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OREGON MENTAL HEALTH LAWS

TO THE BOARD OF GOVERNORS
CITY CLUB OF PORTLAND:

On January 16, 1950, the Board of Governors of the City Club authorized a research committee to study the adequacy of Oregon laws and facilities dealing with mental health.

Your committee was organized on February 23, 1950, and has held meetings almost each week since that time. Early in our study it was found advisable to divide the problem into four broad areas. Consequently this report is presented under the following headings:

- I. *What are the existing laws covering mental health in Oregon, and are they adequate to meet the situation?*
- II. *What are the existing facilities for the care and treatment of the mentally ill* in Oregon and are they adequate to meet present needs?*
- III. *What would constitute an adequate mental health program for Oregon?*
- IV. *Recommendations.*
- V. *Appendix.*

Scope of Investigation

Representatives of official agencies and institutions, of voluntary agencies interested in the subject, and interested private citizens have met with your committee, presented facts, and given their views, or they have been interviewed by individual committee members. Members of the committee have visited the State Hospitals at Salem and Pendleton, and the Oregon Fairview Home at Salem. Portions of the report have been read by interested persons, and their suggestions have been considered. The laws of other states have been studied, as well as a model law prepared by the National Advisory Mental Health Council governing the hospitalization of the mentally ill. As a part of its official report your committee included a partial list of persons interviewed, a bibliography of reports and laws which were examined, and a summary of the professional training requirements of the American Board of Psychiatry and Neurology. Space limitations, however, prevent including this material in the printed report. It is filed in the City Club office where it is available.

I. WHAT ARE THE EXISTING LAWS COVERING MENTAL HEALTH IN OREGON, AND ARE THEY ADEQUATE TO MEET THE SITUATION?

Throughout this report the term mentally ill person will refer to a person having a psychiatric or other condition which substantially impairs his mental health.* This applies not only to individuals committed or in the process of being committed legally to state custodial care, but also to other mentally disturbed persons who would benefit from adequate professional care and treatment.

Initial Detention of Mentally Ill

The first contact with a person who has become mentally ill, and whose condition is such that he cannot be cared for where he is living, is often made by relatives or by a peace officer, or the mental illness may be discovered by a family physician. Since few

*See appendix for some definitions in laymen's language of technical terms used to describe mental illness.

laymen can identify a condition of mental illness and a qualified physician is seldom available when needed, it frequently becomes the duty of a peace officer to deal initially with a person who is probably mentally ill. Few peace officers have had an opportunity either through training or experience to develop qualifications that would enable them to deal with an incipiently mentally ill person. All too often the result is that such a person is held in jail at a time and under conditions that are inimical to his best interests. While the law provides that a mentally ill person shall not be kept in a prison or jail if another suitable place is available, circumstances such as those mentioned above at times prevent compliance with the law. In Multnomah county an arrangement has been made with Morningside Hospital for the temporary custody of persons suspected of being mentally ill. It is generally agreed that this arrangement is inadequate. Few other counties in the state have been able to make arrangements for temporary custody of suspected or adjudicated mentally ill persons that satisfactorily fulfill legal requirements.

First Hearing

When it is believed that an individual may be mentally ill, the judge of the Probate Court in any county must be notified in writing, the notice being signed by two citizens, or by the county physician, that such person, because of mental illness, is in need of custody, care, or treatment. A hearing to determine the facts of the case is then arranged by the judge. The district attorney or his deputy must be present in Multnomah county hearings before the judge, and this is probably true in all counties. The allegedly mentally ill person may have legal counsel if requested.

In the larger counties the judge must appoint two competent licensed physicians to examine the patient; in counties of less than 10,000 population only one physician is required. The law does not require that the physician be a psychiatrist. In Multnomah county an effort is, nevertheless, made to have a psychiatrist present at each examination, but in most counties a psychiatrist would not be available. The statutory fee for the examining physician is \$5.00.

