 50% of its new admittances, within a year. The Topeka State Hospital in Kansas, which meets national standards in personnel, has

a discharge rate of 82% within one year. This may be explained in part by a diffe ence in admission policies of the two hospitals.

Dr. Zimmerman calculates the cost per patient per day is currently $3.50. this amount $2.53 is for personnel which includes 7¢ per day for psychiatric perso

The Topeka State Hospital in Kansas has attracted national attention as a participating hospital in the "Brains not Bricks" program with the hospital operat at a per capita cost of $5.34 per day of which $3.11 is spent for personnel.

For example, the chart below offers a contrast in the numbers of personnel at each of the two hospitals. The figures are quoted to shat that patients improv and return home when there is personnel to offer treatment.

	Colorado State Hospital 1955-56	Topeka State Hospital 1954
Average daily Patient Census	5,626	1,422
Psychiatrist	10	20
	16 residents	23 residents
Social Workers	2	12
Psychologists	3	6
Nurses	30	no figure available

At Topeka State Hospital the average daily patient census has declined fro 1,844 patients in 1947 to 1,422 in 1954.

It is felt by authorities in Kansas that the personnel recruitment and training program has more than paid its way. The average patient population has declined when in other state hospitals population is rising. In a study[1] conducte by the superintendent of the hospital at Topeka the following statement is made:

> "For example, if the Topeka State Hospital has been faced with an inpatient population growth similar to that shown by the twenty-two comparable hospitals, it would have required capital plant expansion expenditure of $10 million from 1945 to 1955 and it would require an additional $7 million by 1966. This does not include the increased cost of daily care (food, salaries, maintenance, etc.) for an increased patient population. It is our view that the Topeka State Hospital has saved at least this amount of money in capital expenditures by its increased expenditures for staff and for an intensive treatment program."

The Committee commends Dr. Zimmerman, superintendent of the Colorado State Hospital, and other members of his staff for the progress they have made in spite of severe difficulties in recruiting staff.

COLORADO PSYCHOPATHIC HOSPITAL

Introduction: The hospital of 78 beds was opened in 1925 in a building especially constructed for it on the grounds of the University of Colorado Medica Center.

[1] "Economy in Mental Health", State Government, February, 1956.

The hospital was created for three purposes: 1) care of emotionally disturbed and mentally ill patients, 2) teaching of psychiatry, 3) conduct of psychiatric research.

An out-patient clinic was established soon after the hospital opened. It expanded through the years into what is now the Mental Health Clinic, a separate department, in a separate building adjoining the hospital.

During the 1920's and early 1930's the hospital staff participated in a vigorous community program in a number of communities throughout the state. During the depression it was necessary to withdraw this service and it was not re-established until after the war when it was offered for a few years to a few communities. Consultation services have continued until the present.

As new developments in medicine have been made the hospital has adjusted its program, keeping in mind the three objectives listed above.

Staff: The staff is headed by a Medical Director (Psychiatrist) who is responsible to the Director of Psychiatric Services, University of Colorado School of Medicine.

There are four senior psychiatrists, 1 clinical psychologist, 3 psychiatric social workers (1 vacancy), 51 nurses, 3 occupational therapists, 3 recreational therapists, and 40 aides on the staff.

In training in their profession at the hospital are 12 resident psychiatrists (3 of these are shared with Denver General Hospital), 2 interns in clinical psychology, 3 students in social work, 2 students in occupational therapy, students in nursing.

The heavy staff is justified at the hospital because of its training and research program. Students in the professions trained at the hospital must have adequate supervision by staff members.

The program at the hospital is best considered by discussion of the objectives and how they are implemented.

Care of patients: The hospital has been re-organized in the past few years to profit from the increased amount of knowledge about mental illness. Its program is now based on the concept of "dynamic" psycho-therapy.

A patient entering the hospital is immediately assigned a resident psychiatrist who, after careful examination, designs a therapy plan for this patient.

The psychiatrist, who has medical and legal responsibility for the patient, also designs a "theropeutic team". That is, he plans with other staff members, as they are needed by the patient. If the skills of the social worker are necessary, that person becomes a part of the "team" working toward recovery of the patient. The same is true of other staff members as they are needed. Thus the staff works with each patient according to his individual needs.

The hospital itself is a therapeutic community. All personnel are carefully trained, all surroundings so arranged and used that everything is geared toward recovery of the patient in as short a time as possible.

Training: The hospital staff participates in the psychiatric residency program of the Department of Psychiatry and in the training of other mental health personnel.

The resident in psychiatry bears the primary responsibility for patients. has adequate supervision and consultation with staff psychiatrists, but usually no interference in treatment of a patient.

Other professional personnel follow much the same pattern of training with the student assigned to a patient under supervision of a staff member.

In-service training for staff is a continuous process and focused on keeping up with current material and ideas.

Research: Research is considered an integral part of the program. Colorado Psychopathic Hospital is to be commended for its concerted efforts in this area.

Several projects are current and continuing ones, including "Psychology of Criminals", "Genesis and Treatment of Schizophrenia". Many others are also current some on an individual basis, others financed by grants (compete list in Governor's Committee files, Legislative Council).

Other Programs: The basic program listed above should also include activities of the hospital and its staff which are functionally designed to meet specific needs of the state and the metropolitan area of Denver. These include:

evaluation studies for the courts in criminal cases and pleas of insanity,
evaluation studies for courts of adults considered for probation,
consultation in program planning with Colorado and Denver area Mental Health Associations,
Consultation with personnel in other agencies,
sponsorship of the annual Pastoral Counseling Institute for Ministers (a 2-day institute designed to give basic information on mental health and support and advice on techniques and limitations of pastoral counseling).

HOMES AND TRAINING SCHOOLS AT RIDGE AND GRAND JUNCTION

Background: According to Colorado statutes the "essential object of the Home shall be the mental, moral, physical education and training of feebleminded children and the treatment and care of persons so mentally defective as to be incompetent to care for themselves or their property."

To many people the statute has been interpreted to mean lifetime custodial care of these children. As knowledge of mental deficiency has increased over the past decade, more is known about the nature of specific kinds of deficiency and a great deal more about assisting children to develop to the limit of their capacity.

The program at these two institutions is currently in a periof of re-evaluation. A new superintendent was appointed May 1, 1956, and he has had the benefit of consultation from recognized national authorities in the field of mental deficiency including Dr. Malcolm Farrell, superintendent, Fernald State School, Waverly, Massachusetts, and Dr. Fred Butler, Sonoma, California. Dr. Farrell spent seven days in May inspecting the institutions, making a written report to Governor Johnson,

while Dr. Butler was retained as resident consultant from May 1, to December 1, 1956.

Physical Plant:

Grand Junction: Since May 1, the institution has had much attention given to its physical plant.

Severely criticized for its old buildings, cells in certain buildings, and incorrect placement of wards (1) the institution has undergone a face-lifting. Many of the old buildings have been painted, the cell doors have been removed, and wards re-arranged for additional space and to improve safety features (addition of 174 beds without overcrowding).

In the planning stage at present under the building program is a multi-purpose school building which will house crafts, school facilities, beauty shop, gymnasium and music, library and parents visiting area. This building is badly needed to provide training and education space for all the children who are physically able to participate. Other possibilities of remodeling are under study.

Ridge: The Edith Raftery Hall building at Ridge, housing 200 children (100 boys and 100 girls) has been occupied within the past 18 months and has provided badly needed space there. The other buildings are more attractively decorated and in good repair, although not of the best construction. The new space temporarily alleviated the problem of a long waiting list. (225 children have been admitted in the past 15 months due to this new space).

Medical Services:

Grand Junction: The new superintendent has been able to secure the services of an attending physician as of July, 1956. He makes daily visits to the institution for medical service. In addition, the University of Colorado Medical School provided the services of a resident in pediatric neurology for medical classification and screening purposes for a short time during the early fall. An immunization program has been completed this summer by the staff of the Mesa County Health Department.

Ridge: An attending physician serves on daily medical calls. The school is equipped with modern infirmary located in Edith Raftery Hall. X-ray equipment has been installed but the institution has no trained technician to operate it. Each child has an annual physical examination.

Rehabilitation Services: The new superintendent aided by the consultants, has stated a program of classification, placement, training and education which will require an adequate professional staff including:

a. Medical service: two resident physicians are recommended by Dr. Farrell for Ridge and two for Grand Junction.

b. Psychological services: two psychologists at each institution. Ridge has two psychologists, Grand Junction does not have one.

(1) Farrell Report to Governor Edwin C. Johnson

c. Social work: two recommended for each institution. Ridge has on Grand Junction none.

d. Adequate teaching staff with training in special education.

In view of recent plans for a progressive training program the Committee would like to emphasize a few concepts of care that are nationally accepted.[1]

(1) ideally, the institution program should be directed toward one goal--helping each child reach the maximum development that his mental capacities will allow.

(2) schools in these institutions are of great importance. By providing t kind of learning opportunities retarded children can use, the child can be prepare to better care for himself both in the institution and on return to the community.

(3) admission should not be solely on the basis of commitment by court ord for life.

In conclusion, the Committee has viewed with interest the progressive plan being made by the new superintendent and his staff. On the basis of current salar scales and classification, it may well be difficult to recruit the personnel neces to carry out the program.

The Committee urges the Legislature to consider provision for properly qualified separate superintendents for the two institutions, as their physical dis tance is so great that too much valuable time is spent in travel.

Tax-wise the Committee in principle approves the program proposed by Dr. M and feel that a progressive program based on sound principles will benefit both th child and the state.

CORRECTIONAL INSTITUTIONS:

With increased public awareness of the underlying behavioral causes of juv nile delinquency the Committee felt that study of the training school program in Colorado was pertinent.

Boys and girls committed to the two institutions have been in trouble of s sort in their home counties and have been sentenced by the County Judge (exception Denver County where the commitment is made by the Juvenile Court).

The Committee was particularly interested in the program of the institutio as it related to the need for professional services.

State Training School for Girls at Morrison

Two visits were made by the Committee to the school.

Physical Plant: The school is attractively situated near Morrison. The buildings and their condition vary so that a general statement is difficult. The girls are housed in cottages, some of which have been removeled and are very attra

[1]"What Hospitals for the Mentally Retarded Can Achieve", George Tarjan, M.D., Children, May-June, 1956

Other buildings include a new infirmary, a school, an administration building and maintenance buildings.

In the planning stage at the time of the visit was a new building for treatment purposes. The Committee was interested in the possible staff needs developing from this treatment center.

Program: The institution is administered by a superintendent and a five member Board of Control.

Girls, ages 10-21 may be committed by the County Court upon conviction of an offense. The school is responsible for providing a thorough education in every branch of household work as well as feeding, clothing, disciplining, instructing, employing and governing all girls so committed.

Girls are assigned to cottages after a reception and orientation period spent in the infirmary building. The cottages are under the supervision of cottage counselors. Meals are prepared and served in the cottages and living room space is provided in each one.

The daily program includes school for part of the day (academic classroom work, music, crafts, etc.) and specific work duties such as food preparation, housekeeping, and maintenance.

Staff: The present staff includes a superintendent, a registered nurse, vocational instructors, teachers, recreation supervisor, probation officer, cottage counselors and business, maintenance, and housekeeping employees.

The superintendent discussed staff needs for the new building by stating that

1) the building would temporarily house girls who did not fit in to the cottage where they were assigned.

2) it would house the offices for professional staff to include a psychiatric social worker, a clinical psychologist, and a group worker whose services would be utilized by all of the girls and who would consult and work with other personnel at the institution.

Thus, additional staff of a psychiatric social worker, clinical psychologist, and group worker would be necessary at the institution.

The superintendent stated that behavior problems of the girls have become more severe in the past few years and that professional personnel are badly needed so that girls committed to the school can receive the guidance they need before they become more seriously entangled with the law.

Boys Industrial School at Golden

Physical Plant: The school is located on a hillside just outside Golden. The buildings vary in their utility and standards of construction. The Administration and Reception building is new but a tour of other buildings revealed housing conditions that were certainly not desirable from the point of custody or safety. A tour of the dormitory buildings under construction was encouraging, however.

Other buildings include a central dining hall, school, laundry, vocational training shops and maintenance buildings. A building program is in progress at th institution also.

Program: Boys are housed in dormitories, in cottage companies of up to 50 boys per cottage in the older buildings. Meals are served in the separate dining building.

Upon admission a boy is placed in the reception area of the new administra building where he receives a physical examination, is given a series of psychologi tests, and is interviewed by the superintendent and others.

He is then assigned to a company and participates in the daily routine of school. Younger boys go to school all day. Older boys go half days and spend the other half day in pre-vocational training and maintenance.

In the school program special attention is given to remedial work (at pres a class is taught by the teacher-psychologist).

Pre-vocational training includes carpentry, farm and dairy, kitchen, laund printing, shoe repair, tailoring, painting and plumbing.

A full athletic program is offered including group sports and swimming, supervised by an athletic director.

Staff: At present the staff includes a superintendent, 1½ parole officers 1½ case workers, part-time psychologist, 8 teachers, athletic director, nurse, cottage counsellors, vocational instructors, and housekeeping and maintenance pers

Staff needs, as presented by the superintendent, include: 4 additional pa officers, 2 case workers, 1 full time psychologist, 1 additional teacher, a part-t psychiatrist.

PENAL INSTITUTIONS:

The Committee visited Buena Vista Reformatory and the state Penitentiary a Canon City in order to learn what professional mental health services might be use in the program of these two institutions.

These may be summarized as: 1) adequate evaluation studies so that proper placement in the institution program is made. 2) access to psychiatric consultati service on individual inmates, both during their stay at the institution and prior parole or discharge.

At the penitentiary psychiatric consultation on a limited basis is availab from the state hospital. However, the services of the clinical psychologist are needed to assist in classification and evaluation. The Reformatory has no arrange for psychiatric consultation.

SUMMARY:

The Committee listened carefully to the problems of the superintendents of the institutions visited, toured buildings, talked with staff members, patients and inmates attempting to understand what Colorado has and what its needs may be.

The Committee concluded that

1) All of the institutions have a problem in recruiting staff. At some the problem is severe, causing well planned programs to be extremely handicapped or non-existent.

2) Salaries for staff often did not begin to meet those offered for the same or similar positions elsewhere, even in the same community.

3) The future development of program is directly related to the training and recruiting of qualified staff.

4) Superintendents of the institutions are to be commended for their efforts to strengthen programs at their institutions.

PART III

COORDINATION OF THE STATE PROGRAM

INTRODUCTION:

"What agency at state level is responsible for the state mental health program?" was a question asked at the beginning of the study by the Governor's Committee on Mental Health. Much committee time has been spent attempting to learn the answer.

COLORADO DOES NOT HAVE A COORDINATED PROGRAM IN MENTAL HEALTH.

Primary responsibility for Mental Health at the present time is divided between the Colorado Public Health Department which is responsible for Community Mental Health Services and the Department of Public Institutions which is responsible for most of the Institutions.

The State Planning Commission, among many other functions, is responsible for the building programs at institutions. Many other state level departments include mental health in their over-all program, as an appropriate function.

At present there is no machinery for mutual planning and coordination. What cooperation exists is due to the efforts of individuals in these agencies who see the need for such an approach.

The Committee includes for consideration in this chapter

1) the outline of responsibility of the various agencies
2) the structure of coordination used by several other states
3) the Committee's suggestions for Colorados future planning.

AGENCIES WITH PRIMARY RESPONSIBILITIES:

Colorado Public Health Department

Designated as the Colorado mental health authority by the U. S. Department of Health, Education, and Welfare, the program has been carried out through a mental health section, one of six in the Special Health Services Division of the Health Department. As of October 1956, the State Board of Health established a new Mental Health Division, replacing the mental health section.

The staff consists of a psychiatrist, a clinical psychologist, consultant in psychiatric nursing, and a secretary with budgeted vacancies in psychiatry and psychiatric work.

The Division budget was $24,500 for the fiscal year ending June 30, 1956, and increased to $33,900 for the current year. As the state legislature made no specific appropriation to the Department of mental health purposes as such, the current budget is financed largely from these federal grant-in-aid funds. In other words, the program has not received concerted attention from the legilsature.

The Division offers the following services under the budget:

Promotion of generally accepted mental health concepts and attitudes, particularly in those who, in a professional capacity, influence mental attitudes in others. This includes training, by the professional staff of the Division, of the Department's supervisory public health nurses and medical social workers, public health nurses in the field, personnel of welfare departments, and hospital nurses.

Educational projects in the field of mental health. These include (1) educational conferences with professional groups such as physicians, law enforcement bodies, teachers, and social workers; and (2) community education through talks, pamphlets, movies, and exhibits to various types of civic, educational, and professional groups and agencies.

Consultation services. To the extent possible with the present limited staff, services to some courts, schools, welfare agencies, and schools of nursing are being developed.

Diagnostic and treatment clinic services and related community mental health program services. These are provided through (1) periodic direct services by the Section's professional staff at a few local clinics in development, (2) consultation services and occasional direct services to established local clinics, and (3) financial aid to the local clinics and the associated mental program activities in the community.

The program at present consists of:

Service and aid to community clinics.

The Psychiatrist Director serves one day a week as Director of the Boulder Clinic. The Psychiatrist Director and the Clinical Psychologist serve 2 days a month in the Sterling (North East Colorado) Clinic.

Limited financial aid is given to clinics in Colorado Springs, Grand Junction and Greeley.

Development of rehabilitation and after-care services. - Some conferences have been held with the State Hospital and with the Staff Office of Vocational Rehabilitation regarding these problems, and it is hoped that a program of services can be formulated.

Coordination. - Mental Health Division contributes to the coordination of mental health activities in Colorado through cooperation with (1) the other Sections and Divisions of the State Department of Public Health and the local health departments (2) the Colorado Association for Mental Health and local mental health associations (3) the medical school and hospitals of the University of Colorado Medical Center also other institutions of higher learning; (4) other departments and agencies of State such as Welfare, Education, Vocational Education and Rehabilitation, Planning

Commission, and Director of Institutions, and (5) Region VIII of the U. S. Public Health Service and the National Institute of Mental Health.

Department of Institutions:

> The Department was created in 1951 by statute "as an administrative department in the Executive Branch of the State Government, the head of which shall be the Governor and whose decisions as to all matters of policy and administration shall be final. The Governor shall appoint a Director of Public Institutions who shall be one of the confidential employees of the Governor and shall be subject to the direction and control of the Governor. He shall serve at the pleasure of the Governor. His duties shall be prescribed by the Governor and shall be such as will best effecuate efficiency and economy within and between the several public institutions included within the department."

General purpose: The Department shall control, manage, and generally supervise public, penal, correctional, and elemosynary institutions. The Director has power to make inquiry into complaints regarding conduct of institutions, act as liaison officer to work out procedures of management, operation, and accounting, investigate conduct and efficiency of officers and employers of institutions, as well as authority to transfer inmates from one institution to another. The Director reports to the Governor.

Staff: The staff at present consists of the Director and a secretary. The present Director, through conferences and consultation, has made progress in program planning at several of the institutions.

A Public Institutions Advisory Board was created in 1951 as a part of the statute that created the Department of Institutions. It is composed of a three member board appointed by the Governor for 6 year staggered terms, one being appointed every two years. Its function is to advise with the Governor on the supervision, management, conduct and control of the public institutions included in the Department of Public Institutions and to make recommendations to them for the more efficient and economical operation of same.

These two departments, Public Health and Institutions, are, at present, responsible for state program in mental health. The responsibility for the building program lies with still another agency.

The State Planning Commission:

The Commission was created in 1931. By statute it is a component of the Division of Conservation of the Executive Department. It is composed of ten members appointed by the Governor for three year staggered terms, and two ex-officio members, the State (Water) Engineer and Chief Highway Engineer. Members serve without pay but receive travel and other expenses.

Functions which apply to mental health include (1) promote the development of long range plans which shall be the guide plan for the physical development of the state's institutions, (2) approve as to design, use, location, and type of construction all buildings and improvements constructed with state funds, (3) make inspections of State buildings.

AGENCIES INCLUDING MENTAL HEALTH IN THEIR PROGRAM:

There are two state level departments which are vitally interested in mental health. As "basic service" departments their state staff cooperates with the personnel in the local community in developing and utilizing mental health resources.

Department of Education:

The Department provides consultation services as well as administering the state financial assistance program to local districts. Their interest in mental health has many facets. The Committee considered that two of the most important ar

special education program for mentally retarded children
program of educational services to institutions.

Educational Services to Institutions

The program is administered by a Division of Mental Health and Special Institutions. Purposes are to foster and support the advancement of mental health in Colorado's schools and to counsel the administrators and staffs of "special" institutions in matters of education, rehabilitation, and staff in-service training

The "special" institutions of the state include: The State Home and Train Schools at Grand Junction and Ridge; The State Training School at Morrison; The St Industrial School at Golden; The State School for the Deaf and for the Blind at Colorado Springs; The State Children's Home at Denver; The State Reformatory at Bu Vista; The State Penitentiary at Canon City; and The State Hospital at Pueblo. (T last three by invitation of the Director of Institutions and the Superintendents.)

