Oklahoma health bulletin

Vol. 25 No. 4, 5
April, May, 1967

Capsule Comment

Indians in Oklahoma follow the national trend of greater death rate from infectious disease than other races. The tuberculosis death rate in most years has been four to six times higher than in all other races.

A 14-year-old Oklahoma boy who became ill within 24 hours of skinning a rabbit he killed while hunting was determined to have contracted tularemia. Doctors report the boy had removed a grass burr from his hand the day before the hunt. He used a straight pin to remove the burr. He was last reported improving with treatment.

Health officials say it is common practice to avoid giving smallpox and oral polio vaccines during the summer months.

A three-year-old Oklahoma girl broke out with a skin rash two weeks after receiving a live, attenuated measles vaccine. Health officials say that the child's illness was caused by measles vaccine is open to doubt, but the sequence of events tends to implicate it.

R. Leroy Carpenter, M. D., state epidemiologist, is going to Central America as a consultant to the National Institutes of Health to study nutrition and health needs of Costa Rica, El Salvador, Nicaragua and Guatemala.

Dr. John Howard of Habnemann Medical College in Philadelphia has proposed that a system of helicopter ambulances be established.

Last year is the first year since 1957 that a national decrease in reported cases of infectious syphilis has occurred.

Commissioner's review reveals:

Planned partnership in state mental health program is bringing change

Oklahoma's long-range plan for mental health is getting action. Advantages from a partnership of community-state-federal resources in developing organized programs of community mental health services for state citizens are becoming apparent. Innovations are occurring and more seem likely in the years ahead.

The big news is that action is shifting to the community scene where organized groups of medical, industrial, civic and governmental leaders, are planning, encouraging, and initiating services and programs that take care of more mental health needs locally.

Sense of community is changing. **Community of Solution is** an apt description of the emerging pattern. Municipalities and counties are increasingly acting on the proposition that mental health problems, and others as well cannot be attacked successfully or efficiently unless individual efforts are joined. There are indications that the organization of **economic development districts** across the state is focusing attention on area-wide efforts in many areas of concern.

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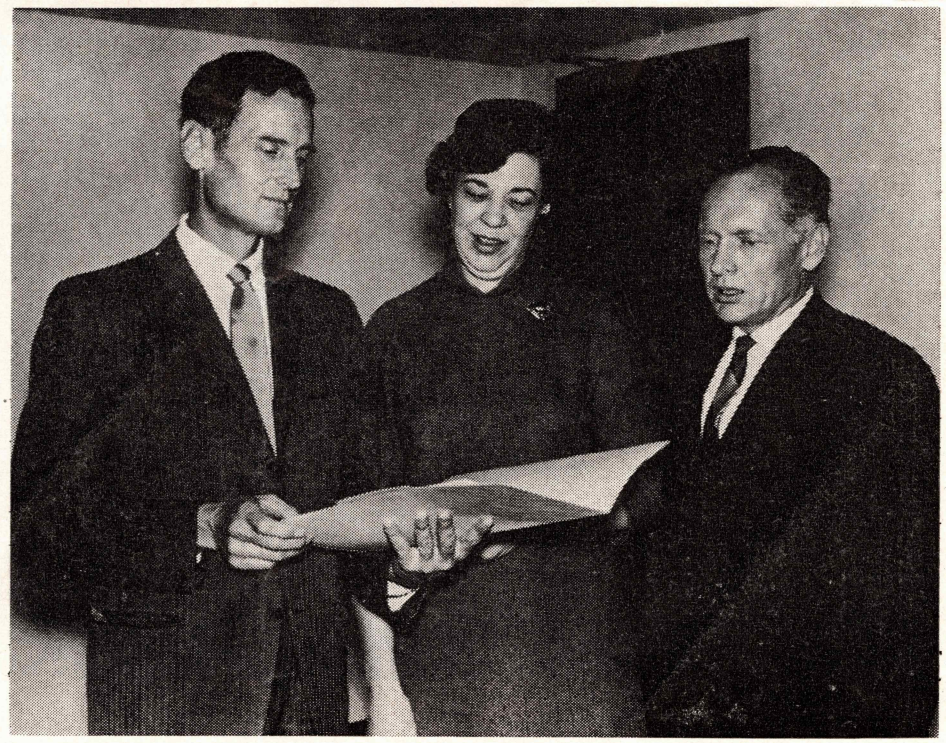

Left to right: Honorable Barbour Cox, State Representative Lincoln and Logan Counties; Chairman, House Committee on Mental Health and Mental Retardation. Kathryn Fritz, Program Director, Mental Health Services, Region VII; A. B. Colyar, M.D., Commissioner of Health.