Commitment Procedure

If the examining physician (or physicians) find that the patient is mentally ill and in need of treatment, care, or custody, this diagnosis and recommendation is reviewed by the probate judge. The mentally ill person, his relatives, legal guardian, or a friend may request the service of an attorney to interrogate the examining physicians (or physician) or to review the evidence. In Multnomah county the Probate Court must notify the District Attorney's office forty-eight hours prior to a scheduled hearing and the District Attorney or his deputy must attend to protect the interests of the person suspected of being mentally ill. At the conclusion of the hearing the probate judge makes his decision, either dismissing the proceedings or adjudicating the person mentally ill. The question of trial by jury for the allegedly mentally ill was reviewed by the committee and it was their unanimous opinion that it would in no way serve the interest of the individual or community.

An adjudication of mental illness strips an individual of many of his civil rights. A mentally ill person may not vote or maintain an action or suit in the courts in his own right. Apart from the loss of such fundamental rights, his contracts, deeds, and promissory notes are usually void, and only under exceptional circumstances can he draw a valid will. These are only a few examples, but in a general way they illustrate the serious consequences of an adjudication of mental illness.

If a patient is adjudicated to be mentally ill the judge may parole him or her to a legal guardian, relative, or friend upon the latter's request for such custody. Very few mentally ill persons receive such paroles. It may be noted that no further contact is maintained by the court with the few patients receiving such paroles. Furthermore provisions for out-patient treatment of mentally ill persons, including those receiving such paroles, are almost entirely lacking in Oregon, although there is a clinic at Multnomah County Hospital for two hours a week, and there are more adequate facilities for the treatment of children through the Child Guidance Clinic in Portland. Finally, it should be mentioned that a parole may be revoked at any time in the interest of the mentally ill person or of society.

By far the largest proportion of those adjudicated mentally ill are committed to a mental hospital. In addition to those persons admitted through court commitment, the

superintendent of a mental hospital may admit a patient voluntarily requesting admission for thirty days; and this may be renewed. The superintendent may parole a patient for any period, under conditions prescribed by the State Board of Control. The patient may be received back upon voluntary application, or upon a written complaint of any citizen, provided the act complained of indicates that the patient should not remain at large. Paroles which have been granted by the hospital staff become final at the end of the parole period, a practice which the Board of Control apparently has approved.

Discharge from Commitment

The hospital superintendent may discharge a patient:

1. If the patient has, in his judgment, recovered.
2. If the patient has, in his opinion, a mind enfeebled by old age.
3. If the patient has not recovered, but his discharge will not be detrimental to the public or injurious to the patient, provided that the superintendent satisfies himself that friends and relatives are willing and able to care for the patient.

A patient who enters a hospital through voluntary commitment may request release at any time after he has been in the hospital for ten days, but the superintendent may require twenty days notice before releasing him.

Loss of Civil Rights

Discharge from the State Hospital does not, in itself, reinstate patient's civil rights. That it should not is obvious from an examination of the criteria for discharge listed above. The law presumes that the mental illness of a person continues, and the burden to show the contrary falls upon him who contends that mental health has been restored. Discharge from a State Hospital is only evidence to be considered in determining whether mental health has been regained. At present there is no prescribed procedure for restoration of a discharged patient's civil rights and his power to carry on commercial, property, and personal transactions. Discharge returns the individual back into society, where he may desire to vote, sue, make contracts and draw a will. Whether these acts may be undertaken is frequently a matter of individual risk, and the determination that mental health has been regained is usually made only collaterally, and at a point in time that may be remote, such as in a contest in the courts over the validity of a deed or will which the discharged person has executed.

Control of State Hospitals

The Oregon State Board of Control, composed of the Governor, Secretary of State, and State Treasurer, has full authority and direction over the ten state penal and eleemosynary institutions, including the Oregon State Hospital and the Oregon Fairview Home at Salem, and the Eastern Oregon State Hospital at Pendleton. The Board appoints a Supervisor of Institutions, who coordinates the farming and other activities at the state institutions. He is essentially a business manager, rather than a supervisor, and he does not supervise any of the internal functions of the institutions. The Board also selects the superintendents of each institution. There is no provision for an advisory board to assist either the Board of Control or the individual superintendents in determining policies or coordinating services.

Oregon makes no provision for a coordinated program among the three mental institutions, except at the top through the Board of Control; and for the three elected officials constituting this Board, each of whom has a full-time job with heavy responsibilities, the administration of institutions is an extra and secondary duty.