To achieve these purposes, the Division:

(a) Provides leadership to schools in planning and developing program of mental health. A purpose of this is to aid schools to prevent and make unnecessary the eventual institutionalization of many children.

(b) Provides consultative service for pupil service personnel and oth directly and indirectly concerned with problems of mental health & emotional stability. Pupil service personnel includes school nurs psychologists, social workers and other workers whose primary resp sibility is pupil adjustment.

(c) Aids school administrators in the development of standards for th selection of mentally healthy staffs.

(d) Provides assistance to the special institutions in the state in th establishment and maintenance of programs of education. Educatio for this purpose, is broadly defined to include vocational skills attitudinal changes, and the development of recreational skills a well as academic information.

(e) Assists the institutions in the development of curricula and cours of study for use in their educational programs.

(f) Offers consultative service in the selection of teachers and programs of in-service training.

(g) Provides leadership to special institutions in the evaluation of their educational programs and facilities.

(h) Assists institutions in the preparation and selection of teaching and learning materials.

(i) Assists institutions in the planning of adequate facilities and housing for the broad educational program.

The Division of Special Education

The program in this Division is centered around three groups of children:

Children with physical or mental handicaps
Children with speech defects
Children who are home bound or hospitalized

In March 1953 the state legislature passed an act (House Bill 108) which greatly expanded the program of education for handicapped children.

Under the provisions of this act at least 65% of the total appropriation for the education of handicapped children shall be used for reimbursement to local school districts which provide classes for physically or educable mentally handicapped children who are incapable of being practically or efficiently educated by ordinary classroom instruction.

Reimbursement for classes for the mentally handicapped shall be on the basis of costs in excess of the cost of providing regular classroom programs, providing those costs do not exceed 100% of the average normal per capita cost of education of normal children in those districts which maintain a special education program.

Determination of eligibility of a child for enrollment shall rest upon individual physical and psychological examination conducted by accredited personnel. Five to fifteen children are enrolled in a class. The teacher must qualify for a special education certificate, children from 6 to 21 are eligible. Classes are under the direct supervision of the local school administration.

In 1954-55 eleven districts provided classes for mentally handicapped children: Aurora, Littleton, Boulder, Denver, Colorado Springs, Jefferson County, Sterling, Grand Junction, La Junta, Pueblo, Del Norte. A total of 626 children attended these classes.

The service offered by the state Division in this program is 1) administrative supervision of the appropriation 2) consultation services to districts planning programs, inservice training of teachers, and to the institutions at Ridge and Grand Junction.

Department of Public Welfare:

The Department is responsible for a broad variety of programs including Child Welfare, Aid to Dependent Children, Aid to the Needy Disabled, Aid to the

Blind, Tuberculosis Hospitalization and General Assistance. The fundamental objective of all public welfare programs is to help persons and families by providing financial assistance and case work services. County welfare departments work closely with other public and private agencies in order to utilize all resources available.

Although the providing of financial assistance to needy persons is a necessary and important responsibility of public welfare departments, increased emphasis is being placed upont the need to provide broader services to people. As a result of the 1956 amendment ot the Federal Social Security Act, the Act now includes, for the first time, specific wording concerning Federal responsibility for encouraging States "to place greater emphasis on helping to strengthen family life and helping needy families and individuals attain the maximum economic and personal independence of which they are capable."

Of special interest to the Committee were the activities and programs of the Child Welfare Division. Under Title V, Part III of the Federal Social Security Act the provision was made for financial aid to states to establish, extend and strengthen child welfare services in rural areas and areas of special need. Colorado, through the Welfare Organization Act, is authorized to avail itself of this aid.

According to the Welfare Organization Act, now cited as CRS 1953, 119-1-1 to 119-1-17, it is the responsibility of the county departments of public welfare to provide child welfare services for children and youth within their counties. Services should be made available to all children and youth in the county irrespective of color, creed, social or economic status. Financial aid, however, should be based on need. Parents are responsible for the support of minor children under 21 years of age. Therefore, the county departments of public welfare should require parents to pay in accordance with their ability for any service which involves financial assistance on behalf of those under 21.

The State Department of Public Welfare is responsible for supervision of the different child welfare programs; the county departments of public welfare are responsible for administration of these programs.

These programs are set up to provide basic services to children in the following areas, rendered by trained and experienced workers in the field of child welfare:

Preventive and protective services to children in their own homes or in the homes of relatives.

Placement in foster care of children whose parents or relatives request placement, and of children who are committed to the county departments of public welfare by the courts because their parents or relatives fail to adequately provide for them, or because the children are without parents or abandoned by parents.

Case work services to unmarried mothers and their children and illegitimately pregnant girls and women.

Services to children presenting behavior and emotional problems. Parents, relatives or schools are sometimes unable to cope with emotional behavior problems of children and seek guidance and suggestions from the county welfare department.

Services to children who are mentally deficient, retarded, or mentally ill, to children having physical health problems or handicaps.

Supervision of children in foster homes. Since the majority of county welfare departments have some children in foster homes, it is the responsibility of the county department to give continuing supervision to children in foster homes and to give continuous help to the own parents of the children not in prospective adoptive homes, and whose parents continue to be important to the children.

Some of the counties cannot provide a complete framework of service and must arrange to purchase service from other county departments of public welfare and from private agencies as it is necessary to the care of an individual child.

OTHER AGENCIES WITH INTEREST IN MENTAL HEALTH:

In addition to those listed above there are other public agencies with specific interest in the program of mental health including

the Commission on Alcoholism,
the State Home for the Aged,
the University of Colorado.

WITH THE ABOVE INFORMATION THE COMMITTEE BEGAN TO UNDERSTAND THE SITUATION IN COLORADO AND FELT THAT THE PRESENT STRUCTURE OF RESPONSIBILITY WAS NOT AS SOUND AS IT SHOULD BE. THE COMMITTEE OVER A PERIOD OF MONTHS DISCUSSED WHAT SOME OF THE PROBLEMS WERE IN AN ATTEMPT TO DEVELOP PLANS FOR THE FUTURE.

WHAT ARE THE PROBLEMS WITH THE PRESENT STRUCTURE?

Colorado at present has a piecemeal program. In the end result this amounts to an inadequate program.

The present structure and services are inadequate to meet the known need.

The lack of coordination of program means that the patient may and often does get "lost" inbetween agencies and institutions.

At present there is a division between community care and the institutions, at times even a conflict. Community agencies have little or no contact with institutions and vice versa. A number of institutions have limited and only partially effective contract with one another and with the state departments of Health, Welfare, and Education.

Many agencies include mental health in their program and develop these programs independently of an over-all state plan, with only limited coordination, so that it is possible for services to be duplicated or neglected.

The method of budget presentation is such that each institution and agency presents a separate budget to the Controller and to the Legislature. Legislators are faced with multiple demands and no critera for determining what the need actually is in terms of a total state program.

The community programs of mental health have not received adequate attenti or support. Too much reliance is placed on institutional care as the answer, rath than on concerted action by the community.

The Department of Public Institutions as presently situated is ineffective With no qualified staff, political appointment of two years for the Director, and limited appropriation, supervision of institutions is nearly impossible and author exists on paper only.

The increasing emphasis by all superintendents on rehabilitation and treat ment poses another problem. Some evaluation of these needs must be made from a st viewpoint so that each institution fits into an over-all pattern that will meet th needs of people.

The Committee believes that a coordinated state program is necessary in or to secure the most efficient functioning of all phases of the program.

Other states have faced the same or similar problems. The Committee studi the structure in several of these states as it discussed steps that Colorado might take to improve its organizational structure.

RESPONSIBILITY FOR MENTAL HEALTH IN OTHER STATES:

It has been a trend in recent years to develop a coordinated state progra as states have recognized the need for concerted action.

The methods have varied in the individual states. The Committee has studi the organizational plans of California, Indiana, Illinois, Massachusetts, New York and Idaho. Their experiences were helpful to the Committee so plans of four of these states are listed below:

Idaho:

By an act of the 1955 legislature the Boards of Eugenics, State Hospitals, and Health were abolished and all functions of the state mental health program centered in the new State Board of Health which includes:

Office of the Director including staff and services in personnel, fiscal planning, information and laboratory.

Division of Public Health with programs in maternal and child health, venereal disease control, tuberculosis control, etc.

Division of Mental Health with institutional services, community activities, remedial services, eugenics, and youth rehabilitation.

The Division of Mental Health is responsible for central administration of two state mental hospitals, school for the mentally retarded, and community progra of mental health and youth rehabilitation.

New York:

Responsibility for the state mental health program is vested in a Department of Mental Health, headed by a commissioner. The Department has the following functions:

Departmental services of Business Management, Personnel, Engineering, Counsel, Public Relations, Planning, Administrative Services.

Divisions of: Research and medical services (including T.B. Control), In-patient Services, Special services (psychiatric and psychological services in Correctional Institutions, Psychological services), Communtity Mental Health Services (Child Guidance Clinics, after care clinics etc.), Division of N.Y.C. services. All divisions are headed by Asst. Commissioners.

Administration of Mental Hygiene Institutions: 18 state hospitals, 6 state schools, Psychiatric Institute, Psychopathic Hospital, Craig Colony (for epileptics).

For several years a Commission of Mental Health composed of the commissioners of Corrections, Social Welfare, Health and Education was responsible for coordinating state programming.

Recent legislation, however, has created an Interdepartmental Health Resources Board charged with planning and executing health and mental health programs involving ten state agencies. The board is made up of the commissioners of mental hygiene, health, education, labor, social welfare, and correction, chairmen of the Division of Parole and of the Workmen's Compensation Board, and the director of the Joint Hospital Survey and Planning Commission.

Among the board's functions are:

1) Diagnosis, treatment, and rehabilitation of chronic alcoholics.

2) Coordination of services and research in mental retardation.

3) Study of residential treatment centers for emotionally disturbed children.

4) Development of a master plan for the total array of personal health services to the elderly.

5) Coordination of state rehabilitation services.

A separate Department of Corrections administers a program for state prisons, institutions for defective delinquents and reformatories. Training schools for boys and girls to age 16 are administered by another agency.

Massachusetts:

All responsibilities for mental health services are in the Massachusets Department of Mental Health including:

Operation of mental hospitals. No city or county may operate facilities for mentally ill.

Licensing and inspecting all private and federal institutions who care for mentally ill.

Loose supervision over clinics, private practice, etc.

Provision of psychiatric services to the courts, prisons, Youth Service Board (which handles delinquent children) and to Department of Welfare.

Operation of hospitals for geriatrics and senile patients not mentally ill.

Supervision of the mental health services in the public schools, jointly with Department of Education; provide the professional psychiatric services for them through the area mental health centers (behavior clinics).

Supervision of the special classes for educable retarded children and sub-special classes for trainable retarded children in cooperation with Department of Education.

The head of the Department, a Commissioner, must be qualified in psychiat and administration. He is appointed by the Governor for a term of 6 years (Governor s are elected for 2 years), the superintendents of institutions are appointed more or less for life by the Commissioner and make their own staff appointments.

Indiana:

The Health Act of 1953 created a Department of Health. The department is headed by a director appointed by the Governor for 4 years and has three major divisions: Division of Mental Health, Division of Health and Preventive Medicine Division of Medical Institutions.

The Division of Mental Health is organized as follows:

(a) Mental Health Commissioner appointed by the Mental Health Council, with the approval of the Governor. He must have 3 years training in psychiatric medicine, 5 years experience, board certified. He direc the care and rehabilitation of patients in institutions.

(b) Mental Health Council: 6 members and an advisory member appointed b the Governor: 3 shall be M.D.'s (2 psychiatrists, 1 general practi tioner) 1 shall be a dentist, 2 others shall not be doctors. Adviso member chosen from Medical Advisory Committee. Function: advise Commissioner.

(c) Commissioner has complete control and responsibility for state hospitals, state schools for mental defectives, home for epileptics. The separate Boards of Institutions were abolished with their powers given to the Commissioner. Superintendents are appointed by the Commissioner.

(d) Visiting Committees: Each institution shall have a visiting committee serving 4 years, consisting of 6 persons (one an M.D.) to advise superintendents.

(e) Medical Advisory Committee: 5 members appointed by the Governor for 4 year terms. All must be licensed physicians--2 must be certified by American Board of Neurology and Psychiatry. Function: advise the Governor.

CONCLUSIONS

With careful consideration of Colorados problems and needs, and after study of states organizational structure, the Committee has come to certain conclusions:

A. THAT A SOUND MENTAL HEALTH PROGRAM FOR COLORADO IS NEEDED; AND THAT SUCH A PROGRAM SHOULD CONTAIN CERTAIN BASIC PRINCIPLES:

Mental health and mental illness are medical and psychiatric problems. Sound program planning requires psychiatric leadership, with the active participation of qualified personnel in other mental health disciplines, in education, in public health, in public welfare.

Coordination of the programs of community mental health services, hospitalization and institutionalization, and aftercare services is essential.

Expansion of services in an integrated program is needed and should be considered in terms of utilizing every possible community resource prior to hospitalization, a short and beneficial hospital stay with continued close contact with the community agencies, and community programs of aftercare services.

Competent professional staff must be secured to operate the program. Adequate funds and realistic salary scales must be provided to attract and retain staff. Other factors of professional advancement, expected work load, continued professional training must be considered.

Administration of the program should be the responsibility of competent personnel, with acceptable professional training, and administrative training and experience. Some provision should be made for tenure.

The Department responsible for the program should also have a degree of control and supervision over the component parts.

Standards of personnel are necessary and should be applied to institutions and community services assisted by state funds.

Formal provision for coordination of efforts with other departments with interest in mental health should be made, either by legislation or executive order.

The Committee is aware that any plan is only as sound as the people who administer it. It is vital that competent people be secured to staff even the present program, but it is also recognized that a sound structure would help attract these people.

B. THAT AFTER MUCH STUDY AND DISCUSSION OF SEVERAL POSSIBLE PLANS THE COMMITTEE RECOMMENDS THE FOLLOWING:

A SEPARATE DEPARTMENT OF MENTAL HEALTH

or

A COORDINATED PROGRAM ADMINISTERED BY THE DIVISION OF MENTAL HEALTH, COLORADO HEALTH DEPARTMENT.

WHY? Either plan would bring together all elements of the program, strengthening each by providing clarified working relationships. It would enable the state to plan realistically on the basis of total need, rather than on multiple requests made all too often on an emergency basis.

Either plan would include:

Emphasis on community care and the inter-relationships of the total program.

Responsibility for development and support of community clinics.

Direct supervision of state hospital facilities.

Coordination with the efforts of other departments.

A Separate Department of Mental Health:

The Committee suggests the following outline of function:

Appropriate legislation establishing the new department and placing the responsibility for:

Community Mental Health Services (including direct service and financial assistance)

Supervision of the state mental hsopital, the state homes for mentally retarded and any other such institutions as deemed appropriate.

Aftercare services in communities for patients discharged from institutions and hospitals.

Consultation and education services to other departments and agencies on a professional level in training programs for staff personnel.

Research in mental health in cooperation with other departments and agencies, both in the community and at the institutions.

Coordination relationship with other state agencies and departments with interest in mental health.

The Department should have a full complement of staff, headed by a competent professional administrator. Additional staff would include basic services of administration, business management, personnel, professional personnel in the mental health disciplines of psychiatry, clinical psychology, psychiatric nursing, psychiatric social work.

Adequate financing would be necessary both for central administration of the program and for assisting communities in strengthening local resources.

A Coordinated program under the Division of Mental Health, Public Health Department:

The Division is already recognized as the mental health authority for Colorado insofar as federal aid for community mental health services is concerned. The Committee's recommendation would include the following outline of function under this plan:

Implementation and expansion of:

The community mental health services program which is already a part of the Divisions function.

Consultation Services to other departments and agencies on a professional level in training programs for mental health personnel.

Research in mental health in cooperation with other departments and agencies with interest in mental health.

Coordination relationship with other state agencies and departments with interest in mental health.

The Addition of:

Supervision of the state mental hospital, the state homes for mentally retarded and any other such institutions as deemed appropriate.

Aftercare services in communities for patients discharged from institutions and hospitals.

The Division would need a full complement of staff and should be led by a competent professional administration. Additional staff would be needed in administration, business management, personnel, professional personnel in the mental health disciplines of psychiatry, clinical psychology, psychiatric social work, and psychiatric nursing. This total program could not be transferred to the Health Department and expected to work without this additional personnel.

An expanded budget would be necessary to achieve the central administration and extend financial assistance to the local communities.

As a final comment the Committee would not approve of any move to transfer the Community Mental Health Services program to the Institutions department. It is strongly felt that such a move would defeat the purpose of a coordinated program having an ultimate goal of prevention and community care.

How do these recommendations change the function of the Present Department of Institutions? The Legislative Council has just completed a study on the Correctional institutions. In the report is a complete discussion of pros and cons on the establishment of a central correctional agency or authority. The possibility of the Institutions Department becoming the central Correctional Authority is discussed.

The Committee feels that mental health institutions are a part of the total mental health program as correctional institutions are a part of the total correctional program. The relationship between parts of the program needs strengthening. This statement implies that the state should, however, be interested in over-all business management of institutions. The Committee recognizes the need for careful review of business practices of accounting, purchasing, housekeeping, and farm management. It is possible that this might be achieved in the office of the Controller (3-3-1 of the Administrative Code).

RECOMMENDATIONS

Included in the body of this report are suggestions and conclusions for specific parts of the program. These are listed on the blue pages at the end of each chapter. Listed below are the recommendations for the total report:

COMMUNITY MENTAL HEALTH SERVICES

1. That the state of Colorado assume financial responsibility for assisting local communities in providint mental health services, based upon standards listed in Section I, page 25.

2. That these services include aftercare assistance for patients discharged from hospitals and institutions as well as the functions of diagnoses, evaluation, and treatment of both adults and children.

3. That expansion of these community services be regarded as vital to the total program of care, and that formation of new services be encouraged.

PERSONNEL

4. That the Civil Service Commission make a realistic annual appraisal of all staff salaries at state level and within the institutions for the mentally ill and mentally retarded, comparing the salary scale with known statistics on availability of personnel, job duties, professional training and salaries in other states and adjust Colorado's scales accordingly.

HOSPITALS AND INSTITUTIONS

5. That Dr. F. H. Zimmerman be formally recognized by the state of Colorado for his long and meritorius record of service to citizens of the state while serving as superintendent of the State Hospital.

6. That the Committee accepts the current standard of 6000 bed limit on the Pueblo State Hospital as agreed upon by the hospital administrator and the Planning Commission as a maximum and recommends that all future building and planning at Pueblo be based upon replacement of beds and treatment facilities for this population load.

7. That the state explore the advisability of developing additional psychiatric hospital facilities in several metropolitan areas, beginning with the Denver area.

8. That every assistance be given the superintendents of state institutions in their efforts to recruit qualified personnel.

9. That the state make even more diligent efforts in the future to coordinate building plans with program and avoid building buildings that are poorly designed and fail to meet national standards.

10. That the state recognize the need for special treatment facilities for mentally ill children and take appropriate steps to provide such a facility in the Denver area where sufficient professional staff may be available.

11. The the Superintendents and staffs of institutions be supported by the legislature and the public in their efforts to develop modern programs of care.

RESEARCH AND TRAINING

12. That attention be given immediately to the development and expansion of training programs in all of the mental health professions, utilizing all available resources.

13. That attention be given to the development of post graduate courses for nurses, attorneys, physicians, ministers, case workers, mental health associations and other groups.

14. That research and training in the field of mental health be regarded as a responsibility of the state and encourged in state institutions and agencies.

COORDINATION OF PROGRAM

15. That immediate action be taken to attempt to accomplish coordination of the mental health program.

LEGISLATION

16. That while the Committee has not studied the specific revisions needed in legislation, it recognizes the contribution made by the joint Committee of the Colorado Medical Society, Colorado Bar Association and other groups, which has spent four years in a comprehensive study of mental health laws. The Committee believes that laws should be written so that archaic, unrealistic terminology and practice are eliminated.

THE COMMITTEE PROPOSES THE EXPANSION AND COORDINATION OF THE MENTAL HEALTH PROGRAM KNOWING THAT SUCH EXPANSION WILL REQUIRE MORE FUNDS THAN ARE CURRENTLY SPENT. IT DOES SO IN THE BELIEF THAT IF THE PROGRAM IS ESTABLISHED AND GIVEN A FAIR TRIAL OF AT LEAST FIVE YEARS, VALUE WILL BE DEMONSTRATED IN FEWER HOSPITALIZATIONS FOR SHORTER PERIODS OF TIME, MORE EFFECTIVE PLACEMENTS IN INSTITUTIONS, AND A MORE EQUITABLE DISTRIBUTION OF SERVICE TO MANY PERSONS NOW WITHOUT ANY SERVICE.