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Published Monthly—Oklahoma State Department of Health, 3400 N. Eastern—State Capitol Station, Oklahoma City, Oklahoma 73105.

Mental Health (Cont'd.)

Problems? Of course there are problems. Money and manpower are the principal ones. Effective communication between services and programs is lacking. In a broad sense, the most apparent soft spots are services for children and adolescents, alcoholism, and the elderly. Essential data for efficient program development in these areas is inadequate in most communities and for the state as a whole.

Overall, Oklahoma has more going for it by the way of community mental health resources and services than is generally recognized.

These are the principal conclusions from a recent two-day review of statewide mental health progress and problems called by State Health Commissioner, A. B. Coylar, M. D.

Collaborating in staging the review were: State Senator John Garrett and State Representative Barbour Cox, Chairmen, respectively, of the Mental Health and Retardation Committees of the 31st Oklahoma Legislature; Albert Glass, M. D., Director of The State Department of Mental Health; and the Mental Health program staff from Region VII of the Public Health Service, Kathryn Fritz, Director; Glen Rollins, Lyle Wharton, and Alice Harmon.

The following are highlights from presentations and remarks by the review participants.

Mental health and economics development

Pat Choate, Director of the Research and Planning Division of the State Industrial Development and Park Commission; said: "No Significant economic development can occur only to the extent that Oklahoma communities plan and provide these amenities which are increasingly expected by individuals and organiza-

Left to right: John Holt, Psychiatric Social Worker, Director, Community Service Project, State Department of Mental Health. John Murray, Assistant Administrator, St. Anthony Hospital, Oklahoma City. Mrs. Lydia Hill, PHN, Director, Public Health Nursing, State Department of Health. Lynn Carr, Task Force Coordinator Psycho-social Disability Task Force for Statewide Planning, Division of Vocational Rehabilitation. Rev. C. Murray Fuquay, Minister, First Baptist Church, Midwest City; monitoring for Southeastern Communities Guidance Program.

tions that invest their fortunes and their efforts in job creating enterprise."

"People expect and are entitled to have health services, including mental health services, conveniently available to the extent that the efficiency of providing them will permit. To economically justify some services it is necssary that a community be thought of in terms of more than city limits, county lines, and in some cases, perhaps, more than **state** boundaries."

"The need for community mental health services has never been greater. The need is less now than it will be in the future. Knowledge is being developed at phenomenal rates. Knowledge creates expectations. Unmet expectations create frustrations. Frustrations do not improve mental health. Knowledge is increasing."

State mental hospitals

Albert Glass, M. D., director of the state department of mental health, which operates the four state mental hospitals, noted:

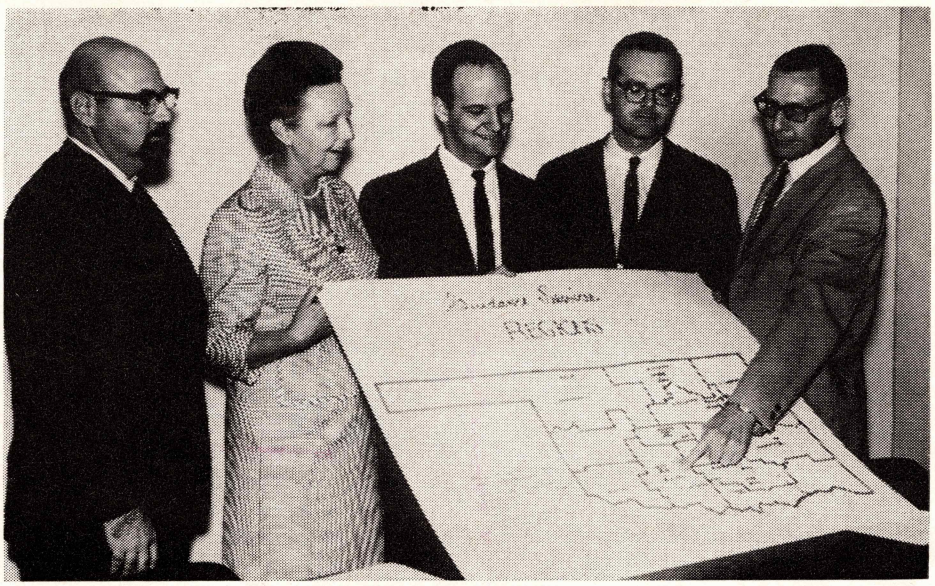
"The definition of mental health is widening. Admissions to state mental hospitals are going up; now at about 600 per month. Personality disorders are the big increase; people who drink too much, the delinquents, and sexual deviants are among these."