II. WHAT ARE THE EXISTING FACILITIES FOR THE CARE AND TREATMENT OF THE MENTALLY ILL IN OREGON AND ARE THEY ADEQUATE TO MEET PRESENT NEEDS?

Hospital Facilities

The Oregon State Hospital was established at Salem in 1880. In 1949 the total number of patients was 2,874, with a staff of 428 persons employed. Much of the plant was built

many years ago and does not meet modern standards of attractiveness and utility. Three new buildings have recently been completed, including a modern receiving unit with a capacity for 300 patients, which provides the latest and most modern facilities for the treatment of mental patients. The Salem hospital cares for most of the patients committed from counties west of the Cascade mountains and from Klamath and Lake counties.

The Eastern Oregon State Hospital at Pendleton was established by initiative measure in 1910, and was opened for the reception of patients in January, 1913. Commitments are made from all counties east of the Cascade mountains except Klamath and Lake, and may be made from other counties when ordered by the Board. During the 1949-51 biennium over 700 of the patients served by this hospital were from Multnomah County. Pendleton is 219 miles from Portland. The capacity of the hospital is approximately 1,400 patients, and in 1949 the total patient population was 1,391, of whom 700 were men and 691 women. Early in 1949 a new admission and treatment unit was opened with a capacity of 114 beds. This building, which cost about one million dollars, was built in conformity with the most modern psychiatric hospital standards and offers an opportunity for the utilization of the most recent advances in the care of the mentally ill. In 1949 there were 186 employees on the staff.

The Oregon Fairview Home is a quasi-educational institution for the care and training of mentally deficient patients. A new patients' cottage, hospital, and employees' quarters have been added in the last two years. There is a school department with a principal and ten teachers, who give instruction in academic subjects, and in cooking, sewing, arts and crafts. Whenever possible a patient is given training which will enable him to leave the Home and become self-supporting.

Treatment of Patients

In each of the hospitals patients are segregated into wards, the basis of division being primarily the behavior pattern of the patient. Each ward is under the direction of a supervisor and a staff of non-professional employees. Although it is asserted that an in-service training program is carried on to train the non-professional staff, your committee found several instances where employees said they had not received such training. Each house physician supervises two or three of these wards. In theory he makes frequent enough inspection trips so that each patient has access to his services one or more times a week. According to testimony of the professional staff, any patient may request an interview with his physician at any time. This assertion has been challenged by at least two ex-patients who were interviewed. To those who have visited the hospitals it seems doubtful that the medical staff is large enough or well enough trained to provide sufficient professional care for the patients. There is probably as much space per patient provided in the state hospitals as is common in this type of institution.

Provisions for recreational activities for the patients are inadequate. A large quonset-hut type recreation hall was built on the grounds of the hospital in Salem, but has been used as a dormitory. Such recreational activities as movies, social dancing, games, and such quiet activities are provided, at least on a minimum basis, but very little attempt is made to provide more active types of recreation. Outside of being permitted to push blocks in the corridor or to walk around, patients are provided with little or no physical activity of a recreational nature.

Inadequacy of Therapy

Since your committee began this study a fairly large area in the basement of a new hospital unit of the Oregon State Hospital has been set aside for occupational therapy. From a space point-of-view the area is probably adequate. A professionally trained occupational therapist was employed, but this employee left after a period of about two months' service. Insufficient compensation was stated, by the occupational therapist who resigned, as the reason for severing connections with the hospital staff. In the opinion of the committee, inadequate compensation was probably not as important as the fact that the top administrative staff, because of lack of training, was unable to provide inspiring leadership. Since this resignation occupational therapy has been handled by partially trained workers. The hospital has been offered (but so far has refused to accept) services of volunteers to assist in recreational and occupational therapy.

It is the opinion of many of those who have visited the hospitals in connection with this investigation that the limited medical, recreational, and vocational therapy provided

for mentally ill patients is limited *primarily because of the inadequate training of the professional staff*. Although many of the buildings are obsolete and should be replaced, the basic problem is *not* one of space.

Defects in Follow-up Service

Follow-up service for patients who have been released is sketchy and uncoordinated. The records of social case workers of the Public Welfare Commission and those of the state hospitals are not coordinated. No adequately trained and staffed unit exists to prepare and train a released patient's relatives and friends for the task of receiving him back into the home and community, and consequently very little is done in this connection.