AGAIN, THE COMMITTEE REMINDS THE CITIZEN THAT THE REPORT IS OF VALUE ONLY IF IT PROVES USEFUL IN STUDY OF COLORADO'S PROGRAM NEEDS.

MANY OF THE SUGGESTIONS AND RECOMMENDATIONS WILL NEED AND DESERVE CITIZEN SUPPORT TO TRANSLATE THEM INTO ACTION.

COLORADO

GOVERNOR'S COMMITTEE ON MENTAL HEALTH

REPORT

TO THE

MENTAL HEALTH SURVEY COMMITTEE

OF THE

WESTERN INTERSTATE COMMISSION ON HIGHER EDUCATION

May 15, 1956

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F. LOCATION OF UNIVERSITIES AND INSTITUTIONS

MENTAL HEALTH IN COLORADO

A REPORT OF THE SURVEY OF

TRAINING--RESEARCH--PREVENTION--ORGANIZATION

CONDUCTED BY THE FOLLOWING COMMITTEE APPOINTED BY

THE HONORABLE ED. C. JOHNSON

GOVERNOR OF COLORADO

ON JULY 28, 1955

COMMITTEE:

Senator Walter W. Johnson, Chairman

Representative Lucille L. Beck, Co-Chairman

Mrs. William L. Chronic, Secretary
Director of Survey Report

Dr. Roy L. Cleere

Senator Vernon A. Cheever

Dr. John B. Farley

Dr. Lynwood Hopple

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Dr. Francis R. Manlove

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Dr. Richard E. Troy

Dr. Karl J. Waggener

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Mr. Gordon Conelly	Mr. Herbert Allen
Dr. Morris Garnsey	Dr. John Conger
Mr. Wm. Grelle	Mr. Don Daily
Dr. Galen E. Rowe, Jr.	Dr. John Benjamin
Mrs. Helen A. White	Dr. Victor Raimy
Dr. Carl Anderson	

May 15, 1956

In an attempt to discover the state's strengths, potential, and greatest need in:

1. training specialists to treat the mentally ill
2. planning programs effective in preventing mental illness and promoting mental health
3. in organization of the states mental health programs,

the Survey Committee sought fact and opinion from many sources. Those who completed the questionnaire deserve the gratitude of all citizens of the state.

The data used in preparing the state report were obtained from 591 questionnaires returned by:

Form

A. Eight University Administrative Officers

B. Twenty-two Heads of University Academic Departments

C. Five Heads of University Psychology Departments

D. One Head of Psychiatry Department

E. One Head of Social Work

F. Seven Heads of Nursing Schools

G. Five Deans of Students

H. Twenty-four Directors of University Service Agencies

I. Six Deans of Schools of Education

J. One-hundred-forty-seven Mental Health Specialists

K. Three Directors of State Agencies

L. Fifteen Superintendents of Mental Hospitals, Clinics

M. One-hundred-twelve Directors of Local Departments of Welfare, Health, Law Enforcement, and County Judges

N. Forty-two Legislators

O. Thirteen Psychiatrists in Private Practice

P. Thirty-six private citizens

Q. Seventy-eight Presidents of Civic Clubs

R. Sixty-six School Personnel

Signed:

Senator Walter W. Johnson, Chairman

Representative Lucille Beck, Co-Chairman

Mrs. Wm. L. Chronic, Secretary
Director of Survey Report

This report was prepared with the cooperation and assistance of the Colorado Legislative Council, Mr. Shelby Harper, Director.

SECTION A POPULATION ANALYSIS

1. Historical Review of Population

Colorado was organized as a territory in 1861 from parts of Kansas, Nebraska, New Mexico, and Utah Territories. In 1876 the present identical area became a state, without any change of boundaries.

a. Total Population

On April 1, 1950, population was 1,325,089 in a land area of 103,922 square miles. In 1950 there was an average per square mile of 12.8 persons, as compared with an average of 10.8 in 1940. In 1950 Colorado ranked 34th in population and 7th in land area among the 48 states. Population in 1950 was 39 times greater than in 1860, making the rate of growth rather rapid in a comparatively short time. With the exception of the decade from 1920-30, Colorado has grown at a faster rate than the entire United States in every decade since 1860. From 1940-50 population increased by 201,793 persons, the largest intercensal numerical increase since that for 1900-10. Percentage wise, Colorado's gain in the last intercensal decade was 18 per cent.

b. Urbanization

Urbanization in Colorado came at a fast rate. From 1900-50 the urban population in 40 urban places (2,500 or more population) plus the urban-fringe areas of Denver and Pueblo nearly tripled, increasing from 260,651 to 759,939 in urban places or 831,318 in the urban places plus the urban-fringe areas. In 1950 the latter figure represented 62.7 per cent of the state's total population. Between 1940-50 alone the urban population increased by 169,183 or 28.6 per cent, the largest numerical increase in the last 50 years. Denver alone accounted for approximately half of the state's total population gain between 1940-50. The proportion of the state's residents living in urban places has increased from 14 per cent in 1860 to 48.3 per cent in 1900 to

57.4 per cent in 1950, not counting the rapidly increasing urban-fringe areas of recent years.

During the 1940-50 period, however, 33 counties of the 63 in Colorado actually lost population, and 12 of these 33 had also lost between 1930-40.

2. Population Forecast: Population Figures for Colorado, Actual and Estimated, to 1975. (Prepared by Staff of the Colorado State Planning Commission, April, 1956.)

Numerous factors are involved in the projection of the future population growth of Colorado. These factors can be and probably will be so variable, over the years (on the basis of historical precedent), as to make any projection or forecast fall wide of the mark.

Without going into detail, these are some of the factors that must be considered: birth and death rates; resources development of Colorado, the rate and extent, including water resources; trend of the nation's economy as well as Colorado's, including rate and estent of construction programs, public and private, etc., etc.

Consequently, it appears reasonable to forecast minimum and maximum population figures, as follows:

Actual, 1950 (U.S. Census). 1,325,089

Estimated, 1956. 1,550,000

Increase, past six years. 325,000

Average yearly increase 54,000

Forecast or Projected Growth

Year	Estimated Minimum	Estimated Maximum
1960	1,700,000	1,750,000
1965	1,900,000	2,000,000
1970	2,100,000	2,250,000
1975	2,300,000	2,500,000

The populations of the State's penal, correctional and eleemosynary institutions are directly related to the State's population growth and will increase proportionately, based on historical trends. The population of all these institutions, totaling 9,341 in 1955, can be expected to increase to 12,000 or more by 1955.

3. Proportion of the Elderly to the Total Population.

The proportion of the elderly to the total population of Colorado is shown in the following table:

Age	1950		1940	
	Number	Percentage	Number	Percentage
60-64 years	53,526	4.0	43,580	3.9
65-69 "	44,836	3.4	34,927	3.1
70-74 "	32,182	2.4	25,427	2.3
75-84 "	32,565	2.5	26,084	2.3
85 and more	6,009	0.5		
Totals	169,118	12.8%	130,018	11.6%

(based on tables from the 1950 Census of Colorado)

SECTION B. MINIORITY POPULATIONS IN COLORADO

There are in Colorado several sizeable populations whose position as members of recognizable ethnic groups may subject them to certain mental health stresses over and above those experienced by the numerically dominant population. Many individuals in each of these groups are undergoing the difficult transition from one culture to another, with attendant social and personal disorganization. In addition, certain other individuals are also making the difficult transition from a rural folk way of life to that of an urban industrial city. What the effects are on these particular populations is not known in any detail, although studies of similar populations elsewhere would seem to indicate that stresses on them are great.

The largest of our minority populations is the Spanish-speaking group. Numbering somewhere between 120,000 and 125,000 (118,000 counted in 1950), this group is largely composed of Spanish-Americans, descendants of colonial people long established in what is now the American Southwest, with some mixture of Mexican-American and Mexican elements. The Spanish-speaking group, which now makes up about 9% of the population of Colorado, is growing, both by natural increase and in-migration, principally from New Mexico and Texas. The largest numerical concentration is in Denver, where 25,000 were tabulated in the 1950 census. The highest proportion of Spanish-speaking in the total population is in Costilla and neighboring counties along the south-central border of the state where Spanish-speaking make up more than 70% of the population. There is a noticeable movement of Spanish-speaking people toward urban centers where the strains of acculturation are intensified.

Our second largest minority population is made up of some 20,000 Negroes. This group, largely urban, with residence mainly in the larger population centers of the state, is also growing. A significant mental health hazard

for some of the Negro group may result from the uncertain acceptance they receive from the white population.

Colorado contains between five and six thousand Japanese-Americans, about equally distributed between rural and urban areas. The tight community organization of this group probably serves to minimize the stresses and strains of cultural adaptation and to give much support to the individual in the transition period.

In addition to the groups already mentioned, there are about 1,500 Indians in Colorado. Among this population are many individuals peculiarly vulnerable to the hazards of rapid acculturation. The Ute Indians in the southern part of the state come to mind as representative of the Indian population with a high potential for mental stress.

SECTION C

MIGRANT LABOR IN COLORADO

Migrant labor is attracted to Colorado for the harvest seasons of certain agricultural crops, mainly sugar beets, fruits, vegetables, and hay. During the week of September 15, 1955, the Department of Employment Security reported the peak number of migrant workers for that period as 12,570. This figure does not reflect the total number of workers during the year, but indicates those involved in harvest work at that time.

Many of these workers bring their families and have no permanent homes, often moving from harvest to harvest, state to state.

The demand for temporary labor is primarily concentrated in the months of April to November, in northeastern Colorado, San Luis Valley, Arkansas Valley, Western Slope, and the San Juan Basin.

These families are subject to many stresses due to their mobile life: seasonal, irregular employment; poor, often inadequate housing and food; hostility from the community, with little opportunity to belong to a group; irregular school attendance with accompanying retardation; lack of parental supervision during the day, etc.

Source:

1951 Report of Governor's Survey Committee on Migrant Labor.

SECTION D. ECONOMY OF COLORADO

There are several factors which characterize the economy of Colorado and the Rocky Mountain region and which distinguish it from the rest of the country. First, Colorado, like the region, is far from the national centers of production and marketing and, because of the resulting high transportation costs, plays a limited role as a national producer of many goods. Goods produced within the state, on the other hand, have an advantage in competing with goods produced far away, and Colorado is in a favorable position to serve the Rocky Mountain region with its relatively small but growing demand.

A second basic characteristic results from the relatively low population density in the state and the region. The lack of large cities and the great distance from large centers of population have caused the small cities of Colorado to provide goods and services that usually are provided only in large cities, e.g. many retail establishments and much small-scale manufacturing. In short, a diversification of economic activity on the local level has resulted.

Thirdly, there are wide variations of climate and topography within the state, illustrated by the fact that 18,000 square miles of Colorado are 10,000 feet or higher in altitude. Local areas, separated by mountains and containing great differences in climate and resources produce a highly diversified aggregate.

At the present, the following are among the most important phases of economic activity in Colorado(industries are listed in order, according to their estimated employment capacities): retail trade, agriculture, manufacturing, government (including federal armed forces), personal services, transportation, construction and education. It should be noted that prior to World War I, two basic industries, agriculture and mining, dominated Colorado's economy.

A more detailed look at the three leading economic activities is given

below: Retail trade: Some explanation of the high volume of retail trade has been presented. Reports of the Colorado retail sales tax collection show an interesting volume of retail sales, e.g., 1953 sales were 4.6% greater than those of 1952. Agriculture: In 1950, there were 45,578 farms in Colorado and a farm population of 198,181 or 14.9% of the state population. It is possible that the development and utilization of the state's water resources will bolster the agriculture industry. Manufacturing: The growth of manufacturing in the state and the region is illustrated by the following: The value added by manufacturing in Colorado increased from 1939 to 1947 by 217.5%. In the region the increase was 211.9% and in the nation 203.9%. It is reasonable to expect gains in manufacturing industries in the state, especially in the fields of processing and packing food-stuffs, production of dairy products, production of farm and ranch equipment, development of chemical products, and production of building materials.

A quick comparison of Colorado with the rest of the nation reveals the following: Per capita income: In 1953, the average in Colorado was $1675, in the nation $1709; Colorado ranked 19th among the states in per capita income and 32nd in total state income. Manufacturing salaries: In 1952, the state ranked 35th in salaries paid by manufacturing industries and 36th in salaries paid to production workers alone. State government: In 1953 state taxes per capita in Colorado, which ranked 12th, were $83.77 and $69.95 in the nation. In 1951 state expenditures per capita were $112.96 in Colorado and $86.42 in the nation, Colorado ranking 12th.

In the post-World-War II years, the economy of Colorado has developed rapidly. Illustrative is the increase in per capita income in the state from $521 in 1940 to $1675 in 1953. The total income of Coloradoans increased more than 300% as compared to a national increase of about 256% (note that the population in the state increased only 25.4% during the same period.)

Basic ingredients in this economic development are: 1) a continuously growing population, 2) private and public construction, 3) steadily increasing development of oil and gas resources, 4)the development of the uranium industry, 5) increasing popularity of Colorado among tourists, 6) increasing industrial development, resulting from expansion of industries and location of new ones, 7) a high volume of retail sales, and 8) increasing expenditures by the federal government in developing and maintaining permanent installations in the state.

Despite negative factors, such as drought and low agricultural prices, and high mining costs, an appraisal of the Colorado economy suggests a continuing growth.

Sources

State of Colorado Yearbook 1951 to 1955. The Colorado State Planning Commission

A Study of Colorado Unemployment Insurance Costs, Section Two. The Economy of Colorado. State of Colorado, Department of Employment Security

SECTION E

COLORADO FINANCES

Colorado's financial situation is unique among the states since the Colorado Legislature has only between 15 and 20 per cent of the state's revenue to allocate for various state needs.

Most authorities agree that real estate is now taxed to the limit, although there has been a serious question, raised by many, on whether equalization of assessed valuation is uniform throughout the state. Additional excise taxes could be imposed, but such taxes would not appreciably increase the amount of money available to the General Fund since 85% of all excise taxes are "earmarked" by Article XXIV of the State Constitution for the Old Age Pension fund.

Persons confined to state institutions (Colorado State Hospital, Ridge and Grand Junction Training Schools) participate in the pension program and are charged for their care by the institution under the provisions of the law listed below:

Class C. Pensions:

> Colorado Revised Statutes 1953-101-1-5 "Pensions for Inmates of Colorado Institutions", provides that aged inmates of public institutions, other than penal institutions, shall be included within the Old Age Pension program of the state of Colorado, such inmates to be subject to the same eligibility requirements and procedures as any other OAP applicant or recipient, unless otherwise specifically provided by the above cited statute. Effective July 1, 1953.

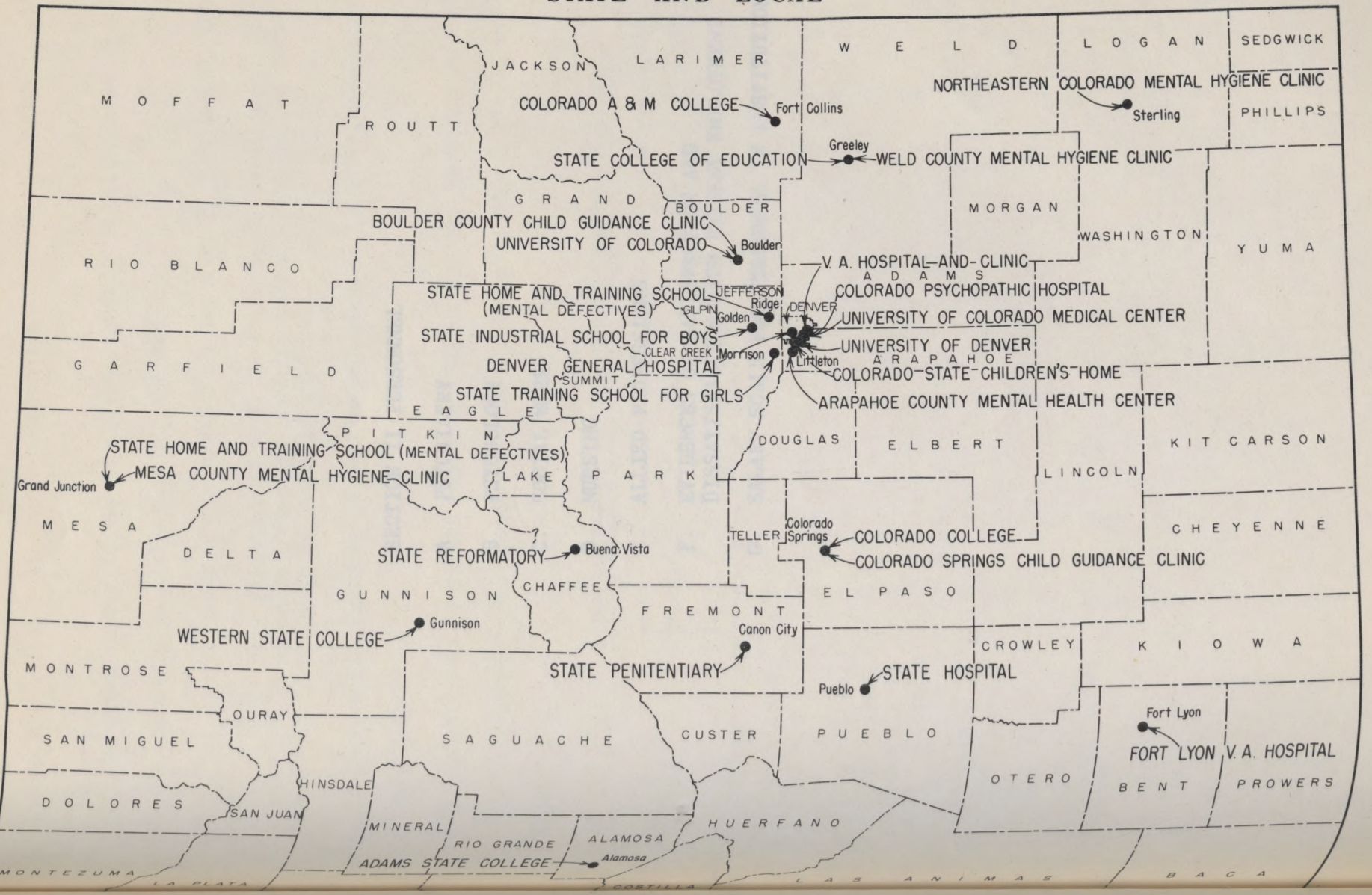
A state income tax is levied with revenues from this source representing 17.6% of all collections from State sources in 1954.