"But patients aren't staying as long. Separations are running ahead of admissions. The daily patient load is going down and now stands at less than 4,200, a decrease of 3400 since 1957 and of 1,600 since 1964."

Comprehensive community mental health centers

Paul Snelson, director of the office of Hospital and health facilities construction, state health department; said:

"Oklahoma's community mental health center plan calls for development of 16 comprehensive programs to serve general populations of 75,000 to 200,000 each. Four centers each in the Tulsa and Oklahoma City regions and one each in the regions centering on Clinton, Lawton, Ardmore, Ada, McAlester, Muskogee, Ponca City, and Enid are planned. Each center must provide the following essential services: 24-hour emergency, in-patient, out-patient, partial hospitalization, and community consultation and education. There are five other optional services. It is not necessary that all services be under the same roof or even operated by a single organization. It is required that all services be bound together by agreement and purpose so that patients and their records may move freely from service to service as their needs require."



Left to right: Marshall D. Schechter, M.D., Professor of Child Psychiatry, University of Oklahoma School of Medicine, Psychiatric Consultant to State Department of Mental Health, Department of Health, and Children's Medical Center, Tulsa. Katherine Hudson, Social Work Consultant, Maternal and Child Health and Guidance Centers. Ronald McAfee, Ph. D., Coordinator, Oklahoma Guidance Centers Program, State Department of Health. Richard C. Gilmartin, M.D., Director, Child Study Center, Assistant Professor of Pediatrics, University of Oklahoma School of Medicine. Ted W. Stephens, Coordinator, Guidance Center VI centering on Lawton.

"It appears that 40% of the state's citizens will have services of comprehensive community mental health programs available by 1970."

"Federal grants which finance up to 59% of the cost of constructing facilities needed for qualified programs are available. At this time, all funds allocated to Oklahoma are pledged to two qualified projects in the Oklahoma City region; Central State Community Mental Health Center, Norman; and St. Anthony Mental Health Center, Oklahoma City. The Tulsa Psychiatric Foundation has applied for a grant which I am confident will be approved as soon as new federal allocations are made."

"The Advisory Council composed of members who are representative of all areas of the state and providers and consumers of services, is an important part of this program."

Central state community mental health center

Hayden Donahue, M. D., superintendent, Central State Griffin Memorial Hospital and of the center, showed plans for a unique and functional complex of structures which will house the center's service elements.

"This Center will serve the population of Oklahoma County south of the North Canadian and all citizens of Cleveland and McClain Counties."

"We opened the Center, housing services in parts of the state hospital, on March 1. In the first eight operating days, 66 patients were admitted; 34 as in-patients. It is developing that most emergencies really are not emergencies and can be scheduled into the center as out-patients."

St. Anthony community mental health center

John Murray, psychiatric nurse and administrator of the center, explained plans for this program. Building plans for an imposing three-story structure as submitted to NIMH were shown and the functional arrangement was explained. The structure features a hydrotherapy (swimming) pool, bowling lanes, cafeteria, and exercise rooms on the lower floors; 54 beds for in-patients, plus day-care and out-patient facilities on the upper floors.

Bi-state mental health foundation

Dr. Edwin Fair, Director of the Kay County Guidance Clinic and of the state health department's mental health division, and Homer Anderson, administrative assistant, described the activities and aspirations of the Bi-State Mental Health Foundation

(Continued on next page)

which is organized to develop comprehensive mental health services for the population residing in six Oklahoma counties and one county in Kansas.

Charles King, secretary, Central Oklahoma Mental Health Foundation and executive director, Oklahoma City-County Community Council; said: "Foundation Trustees are from the nine counties centering on Oklahoma City which comprise Health Region 10 under the State Plan for the Community Mental Health Centers. Four centers are needed to serve the region. Project applications for two Centers in the regions, Central State in Norman and St. Anthony in Oklahoma City have been submitted. There are a good number of resources in the region and the foundation seeks to serve as a catalyst in interesting the management of existing services in collaborating to provide a comprehensive program. The foundation may develop and operate programs."

Ted Stephens, representing organizations from the Lawton Region, described problems faced in developing services that would serve a multi-county area. Present providers of services, including Memorial Hospital, the regional guidance center, the guidance clinics at Duncan and Altus, vocational rehabilitation, medical directors of county health departments, the health committee of the Lawton Chamber of Commerce, the Community Action Program, Cameron State College and the association for mental health, are actively engaged in the planning effort.