At present there is practically no liaison between the University of Oregon Medical School Hospital and the state mental hospitals. Discharged or paroled patients of the state mental hospitals who could profit by professional help are left to their own resources, even though the medical school maintains an out-patient clinic for patients with mental illness. This clinic, which is staffed by Portland psychiatrists who donate one-half day a week to this service, is open, in theory at least, to any person who is unable to avail himself of the services of a private practitioner. However, there is no coordinated program for inter-change of records between the Oregon state hospitals and the Medical School Clinic; and due to the small number of psychiatrists in the city and the limited space available, the service is inadequate. Yet no other service of this nature is available in the state.

III. WHAT WOULD CONSTITUTE AN ADEQUATE MENTAL HEALTH PROGRAM FOR OREGON?

Your committee has considered the question of administrative organization and feels that improvements can be made in the present pattern under which heads of the separate institutions report directly to and are under the supervision and direction of the Board of Control. Under this pattern each institution goes pretty much its own way, and is concerned mainly with its own relationships with the state legislature.

Need for Mental Health Authority

At first thought it might appear that lack of administrative controls would contribute to open-mindedness and innovations in practices and procedures within the institutions, but it is the observation of your committee that these institutions are lacking in these very qualities. We feel that an enlightened and enthusiastic leadership is needed that can take a broader view of the many problems involved in mental health, and that can lead the institutions, not only to economies in operation, but to improvements in the treatment of mental illness. In this connection it should be noted that the greatest economies for the state can come from preventive programs which will decrease the number of patients committed to state institutions, and which will send back as large a proportion as possible of inmates to normal and productive life in their home communities.

Your committee is of the opinion that some type of Mental Health Authority should be created for the state of Oregon immediately, and that, in order to achieve an improved mental health program for Oregon, the State Hospital at Salem, the Eastern Oregon State Hospital, and the Fairview Home should be removed from the responsibilities of the Board of Control and placed under the administrative supervision of such a State Mental Health Authority.

This Authority should be headed by a director, appointed by and responsible to the governor. The law establishing the Authority should require the governor to appoint to this position a psychiatrist of recognized standing who has had ten years of psychiatric work, including at least five years of institutional psychiatry, a substantial portion of which was in an administrative capacity.

Your committee feels *strongly* that an advisory committee of lay and professional people appointed by the governor could perform a useful function in the mental health program. It should hear and investigate complaints about treatment and conditions in the institutions, and it should offer suggestions to the director for improvements in the mental health program. The advisory committee could be of great assistance to the director in publicizing the work being done in the mental health field. Such committees

are recognized by experts in the field of public administration as valuable aides to administrators, as well as a protection to the public and the patients from inept or harmful administration.

An adequate mental health program for the people of Oregon cannot be one which is confined within the walls of state hospitals. As noted above, at the present time *very little provision is made for the half-sick*. A person who is developing a mental illness can turn to one of several psychiatrists in private practice in Portland and the Willamette Valley, though most people cannot afford the high costs of private psychiatric treatment. *But in other parts of the state there are no psychiatrists available.*

Regional Out-Patient Clinics

Your committee feels that the establishment of regional out-patient clinics is the best way in which this problem can be met. Such clinics could do preventive work and arrest the development of many cases which without such early treatment would result in hospitalization. Moreover, the clinics could make treatment available to patients discharged from the state hospitals, and thus help lower the rate of readmission. At the same time a broad program of mental hygiene could be promoted by the Mental Health Authority to reduce the total loss in productivity that results from hospitalization. Thus your committee feels that if such facilities for the treatment of mental illness outside of institutions were available, they would be of great benefit to the people of Oregon.

Value of Good Personnel

Success in a program of mental health would depend above all else on personnel. It would depend upon securing a director of outstanding experience and ability, one who would be capable of instituting an approved training program for psychiatrists and attracting to Oregon psychiatrists capable of doing the job needed. The dilemma would be that an adequate training program would be needed to attract psychiatrists, and psychiatrists would be needed to institute the training program. The only solution would be to secure the services of an outstanding director of the Mental Health Authority, and then to give him what he would need to build a good program.