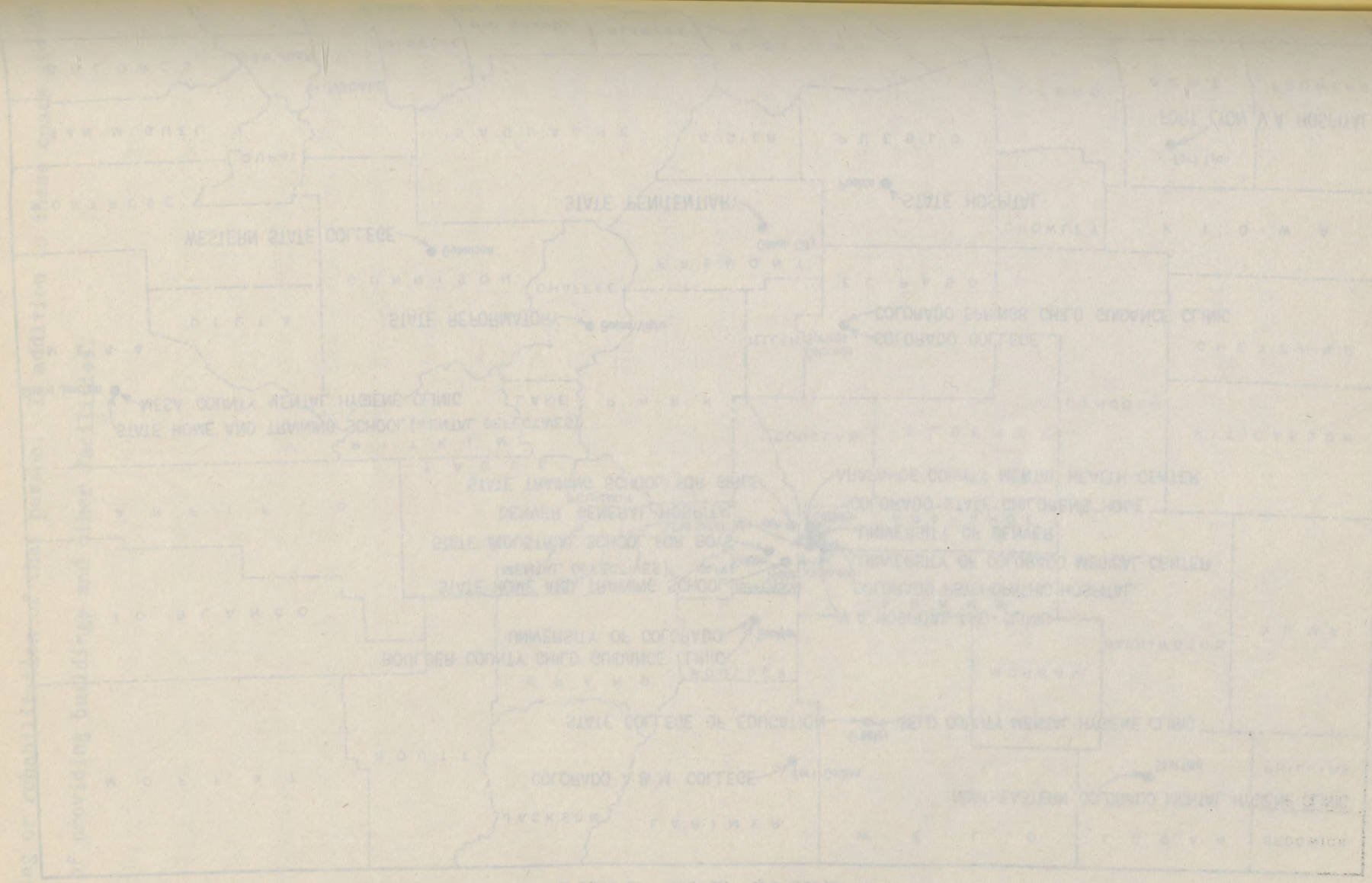
Any proposals for increased appropriations for prevention and treatment in the field of Mental Health must be made with these financial limitations in mind. However, every program that can be stimulated and developed to prevent persons from becoming wards of the state and confined in state institutions will mean savings to taxpayers. Every person committed by the courts to a state institution costs the taxpayer from $1100 to $2000 annually for housing, care and

training or rehabilitation of that person. In addition to these costs are the costs of providing buildings and other facilities.

LOCATION OF COLORADO MENTAL HEALTH FACILITIES AND INSTITUTIONS

STATE AND LOCAL





SECTION II PERSONNEL

A. PSYCHIATRY

B. PSYCHOLOGY

C. SOCIAL WORK

D. NURSING

E. ALLIED PROFESSIONS

F. EVIDENCES OF SATISFACTION AND DISSATISFACTION WITH PRESENT EMPLOYMENT

G. SALARY SCALE FOR PERSONNEL IN INSTITUTIONS

SECTION A. PSYCHIATRY

The total number of psychiatrists employed in Colorado is seventy-four. The figure, however, is misleading for two reasons:

1. No reply was received from the V.A. Ft. Lyons N.P. Hospital.
2. Many psychiatrists divide their time, serving an agency or agencies, teaching, and in private practice, so that accuracy in count is difficult.

In several instances no mention was made as to Board Membership or region of training.

In addition to direct employment by an agency, psychiatrists serve as agency consultants, particularly to schools, juvenile courts, local welfare departments, etc.

TOTAL NUMBER OF PSYCHIATRISTS EMPLOYED IN STATE

TYPE OF INSTITUTION	Total	Full Time	Region of Training				Board Status		Vacancies	Desired
			Colo.	Survey States	Other	Out of U.S.	Members	Eligible		
e Health Agencies	1	1	1				1		0	2
rado State Mental Hsptl.	7	7	3	1	3		2	5	14	14
e institutions for feeble-minded	0	0	0	0	0	0	0	0	0	0
al Hyg. Clinics (local)	4	1	2		1		3	0	0	1
d Guid. Clinics (local)	1	1					1		0	0
Mental Hygiene Clinic	4	3 1/2								
Gen'l. Hsptl. & Clinic	11	9 1/2	1		4		3	1	0	1
N.P. Hospitals		no reply								
r Gen'l. Hospitals	3	3			3		1		0	1
Psychopathic Hstpl.	5	5	0	0	3	2	2	1	0	2
te Hospital	9	1							2	2
(Medical School)	4	4					2	1	1	1
egiate M.H. Agencies										
tudent Health Services	4	3	0	1	3		1	1		
te employment	21	21								
	74	52	7	2	20	2	16	9	17	24

SECTION B. PSYCHOLOGY

The total number employed is ninety-seven. Mention should be made that state training schools have a new superintendent so that the number desired unknown at this time.

TOTAL NUMBER OF PSYCHOLOGISTS EMPLOYED IN STATE

TYPE OF INSTITUTION	Total	Full Time	Highest Degree			Region of Training				Board		Va- can- cie
			BA	MA	Ph.D.	Colo.	Sur-vey	Oth-er	Out Of US	Mem-ber	Eli-gi-ble	
Health Agencies	0											0
Welfare Agencies												
Correction Agencies												
Educational Agencies												
Other agencies												4
Colo. State Mental Hsptls.	3	2 1/6		2	1	1		2			2	
State institutions for feeble-minded	0											0
Mental Hyg. Clinics (local)	4	1	1	2	1	3		1			1	0
Child Guid. Clinics (local)	1	1			1			1				
C.U. Psychiatric Clinc	1	1			1					1		2
V.A. General Hospitals	4	4		2	2	1	1	2			1	
V.A. N.P. Hospitals												0
Denver General Hsptls.	1	1/4		1							1	
Colo. Psychopathic Hsptl.	1	1			1			1		1		
Private Hospitals	2	2										2
Universities & Colleges	41	33 2/3		6	34	12	4	25		8	5	
Depts. Psychiatry												
By psychiatrist	2	2	1		1			1		X	X	1
Collegiate m.h. agencies	8	4 1/5		5	3	8				X		0
Dept. of Ed. & Ed. Psych.	15	15		2	13	4		5				1
By school districts	14	12 1/2								X	X	
TOTAL	97	78 1/2	2	20	58	29	5	38		10	11	

SECTION C.

PSYCHIATRIC SOCIAL WORK

The table includes psychiatric social workers primarily; the function of the position being the determining factor in several cases. Total number employed in the state is seventy-eight.

TOTAL NUMBER OF SOCIAL WORKERS EMPLOYED IN STATE

TYPE OF INSTITUTIONS	Total	Full Time	Highest Degree		Region of Training					
			BA	Master's	Colo.	Sur-vey	Oth-er	Out of US	Va-can-cies	De-sired
Health Agencies--state	3									3
Colo. State Mental Hspt.	3	3	1	1	1		1		2	13
State institutions for feebleminded	0	0								
Mental Hyg. Clinics (local)	4	1		4	1		3			1
Child. Guid. Clinics (local)	1	1		1			1			1
C.U. Mental Hyg. Clinic	7	7		7	4		3			4
V.A. Gen.Hspt.& Clinic	5	5		4	3	3				2
V.A. NP Hospitals Ft. Lyons	no reply --estimate 2 to 3.									
Denver Gen. Hospital	5	5		5	4		1			1
Colo. Psychopathic Hspt.	3	3		3		1	2			
Private Hospital	1	1								
Universities & Colleges	17	101/6	3	9	4		12	1		
Collegiate m.h. Agencies	1	1		1						
By school districts.	33	33			15	1	14		X	X
TOTAL	78	68	4	35	32	5	37	1	2	25

SECTION D. NURSING

The figures for this table are incomplete as the V.A. Hospital at Ft. [illegible] did not reply. Total Number employed: 193.

TOTAL NUMBER OF NURSES EMPLOYED IN STATE

TYPE OF INSTITUTION	Total	Full Time	Highest Degree				Region of Training				Vacancies
			RN	BA	MA	Ph.D.	Colo.	Survey	Other	Out of U.S.	
State Public Health Agencies	1	1½			1				1		0
State Mental Hsptls.	29	29	29	1							3
State Institutions for feeble-minded	8	8	3								2
V.A. Gen. Hsptls.	13	13	10	1	1						
V.A. NP Hospitals	no figures available										
Denver Gen. Hospital	8	8	7	1							2
Colo. Psychopathic Hsptl.	40	40	32	7	1						1
Private Hospitals	19	19									2
Universities & Colleges	30	20		9	20	1	8		20		0
Private psychiatrists	0										
Collegiate m.h. agencies	8		7	1							0
School districts	66	65	?								10
TOTAL	193	172½	88	20	23	1	8	0	21		20

SECTION E. ALLIED PROFESSIONS

1. Rehabilitation Therapists.

Total number employed: 12

2. Attendants

Total number employed. 944

TOTAL NUMBER OF REHABILITATION THERAPISTS EMPLOYED IN STATE

TYPE INSTITUTION	Total	Full Time	Type of Therapy Employed		
			Occupational	Vacancies	Desired
State Mental Hsptls.	6	6	6	4	1
State Institutions for feeble-minded	0	0		0	?
Mental Hyg. Clinics (local)					6
C.U. Medical Center	5	4½	5	0	0
V.A. General Hsptls.	shares personnel with C.U. Medical Center				
V.A. NP Hospitals	no reply				
Denver General Hsptls.	1	1	1	0	1
TOTAL	12	11½	12	4	8

No information received from private hospitals.

TOTAL NUMBER OF ATTENDANTS

TYPE OF INSTITUTION	Total	Full Time	Trainee	Reg.	Charge	Supervisor	Vacancies	Desired
Colo. State Mental Hsptls.	803	803	263	185	337	18	202	202
State institutions for feeble-minded	93	93		79	10	4	3	17
Private Hospitals	31	31		31				
V.A. General Hsptls.	no information available							
V.A. NP Hospitals	no information							
Denver General Hsptls.	12	12		10	2		0	1
Colo. Psychopathic Hospital	36	36		36	0	0	2	2
TOTAL	944	944	263	310	349	22	207	222

Not all private hospitals replied to this item.

SECTION F. EVIDENCES OF SATISFACTION AND DISSATISFACTION WITH PRESENT EMPLOYMENT

1. Satisfaction: Questionnaires were not phrased to secure much information on this point. However, evidences of what makes a program, the state, or specific institution attractive give an indication of satisfaction. The climate and scenery of the state were listed as attractions by sixty persons from all mental health professions. Thirty-eight listed the administrative "climate" as good or progressive. Twenty-three stated staff relationships were good.

2. Dissatisfaction: The largest source of dissatisfaction and most frequent mention of need for improvement was for changes in legislation and state organization. (45). Interdisciplinary relations, cooperation and support came next as a source of discontent (19). Low salaries were mentioned by eighteen.

3. Regional Implications: Suggestions for what could be done regionally to increase the attractiveness of the western states included: increase salaries (33); provide more regional conferences (16); increase appropriations for research, institutional buildings, training facilities, etc.,(13).

SECTION G. SALARY SCALE FOR PERSONNEL IN INSTITUTIONS
(Courtesy of State Civil Service Commission)

This listing is included as background information, and does not include university personnel. In many instances salaries at universities are lower. It should also be mentioned that a number of personnel employed in institutions receive maintainence in addition to salary.

State Civil Service Salaries

Psychiatry:

1. Superintendent of State Hospital $7800 to $15,900.
   Qualifications: Graduation from Grade A Medical School with the degree of Doctor of Medicine, one year internship in a recognized hospital.
   3 years accredited training in psychiatry in an approved training center and 2 years of advanced training in the field of psychiatry which constitute eligibility for certification by the American Board of Psychiatry and Neurology Courses in institutional management,
   and
   6 years experience as superintendent of a public or private hospital or as director of a psychiatric unit in a public or private hospital for mental or nervous disorders.

2. Asst. Supt. of Colorado State Hospital $7200 to $12,900.
   Graduation from approved Medical School and completion of internship licensed in Colorado. 3 years training in psychiatry and 3 years experience in clinical practice certified in psychiatry. 3 years experience in administrative capacity.

3. Psychiatrist II $6,900 to $11,700.
   Graduation from approved Medical School, completion of internship licensed in Colorado, certified in Psychiatry. 3 years experience as psychiatric resident in approved training center. 2 years experience in clinical practice.

4. Psychiatrist I $6,600 to $9,900
   Graduation of approved Medical School, completion of internship licensed in Colorado. 3 years experience as psychiatrist resident in approved training center.

5. Psychiatrist Chief Mental Hygiene Section (Public Health)
   $6,900 to $11,700.

Graduate of acceptable Medical School, completion of internship, 3 years of residency in psychiatry including one year of training in child psychiatry licensed.

Nursing:

1. Director of Nursing Service State Hospital $5424 to $6,936.
Graduation from a school of Nursing recognized by Colorado Board of Nurse examiners. Graduate training in psychiatric nursing, nursing education, and nursing administration. Licensed in Colorado. 7 years experience, 5 in nursing and 2 in administrative capacity.

2. Supervisor State Hospital
I. $3,144 to $4,008.
II. $3,360 to $4,284.
III. $3,600 to $4,596.
IV. $3,852 to $4,932.

I. Graduation from standard senior high school. 7 years experience in psychiatric nursing - 2 of which as charge of ward, supplemented by 1 of supervisory experience.

II. Graduation from recognized school of nursing, registered 3 years of nursing experience to include 1 year of psychiatric nursing.

III. Graduation from recognized school of nursing, registered 4 years experience, 2 in psychiatric nursing.

IV. Graduation from recognized school of nursing registered 5 years experience, 3 in psychiatric nursing.

3. Director Nursing Service Ridge and Grand Junction $4,728 to $6,048.
Graduation from recognized school of nursing, training in psychiatric nursing, nursing education, nursing administration, 6 years progressive experience in general nursing, 3 of which must be in psychiatric nursing, 2 in administrative capacity, licensed in Colorado.

4. Nurse IV Institutions (State Industrial School for Girls) $3,852 to $4,932.
Graduation from recognized school of nursing, registered 4 years experience, 2 of which must be in supervisory capacity.

Psychology:

1. Clinical Psychologist $5,808 to $7,404
Ph.D. from accredited college and 3 years

supervised experience in diagnostic and treatment functions.

2. Psychologist II $4,728 to $6,048
Graduation from an accredited college or university, major in psychology; completion of one year of graduate study in clinical psychology; 3 years full time experience in psychology or psychological test administration.

3. Psychologist I $3,852 to $4,932
Graduation from accredited college or university with major in psychology, completion of one year of graduate study in clinical psychology; one year of full-time experience.

Social Work: 1. Medical Social Consultant II $4,128 to $5,268

Graduation from accredited college and completion of two years graduate training with an approved medical social sequence in recognized school of Social Work. Three years experience, one year of which must have been in hospitals or clinics.

SECTION III TRAINING

A. PSYCHIATRY

B. SOCIAL WORK

C PSYCHOLOGY

D. NURSING

E. RELATED PROFESSIONS

SECTION III TRAINING

A. PSYCHIATRY

B SOCIAL WORK

C PSYCHOLOGY

D. NURSING

E. RELATED PROFESSIONS

SECTION A. TRAINING FOR PSYCHIATRY

1. Training Programs

The Department of Psychiatry, University of Colorado, School of Medicine, offers an approved three-year residency program in psychiatry. In addition, it has an approved two-year special program in child psychiatry. The Medical School program has in-patient, out-patient, psychosomatic services; and community mental health consultation services. It participates in the training of clinical psychologists, psychiatric nurses, and psychiatric social workers in cooperation with the respective schools. This program is largely supported by Public Health Service training grants, under the National Mental Health Act. It is attempting to meet some of the state, regional, and national needs for trained personnel.

The Denver Veteran's Administration Hospital offers an approved three year residency program in psychiatry. This program is directly affiliated with the University of Colorado Medical School program, and the residents spend approximately one-half of their time in the Department of Psychiatry. They have in-patient, out-patient, psychosomatic services and clinical psychology, psychiatric social work, and psychiatric nursing sections.

The Colorado State Hospital has an approved two year program in psychiatry. Some of the staff teaching is supplied by the University of Colorado Medical School (8 hours per week).

2. Previous and Present Training

During the years 1949-1955, twenty-seven residents received one year, twenty-five - two years, and nineteen - three years of training in psychiatry at the Medical School. Fourteen entered private practice in Colorado, five accepted academic positions, and one entered the state health agency. Several others went into private practice in the Western region, and three entered regional

state health agencies. Figures are not available from Colorado State Hospital for these years.

At the present time there are ten first year residents in psychiatry, six second-year, eight third-year, and two fellows in child psychiatry at the Medical School. In the affiliated programs at the Denver Veteran's Administration Hospital there are eight residents. At the present time there are sixteen psychiatric residents in training at Colorado State Hospital.

At the present time all available budgeted psychiatric fellowships are filled in the Medical School program. While some training grants are supplied by the Medical School, most are supplied by the Public Health Service. A few fellowships are available in the Veteran's Administration program.

3. Potential Expansion

A. Numbers - It is believed that the present training programs, if indicated by regional needs and with regional support, could be expanded to accommodate approximately fifty residents at the Medical School. Additionally, the affiliate program at the Veteran's Administration could accommodate five to ten additional residents. In view of the limited scope of the training at Colorado State Hospital, it is not likely that the residency training program should be expanded.

B. Needs - There are several areas of need, in order to improve existing programs, and to further expand them. These include: increase in number of teaching personnel (This is essential for any expansion beyond present levels), increase in salaries in order to attract suitable people, development of a psychoanalytic institute in the area, development of adequate separate in-patient facilities. In addition, the development of some type of organized, non Medical School mental health clinic program in the state to meet the increasing demands for psychiatric service would greatly facilitate the efforts to focus the Medical School psychiatric program on training and on research as well as service.

The expanded training program would offer more service to the state, as well as supply more qualified personnel in psychiatry for the state and for the region.

4. Undergraduate Teaching

Just as the programs in psychiatric nursing, psychiatric social work, and clinical psychology must relate themselves to their core disciplines, psychiatry must relate itself to the education of the general physician. The Department of Psychiatry has a unique opportunity to participate in the Medical School program through the teaching at Colorado Psychopathic Hospital and at Colorado General Hospital in the various medical and surgical specialities and in pediatrics. This is also true in the Denver General Hospital through the General Medical Clinic and the Surgical and Medical Services of the Denver Veteran's Administration Hospital, where medical students have clinical clerkships.

These teaching services include lectures, group discussion in Freshman Human Biology, lectures in diagnosis and management of the psychiatric patients in the Sophomore year, and ward rounds, consultations, clinical clerkships in psychiatry in the Junior and Senior year. The general aims of this teaching program can be summarized as follows:

> "They need to have basic instruction in the clinical material of psychiatry together with sufficient clinical experience to enable them to diagnose psychiatric problems of all types and which would enable them to adequately manage acute psychiatric emergencies and to do simpler forms of psychotherapy. They need adequate understanding of normal personality development to enable them to advise their patients about varied personal problems on a realistic basis when consulted. They should have a clear understanding of the doctor-patient relationship as it pertains to the practice of medicine irrespective of their field of practice." - Dr. Herbert Gaskill.

5. Inservice Training

Various types of in-service programs are offered within the hospitals in psychiatry in the state. While these programs are of value within the teaching hospitals, it does not seem likely that they could be expanded or broadened to be of value to extra institutional students or personnel in the region except for brief conferences or institutes.

6. Postgradute Training and Training for Related Professions

The University of Colorado Medical School has offered a number of postgraduate courses, lectures, and conferences in the general field of mental health in recent years. Courses in psychiatry for general physicians, for internists, for tuberculosis specialists, and for pediatricians have been presented to psychiatry social workers, public health nurses, family counselors, and others. The annual Institute for Ministers has been developed and has proven to be of considerable value in promoting better relationships between psychiatry and religion in the state.

7. Potential Contribution to Region from Psychiatric Training Programs

(a) Children's Diagnostic Center, authorized by the Colorado Legislature in 1955 on a two year pilot plan, which is located in the Department of Psychiatry and which is intended for children from courts and institutions in the state, except the city and county of Denver, is a new psychiatric screening center. Complete psychiatric studies are done and active consultation with state institutions attempted. It is assumed that this program may have a positive influence on the development of trained professional personnel in the institutions for the mentally retarded, the neglected and the delinquent. It may be indicated for some states to consider special fellowships for training of personnel in psychiatry, psychiatric social work, or clinical psychology in the Department of Psychiatry at the Medical School, since experience in the Children's Diagnostic Center is included in the routine training programs in these disciplines.

Persons with this type of experience might help to accelerate the development of adequate programs in their own state.