Ray Northrip, M. D., and Dr. Roy Maxwell, Medical Director and Coordinator, respectively, of the Regional Guidance Center, Ada; displayed plans for a multi-county health and social service center. This will house, under one roof, the operations of official and voluntary agencies which serve a six-county area. In time, smaller units will be constructed in appropriate locations within the area to house those services which meet basic and inter-related health and social service needs in smaller communities. This approach will provide an integrated operating base for the development of comprehensive services for not only mental health but other needs as well in largely rural areas.

Mental health services for the poor

Luther Elliott, assistant to the Coordinator of the Office of Economics Opportunity, noted:

"Insufficient attention has been paid to the poor in America. Sixty per cent of all negroes are poor; but, of the total number in the poor category, 80% are white. Only 10% of the poor are people customarily employed. About 25% of the poor are in families headed by individuals over 65. Almost 50% of the poor live in the South. Of the total population, 20 to 25% are in the poor category. Sixty percent of the poor live outside of central cities and their suburbs. Over one quarter, on the other hand, are in the central cities."

"Some of the causes of poverty lie in the great changes that are taking place in the American economy. Rural areas are producing the majority of the new poor, many of whom migrate to large cities. The cities not only already contain large numbers of poor, about one-third of their population, but they have no economic function to provide for the newly arriving poor. Changes in technology and American industry are transforming American communities."

"Many of the poor are likely to become permanently poor, and their children will be poor, also. What kinds of programs will be most effective in ameliorating their conditions? We are now programming to expand services of the mental health program. We must be concerned with more than the traditional methods of providing mental health services. The question might be raised in your community, 'What about moving the staff and that new facility to the other side of the tracks?' Every town in Oklahoma has "the other side of the tracks' whether a railroad runs through it or not. The new mental health centers need to be centrally located. The real cry for expanded services is within the low income community; not next door to the existing facility. Because that facility, in most instances, is right in the middle of middle-class Oklahoma; wherever that is."

"There is a significant problem in communicating with people in the low income areas."

Guidance and clinical problems

Ron McAfee, Ph.D., State Health Department Coordinator of Guidance Center Programs, said:

"Within the last two years, seven regional guidance centers have been created by the State Board of Health. These focus their efforts upon the development of healthy personalities in children, youth, and related adults. The seven regional and eight community centers are under medical direction and operate as a part of the public health system.

"At this time, 22 guidance centers and out-patient psychiatric clinics participate in a central reporting system administered by the state health department. Financial support for these is derived from a variety of sources including schools, county, state and federal tax funds, community chest and allocations and fees for services."

"The number of patients under care in the 15 guidance centers operated by local health departments increased from 1,885 in 1963 to 3,006 during 1966. The 22 providers of community outpatient services in the central reporting system had 3,284 patients under care in 1964 and 4,736 in 1966."