Model Law

Your committee has examined the mental health laws of a number of other states, and a Model Law governing hospitalization of the mentally ill prepared by the National Advisory Mental Health Council for the Federal Security Administration. This Model Law was prepared to provide guidance to state legislators faced with the problem of revising existing mental health laws. In many respects Oregon laws governing the commitment and hospitalization of the mentally ill, although they compare favorably with those of other states that have recently revised their legal codes in this area, do not compare favorably with the Model Law. For this reason your committee feels a revision of the Oregon laws relating to mental health is desirable. When such a revision is undertaken, the Model Law governing hospitalization of the mentally ill should be studied thoroughly, particularly in the following respects.

Any revision of the laws relating to mental illness should contain a section on definitions covering such items as: a definition of a mentally ill individual; patient; licensed physicians; designated examiner; hospital; head of hospital; and central administration.

Mental Illness a Medical Problem

Your committee feels that the diagnosis of mental illness is a medical problem rather than a legal one. The present Oregon law requiring medical examination of the mentally ill as a part of the court procedure partially recognizes this position. The difficulty lies in the problem of obtaining qualified, trained examiners to examine mentally ill patients. As has been pointed out, outside of Portland and the Willamette Valley, there are few if any practicing psychiatrists in the state of Oregon. In view of the shortage of psychiatrists it would seem that physicians who are at least partially qualified by training and experience to diagnose mental illness should be designated by the Mental Health Authority. Such a listing of qualified physicians should include at least one practicing physician in each county of the state. Physicians certified by the Mental Health Authority would be

known as designated examiners. Professional help would then be available to all of the courts charged with the responsibility of making involuntary commitments.

The statutes authorizing hospitals to receive involuntary patients need clarification and extension. It should be possible for hospitals for the mentally ill to admit patients on medical certification. Cases where friends, relatives, a guardian, or a health or public welfare officer make application for hospitalization of an individual might well be handled in a non-judicial manner, providing such application were accompanied by a certificate signed by two designated examiners following a medical examination. Such admissions would be for the purpose of observation, diagnosis, care and treatment, and would be subject to judicial procedure at the request of the individual concerned or his friends, relatives, or guardians. While the present Oregon law provides that public health officers may examine and commit involuntary patients to the hospital for observation, they seldom do so. Thus present practices force the courts to deal with many cases which could be handled by a non-judicial procedure.

Furthermore, there should be an emergency procedure whereby an individual could be admitted to a mental hospital on a medical certificate. A health or police officer or any other person who is convinced that an individual is likely to cause injury to himself or others if not immediately restrained, could apply for the admission of the patient to the hospital; and if such application were accompanied by a certificate of at least one licensed physician who had examined the individual, the application could be allowed. Such an emergency procedure should be surrounded by adequate safeguards to protect the rights of the individual.

Suggested Medical Procedures

When recourse to hospitalization through judicial procedures occurs, your committee suggests, as a means of improving present procedures, that provision be made for the medical examination of individuals believed to be mentally ill by the designated examiners, prior to the date of the court hearing. Such examination should be made in the patient's home, the physician's office, or some place other than the court room. Every effort should be made to eliminate the appearance that the mentally ill person is in a criminal court. The hearing should be as informal and as nearly private as possible.

Psychopathic Offenders

On serious problem facing the state is the handling of psychopathic offenders. Since a psychopath is able to distinguish right from wrong he is not insane *from the viewpoint of criminal law*; and though he is unable to profit from experience and is undeterred by known consequences of his acts, under Oregon statutes, he may not be technically or legally a mentally ill person. Here it is difficult to secure commitment of such persons to state hospitals, or to keep them in the hospitals if they are once committed. Usually psychopaths do not come to the attention of society until they have committed some offense which makes them subject to the criminal code. Such a person may be tried and found guilty and sentenced to a definite term in prison. Upon completion of his term he is released, although a psychiatrist might be sure that he would offend again, possibly in a more serious way. Many dangerous sex criminals do just this.