(b) Interdisciplinary Programs - The University of Colorado School of Medicine, with its affiliate program at Veteran's Administration Hospital offers a unique opportunity for training and research in so-called team or interdisciplinary methods. Approved training programs in psychiatry, child psychiatry, clinical psychology, and psychiatric nursing are offered through the university. In addition, an active liaison with the Denver University School of Social Work is maintained through psychiatric teaching in the school and through placement of students for field work experience in the Medical Center and its affiliated hospitals. Finally, through liaison with academic departments of the University of Colorado at Boulder, such as sociology, psychology and others, the possibility of broad interdisciplinary training experiences is increased.

(c) Postgraduate Courses - With adequate budget support the University Medical Center could sponsor regular courses, institutes, conferences in mental health - e.g. for general physicians, for pediatricians, for various mental health disciplines, and for other groups.

SECTION B. TRAINING FOR PSYCHIATRIC SOCIAL WORK

1. Program

The School of Social Work, University of Denver, is the only school of social work in Colorado, and except for the one at the University of Utah, it is the only one between Colorado and the West Coast. It provides two years of graduate professional social work education leading toward the Master of Social Work degree. It is one of six schools in the United States with four accredited programs in: 1. psychiatric social work, 2. medical social work, 3. school social work, 4. social group work. In addition, specializations in family casework, child welfare work, community organization, and administration are offered, but there is no policy of national accreditation in these areas. With reference to full-time students, it is 16th in size among the fifty-eight schools of social work in the United States and Canada.

2. Previous and Present Training

During the last five years, 1951-1955 inclusive, a total of 269 students were granted Master's degrees in Social Work. The number of graduates per year during this period was as follows: 1951--59, 1952--60, 1953--68, 1954--42, 1955--40. During this same period, 84 of the 269 graduated with a specialization in psychiatric social work. Within the next five years, 1956-1960 inclusive, it is estimated that approximately 260 (52 per year) students will receive their Master of Social Work degree and, of these, approximately 110 (22 per year) will have specialized in psychiatric social work.

In order to maintain this extensive program for the preparation of psychiatric social work students, the Denver School, for seven years, has received annual training grants from the National Institute of Mental Health, U.S. Public Health Service. During the current year, this school and two others in the United States were provided funds for the development of a program to prepare

social group workers for psychiatric settings. A full-time faculty member has been employed, and field work placements for these second-year students are being developed in the Colorado Psychopathic Hospital and Psychiatric Clinic, and Denver General Hospital. Traineeships and scholarships, $1800 to $2000 a year, are available for second-year psychiatric and group work students and stipends of $1800 a year are available for first-year students planning to prepare themselves for the psychiatric social work field.

3. Expansion

The School of Social Work, with its present faculty and field work staff, could accept twelve to fifteen more full-time students distributed among all specializations. If budgeted and desired faculty positions were filled, it could accept twenty-five to thirty more full-time students including six to eight psychiatric social work students. For example, two more full-time field work supervisors would permit an expansion of fourteen to sixteen students. These estimates concerning additional students are based upon the present enrollment of approximately one hundred students, representing twenty-eight states and five foreign countries.

The number of graduates in psychiatric social work as well as in other areas of social work is greatly dependent upon more intensive recruitment of young men and women to the profession. To achieve this end, the following would be helpful: (1) make every effort to expand the number of scholarships, traineeships, and stipends for graduate social work students, (2) encourage the further improvement of salaries, especially for those in beginning positions of state public welfare departments, (3) work more closely with college and high school counselors so that they may give a better interpretation to students of social work as a career, (4) work for the development of state licensing as a means of giving increased status to social work and as a device to prevent the practice of unqualified persons, and (5) develop a sharper differentiation in terms of sal-

aries and responsibilities between trained and untrained staff.

4. Inservice Training

The school has during recent years, either independently or cooperatively with the other social agencies and organizations, offered a number of workshops and institutes for employed social workers in Colorado and nearby states. Serious consideration should be given to an expansion of these programs in the future.

5. Field Work Facilities

The school is currently using five field work facilities for second-year students specializing in psychiatric social work. These five facilities include: (1) the Psychiatric Clinic, University of Colorado Medical Center, (2) the Social Service Department, Denver General Hospital, (3) the Social Service Department, Colorado Psychopathic Hospital, (4) the Mental Hygiene Clinic, Veterans Administration, and (5) the Psychiatric Social Work Section, Department of Neuropsychiatry, Fitzsimons Army Hospital. All of these facilities are in the Denver metropolitan area. Additional field work placements for psychiatric social work students could be developed by a further expansion of existing units or by the development of new placements. Either of the latter plans would be contingent upon the availability of qualified field work supervisors; secretarial assistance for the students; office space, equipment, and supplies. If such facilities were in nearby cities, there would also be the problem of student transportation and housing.

SECTION C. TRAINING FOR CLINICAL PSYCHOLOGY

1. Introduction

Ten questionnaires were sent to heads of universities or college departments of psychology. Five questionnaires were returned. Three of these came from colleges of education which are primarily concerned with training educators (Adams State College, Colorado State College of Education, and Colorado A & M.) These colleges offer no advanced degrees in psychology. Colorado State College of Education offers a Master's degree in Educational Psychology only. Since these colleges specifically are training educators rather than psychologists, per se their responses are not included in this report on training in clinical psychology. This report is concerned only with the two universities in the state which have separate psychology departments whose major function is the training of psychologists (University of Colorado, University of Denver). These two universities are the only ones in the state which offer advanced degrees in clinical psychology. The only school for Doctoral training in clinical psychology approved by the American Psychological Association, is the University of Colorado. The University of Denver is currently working toward accreditation and selected trainees from the University of Denver are accepted at the medical school for internship.

2. Previous and Present Training

During the six year period, 1950-1955, inclusive, these universities granted a total of 481 Bachelor degrees in psychology--an average of 80 per year. However, it has been a rather systematic decline in the number of Bachelor degrees granted so that only 52 were granted in 1955.

One-hundred-thirty-eight Master's degrees were granted by the University of Colorado and the University of Denver during the past six years--an average of twenty-three Master's degrees per year. The University of Colorado discontinued

granting the Master's degree in 1955. Instead the program offered is a terminal Ph.D. program.

The University of Colorado and the University of Denver granted twenty-eight clinical Ph.D. degrees during the past six years, or an average of five per year. During this period a total of thirty-eight Ph.D. degrees in clinical psychology were granted, an average of six per year.

During the next four year period, (1956-1959, inclusive) the two universities anticipate that they will award one-hundred-thirty-three Ph.D. degrees in Psychology as follows:

	Total	Average Per Year
1. Clinical	48	12
2. Counseling	30	7
3. Educational	11	3
4. Experimental	21	5
5. School	11	3
6. Social	12	3

Neither university anticipates additional training programs. However, with the addition of staff, more training in child psychology could be given.

3. Vacancies and Potential Vacancies for Trainees

The University of Denver currently has seven vacancies for candidates for the Master's degree in psychology, and four vacancies for candidates for the Ph.D. degree in psychology, of which two presumably might be in clinical psychology. The University of Colorado has no vacancies for trainees at this time.

No budgeted positions are vacant at either university. However, if positions for additional staff could be financed, both would be able to train more graduate students. The University of Denver could train ten more candidates for the Master's degree; and seven more candidates for the Ph.D. degree, of which four presumably might be in clinical psychology. The University of Colorado could train twenty more Ph.D. candidates, of which ten presumably could be in clinical psychology.

4. Needs of Training Centers and Suggestions for Improvement of Program

The major needs of the University of Colorado and the University of Denver may be listed as follows:

1. Increased staff in order to reduce heavy teaching loads, encourage more participation in research activities, and permit increase in number of trainees.

2. Graduate student stipends which would offset the heavy financial burden imposed by high tuitions and fees and by the length of time required to gain adequate training, and would increase the number of qualified applicants.

3. Expenses to medical, psychiatric, educational, etc. facilities for practicuum training, and for travel to professional meetings.

4. Broaden existing facilities not currently in use as training facilities to offer more varied internship experiences.

5. Number of Field Work Training Facilities

Five mental health institutions offer internships in clinical psychology at the present time. They are the following:

	No. of internes	Vacancies Now	Vacancies if budgeted positions filled	Vacancies if budgeted & desired positions filled.
1. Colorado State Hospital at Pueblo	0	0	2	5
2. University of Colo. Med. Center	6	0	0	2
3. V.A. General Hospital (Denver)	4	0	2	4
4. V.A. N.P. Hospital (Ft. Lyons)	4	0	2	5
5. Colorado General Hospital	0	1	0	3
6. V.A. Mental Hygiene Clinic(Denver)	4	0	0	2
Total	18	1	6	21

All training centers in Clinical Psychology which request it, are currently being evaluated as to adequacy by the American Psychological Association. These findings may limit the number of centers in the Rocky Mountain region which will be able to offer approved internships.

6. Potential Practicuum Facilities Not In Use Now

The following mental health institutions are not included at present in the

internship program in clinical psychology and apparently do not have sufficient psychology staff to prove an adequate training program:

1. Two state institutions for the feeble minded.
2. Two state industrial schools.
3. One children's hospital.

SECTION D. TRAINING FOR PSYCHIATRIC NURSING

1. University Training Facilities (Undergraduate)

The University of Colorado School of Nursing is the only university in the state that offers psychiatric nursing education. There are two programs on the baccalaureate level, an eight-week course for the University's students, and a twelve-week course for affiliate students from diploma and university schools in the region.

The eight-week program is taught at Colorado Psychopathic Hospital in Denver by two psychiatric nursing instructors who are assisted by two psychiatrists from the medical staff. The program consists of a theory course in principles of psychiatric nursing and the development and treatment of mental illness, and a practice course in which the student has supervised experience in caring for psychiatric patients. This program accommodates ten to fourteen students, and it is offered four times a year. With present faculty and clinical facilities, no additional students can be added.

The twelve-week program offered at Colorado State Hospital is taught by three psychiatric nursing instructors. The program is planned in the same manner as the eight-week program. Forty to sixty students are accommodated in this affiliation, and the courses are repeated four times a year. Forty students are an overload for present faculty. If expansion of this program were considered, some changes should first be made in the clinical setting. Wards should be selected and staffed for teaching purposes with trained psychiatric personnel in all of the psychiatric disciplines. Patients for these wards should also be selected for treatment and teaching. Additional nursing instructors would be needed. The practice of up-to-date patient care and active educational programs for the four professional disciplines of psychiatry, clinical psychology, psychiatric social work, and psychiatric nursing are desirable in the setting in which

student nurses are educated. Adequate housing and social programs for basic students are also factors to be considered. Four of the six diploma schools and three university schools in the state use the affiliation at the State Hospital. The diploma schools are: Bethel School of Nursing in Colorado Springs, De Paul School of Nursing in Pueblo, LaJunta Mennonite Hospital School of Nursing, and St. Lukes Hospital School of Nursing in Denver.

The three university schools that use the affiliation are: Loretto Heights College School of Nursing, University of Denver, and Union College at Lincoln, Nebraska. Two out-of-state diploma schools use the affiliation. They are Holy Cross Hospital School of Nursing, Salt Lake City, Utah and Jamestown College School of Nursing, Jamestown, North Dakota.

De Paul School of Nursing plans to have a basic psychiatric nursing program for it's own students in the psychiatric wards of the new Corwin Hospital in Pueblo, which is now under construction. Union College plans to open it's psychiatric nursing program for basic students in the psychiatric wards in Porter Sanitarium and Hospital in Denver in September, 1956.

Mercy Hospital School of Nursing sends students to Fitzsimons Army Hospital for basic psychiatric nursing taught by Army personnel in the neuropsychiatric division. St. Joseph's Hospital School of Nursing in Denver sends students to Nazareth Sanatorium in Albuquerque, New Mexico for their psychiatric affiliation.

Since 1950, the Colorado State Board of Nurse Examiners has required basic psychiatric nursing for registration in the state. In order to complete requirements for registration, graduate nurses who have not had basic psychiatric nursing in their undergraduate program may take the psychiatric affiliation at the State Hospital or at Fitzsimons with the basic students.

There are three University Schools of Nursing in the state of Colorado. Loretto Heights College School of Nursing and the University of Colorado School of Nursing, are fully accredited. The University of Denver School of Nursing is

new and not yet accredited. Union College School of Nursing, an accredited school, has its academic headquarters in Lincoln, Nebraska, but uses Porter Sanitarium and Hospital for its clinical center for the education of baccalaureate students in nursing. Colorado Women's College is considering a two-year junior college program in nursing which may be developed in the near future.

Psychiatric nursing education is a part of the students total undergraduate training in nursing. It is closely inter-related to the learning experiences in all of the other areas of the curriculum. The University of Colorado School of Nursing is conducting a project to help faculty integrate mental health concepts in the teaching in all of the clinical areas. This project is made possible by a five-year grant from the United States Public Health Service Mental Health Training funds. Loretto Heights College and Union College have both applied for grants to do similar projects.

2. University Training Facilities (Graduate)

Specialization in psychiatric nursing is offered in the Master's Program in Psychiatric Nursing at the University of Colorado School of Nursing. The present program was developed in 1954. It is the only one in the state, and it is one of four programs in the Western region.

Graduate study in this field prepares the student for clinical specialization in psychiatric nursing and for teaching and supervision. Research courses and a thesis are required.

Two students per year have been enrolled in the program since 1954. At the present time there are ten students in the program who will graduate in December, 1956. Approximately ten to fifteen students are expected to enroll each year in the next five years. United States Public Health Service Mental Health Training Stipends are available to students. All of the stipends available at present are assigned, and one student is supported by Veterans Administration funds.

The program will be expanded in September, 1956, to include a joint major in psychiatric nursing and public health nursing. Students will take the full psychiatric nursing program plus additional courses and field practice in mental health problems of patients in the home. The number of students planned for in this program is included in the estimate stated above. Expansion of these graduate school programs will not be possible with present faculty and clinical facilities.

The University of Colorado formerly offered specialization in psychiatric nursing to graduate nurses on the baccalaureate level. Forty-two students graduated from this program in the period from 1950 to 1955. This program was part of curriculum for the baccalureate degree in nursing for the graduate nurse student who had graduated from a hospital school and who came to the university to complete her undergraduate work toward a baccalaureate degree. A two-quarter period was used to give the student clinical and theory courses in psychiatric nursing and a certificate in Institutional Supervision in Psychiatric Nursing was granted with the degree. This program was discontinued in September, 1955, because the school changed its philosophy regarding the placement of specialization education. The school still offers a baccalureate program for graduate nurse student candidates but without the clinical specialization. This change to placing specialization on the graduate education level is in accord with a national trend in nursing education.

2. Practicum or Field Work Training Facilities (Pre-Service)

The University of Colorado uses Colorado Psychopathic Hospital and Colorado State Hospital for training facilities in the basic programs in psychiatric nursing, and Colorado Psychopathic Hospital and the psychiatric wards of Denver General Hospital for the masters program. There are several clinical units in Colorado that are not in use for nursing education--three private hospitals and two Veterans Administration Hospitals. To develop programs in any facility, one

would have to consider patient clientele, kind and training of nursing personnel, nursing faculty, level of psychiatric care of patients, competence of psychiatric staff and competence of the other psychiatric disciplines. Housing, travel from home school, and social settings are additional factors to consider.

An in-patient children's unit to provide experience in the care of emotionally disturbed children would be a useful additional clinical facility for the graduate student. Out-patient clinics may have a potential use, also.

3. In-service and Continuation Training for Professionals

At the University of Colorado, members of the psychiatric nursing faculty have participated in in-service training programs for nursing staff and attendants in Colorado Psychopathic Hospital. Psychiatric nursing faculty participate fully in all of the faculty activities of the school in basic curriculum planning, and there is consultation, and exchange of ideas between faculty in graduate curriculum planning.

Psychiatric nursing faculty have initiated and participated in various kinds of institutes and workshops in the state and in the region that deal with psychiatric nursing education or integration of the concepts from this field into other areas of nursing practice. Participation in teaching and consultation activities of this kind are limited by lack of faculty time. A number of requests have to be refused, and expansion of this kind of service with present faculty is impossible.

SECTION E. RELATED PROFESSIONS

1. Physical Therapy

The University of Colorado offers the only program in the state. It is approved by the American Medical Association. Students take a three-year course on the academic campus of the university with special emphasis on physical science, psychology, biological, and social sciences. The fourth year is spent in a combined academic and clinical program at the medical school; with practicum experience at Colorado General Hospital, V.A. Hospital, General Rose Hospital, Children's Hospital, Sewell House, etc. Bachelors degrees are awarded at the end of this period. Certificate students are also accepted for the twelve months clinical course, (these students have a Bachelor's degree in another field). Colorado does not license physical therapists.

At the present time eighteen students are enrolled under the direction of a staff of thirteen. Due to the limitations of present space only twenty students may be accepted.

2. Occupational Therapy

Colorado A & M offers the only fully accredited course in the Rocky Mountain region. The academic work is given on the under-graduate level, including work in science and art, with emphasis on industrial art. A ten-month program of clinical training is required in addition, with specialization in psychiatric, pediatric, and physical disability offered. Practicum facilities include Colorado State Hospital, Colorado Psychopathic Hospital, Denver General Hospital, facilities for the handicapped child, etc.

An advanced standing course of one year is also offered, including ten months of clinical experience.

In the first quarter of 1955-56, eighty-five undergraduates were in training, including twenty-one in the senior class. Seventeen persons have been en-

rolled in the current year in the clinical training program. The estimate of students for 1955-60 is an increase of forty-two over the period, or about 15% increase per year. Twenty-eight Bachelors degrees were granted in 1951-1955.

3. Rehabilitation Counseling

This program was initiated at the University of Colorado in the fall of 1955 with eight students. It is a two-year M.A. program in rehabilitation psychology designed to prepare counselors to work with the physically handicapped adult and is the only one in a five state area.

Course work includes training in vocational counseling plus courses in interviewing, testing, and counseling. A six months internship under supervision is required with practicum facilities including Craig Colony, Colorado General Hospital, State Department of Vocational Rehabilitation.

About twelve students are expected in 1957, with an estimated total of thirty-five between 1955-1960.

The program is sponsored by the federal office of Vocational Rehabilitation.

4. School Personnel: Guidance, Counseling, School psychologists

University of Colorado:

A program for guidance counselors is offered on the graduate level in the College of Education based on recommendations of the national association of Vocational Guidance. Degrees offered are Master of Education, Master of Arts, Doctor of Education. In addition a certificate for work of one year beyond a Master's is given.

Practicum experience is given in the public schools in nearby communities (2 - 7 hours). A limited amount of summer training is available in summer camps and in the Employment Service offices.

Average numbers enrolled in the course are 18-20 Master's candidates, 2-3 certificate students, and 3-4 Ed.D. candidates.

This program might be expanded for regional training. At present staff

levels, ten more students a year could be accommodated.

Colorado A & M:

Colorado A & M offers a Master of Education degree with a major in guidance and counseling. Areas of study include: testing, mental hygiene, occupational information, principles and practices (33 hours of requirements). Students are encouraged to take work in personnel theories. A preliminary requirement is two years of teaching experience.

An internship is required (4 quarter hours) through a campus arrangement to handle referrals from local agencies; the school for exceptional children, secondary schools, etc. For the eight week period the student does actual case work under supervision.

The program is offered primarily during the summer and requires four summers to complete. About fifty persons are currently enrolled, with 12-13 graduating each summer. The college utilizes visiting staff to assist in this program.

Expansion of the program is possible although it would be necessary to limit the program to the number that could be handled adequately in internship.

Colorado State College of Education:

Offers a Master's and Doctorate degree in Educational Psychology and Guidance plus special course work to qualify an individual for school psychology work. All candidates take a basic core of training in five areas: (1) personal, social, emotional adjustment, (2) growth and development, (3) learning, (4) guidance and counseling, (5) measurement and research.

Additional work is planned to meet needs of the individual. Course work is offered in speech therapy, special education, etc.

Practicum experience is given during the spring quarter. Students work in the nearby public schools under supervision. Work is also done on campus in counseling of college students.

The staff consists of four full-time members, three part-time plus assistance from other departments and visiting staff.

Four summers work is required for the Master's degree, six to eight for the doctorate. Estimated number now in program: thirty to forty - masters, thirty-six to forty - doctorate.

Expansion of the program is possible with additional staff and funds.

University of Denver:

A private university, the University of Denver, has already been mentioned in regard to training of clinical psychologists. (Section B - Psychology)

In addition, the university offers training for school psychologists. Course work is offered in the following areas: social psychology, counseling and guidance, educational psychology, clinical, experimental, industrial and testing.

The Master of Education degree with a major in psychology leads to a certificate in school psychology. Two years of training is offered in this program: one-half in education and one-half in psychology.

A combined doctorate degree in education and psychology covers four areas of specialization: General, Experimental, Counseling, and Educational. This degree qualifies graduates for counseling, administration, and school psychology.