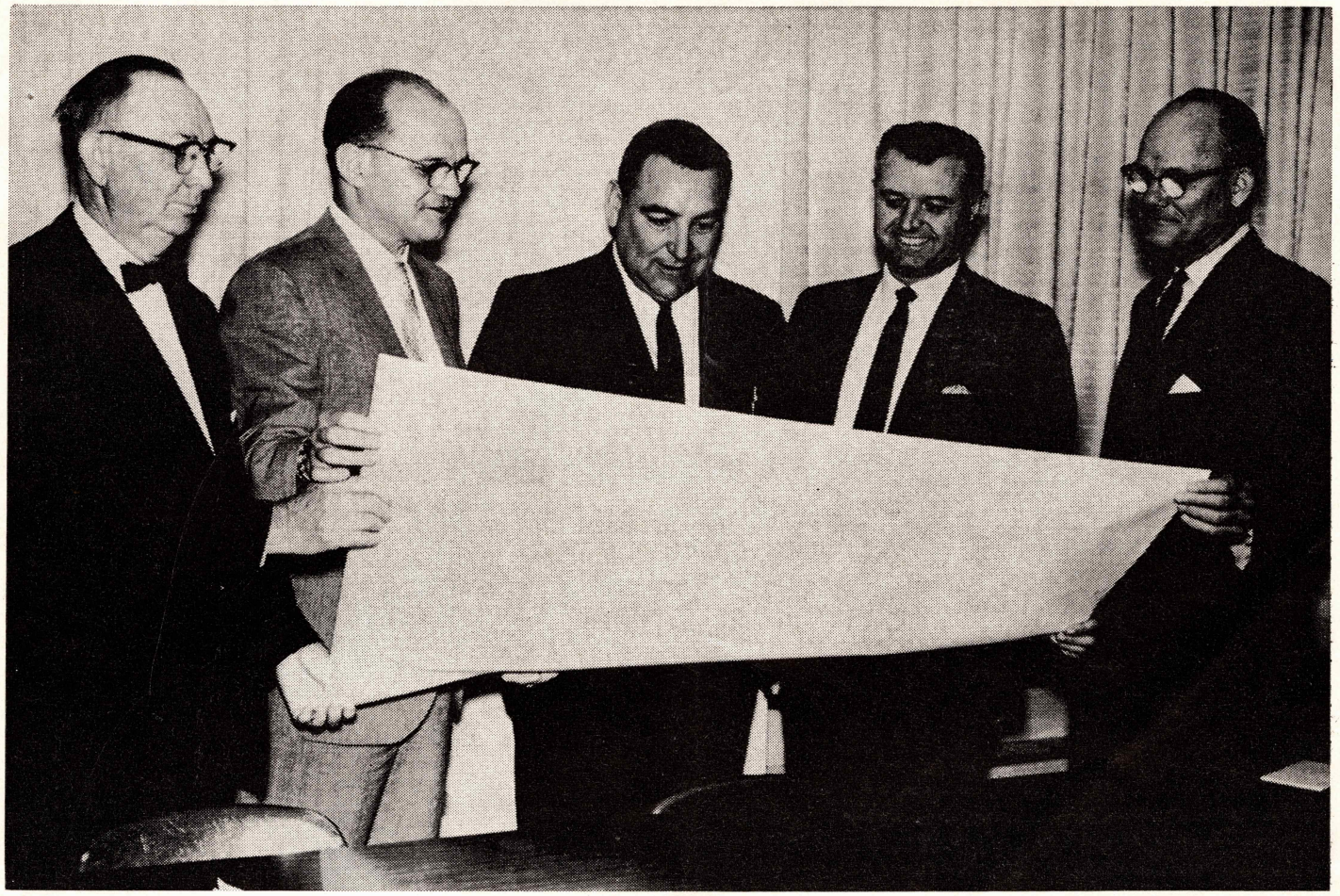
"Most Guidance Centers have local advisory councils. The staffs work closely with physicians, public health nurses, welfare case workers, school teachers and administrators, ministers, rehabilitation counselors, judges, and county and district attorneys in serving community needs. Seven of the centers have regular psychiatric consultants; all have clinical psychologists and most have social workers and speech pathologists."

"These community - based operations provide consultation and education services required under the community mental health centers regulations. Since this is a service that cannot be financed by fees, the centers provide a vital service nucleus for comprehensive services."

Carter county guidance center

Dr. Martin Krimsky, director, traced the history of this center from its establishment in 1954 to the present. Beginning with one social worker, the staff now consists of a full-time psychologist, a consultant psychiatrist, and a secretary."

"I suppose that we see a fair cross-section of the community; a cross-section from the standpoint of socio-economic level. We see some children who come from well-fixed families; we see a sizeable number of children from relatively impoverished families. We have a variety of types of problems. Many of them are presented as scholastic-academic difficulties. Some children have behavior disorders. A fair proportion of our caseload is composed of adults, often housewives, sometimes husbands and fathers, for difficulties such as depression, confusion, and dissatisfaction with life. Sometimes we will get an individual who has run the gamut of



Left to right: Paul A. Snelson, Director, Office of Hospital and Medical Facilities Construction, State Department of Health. John L. Byrne, Director, Tulsa Children's Medical Center. John Murray, Assistant Administrator, St. Anthony Hospital, Oklahoma City. Edwin Fair, M.D. Director, Mental Health Division, State Department of Health; Director, Kay Guidance Center. Hayden H. Donahue, M.D., Superintendent, Central State Griffin Memorial Hospital and Community Mental Health Center, Norman.

a state hospital or private sanatorium and has had treatment, including electric shock and psychotherapy, in various places and who somehow gravitated to us. We are handy; we are close, right in the community."

"The clinic is financed through various sources. The state department of health pays portions of salaries for the director and secretary, Some funds come from the county board of commissioners. We are allocated money from the Ardmore United Fund and we charge fees for our services on a sliding scale with a maximum of $10.00 per session."

"We get referrals from agencies, public welfare, public schools, child welfare, county judge, and district judge. Our referrals, more and more, are self-referrals from families who have some acquaintance with us, or a friend of the family who knows about the clinic. Right now, the greatest bulk of our time is spent in seeing children individually in the play room."

"We sometimes run up against a situation where a continued period over some months is going to be required at the very least, and the family is not equipped to make weekly visits to us, or they cannot conceive the necessity of a beneficial outcome. In such cases, we may use local health department public health nurses who make a 15 or 20-minute visit each week to try and assess the situation and offer, usually the mother, some concrete advice. Occasionally we use welfare personnel; particularly when the referral comes from DPW or child welfare, to gather case history on a child or to assess the surroundings from which the child comes."