Indeterminate Sentence Law

Several states, particularly New York, have attempted to handle the problem by an indeterminate sentence law. The court may ask for psychiatric pre-sentence investigation in any case that seems to indicate such procedure. If psychiatrists recommend such action, the court may sentence the offender to be held in custody for a period of from "one day to the term of his natural life." This permits careful psychiatric study of the case. If there is a definite diagnosis of mental illness which may be curable, the individual is detained until it seems certain that a cure has been accomplished, and then a recommendation goes to the court for release. If it appears certain that the individual is a dangerous psychopathic personality with definite criminal tendencies, he may be kept in custody for the remainder of his life as a protection to society. Such a law would have protected Oregon from several sensational sex crimes. The individual's case is subject to periodic review by the court, or by the parole board after psychiatric recommendations

have been secured, and thus the rights of the individual are protected. The law, however, also protects the rights of society except for the offender's first offense. The law seems to have worked satisfactorily in New York and some other states. The committee feels that a similar law is needed in Oregon, and believes that a careful study of its possibilities should be made.

Present Oregon laws permit any court to ask for a pre-sentence investigation to enable the judge to decide more intelligently on the sentence to be imposed. If qualified psychiatric help were available through the proposed State Mental Health Authority, the principal revision required would be as to the length of sentence.

Problem of Senility

There seems to be agreement among those closest to the problems of the aged mentally ill that the cause is usually physical deterioration, which offers little hope of recovery. Seniles form one of the highest categories of admissions to both the Salem and Pendleton institutions. Of the five main types of senility, simple deterioration produces by far the greatest number. With the prolongation of life, due to advances in medicine and progress in early diagnosis and treatment of the mentally ill, it is a reasonable assumption that percentages of seniles among the inmates of mental hospitals in the state will increase. It would be better, however, not to crowd this increasing number of seniles into our mental hospitals. Their treatment rarely amounts to more than custodial care, and the prescription of physical medicine. Such psychiatric care and therapy as is available in the state should be reserved for those who may benefit from it. *The aged should be cared for in a separate institution* such as that now proposed for construction in Multnomah county.

Psychiatry Basic to Medical Training

It is generally agreed among medical educators that psychiatry should be considered one of the sciences basic to all aspects of medicine. At least half of the illnesses which bring people to physicians' offices are based upon some emotional or mental stresses. It has been found that psychiatry can best be taught by integrating it with other fields of medicine throughout the entire medical course. In many schools the total number of teaching hours in this field exceeds 200, and includes externships in mental hospitals.

At the University of Oregon Medical School such instruction is limited to 99 hours. At the present time there are no beds available in the University Hospital for psychiatric care of either children or adults. This means that medical students are deprived of badly needed opportunities for learning. The University of Oregon Medical School has planned to include fifty beds in its proposed teaching hospital for the study and treatment of acute nervous and mental disturbances. The establishment of this unit and its proper staffing by teaching personnel will be necessary before an adequate training course can be given.

The post-graduate training requirements for psychiatric specialists are governed by the American Board of Psychiatry and Neurology. To become eligible for examination by this Board the medical graduate must have three years additional study under supervision in institutions recognized by the American Medical Association Council on Medical Education. Two additional years clinical experience are required of each candidate. According to the Board, "Mere factual knowledge is not sufficient. This training period should include instruction in psychiatric aspects of general medical and surgical conditions and behavior disorders of children and adolescents . . . and it should include collaborative work with social workers, clinical psychologists, courts, and other social agencies . . ."

Rating of Salem Hospital

Residents in psychiatry need as well to study the problems of the chronically mentally ill. During the past year the State Hospital at Salem, because of its inadequate program, was removed from the approved list for resident training by the American Medical Association. *At present no member of the resident staffs of the Oregon hospitals for the mentally ill is a registered psychiatrist.* This deplorable weakness in the professional

staff exemplifies the basic problem in the diagnosis and treatment of the mentally ill in Oregon. More practicing psychiatrists are needed to care for the acutely or incipiently mentally ill outside of hospitals and to care for mentally ill persons who have been hospitalized but have recovered sufficiently to be released. Professional help for patients when they are released from a hospital is particularly important in mental illness, because in returning to normal life, the convalescing patient is often confronted with the very conditions that brought on his illness. Without an adequately trained professional staff in the mental hospitals a training program designed to increase the number of practicing psychiatrists is impossible. Furthermore, a sound diagnostic and treatment program for the hospitalized mentally ill cannot exist.