Graduate internships are offered in the Clinical Services Unit of the University consisting of (1) Psychological Services for Children, (2) Children's Speech Clinic, (3) Hearing Center, (4) Adult Speech Center. The length of internship is based upon the requirements for the specialization (both state and national).

Enrolled in the Master's program in psychology at the present are approximately six persons, in the doctorate program approximately six. Larger numbers are enrolled in the combined degree program.

SECTION IV RESEARCH

A. RESEARCH POLICIES

B. CURRENT RESEARCH

C. SOURCE OF FUNDS

D. POTENTIALITIES FOR RESEARCH

E. SPECIAL FACILITIES OR RESOURCES

F. SUGGESTIONS FOR REGIONAL ARRANGEMENTS

SECTION A. RESEARCH POLICIES

The information regarding research policies was reviewed from the reports of three representatives of two state level departments (Department of Public Welfare and Department of Public Health) and the following eight universities: Denver University, Western State College, Adams College, Loretta Heights, University of Colorado School of Medicine, University of Colorado, Colorado A.&M., and Colorado State College of Education. Information concerning the research policies of mental hospitals, institutions and clinics was not available.

In general, state departmental administrative policies toward research tend to be favorable if anyone is willing or interested in carrying out research activities in addition to other duties. They do not, however, generally stimulate or actively encourage research productivity. Except for a few instances within the university departments, staff members are seldom employed primarily for research purposes. Outside of the part-time activity of one staff member in the Colorado Springs Child Guidance Clinic, no state department, university, institution or agency in the state reports employment of a director of research. Though one state department reports that research is considered a part of their regular program, no mental health research is reported on the state level.

The most favorable policies toward research tend to be found in the universities, particularly those offering advanced training programs. Most of the present and potential research personnel in the state are employed by universities and institutions supported by grants from the Federal government. In the University of Colorado Medical Center, for example, the Child Research Council employs a full-time research staff. In addition, the Division of Psychology of the Department of Psychiatry employs some full-time research personnel. Universities with programs for graduate study must employ staff with research interests

and skills to supervise students. Thus, although one university considers research productivity relatively unimportant, most of the universities reporting indicate that research is one of several factors considered in granting promotions and salary increases, and one university considers it a major factor.

Even in the universities, however, research is usually an additional activity in which the investigator engages during his free time and often supports financially. All universities indicate that research time may be made available under certain conditions but most imply that teaching or service demands always come first. Only one university administrative head reports that staff are routinely allowed a specified amount of time to devote to research.

Reports about financial support of research are not encouraging in Colorado. Only the State Department of Public Health and three of the Universities (University of Colorado, University of Denver and Colorado A & M) report any funds for research in their budgets. However, none of these budget funds are for mental health research. Further, universities and state departments vary in their policies toward allowing their staff to supplement incomes with research under contract from outside sources. Representatives of two state departments and three of the universities indicate that this is definitely not allowed. Four universities definitely allow this and one university and one state department representative indicate it is allowed under certain conditions. The policies and budgets of all universities however, support participation and attendance at scientific meetings, though in many instances funds available for this purpose are limited; and most of the universities have some funds available for supporting publication of research. In state departments, attendance at professional meetings is encouraged; but funds for out of state travel are limited by state government policy. Some support for publications of research reports is also available in the state departments.

In summary, even in instances where research is regarded favorable or even emphasized, the amount of research possible seems greatly limited by lack of funds or favorable policies regarding funds for research. In general, the lack of active support, stimulation and encouragement from centralized departments and institutions places a large part of the responsibility for research on individual investigators who must engage in research, more or less, as an avocation.

SECTION B CURRENT RESEARCH

Reports of research currently in progress were obtained from five heads of Psychology Departments, one head of Psychiatry, seven heads of Schools of Nursing, twenty-four directors of University Service Agencies, one-hundred-forty-seven mental health specialists and research workers, fifteen superintendents of mental hospitals, institutions and clinics, one-hundred-twelve directors of local departments of welfare, health enforcement, etc. and thirteen psychiatrists in private practice. Since the survey is primarily concerned with mental health research, the reports of current, completed or contemplated research deals only with those projects which the individuals reporting considered relevant to the field of mental health. Table 20 (Statistical Analysis Tables) shows the number and types of projects in which staff and students in the various disciplines concerned with mental health are reported to be interested.

1. Department of Psychology

By far the bulk of this type of research in Colorado is being carried out by staff and students in departments of psychology. Furthermore, though the majority of research carried out by psychologists involves a single investigator or only psychologists, a comparatively small percentage of research in which other disciplines engage does not involve the collaboration of a professionally trained psychologist. Thus, only about 18% of the projects of psychologists involve collaboration with other disciplines, whereas 41% of research reported by all other disciplines involves collaboration with psychologists. In the medical and social work fields, approximately 50% of the research reported involves collaboration with other disciplines, primarily psychology. In addition, a larger percentage of psychologists tend to be involved in more than one research project.

According to Table 20, most of the research reported falls into four major areas. Of these, the largest number of studies is concerned with basic or

theoretical issues in psychology and related fields. The other three areas which include the largest number of studies are: a) survey, follow-up evaluations and case-study reports, b) research on diagnostic problems and prognosis in mental illness, and c) personnel selection and other studies related to vocational placement and job success.

2. Social Work Research

With reference to research, one of the basic objectives of the School of Social Work, University of Denver, is to prepare its graduates to be intelligent users or consumers of research material. It does not prepare social work students for research positions. Occasionally a research project in the field of mental health is completed by a group of second-year students as a partial fulfillment of degree requirements. For example, a current project is a study of Factors Contributing to the Failure of Applicants to keep Initial Intake Appointments, University of Colorado Psychiatric Clinic, Denver, Colorado, May 31, 1954 to June 1, 1955.

An additional full-time faculty member in the area of research would be highly desirable. He could teach the course on Methods of Research, act as consultant on the group research projects (three or four each year) and be the head of a small Bureau of Social Welfare Research. The latter would be of great value as a service agency for Colorado and the Rocky Mountain Empire states. Part of the cost of this program could be defrayed by income derived from the research projects. If it were highly successful, one might visualize the need for a second research person at a subsequent date.

3. Psychiatric Nursing

There is a paucity of nursing personnel trained to do research. There are many areas in psychiatric nursing that offer interesting prospects for research investigation. There is a great need to prepare people to initiate research studies. Within the organization of WICHE, the graduate Nursing Education group

are exploring the possibilities of establishing doctoral programs to prepare candidates to do research. Students in the Master's Degree Program in Psychiatric Nursing get elementary work in research methods and are required to do a thesis. Students frequently select projects related to their clinical work with patients.

A full-time research person to give students guidance in this aspect of their work would perhaps make it possible for students to select problems that require more skill than they can do at the present time. Active research projects carried on in the clinical setting in which a student works, and through which she has contacts with qualified research personnel, would enrich the students clinical experience, and perhaps help foster a research interest and research orientation.

A training project, not intended as research, is conducted in the basic curriculum in the University of Colorado School of Nursing to help faculty integrate teaching of mental health concepts.

4. Psychiatry

The University of Colorado Medical Center has outstanding research personnel in child development and in psychosomatic medicine. The present out-patient building, completed in 1955, is designed to accommodate two additional floors. Completion of the building with research laboratory space and adequate budget support for personnel and equipment should have a positive value for the Western region. An expanded research program would have a positive value for the total training program in all of the mental health disciplines.

In short, much greater research in the area of mental health might be done if additional faculty, funds and equipment were available. The community is rich in terms of resources and opportunities for research cooperatively carried out with representatives of other disciplines.

There is, of course, considerable variation in the size of the projects re-

ported. Large projects are few in number. These projects usually involve several disciplines, considerable financial backing and are not necessarily represented among the numerically most frequent types of research. For example, a project for evaluating a General Medical Clinic program for senior medical students, supported by the Commonwealth Foundation, has involved several hundred thousand dollars, people from many professional disciplines, and has exerted a major influence on the total medical school curriculum. Likewise, a two-year old research project on accident proneness, sponsored by the Armed Forces Epidemiological Board, and carried out by psychiatrists and psychologists in the Department of Psychiatry of the University of Colorado Medical School at Fitzsimons Army Hospital, has been directed toward determining some of the psychological factors which may be related to accident proneness. Eventually, this may have implications for early detection of accident prone drivers and the establishment of preventive programs. Another extensive research project which involves the collaboration of both psychologists and members of the medical profession and which is supported by U.S. Public Health, is that dealing with attempts to produce peptic ulcers in rats. This project is an attempt, through actual experimentation, to discover some of the psychological factors with which the appearance of peptic ulcers is associated.

In terms of the type of research being contributed by each of the institutions, the University of Colorado, University of Colorado Medical Center, and University of Denver seem to have all types of research in progress. The Veterans Administration installations in the state seem to be concentrating somewhat on therapeutic research and Colorado A & M seems to be contributing primarily to research on personnel selection and other vocational studies. Elsewhere in the state, research tends to consist of surveys and follow-up evaluations.

The survey in Colorado reveals the approximate number of individuals by discipline who are currently involved in research. In addition, the survey re-

vealed that many workers in the mental health disciplines and in other fields are interested in mental health research, if funds were available to support their studies.

When research activity is viewed in terms of the institutions involved, it becomes apparent that the major portion is being carried out within the universities. Including the work of both staff and students, only five institutions in the state report more than two current research projects. The leaders in this activity are the University of Colorado, University of Denver and University of Colorado Medical Center. It has been noted that the two campuses of the University of Colorado, together, produce 45% of all mental health research reported in the state. These two, also, have ten of the twenty projects in the state that are reported as financed by either federal government agencies, foundations or the armed services.

SECTION C. SOURCE OF FUNDS

There are seven major sources of financial support for mental health research in Colorado. Along with the percentage of projects receiving each type of support, these are as follows:

1. Self or no support (32%)

2. University or departmental (18%)(This is assumed to refer to the use of space, time, and available supplies and equipment and perhaps a few instances of actual research funds.)

3. Veterans Administration (15%) (This refers to research done in the Veterans Administration installations and assumes that VA support refers to the allowance of space, time and the use of available supplies and equipment but no actual funds.)

4. Armed Services (14%) (This refers to research done within the various branches of the armed Services within the state of Colorado and to research projects under contract with the armed services.)

5. Local (12%) (This refers to funds from local clubs and city and county resources.)

6. Agencies of the Federal Government (4.5%)(This refers to research grants from such government agencies as the National Institute of Mental Health and the United States Public Health Service.)

7. Foundations (4.5%) (This refers to grants from foundations, such as those from the Commonwealth Fund, Boettcher Foundation.)

The largest single source of funds for research is provided by the investigator himself, while only 35% of all research in the state has actual financial support.

SECTION D. POTENTIALITIES FOR RESEARCH

Colorado has a number of research workers with special skills that might be applied in the field of mental health. For the most part these individuals are engaged in teaching and/or service in the universities at the present time. The areas of special skills which might have value for the region include the following: child development, psychosomatic medicine, personality development, biological sciences, education, and others.

Individuals receiving the questionnaires of the survey were also asked to make suggestions for improvement or encouragement of research. Administrative heads of universities, state level departments and mental hospitals consider the five major needs for research on mental health problems to be:

1. Increase in availability of staff time for research.
2. Increase in research trained and oriented personnel.
3. Specific allocation offunds for research.
4. Increase in physical facilities.
5. Increase in personnel to carry out the present programs.

A number of suggestions were made for developing programs to train research oriented personnel. At present no department feels it has an adequate program in this area. Suggestions for improvement of the local program in the state of Colorado centered around improving services rather than research programs. It should be noted, however, that as service needs are met by increasing numbers of professionally trained personnel, more time can be allowed for those interested in carrying out research. Further, as service programs are improved a certain amount of research is stimulated by interest in improving programs.

Further stimulation and encouragement of research traditionally arises out

of the professional activities of these interested in research. Some of these activities include participation in local professional societies, seminars, workshops, and other special types of activities.

In addition to research workers with special skills, Colorado has several unique situations which deserve comment. These include:

1. Isolated, relatively stable rural communities.

2. Rapidly expanding urban communities.

3. Large segregated transient miniority population; assimilation of these groups.

4. Centralized facilities with cooperative relationships between two major universities and the Medical School.

5. (see Section E)

SECTION E. SPECIAL FACILITIES OR RESOURCES AVAILABLE FOR STUDY

Recently, it has been pointed out that the state of Colorado is unique in the nation in having established an institution for mental defectives near major installations for training and research. The institution at Ridge, Colorado, is situated close to the facilities, services and potential research programs of both the Colorado University School of Medicine, the University of Colorado, and the University of Denver. This geographical situation is particularly favorable, given the encouragement and cooperation from administrative or policy making levels, for developing research programs on problems of mental retardation. If satisfactory teaching and research arrangements could be made, these should have a positive effect on studies and on service in mental retardation in a number of disciplines.

Also favorably situated for the development of research programs are the institutions for juvenile offenders at Morrison and Golden. These institutions could offer opportunities for the research worker interested in juvenile delinquency.

Another special resource in Colorado is the Child Research Council, which is largely supported by private foundations and federal grants. This project has been involved in the study of normal growth patterns, for more than twenty-five years. In recent years it has been expanded to include more specific studies in personality growth and development and in other areas. In addition to the fundamental research carried on by its staff members, it probably could offer consultation service on various research problems.

SECTION F. SUGGESTIONS FOR REGIONAL ARRANGEMENTS

Reports of suggestions for improving mental health training and research programs in the region come from the forms returned by heads of psychology departments, heads of psychiatry, heads of social work, heads of nursing, deans of students, director of university service agencies, directors of state agencies concerned with health, welfare, and education, and deans of graduate schools or other administrative officers. Unfortunately, sixteen of the individuals reporting made no comment on this item. The most frequently reported suggestions are:

1. Regional inter-disciplinary and intra-disciplinary workshops, conferences, etc.
2. Development of educational programs in the region to stimulate support for research, training, and service in the mental health field.
3. Regional efforts to expand financial support for research fellowship.

In summary, Colorado has a number of research workers with special skills who are interested in expanding their efforts in the field of mental health. It has some unique situations which might be developed in order to study regional problems. Specifically, there are opportunities for expansion in child development studies, psychosomatic medicine, cultural factors in mental health, personality studies, and biological studies. In addition, the geographic and administrative factors regarding state institutions for retarded and for delinquent children seem to be favorable for research which might have a positive influence on common state problems in the region.

SECTION V. HOSPITALIZATION AND PREVENTIVE PROGRAMS

A. FACILITIES FOR HOSPITALIZATION

1. Ridge and Grand Junction Homes and Training Schools for Mental Defectives.

2. Colorado State Hospital

3. Colorado Psychopathic Hospital

4. Denver General Hospital

5. Private Hospitals

6. Personnel Analysis

B. FACILITIES FOR EARLY DIAGNOSIS AND TREATMENT

1. Community Clinics

2. University Clinics and Health Services

3. V.A. Services

4. Out-Patient Facilities

5. School Programs

C. ADDITIONAL SOURCES OF HELP

D. NEED FOR PREVENTIVE PROGRAMS

SECTION A FACILITIES FOR HOSPITALIZATION

1. Ridge and Grand Junction Homes and Training Schools for Mental Defectives

History of Ridge

This institution was established in 1909 and opened in 1910, in its present location at Ridge in Jefferson County. At the time of a study in 1950 medical services were rendered by a Denver physician who made daily calls and who had been on the staff eight years on a part-time basis. Because of the absence of a full-time physician, the medical work was considered unsatisfactory and the clinical records "deplorably deficient,". In 1948, there seemed to be no general survey by psychologists although many patients had had psychometric tests prior to admission. There was no practice of psychiatric examinations for the patients. The report cited a survey made by the Department of Psychology of the University of Colorado in 1948, stating that at that time more than 40 patients were found to have intellectual levels higher than usually found in a training school. Only one nurse was employed and there seemed to be a need for additional registered nurses. One teacher was employed as an academic instructor, while the occupational therapist conducted classes in manual training. At the time of the survey, 66 pupils were attending school. With regard to commitments, the report had the following to say: "The superintendent is unable to discharge patients without the approval of the Committing Court and the patients may be permitted to stay at home on visit for only three months." Note was taken of the absence of a social worker on the staff, though it was pointed out that county welfare departments assisted in investigations.

Recognition was given to the many considerable improvements in the physical plant. Also there was a listing of major improvements and new construction which were being anticipated. In conclusion, it was stated in part: ".....intensified educational and training programs might result in an increase in the number

of patients that can be returned to the community...." "It is discouraging that only ten patients were discharged from the institution during the past year."

History of Grand Junction

Formerly an Indian school, vacant for several years, it was granted to the state of Colorado in 1919, by the federal government and was formally opened in 1920. It accommodates mental defectives and epileptic patients from the entire state. At the time of the Guthrie study in September, 1950, the institution was operating without a head but the executive assistant and a director of nursing services were responsible for management. Note was taken of the incomplete case records. Special point was made that no psychologist had been employed since 1935. With regard to the physical plant the inadequacy of fire protection was stressed and the largeness of the dormitories highlighted. Some of the single rooms were described as "merely iron cages." Inadequacy of bathrooms and water closets was also discussed. As already stated the institution had been operating for several months without a superintendent and medical care was given by a part-time physician. The nursing staff consisted of three registered nurses. The ward employees were assigned to the supervision of the director of nursing services. Only one full-time teacher was employed and 66 patients were attending classes, "in a poorly equipped classroom..." Needs were pointed up in the area of the field of domestic science training, physical education, and the training of the physically handicapped. Another comment in this report by Dr. Guthrie was "there is no provision for after-care or follow-up of patients in the community and no social workers are engaged."

In conclusion the following statement in the 1950 report was significant: "Without a head of the institution or a superintendent and without a central administrative organization in the state, it is not likely that a training program, a therapeutic program, or planning with state-wide vision can be undertaken."

Present Administrative Organization:

Colorado's two institutions for mental defectives operate, as do other children's institutions, under a two-fold administrative plan. Overall responsibility for the building and maintenance programs in these institutions is vested in the State Planning Commission, while the responsibility for policy making lies in the office of the Director of Institutions. The institutions have a joint superintendent appointed by the Governor. By law, this individual is required to be, and is, a physician.

The necessity for close cooperation between individuals responsible for planning the treatment, education, and care of patients in these institutions and those responsible for determining building needs is obvious. One suggestion which has been made is that some sort of centralized State Agency, such as a Department of Mental Health, headed by its own director, should have overall responsibility for seeing that building, maintenance, organizational, and treatment plans are properly integrated.

Furthermore, the advisability of having one superintendent for both institutions has been questioned on the grounds that the two institutions are located at too great a distance from each other for one person to give effective supervision to both. A separate resident superintendent for each institution has been suggested. There has been discussion of a change in the law requiring a superintendent to be a physician, substituting a requirement that a superintendent must have five years of experience in the administration of an institution for mental defectives.

Physical Facilities of the Two Institutions

Grand Junction: The State Home and Training School at Grand Junction is located on a 295 acre farm at the edge of the city. It currently houses approximately 570 patients, divided almost evenly between males and females.

Ridge and Grand Junction have a common waiting list in which there are 137

at this time, 17 of which have been notified by Ridge that housing is now available for them. Of the 120 remaining on the list, it is hoped that a number of those will be admitted by the first of July of this year. It should probably also be observed that additional individuals may not have applied for admission because of the prior knowledge of the difficulties involved.

In general, these patients are housed in multiple-story wards, and in a 60-bed infirmary, designed primarily for the care of children with chronic medical problems. Homogenous classification of patients on the various wards is lacking, with the result that there is little attempt to assign patients to wards in terms of chronological and mental age, social competence, or physical ability.

A five year building program was authorized in 1955. An architect has been employed to begin a $600,000 infirmary and hospital project.

Among the most urgent building needs of this institution at present appear to be the following: completion of a 30-bed hospital, two adjoining infirmary wards of 60 beds each, a school, and four ward buildings.

With this added construction, the adequacy of the institution's overall facilities would be increased considerably. It would also increase the number of patients who could be cared for, to one thousand. Experts have recommended that no institution of this type be allowed to expand beyond the population of one thousand, and that further needs, if they occur, should be met by building a new separate institution.

Ridge:

The State Home and Training School at Ridge currently houses about 566 patients (with a potential housing of 635), males slightly outnumbering females. As in the case of Grand Junction, patients are housed in a multiple-story, multiple-function type buildings, and in a 125-bed infirmary, designed primarily for chronic, bed-care type patients. One of the ward buildings, the Edith Rafferty Hall, has just recently been completed, and houses about 200 children.

This building, while having many of the advantages of new construction, still does not fulfill the recommendations of experts in the field for small, homelike living quarters. A five year appropriation of $420,000,000 was granted for building purposes in 1955.