Community precare-after-care services

John Holt, director of community services, Oklahoma State Department of Mental Health, advised that there are now 11 social workers in seven stations: Oklahoma City, Tulsa, Lawton, McAlester, Ardmore, Stillwater, and Ada who are working with patients from the state mental hospitals. A number of these social workers is housed in county health departments.

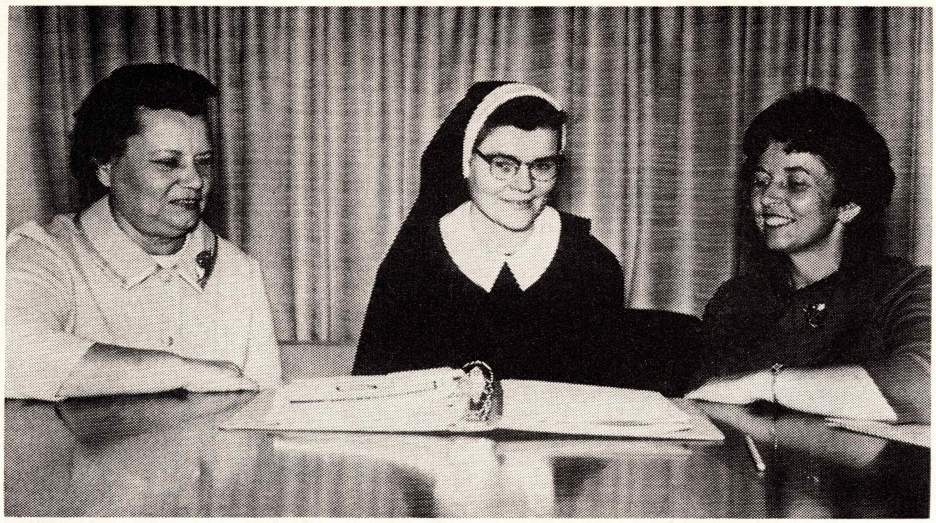
The philosophy under which the social workers operate is that individuals who are not dangerous to themselves or others have rights in communities. The practical issue is living in the community.

In a controlled study, 100 out of 200 patients, released from state hospital care, were not provided services under the community after-care program. The results were:

..51% of those not provided services returned to the hospitals in the first year.

..31% of the patients provided services returned to the hospitals in the first year.

Another interesting development was that patients leaving hospitals to return to their old jobs in communities,



Left to right: Mrs. Mary (Petty) Ward, Public Health Statistician, State Department of Health. Sister M. Charolette, St. Mary's Hospital, Enid, Oklahoma. Miss Alice Harmon, Mental Health Nurse Consultant, Region VII of PHS.

actually come back to the hospitals more rapidly than those who did not have jobs to go to.

Children's medical center, Tulsa

John L. Bryne, director, explained the services offered by this center. There are five major divisions in this center.

Children's Hospital
Day Care for Retarded Children
Out - Patient Psychiatric - Services for Children
Vocational Training Center, which is primarily devoted to serving the vocational training needs of children aged 16-21
Child Study Center

These services are all under one roof, and, although children from 66 counties in the state have been served, services are mostly to the Eastern section of Oklahoma.

The center serves a large segment of the population which is not eligible for services under the crippled children's program, but is not financially able to assume most of the cost involved in these comprehensive services.

Mr. Bryne pointed out the need for increased training programs for personnel to serve in the fields of mental illness and mental retardation. Some special personnel needs are:

(1) Lay individuals who have special interest in children (background training would be secondary to their empathy for children);

(2) Occupational therapists who are a vital part of the treatment of children.

He stressed the need to impress upon the third party payees that services of occupational therapists should be a covered service in their policies.

Special areas

Dr. Marshall Schechter, child analyst, department of psychiatry, O. U. Medical School; and Dr. Povl Toussig described the shortage of child psychiaitrists in the nation and the great difficulty Oklahoma has had in mounting a program for the development of manpower to work with children.

He pointed out that prior to 1962 there was a minimal amount of child psychiatry taught at the medical school; that, in 1962, Dr. James Proctor, psychiatrist with the Tulsa Children's Medical Center, came to the medical school one day a week to teach a two-hour course.