Evaluation of Training Facilities

At present Oregon is without approved training facilities. An effort is now being made to correct the situation. It would aid materially to safeguard this standing in the future if both the medical superintendent and the clinical director were certified psychiatrists. The teaching program in the hospital should, of course, be coordinated with that of the Medical School. This entire teaching structure is highly important, since in the past our state hospitals have always been understaffed and have had to rely upon the temporary help of unregistered physicians, or physicians without special training in the field of psychiatry. Such a training program would be more easily achieved if there were an Oregon State Mental Health Authority, administered by a psychiatrist with appropriate training and experience.

IV. RECOMMENDATIONS:

Your committee recommends:

1. That the administration of mental institutions should be removed from the direct control and supervision of the State Board of Control, and that a State Mental Health Authority should be established, with a director appointed by and responsible to the Governor, and with an advisory board appointed by the Governor consisting of lay and professional people.
2. That the proposed law should provide that the director of the Mental Health Authority should be a certified psychiatrist of recognized standing, with at least ten years experience in psychiatric work and at least five years experience in institutional psychiatry.
3. That the Mental Health Authority provide for a system of regional out-patient clinics serving both adults and children throughout the entire state, to provide service to citizens with temporary mental illnesses, possibly saving them from future commitment to an institution, and to provide like service to those released from mental institutions.
4. That an indeterminate sentence law for criminal psychopaths and sex criminals be enacted in Oregon, with adequate provision for pre-sentence and post-sentence investigation and study.
5. That the citizens of the state approve the proposal to establish an institution for patients suffering from the mental illnesses of the aged in Multnomah county, thus providing adequate care for these individuals near the large centers of population, and freeing the personnel and facilities of the state hospitals for service to patients who are more likely to benefit from such care.
6. That the legislature and people of Oregon be commended for providing the necessary funds for the construction of the University of Oregon teaching hospital, with fifty beds for nervous and mental cases. Your committee recommends continued improvement of facilities for training in psychiatry, so that all physicians graduated in the future may have such training.
7. That a carefully coordinated program of under-graduate and graduate training and clinical experience in psychiatric methods be developed by the Medical School and the state hospitals, providing better training facilities and improved standards for the professional staff at the institutions.

8. That the payment for the services of physicians serving at commitment hearings be increased from the present amount of \$5, so that qualified physicians will be more willing to accept this service.
9. That the law provide that a psychiatrist be present at commitment examinations if available.
10. That records and information be freely exchanged between the public welfare offices, the Medical School, and the state hospitals for the mentally ill.
11. That the state laws regarding the mentally ill be revised to make them consistent with the Mental Health Law. The statutes governing commitment procedures are particularly in need of revision.
12. That a list of designated examiners be developed.

Respectfully submitted,

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Approved September 4, 1951, by Tom Humphrey, *Section Chairman*, Social Welfare, for transmittal to the Board of Governors.

Received by the Board of Governors October 1, 1951, and ordered printed and submitted to the membership for discussion and action.

APPENDIX

NEUROSIS: An emotional disorder, of varying degrees of severity, characterized by feelings of guilt, indecision and anxiety, and may or may not display physical symptoms. Persons in this state do not have reality confused with fantasy.

PSYCHOSIS: A mental disorder of more serious nature, wherein the sufferer is usually unable to distinguish reality from unreality. Cause may be either emotional or physical.

PSYCHOPATH: This group includes a wide range of disorders, which are characterized by emotional immaturity, inability to learn by experience or to exercise judgment and control when confronted by a situation. The psychopath is able to distinguish right from wrong and is, therefore, legally not insane.

SEX DEVIATES OR SEX PSYCHOPATHS: This group exhibits a wide range of expression, most of which are in the nuisance category. The homosexual is somewhat more serious, although frequently treatable. The so-called "sex killer" is extremely dangerous and is in need of rigid control.

MENTAL DEFICIENTS: This category is sometimes referred to as the "sub-average". Society is usually concerned with the group roughly below the intellectual level of a 10 year old, or an IQ of 70. All need special educational help and some need hospital care.