Among the most important needs of this institution at the present time may be cited: Two infirmaries of 60-bed capacity each, one for boys and one for girls; two ward buildings to accomodate 60 each of ambulatory and moderately retarded children, one for boys and one for girls. Additional staff cottages and other incidental buildings will also be needed.

Nature of the Resident Population:

An accurate picture of the present population of these institutions is probably not possible at present, due to previous inadequate evaluation and classification systems. However, it is estimated at Ridge, where procedures are definitely superior to Grand Junction, that roughly 44% of persons are classified as idiots (I.Q. 0-25), 50% as imbeciles (I.Q. 25-50), and 15% as morons (I.Q. 50-70) or high-grade mental defectives. There are about 125 chronic-bed case type patients, and about 15 blind patients and approximately 55 epileptics.

Present Personnel:

At the present time, both Ridge and Grand Junction are markedly understaffed in terms of trained personnel.

A Grand Junction (population 570) the superintendent, who is a physician, has been available approximately half-time. Some medical consultation is available from the Mesa County Medical Society. In addition, a dentist spends one day a week in the institution.

There are approximately six part-time teachers, five graduate nurses, and approximately ninety attendants. There are no other professional personnel, including psychologists or social workers in the institution.

At Ridge (population 566) the situation is reported as somewhat better

than Grand Junction, though far from desirable. There are seven full-time people in education, including an educational psychologist. There is a partially trained social worker who assists in the evaluation of new admissions.

In addition to the superintendent, there is one part-time physician. There are also five registered nurses, and approximately 120 ancillary workers, principally attendants.

Need for Personnel:

At both institutions in Colorado, psychological services and social service are markedly inadequate for the job or non-existent. The problem is particularly acute at Grand Junction, but there are definite deficiencies in both institutions. For example, neither institution has a trained clinical psychologist on its staff. Grand Junction has no social service staff, and Ridge has only one partially trained social worker. In addition, medical and health services, home and community living, and education and training need to be more adequate at both of these institutions.

There appears to be a definite need for a more regular program of specialized medical consultation, treatment, and physical rehabilitation, involving various medical specialities, such as pediatrics, neurology, medicine, orthopedics, etc. There is a need to have organized continuing training programs for attendants, nurses, and other staff personnel in the care and treatment of their charges. It seems obvious under present conditions, that if Colorado institutions are to acquire and hold better qualified personnel, the institutions will have to play a responsible role in their training themselves. More well trained special education personnel are also needed to improve the quality of education of programs, and to extend them to more of the children in the institutions, both permanent care and potentially dischargeable patients.

Not only are more personnel needed in the areas referred to above; in addition, in a number of instances more adequate staff, both in terms of train-

ing and personal qualifications, are needed. This is true at all levels, but particularly at the higher levels, where the greatest responsibility is involved. At the same time, it should be pointed out that there are a considerable number of capable, devoted individuals at both institutions who are doing a commendable job at their particular levels, and under very difficult circumstances. Such persons deserve the recognition and gratitude of the state.

Among the important factors involved in attracting well-qualified persons for current or planned positions may be listed: strong and enlightened administrative support and encouragement, more adequate pay, and opportunities for additional on-the-job education, training and advancement, and plesant, congenial living facilities. This latter need has already been referred to in discussing the physical setting of these institutions.

Training Program:

According to the report of three experts[1] --all superintendents of institutions themselves--who have recently investigated Grand Junction, "Any planned program for the general care, treatment and training and for some a return to community living is practically non-existent. There is some meager academic and vocational training (currently) being carried on....but there is a definite need for a carefully planned program for the many who could profit by such training. There are no staff conferences concerning the needs for planned programming for children and the orientation of department heads. No psychological or social services are available, and individual records for children contain no progress reports or other essential notes. We observed at least 15 or 20 boys and girls who might, with proper institutional training and orientation, return to the community under a sheltered living and work program."

[1] Report by the Butler Committee, November 1955, State Planning Commission.

One of the most pressing program deficiencies at both institutions appears to be in the area of planning and education for community living outside the institution. Very little in the way of training for outside placement, visits, sheltered workshop placement, or other transitional devices is available. As will be discussed later, this situation appears to be partly a function of inappropriate laws governing mental deficiency in Colorado.

Also in connection with such training, the Butler Committee felt that the possibility of day-care programs, particularly for children of large communities near an institution, should be investigated further, with the aims both of providing better training for ultimate community placement and also of reducing costs of institutional care.

Even from the point of view of permanent institutional care at these institutions, there appear to be marked deficiencies, primarily at Grand Junction. There is general agreement that "children in an institutional setting are very desirous of living in an atmosphere of home, and with as much community aspect as possible." The Butler Committee urged that Colorado cease to recognize these children as inmates, but rather as boys and girls, and that Colorado do everything possible to remove the stigma of institutionalization and make the institutions more of a home where children will gain genuine satisfaction and a more purposeful life than most could have experienced in their own home and community.

Financing:

The state home and training schools are supported from the general fund. Statutory provisions also make parents financially responsible, whenever possible, for the care of their children placed in these institutions. The monthly fee is $35. The accounting departments of Public Welfare investigate families who claim inability to pay and report to the court. In such cases, the county is supposed to pay, but, in practice, few counties do.

2. Colorado State Hospital - Pueblo.

History

In a sense, the history of the care of the mentally ill in Colorado seems to follow a pattern set in the rest of the country. Many of the inadequacies, problems and frustrations in relation to hospital care were common experiences elsewhere. On the other hand, certain conditions and developments reflect a backwardness here; specifically the low per capita expenditures, the lack of central authority and the absence of other state hospitals have presented a negative picture. There are, too, certain bright spots such as the development of the psychopathic hospital.

Three years after the emergence of Colorado into statehood the first state hospital for the mentally ill came into being. The Colorado Insane Asylum (the name was changed to "Colorado State Hospital" in 1917) was established by the second session of the General Assembly in 1879. One great inpetus for this development was the expensive procedure of sending patients to eastern institutions, the cost of travel and care being borne by the counties. The hospital opened its doors on October 23, 1879, in an enlarged farmhouse on 40 acres of ground west of Pueblo, with twelve patients.

By 1932 the state hospital presented a mixed picture of positives and negatives. On the one hand it met some of the requirements of the American Psychiatric Association in that the superintendent had the necessary qualifications; the hospital had good consultation from authorities and was generally free from partisan politics. On the other side of the ledger was the lack of an important therapeutic measure, hydro-therapy; the lack of social service; the inadequacy of a nursing staff and attendants, the lack of adequate psychiatric staff, and the overflowing of wards with double the number of patients.

In 1950, Dr. Riley H. Guthrie, Chief of the Hospital Services section, Community Services Branch of the National Institute of Mental Health, reported

on the state hospital. The population had risen to 5,238 with 1,078 patients having been admitted in that fiscal year. The medical staff had been increased to nine full-time physicians, 24 of whom were residents. The nine physicians were responsible for both the training program and care of the patients. The dietary department was singled out for especially positive recognition. Some other aspects of the program were highlighted, such as the training program for psychiatric aids and the training of psychiatric nursing students from 14 different general hospitals. It was pointed out that the hospital in 1948 had the highest proportion of civilians in the age group 65 and over. Likewise, the proportion of discharge of psychotics for reason of recovery, was the second lowest among the eight mountain states. It also ranked a poor third among the same group of states in the percentage of professionally trained employees.

Physical Plant:

The value of land, buildings, equipment, etc., is listed in the annual report (1955) as $10,072,276 and consists of 5,621 acres and 55 buildings. It is the sixteenth largest "city" in Colorado.

During 1955, the superintendent met with the State Planning Commission and formulated a building program to include: 500 bed hospital, receiving and out-patient centers, 540 bed infirmary, admission building, chapels, and recreation center.

The legislature passed an $8,600,000 program in 1956, including some of the proposed construction listed above.

A limit of 6,000 population was agreed upon since by National Standards, the hospital (5,720 patients on June 30, 1955) is already too large.

Finances:

The legislative appropriation for 1956-57 is $4,600,000. In addition, funds for care and maintenance of Class C pensions are received from the state public welfare department ($1,209,723.20 in 1954-55). Counties do not pay for

care of patients but families are required to, if they are able (standard rate set at $75 a month). Earnings from this source in 1954-55 were $824,032.36.

Population:

During tne fiscal year ending June 30, 1955, 1,326 patients (768 male and 558 female), were admitted to the hospital, more than any similar period of the history of the hospital.

Patients discharged during the same period totaled 588 (392 make and 257 female). 1,204 patients were paroled and 960 patients were returned to the hospital. The total population on June 30, 1955, was 5,720 (2,914 men and 2,806 women). The hospital has a rated capacity of less than 4,900 beds.

7,554 patients were cared for during the year ending June 30, 1955. During that period there were 463 admittances from Denver from a total admittance figure of 1,326. Out of a total population of 5,720, there are 2,297 patients from the Denver area.

Present Staff:

The hospital is headed by a psychiatrist administrator assisted by a business manager and an assistant superintendent (psychiatrist).

There are currently five staff psychiatrists and sixteen residents in psychiatry.

Two full-time and one part-time psychologists are employed, three social workers, twenty-nine registered nurses, six rehabilitation (occupational) therapists, and 803 attendants.

In addition four physicians are listed as resident staff, thirty-two as visiting and consulting staff, twenty residents in medicine. The shortage in professional staff, especially in psychiatry is severe. The superintendent stated that the hospital is understaffed and overcrowded, and that every professional salary should be re-evaluated.

Affiliation for Training Staff

Residency programs are offered in psychiatry, pathology, internal medicine, and surgery. The state hospital is affiliated with the University of Colorado Medical Center for training of resident physicians and psychiatric nurses.

The hospital is affiliated with Colorado A & M for training programs in medical technology and occupational therapy. Other affiliations in occupational therapy include the University of Kansas and the University of Minnesota. Training programs for medical technology are offered in cooperation with Pueblo Junior College and Western State College. Other training programs include internship for graduate dieticians, courses for X-ray technicians and classes for psychiatric aides taught by the hospital staff.

The Colorado State Hospital is the only state hospital in the country to offer some of these programs.

Personnel Needs of the Colorado State Hospital (Based on American Psychiatric Association Standards).

The questionnaires and available annual reports of state psychiatric hospitals do not show total numbers of patients classified in groups which correspond to those used as a basis for application of A.P.A. personnel-patient ratios. The Director of the Colorado State Hospital in Pueblo was kind enough to supply a listing of wards by number and title, the number of employees and the actual patient population on those wards as of April 18, 1956. Titles of wards were used to group the patient population as follows:

Admission and Intensive Treatment	199
Continued Treatment Service	2855
Geriatric Service--Bed and Ambulant	2188
Medical-Surgical Service (Acute)	135
Tuberculosis	58
Total patient population April 18, 1956.	5435

The above figures were used in applying A.P.A. Standards personnel ratios to indicate the personnel needs of the largest mental hospital in Colorado,

	Ratio	Admissions & Intensive Treatmt. Serv.	Ratio	Continued Treatment	Ratio	Geriatric Service	Ratio	Med. & Surg. Service	Ratio	TB Serv.	Total
Number of Patients		199		2,855		2,188		135		58	5,435
Personnel by Class											
Physicians	1: 30	6.6	1:150	19.0	1:150	14.5	1:150	2.7	1:150	1.1	43.9
Cl. Psych.	1:100	2.0	1:500	5.7							7.7
Reg. Nurses	1: 5	40.0	1: 40	71.4	1: 20	104.1	1: 5	27.0	1: 5		254.5
Attendants	1: 4	50.0	1: 6	476.0	1: 4	547.0	1: 5	27.0	1: 5	11.7	1111.7
Hydro-Ther.	1: 50	2.0	1:250	11.4							13.4
Active Therapy:											
Reg. O.T's	1:100	2.0	1:300	9.5	1:250	8.7		1.35	1:100	5.8	27.3
*Others		5.0		28.5		14.5		1.35	1:100	5.8	55.1
Totals by Services:		107.6		621.5		689.1		59.40		36.1	1513.7
		(1326 adm.)		(Paroled 1204)		Case Supv.					
Psych. Social Workers		16.5		20.0		6					42.5
Dentists											3.4
Dental Hygiene											10.8
											58.7
											1,572.4

Lab. Tech (All hospital - one to 7,500 procedures per year reported 12)

*Includes such personnel as occupational and recreational therapy aides, physical education instructors, and music and dance instructors.

assuming that patients have been classified appropriately. The attached Table titled Personnel Needs of the Colorado State Hospital Based on A.P.A. Standards for Public Hospitals, indicates the need by class of personnel. (page 70)

A comparison with the state hospitals needs as expressed in the questionnaire follows:

Personnel Classification	Need Expressed in Questionnaire	Standard APA Need
Physicians	22	43.9
Clinical Psychologists	13	7.7
Registered Nurses	57	254.5
Attendants	1006	1111.7
Hydro-therapists	NRM	13.4
Activity Therapy:		
Reg. Occ. Therapists	16	27.35
Others	NRM	55.15
Psych. Social Workers	18	42.5
Dentists	NRM	5.4
Dental Hygienist	NRM	10.8
	1125	1572.0
Laboratory Technicians reported	12 (1 to 7,500)	NRM

Comment:

The difference in Expressed Need and A.P.A. Standard Need might arise from inclusion of patients under "continued treatment" who are actually convalescent, those receiving custodial care who cannot benefit from continued treatment, etc.

3. Colorado Psychopathic Hospital

The enabling legislation was signed by the Governor in 1919, but the lack of appropriations, voted down by the legislature, induced the Colorado Medical Society and others to go to the people with a petition which asked for the appropriation of $350,000. The cause was so popular--most likely because of the furor over the lack of bed space at Colorado State Hospital--that 90% of the people voted for the measure.

Land for the hospital was donated by F.G. Bonfels and in 1925 the Psychopathic Hospital opened.

The hospital was created for (1) the care of patients, (2) the teaching

of psychiatry, (3) the conduct of psychiatric research.

In 1928 traveling clinics were organized under the direction of the Child Welfare Bureau and the State Board of Health.

Dr. Riley H. Guthrie of the National Institute of Mental Health stated in a study made in 1950 that there were 887 admissions, 893 discharges, and ten deaths in that year. With regard to the differences in the nature of admissions at Colorado State Hospital and Colorado Psychopathic, it was stated that only 12% of the admissions at Colorado Psychopathic Hospital were essentially problems of old age, whereas 51% of the admissions at the State Hospital were in that category. While 16% of admissions at CPH were problems of psychoneurosis, only 2% at the State Hospital were in that diagnostic group. Cognizance was taken of the 36 psychiatric residents in training whose distribution was 14 in the hospital itself, nine in the psychosomatic department, and thirteen in the Mental Hygiene Clinic. The fact that the American Medical Association had given accreditation for three years of psychiatric training was especially noted. In this same report the activities of the Mental Hygiene Clinic were examined and its recognition by the American Association of Psychiatric Clinics for Children was mentioned. With regard to the Social Service Department, a contrast was made between the effectiveness and scope of activities of the workers at the hospital and in the clinic. The social work activity in the clinic was described as effective. On the whole, the study in question seemed to emphasize positives. For instance, it was stated that the hospital was engaged in a very "vigorous" program reaching from "four to over thirty times more people in the community" in relation to population, than did Psychopathic Hospitals in other states.

4. Denver General Hospital

The hospital is operated by the Department of Health and Hospitals, City and County of Denver. The Mental Health Services of the hospital include (1)

hospitalization (36 bed ward), (2) out-patient services (Section V-B-4).

The hospital acts as a training center also, with two residents in psychiatry, one intern in clinical psychology, four students in psychiatric social work.

The hospital reports a lack of necessary physical facilities for expansion stating that over-crowding exists in the unit which was just completed in 1955.

After care services to discharged patients are offered by the staff.

5. Private Hospitals

Mt. Airy Sanitarium--Denver--eighty beds: Operated by the Mount Airy Foundation providing diagnosis and treatment of mental and nervous diseases, including alcoholism and drug addiction.

A medical director is in charge assisted by an attending staff of twenty-one psychiatrists and an associate staff of six psychiatrists, all in private practice in Denver.

Porter Sanitarium--Denver: Psychiatric facilities consist of a ward of twenty-five beds with a resident staff of three psychiatrists.

Emory John Brady Hospital--Colorado Springs--140 beds: The professional staff consists of four and one-half full-time psychiatrists, one clinical psychologist, and seven registered nurses.

The hospital estimates that 65% of its beds are used in treatment of the acutely ill, and 35% of the beds are used by chronically ill patients (thirty-one day average stay).

Admissions in 1955 were 538. Follow-up care is given by the staff to discharged patients. Group therapy is also offered with four groups at present including one for alcoholics.

Woodcraft Hospital--Pueblo--92 beds: The hospital has a professional staff of two psychiatrists, one clinical psychologist, and one social worker.

The average stay in 1955 was thirteen days for those with Blue Cross

hospitalization and forty-one days for all other patients. Admissions totaled 636 during the year.

Out-patient follow-up services are offered to discharged patients.

Average Annual Admission per Bed in Hospital Facilities for Treatment of the Mentally Ill in Colorado

Type of Support, Name and Location	No. of Beds	No. Admissions 1953	Annual Admissions a Bed
Private Hospitals: (1956 figures)			
Woodcroft, Pueblo	92	636	6.91
E.J. Brady, Colorado Springs	140	500	3.57
Mt. Airy, Denver	80	1496	18.7
Bethesda, Englewood	61	75	1.23
Porter Hospital and Sanitarium Psychiatric Unit, Denver	53	450	8.5
Total Private Hospitals	426	3157	
Public Hospitals: (1954 figures)			
Colorado State Hospital, Pueblo	5500	1139	.228
Colorado Psychopathic Hospital & Clinic Univ. of Colorado Medical Center, Denver	80	1000	12.5
Denver General Hospital, Psychiatric Ward & Clinic	24	363	15.1
V.A. Hospital Neuropsychiatric Unit & Clinic, Denver	150	517	3.4
Fitzsimons Army Hospital Psychiatric Unit, Denver	180	760	4.2
V.A. Hospital, Fort Lyons	656	350	.539
Total Public Hospitals	6590	4129	
Grand Total	7016	7286	

Comments:

Privately supported psychiatric hospitals in Colorado with 6.2% of the total beds in the state show 41% of the total patient admissions, indicating predominantly diagnostic and acute patient service. Publicly supported hospitals with 93.8% of beds show 59% of the total admissions in Colorado. Breaking down the public hospital figures into general hospital units and psychiatric hospitals, general hospital units with 5.3% of the public hospital beds show 39% of the public hospitals admissions. These figures are similar to those of private hospitals and indicate little chronic care. The majority of custodial care seems

to be given by the Colorado State Hospital in Pueblo and the Veterans Administration Hospital in Fort Lyons. The Colorado Psychopathic Hospital in the University of Colorado Medical Center with 80 beds and 1000 admissions reflects the diagnostic, training and research aspects of that unit and places it in a class by itself, calling for much increased personnel ratios.

6. Personnel in Hospitals

Introduction

The Governor's Committee attempted to secure information from elven psychiatric hospitals or departments in general hosptitals and related clinics. There are five private and six public supported hospitals in the group. Three of the public hospitals are mainly for psychiatric patients and three are general hospitals with psychiatric wards and out-patient services. Questionnaires were returned from the following psychiatric hospitals: the Colorado State Hospital, Pueblo, 5500 beds; the Colorado Psychopathic Hospital, Denver, 80 beds. The Veterans Administration Hospital in Ft. Lyons, with 656 beds did not return their questionnaire. General hospital psychiatric departments returns were from: the Veterans Administration Hospital, Denver, Neuropsychiatric unit, 150 beds; the Denver General Hospital, Psychiatric Ward, 24 beds. Fitzsimons Army Hospital, Neuropsychiatric unit of 180 beds did not return their questionnaire. The five private psychiatric hospitals with a total bed capacity of 436 did not return any questionnaires, although information was secured from them at a later date.

Although seven of the eleven hospitals did not return questionnaires, those returned by the two psychiatric hospitals and the two general hospital psychiatric units represent 87% of the 6,590 public hospital beds in Colorado as reported at the Governor's Conference on the Mentally Ill and Aged, held January 4-5, 1954. It is unfortunate this committee report cannot include data covering personnel for the 436 beds in Colorado's private psychopathic hospitals. The potential contribution of public and private hospitals to care for the mentally

ill in Colorado is indicated by the attached Table showing the average annual admissions per bed for each hospital. (p.74)

It is quite evident that private hospitals and psychiatric wards of general hospitals admitting a relatively large proportion of the annual total of mental patients will need more personnel to carry out diagnostic and intensive treatment service than those psychiatric hospitals providing more chronic and custodial care.