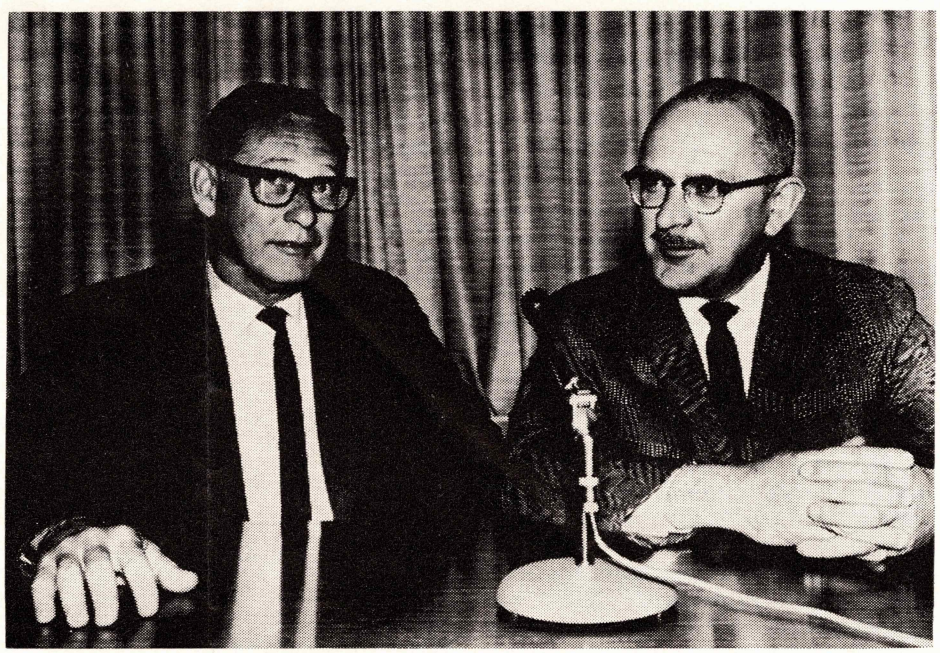
In 1964, there were fewer than 100 psychiatric beds for children in the state. In November, 1964, the child study center started taking children for services. It was necessary to close the intake in a short time because they were overwhelmed with requests for services.

There are now only 400 child psychiatrists in the nation. It requires two years more of formal training to become a child psychiatrist than is required for a regular psychiatrist.

Dr. Schechter advised that his training program is certified and that the state department of public welfare does not call upon the department of child psychiatry for services in the orphanages, correctional schools, and institutions for the retarded.

He brief the steps that should be taken without delay:

1. **One major psychiatric facility for children should be developed in the Oklahoma Medical Center.**
2. **Provisions should be made for consultation to guidance centers, orphanages and the like from three regional points; Tulsa Children's Medical Center, Kay County Guidance Clinic, and the Oklahoma Medical Center.**
3. **Federal regulations, which**



Left to right: Walt Reinhard, Executive Director, Oklahoma City Council on Alcoholism. Louis Wiencowski, M.D., Deputy Director, Special Mental Health Programs, National Institute of Mental Health.

Left to right: Kathryn Fritz, Program Director, Mental Health Services, Region VII. Glen W. Rollins, Mental Health Consultant in Social Work, Region VII. Miss Alice Harmon, Mental Health Nurse Consultant, Region VII. Lyle H. Wharton, Ph. D., Mental Health Consultant in Clinical Psychology, Region VII. Louis Wiencowski, M.D., Deputy Director, Special Mental Health Programs, National Institute of Mental Health. A. B. Colyar, M.D., State Commissioner of Health.

do not permit federal funds to be used to train volunteers, need to be amended.

4. **The age for vocational rehabilitation eligibility should be lowered to age six from its present minimum of 14 years.**

Forrest Brown, M. D., chief community health services, Oklahoma State Department of Health, stated that 43 counties in Oklahoma now have home health services accredited under Medicare. He also advised that, during 1966, there were 2,894 admissions to service by county health department physicians for persons with mental health problems. And that more than 3,200 patients in nursing homes across the state are former mental hospital patients and from schools for retarded pupils.

Vocational rehabilitation increases activities to mentally ill and mentally retarded

As a result of increased cooperation with the special education division of the Oklahoma State Department of Education, Lynn Carr of the department of vocational rehabilitation reported that rehabilitation of persons with psycho-social handicaps has increased from 99 in 1963 to 413 in 1966. This was five percent of the total number of persons rehabilitated in 1963 and 15 percent of the total number of persons rehabilitated in 1966.

In 1963, 53 mental retardates were rehabilitated and in 1966 this increased to 187. These represent two per cent of the total persons rehabilitated in 1963 and seven per cent in 1966.

Currently, there are three counselors from the division of vocational rehabilitation stationed in three state mental hospitals. After July 1, 1967, a counselor will be assigned the remaining mental hospital.