Number of Personnel Now Employed and Needed as Expressed by Hospitals Representing 87% of Public Hospital Beds in Colorado

Classification	Presently Employed Full Time	Budgeted Vacancies	Desired Additions	Total Needed	Shortage Expressed in % of Total Need
Psychiatrists	28.5	14	8	50.5	43.5
Psychologists	14	6	11	31	54.8
Social Workers	30	2	20	52	42.3
Nurses (Prof.)	101	38	4	143	29.3
Nurse Aides, Attend. & Tech.	1090	207	21	1318	17.2
Rehabilitation Therapy.	*10.5	4	7	21.5	51.0
	1274	271	71	1616.0	

*V.A. Hospital, Denver, Therapists shared with the general hospital wards are not included.

Comment:

These figures are based on the present system of commitment, hospitalization, and treatment of the mentally ill. They do not reflect American Psychiatric Association Standards for Hospitals and Clinics which would permit a change to a larger proportion of patients on intensive treatment or other programs designed to return them to their families and to useful lives. The greatest unmet need for personnel is reported by the State Hospital at Pueblo.

SECTION B. FACILITIES FOR EARLY DIAGNOSIS AND TREATMENT

1. Community Clinics

Boulder County Child Guidance Clinic, Boulder General Hospital

Type: Child Guidance.

Location: Boulder.

Hours: Every Friday (opened in January 1956).

Staff: Psychiatrist 1/6 time, psychologist 1/6 time, psychiatric social worker 1/6 time, and secretary 1/2 time. Non-resident staff except for psychologist.

Sponsor: Boulder County Child Guidance Clinic Board.

Financing: Voluntary donations. (Fund drive 1954).

In-service training: Two hours twice a month and consultation with public health nurses and welfare staff.

Colorado Springs Child Guidance Clinic

Type: Child Guidance.

Location: Colorado Springs, 1600 No. Cascade.

Hours: Daily.

Staff: Child psychiatrist, clinical psychologist, psychiatric social worker.

Sponsor: El Paso County School District No. 11, City of Colorado Springs, and Colorado College.

Financing: Governmental units, 20% of budget from interested individuals, civic programs, and voluntary contributions by parents.

Treatment: Total cases in 1954--365 at 20 hours per case.

In-service training: Staff conferences with individuals interested in a child such as teachers, probation officers, social workers, etc.

Arapahoe County Mental Health Center

Type: All purpose.

Location: Englewood

Hours: Wednesday evening and Saturday afternoon, 32 professional hours per week.

Staff: Part time volunteers, one psychiatrist, two clinical psychologists, three psychiatric social workers, one public health nurse, and one part time secretary.

Sponsors: Arapahoe County Mental Health Center, Incorp. Space provided by Tri-County Health Department.

Contributions: Voluntary donations.

Mesa County Mental Health Clinic

Type: All purpose.

Location: Grand Junction.

Hours: 4 hours every Wednesday forenoon.

Staff: Part time: one psychiatrist, one combination social worker (psychiatric) and school psychologist (both residents of the community).

Treatment: 50 to 60 cases per year. Treating 6 currently and 7 on waiting list. 6 to 10 hours per patient.

Sponsors: Mesa County Health Department.

Financing: Part of budget of local health unit.

In-service training: Every fourth Wednesday for school, welfare, and nurses.

Northeastern Colorado Mental Hygiene Clinic--Logan County

Type: All purpose.

Location: Sterling:

Hours: Two days a month.

Staff: Psychiatrist 1/12 time, psychologist 1/12 time, resident psychiatric social worker 1/10 time, and secretary 3 to 4 days a month.

Sponsors: United Ceberal Palsy on a two-year demonstration basis. Public Health, state and local.

Treatment: 20 cases per month, 10 currently on waiting list, 14 hours per patient. Referrals from physicians.

In-service training: Program for nursing and welfare. Service of nurse consultant, State Public Health Department.

Weld County Mental Hygiene Clinic

Type: All purpose.

Location: Greeley.

Hours: Less than 1/2 time, psychiatrist 1/6 time, psychologist 1/4 time, both resident; psychiatric social worker (C.U. school 1/12 time), one visit every other week.

Sponsor: Weld County.

Financing: Budget of $6500 per year--Weld County Health Department.

Treatment: Approximately 300 cases a year, including all juvenile court cases. Also referrals from schools and welfare. Beginning to act as treatment center as well as to diagnose. Thirteen now under treatment, including a number of juvenile court cases.

Of the community clinics listed above only one (Colorado Springs) is full-time. The clinics in Boulder and Sterling are staffed by the Director of Mental Hygiene, Colorado Public Health Department as Psychiatrist-Director. Arapahoe County Mental Health Center is staffed by volunteers.

2. University Clinics and Student Health Services

Child Guidance Clinic, Department of Psychiatry, University of Colorado Medical Center

Type: Child guidance and adult out-patient services.

Location: Medical Center, Denver.

Hours: Daily.

Staff: Four and one-half full-time psychiatrists, seven psychiatric social workers, one clinical psychologist. Second and third year residents in psychiatry (15 at present) plus interns and students in psychology (8) and social work (6).

Sponsor: University of Colorado.

Colorado University Student Health Service, Boulder Campus

Type: Students at University.

Location: Boulder.

Hours: Daily---

Staff: One resident psychiatric social worker. One fourth time psychiatrist administrator. Four - third year residents in psychiatry, one-fifth time each. Assistance from psychology department for testing and evaluation.

Sponsor: Colorado University, diagnosis and therapy, 25-30 at a time. 150 a year at 3 to 10 hours each.

Financing: State government appropriations to Colorado University.

University of Denver Student Health Service, Mental Hygiene Clinic

Type. Students.

Location: Denver.

Hours: Daily.

Staff: 1 full-time psychiatrist, 2 psychiatrists 1/2 time, student psychologists, psychiatric social workers.

Sponsors: University of Denver.

3. Veterans Administration Services

Veterans Administration Mental Hygiene Clinic, Veterans Administration Hospital

Type: Limited to veterans with service connected disabilities.

Location: Denver V.A. Hospital.

Hours: Daily.

Staff: 3 full-time psychiatrists, 3 psychiatrist 1/2 time, 4 clinical social workers, residents in psychiatry, trainees in clinical psychology, student social workers, and 4 secretaries.

Sponsors: Veterans Administration.

Financing: Taxation--federal funds.

Treatment: Intake of 400 per year. Average about 325 in active treatment. 650 treatments per month.

Fort Carson Mental Hygiene Consultation Service

Type: Members of armed forces and their dependents. Serves as a screening facility.

Location: Ft. Carson, Colorado Springs.

Hours: Daily.

Staff: 1 psychiatrist, 1 social worker, 1 clinical psychologist, 6 aides with training in psychology and social work.

4. Out-Patient Services

In so far as the survey reveals, Denver General Hospital is the only community hospital providing extensive out-patient services. These services are under the direction of the staff of the Psychiatric Department of the hospital. They include:

1. Cambio Clinic for alcoholics which is held every Monday evening.

2. Out-patient clinic services by appointment. Offers psychiatric treatment, psychological testing, casework services to:

    a. Persons who have not been hospitalized and who are emotionally disturbed.

    b. Follow-up visits by discharged patients.

Total number of patients served in a calendar year averages 300. Services are restricted to residents of the city and county of Denver.

Follow-up services are also offered by Emory John Brady Hospital in Colorado Springs, and by Woodcroft Hospital in Pueblo.

5. School Programs

A total of 59 school districts reported on mental health services offered.

Mental health specialists are employed by three districts, special teachers by twenty-three. Professional services are available through another district to a small number of districts.

Personnel employed by these districts include twenty counselors, fourteen psychologists, thirty-two social workers, and ten nurses.

Special teachers include ten for the physically handicapped, eighteen for the mentally retarded, eleven for speech correction, and five for remedial reading.

Some of the present activities accounting for a major portion of time include parent conferences (5), counseling children (4), teacher conferences (3), professional growth (3). School personnel would like to do more case studies (3) therapy (2), parent education (2), and teacher training (2).

Resourses available to the public schools include public health (25), universities (12), and private practitioners in psychiatry (8).

In response to the question, "Does your district employ as many mental health specialists and special teachers as it need?", fifty replied, "No." One reply stated that the district hoped to increase staff soon.

Consultation arrangements exist in several districts with psychiatrists in private practice.

The largest program in the state is in the Denver Public School system. Five psychologists, thirty social workers, fifty-two school nurses, twenty-three teachers for physically handicapped, twenty teachers for mentally retarded, and eleven speech correctionists, and several consultants in psychiatry staff the department.

> Aims are: to give guidance to the individual deviant child, and to interpret general mental health needs of all children to all school personnel.

However, the department states that there are not enough community facilities to care for all the children brought to their attention.

SECTION C. ADDITIONAL SOURCES OF HELP

Childrens Diagnostic Center

The center was authorized by statute in 1955 for three purposes: to provide that children be sent to the institution most suited to their care, treatment, and rehabilitation; provide superintendents of institutions with evaluative studies of children committed to the institutions; provide courts with information prior to sentencing.

The center is located at Colorado Psychopathic Hospital under the supervision of the Regents of the University of Colorado. Services are available to judges in counties of less than 150,000 population. A limit of ten children at a time was set in the law and an appropriation of $50,000 voted.

There is no obligation upon County Judges or institutions to use this service and even if there were, facilities would have to be expanded to meet the need.

Community Consultation Services

The Child Welfare Division of the Colorado Public Welfare Department provides through its' local departments consultation services to two areas.

Larimer County (Ft. Collins)

One day a month.
Resident in Child Psychiatry from University of Colorado.
Clinical psychologist

Las Animas County (Trinidad)

One day a month.
Resident in Child Psychiatry from University of Colorado.
Clinical Psychologist.

Services of Private Psychiatrists

Twelve psychiatrists returned questionnaires. Services offered by them include individual psychotherapy (12), group psychotherapy (2), organic therapies (10), research (4), teaching (9), community activities (5).

Private psychiatrists are in practice in Denver, Greeley, Pueblo, Colorado Springs and Grand Junction, and are concentrated in the Denver area.

Some serve as directors of part-time clinics, consultants to health, welfare departments, and local courts. Others teach in local colleges and universities. Several offer consultation to college student health facilities.

SECTION D. NEED FOR PREVENTIVE SERVICES

Agencies:

Suggestions were centered on the following areas: increase the number of trained professional (19), better public education (19), more or improved treatment (19), improved training of persons in related occupations (12).

Community Groups:

First in interest is the expansion of public education (sponsoring of lectures, films, etc.) in order to teach mental health concepts and gain public understanding of the problem concepts. Second ranking was given to assisting in inaugurating or expanding community mental health services. Third, establish or supplement related public services--recreation, special education programs, etc.

SECTION A. STATE ORGANIZATIONAL STRUCTURE

1. Central Responsibility

Central authority for mental health is not vested in a single agency, but in several agencies whose functions are listed below.

Director of Institutions:

Created in 1951 by statute "as an administrative department in the Executive Branch of the State Government, the head of which shall be the Governor and whose decisions as to all matters of policy and administration shall be final. The Governor shall appoint a Director of Public Institutions who shall be one of the confidential employees of the Governor and shall be subject to the direction and control of the Governor. He shall serve at the pleasure of the Governor and his duties shall be prescribed by the Governor and shall be such as will best effectuate efficiency and economy within and between the several public institutions included within this department. The Director receives a salary of $8,500 per annum and necessary expenses in the performance of the duties of his office."

The department at present consists of the Director and Secretary.

General purpose: The Department shall manage, control, and generally supervise public, penal, correctional and eelemosynary institutions. The director has power to make inquiry into complaints regarding conduct of institutions, act as liaison officer to work out procedures of management, operation and accounting, investigate conduct and efficiency of officers and employers of institutions, as well as authority to transfer inmates from one institution to another. The Director reports to the Governor.

State Planning Commission

Created in 1935 by statute the Commission is a component of the Division of Conservation of the Executive Department. It is composed of ten members.

appointed by the Governor for three years, staggered terms, and two ex-officio members, the State (Water) Engineer and Chief Highway Engineer. Members serve without pay but receive travel and other expenses.

Its general purpose is "promotion of conservation and orderly development of the natural resources of Colorado; the intelligent and economical coordination of its' public works; promotion of long range planning of the State's institutions; promotion of city, county, and regional planning, zoning, and development; publication of the Colorado Year Book; cooperation with the national program for conservation and development to the end that wasteful and extravagant practices be eliminated."

Functions which apply to mental health include (1) promote the development of long range plans which shall be the guide plan for the physical development of the state's institutions, (2) approve as to design, use, location, and type of construction all buildings and improvements constructed with state funds, (3) make inspections of State buildings.

Colorado Public Health Department

Created in 1947 as the successor to the Division of Public Health created in 1933, the State Department of Public Health is an independent agency governed by a nine member board and an administrative division headed by the Executive Director. The members of the Board are appointed by the Governor with the consent of the Senate for six-year staggered terms and they serve without pay.

The Executive Director of the Department is appointed by the Board subject to civil service regulations. He shall have a degree of Doctor of Medicine from an approved school, at least one year of graduate study in a school of public health approved by the Council, and at least three years administrative experience as full-time public health officer.

No direct appropriation for mental health services is made by the legis-

Source: Colorado Year Book 1951-55.

SECTION VI. ORGANIZATION AND LEGISLATION

A. STATE ORGANIZATIONAL STRUCTURE

1. Central Responsibility.

2. Suggested Improvements.

B. LEGISLATION

1. Present Method of Commitment

2. Present Method of Repatriation

3. Needed Mental Health Legislation

lature. The Mental Health Section functions as a part of the Preventive Medical Services Division composed of fourteen sections. The staff consists of a Psychiatrist--Director, a part-time nurse consultant, and a secretary.

In 1955 a federal appropriation of $24,500 for mental health services was made. This is the maximum amount Colorado is entitled to receive at present.

Emphasis is placed within budgetary limitations upon two areas: (1) public education, to promote acceptance of mental health concepts, (2) service to local clinics and consultation with other agencies. At present the Director serves as psychiatrist for clinics in Boulder and Sterling and formerly served the Grand Junction clinic.

The Mental Health Section reports a growing demand for clinic services with requests from Jefferson County, Otero County, Pueblo County, and San Juan Basin.

University of Colorado

As a training center for psychiatrists the University provides residents in child psychiatry for child welfare consultation services in two communities. Most of the available funds for research are granted to the University Medical School.

2. Suggested Improvements of Organizational Structure

Improvements in Coordianation on University Level:

Directors of colleges and university Mental Health Service Agencies felt that coordination among and between academic departments and service agencies would be improved by the establishment or strengthening of an over-all coordinating group. They also felt that inter-departmental staff conferences, workshops were important and that existing services should be improved and needed new services established.

Suggested Improvements in State Structure

Agency administrators and others agreed that Colorado has no central mental

health authority and that provision for a central director with adequate funds and personnel should be made. His responsibilities would include coordinating related services and supervising long range planning.

However, there were two points of view as to how this objective should be achieved:

1. Within Public Health Deparment. Give the present mental health section "Division" status by law. Set up an Advisory Council for the Division.

2. Separate Department of Mental Health. Coordination of total state program in mental health with adequate staff and funds.

SECTION B. LEGISLATION

1. Present Method of Commitment

Colorado's laws have been judged "archaic" by several experts in the field. Mentally ill persons are adjudged to be "lunatics," "insane persons", "idiot", etc.

Current statutes call for the following procedures:

(1) Filing of a "complain" in a county court alleging that a person is so insane or distracted as to endanger his own person, or others if allowed to go at large; or that he is by reason of old age, weakness of mind, feebleness of mind, unable to take care of himself and his property. Ther person in question is served with a complaint and is taken into custody.

(2) Lunacy Commission. County Judge appoints a lunacy commission of two resident physicians (not necessarily psychiatrists) to observe the patient. The patient must be present at the first meeting of the commission and may be present at others. An attorney is appointed to represent the patient. Subpoenas are issued to

witnesses to present evidence.

The Lunacy Commission reports to the county judge. The judge enters an order based on the findings, and if warranted, commits the person to an appropriate institution.

The patient may appeal the order of commitment by requesting a jury trial. Trial is conducted as a civil case, and the jury makes a decision on the "lunacy" of the individual.

2. Present Method of Repatriation

A non-resident may be committed to the Colorado State Hospital under the procedure outlined above. In addition, the judge shall issue a copy of the report to the superintendent, and if it appears that the person committed had not acquired legal residence, it shall be the duty of the superintendent, with the consent of the governor, to return the person to the state in which he resided prior to coming to Colorado.

For the purpose of facilitating such return, the superintendent may enter into reciprocal agreements with appropriate officers in other states.

3. Needed Mental Health Legislation

Some of the suggested changes include:

(1) complete revision of all statutes pertaining to the mentally ill,

(2) changes in terminology in commitment procedures,

(3) changes in lunacy commission structure to insist upon two psychiatrists, two physicians, and two non-medical persons forming the Commission,

(4) clarification in the definition of a mentally ill person.

A joint Bar Association--Medical Society Committee has been studying present law and formulating suggestions since 1953. Their work has centered on three bills:

(1) clarification of estate proceedings,

(2) policy on expense for care of the mentally ill,

(3) modernization of legal procedures.

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ADDITION TO 1. PRESENT METHOD OF COMMITMENT (p. 88)

Colorado's statutes regarding commitment of mental defectives require a county court procedure in which two physicians must testify on the individual 's mental condition. In some small counties, where two physicians are not available, a lay person, such as a nurse, teacher, or acquaintance sometimes testifies. No professional study of the child is required.

Release can be obtained only through another court hearing. "Commitment" usually means commitment for life. Without careful study prior to a commitment order, some children who are not retarded but give the impression of dullness, perhaps because of emotional disturbance or physical handicap, may be committed to an institution where they do not belong.

Under existing laws, the superintendent has no power to place children on trial placements without permission of the court, or to discharge, without a hearing before the court, those who may make successful adjustment.

Suggested change: That statutes be amended to permit the superintendent to exercise his judgment in placement and discharge without recourse to the committing court.

RECOMMENDATIONS

The Governor's Committee on Mental Health of the state of Colorado submits the following recommendations:

PERSONNEL

The Committee recognizes the acute shortage of qualified personnel in state institutions and therefore urges that the legislative committee studying state employee salaries give this area particular attention, and that the Governor's Committee continue to study other aspects such as job satisfaction and staff recruitment policies of institutions.

The Committee recommends a concerted effort toward recruitment of young people into the various disciplines, either by individual states or by the region.

TRAINING

The Committee recommends the stablization and expansion of training programs within the state wherever warranted; and that the state of Colorado accept a responsibility to serve as a regional training center for mental health disciplines through cooperative agreement with other states.

The Committee recommends that public attention be focused upon the needs, both in personnel and funds, of these training centers.

The Committee recommends that inservice training programs for mental health specialists and related professions be recognized as having great value and that, whenever possible, programs of this nature should be expanded and encouraged.

RESEARCH

The Committee recommends that research be regarded as an integral part of mental health programming; that staff members of institutions and agencies be

permitted and encouraged to participate in research projects; that specific allocation of funds be made for research in agencies and institutions.

The Committee sees a need for more information on current research and recommends that consideration be given to the possible creation of a regional mental health research center to gather information, disseminate information, channel funds, etc.

HOSPITALIZATION PROCEDURES

The Committee recommends a thorough study of the present program for hospitalization in Colorado taking into consideration the following factors: the size of the Colorado State Hospital, the lack of hospitalization facilities for children, the growing use of drugs in treatment, concepts of care for the aging, and the possibility of locating a second state mental hospital in the Denver area.

The Committee recommends that further study be given to the institutional program for mental defectives. With the advent of special education programs in several communities policies of commitment and training should be carefully studied.

The Committee recommends that possible needs of correctional and penal institutions for mental health services be explored and understood.

The Committee recognizes the important role of the private and general hospital in providing care for the acutely ill and therefore recommends that community groups study this resource of care for the mentally ill when evaluating local mental health resources and planning for expansion of program.

PREVENTION

The Committee recognizes the contribution of school mental health personnel in those areas where they are available and recommends further expansion of this community resource..

The Committee recommends that the necessity for adequate diagnosis and

evaluation prior to commitment and sentencing be recognized and that all county judges utilize available diagnostic services including the Childrens Diagnostic Center whenever possible.

The Committee in it's survey has studied the community clinic program in Colorado and therefore recommends that adequate governmental funds be made available for strengthening existing clinics, evaluating the need for clinics, and opening new clinics.

ORGANIZATION

The Committee recognizes the need for central authority in mental health programming, and recommends the careful study of all aspects of the problem in order to reach a wise decision.

LEGISLATION

The Committee recommends the continued study of existing statutes in cooperation with interested groups including the Bar Association, Medical Society, and State Legislators so that a fair and just revision may be made and appropriate legislation passed.