Others who attended and monitored the review include:

Dr. Louis Wiencowski, deputy director for special mental health programs, National Institute of Mental Health; Dr. C. Murray Fuquay, Pastor of First Baptist Church, Midwest Cty; Jean Gumerson and other members of the state and county associations for mental health; Lynn Carr, coordinator of the psycho-social disability task force for the State Rehabilitation Plan; Wallace Bonifield, director of state rehabilitation planning; Dr. Richard Gilmartin, dept. of pediatrics, O. U. medical school; Billy Ritzhaupt, engineer, office of mental retardation facilities, state welfare department; Katherine Hudson, social work consultant, state department of health; Mary I. Ward, public health statistician; Sister M. Charolette, Enid's St. Mary's Hospital; Marie Southern and Mary Fowler, Comanche County Mental Health Association; and Jack V. Boyd, coordinator, Mental Health Division; Dr. John W. Shackelford, chief mental and maternal and child health services; and Thelma Mitchell, administrative assistant, all from the state department of health.

After 21 years:

Paul Snelson resigns health department role

"The past 21 years have brought a great deal of personal satisfaction to me in helping to provide health facilities and services to the people of Oklahoma. I have made many new friends. Old friendships have been made firmer," said Paul A. Snelson as he made known his plans to resign as director, hospital construction division, Oklahoma State Department of Health.

Mr. Snelson concluded 21 years service with the state health department on May 1 and his resignation was effective May 15. He will continue, though, on a part-time basis, as a consultant with the department.

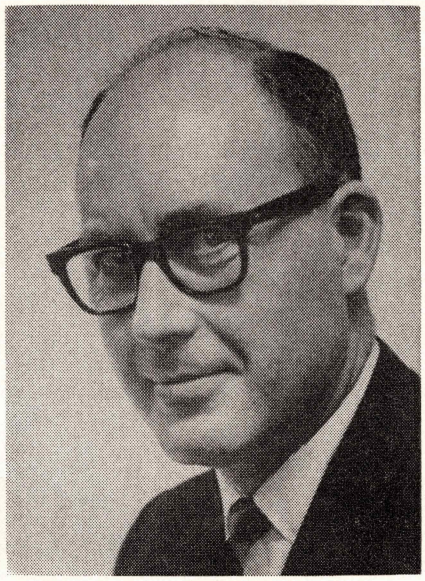
Named to succeed Snelson as director was W. Howard Miles, administrator, Physicians and Surgeons Hospital, Holdenville, Oklahoma.

Miles attended Oklahoma University. He graduated from Oklahoma City University in 1956 and he received his M.S. in 1958 from Northwestern University, Evanston, Illinois.

He has served as administrative assistant at Mercy Hospital, Oklahoma City; administrative resident and administrative assistant at Shannon West Texas Memorial Hospital, San Angelo, Texas; and as assistant administrator, Amarillo Hospital District, Amarillo, Texas.

Miles said, "It is a little humbling to follow Paul Snelson at this task. It is a challenge I look forward to with quite a bit of anticipation. I believe the next several years will see some of the biggest changes in hospitals and medical practice and I hope to have some part in this development."

Paul A. Snelson



W. Howard Miles

A. B. Colyar, M.D., State Health Commissioner, expressed praise for the services of Mr. Snelson and regret at his loss but he said he has confidence in Mr. Miles and believes the vital hospital and health facilities construction program of the Oklahoma State Department of Health will continue to keep pace with the changing health needs in the state.

In a letter he sent to friends and officials he has worked with over the years, Snelson told them personally of his plans to resign and he said of Miles, "He is a competent, experienced, graduate hospital administrator and has the necessary qualities to capably administer the Hill-Burton program and the community mental health centers program."

The hospital and medical facilities construction program began in Oklahoma on July 25, 1947. By April 1, 1967, there were 265 projects involved which have provided or will provide on completion 8,770 beds. The total cost has been $125,708,023.98. The federal share of this cost has been $53,339,569.54.

Provided under the program have been general hospitals, mental hospitals, tuberculosis hospitals, public health centers, laboratories, nurse teaching facilities, diagnostic and treatment facilities, chronic disease hospitals, rehabilitation centers and nursing homes.

Asked what he thinks the greatest needs in this area are as he steps down from directing the program, Snelson replied, "The modernization and replacement of obsolete facilities in Oklahoma is the number one need and the number two need is to redouble our efforts to provide more manpower resurces. We need more people to man the beds we already have rather than need beds."

OKLAHOMA health bulletin

Second-Class Postage Paid at Oklahoma City, Oklahoma

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