Digest of

CRISIS IN CHILD MENTAL HEALTH: CHALLENGE FOR THE 1970'S

Final Report

of the

The Joint Commission on Mental Health of Children, Inc.

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NOTE TO THE READER

This Digest is a condensation of CRISIS IN CHILD MENTAL HEALTH: CHALLENGE FOR THE 1970's. CRISIS IN CHILD MENTAL HEALTH is based on a report made to Congress, the State Governors, the National Institute of Mental Health, and the Secretary of Health, Education, and Welfare in June, 1969,* and is soon to be published by Harper and Row. The Digest is provided as a convenience to interested individuals and agencies who desire a quick impression of the final findings and recommendations of the Joint Commission on Mental Health of Children, Inc. The Digest is by no means an appropriate substitute for the extensive analyses and recommendations found in CRISIS IN CHILD MENTAL HEALTH. For documentation of statements made in this Digest, the interested reader is referred to the final report, which will be available from the publisher or book dealers early in 1970. Further information on the publication of the final report may be obtained from Harper and Row, Order Department, 49 East 33rd Street, New York, New York, 10016.

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* REPORT OF THE JOINT COMMISSION ON MENTAL HEALTH OF CHILDREN, INC.

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Preface

For the last fifty years, there has been a growing concern over the number of mentally ill and emotionally disturbed children in the United States and an increasing dissatisfaction with the unavailability of mental health services. When the previous Joint Commission on Mental Illness and Health, for unavoidable reasons, was unable to cover this important area, both professional and concerned citizen groups pressed for a study of the mental health needs of children. Members of Congress also responded to the need and, in 1965, Senator Abraham Ribicoff introduced an amendment to the Social Security Amendments of 1965 (P.L. 89-97) which provided the funds and framework for the Commission's work. Thirteen national professional associations joined the incorporators of the Commission to form a Board of Directors. The Board, with a grant from the National Institute of Mental Health, developed a staff and enlisted more than 500 of the country's leading authorities on early childhood, adolescence, and the young adult to work on Task Forces, substantive Committees, and the collection of specialized information. The collaboration and participation of both affiliate member organizations and specialists at every Governmental agency level provided the Commission with additional and invaluable contributions.

As a result of its three-year endeavor, the Commission produced a number of reports and papers, many of which will be published in 1970. These studies provided much of the documentation for the recommendations which appear in CRISIS IN CHILD MENTAL HEALTH. Throughout the Commission's work, it became increasingly apparent that health, mental health, and environmental influences are interwoven, particularly in the earliest years of life. Thus, CRISIS IN CHILD MENTAL HEALTH is more than a critique of clinical needs and problems related to mentally ill and emotionally disturbed children. It is also a portrayal of crises in our society which precipitate many kinds of childhood malfunctioning and give rise to the need for many kinds of intervention. Because it is a social as well as a clinical document, the Commission's report gives equal priority to recommendations of both a preventive and remedial nature. It is clear that if we are to dedicate ourselves to meeting the needs of our children and youth, the required services and programs in child-rearing, which is our largest "industry," should be one of the largest in optimal manpower utilization and therefore costs.

It is the Commission's opinion that this is as it should be. It will be far more costly in the long run in terms of mental illness, human malfunctioning, and therefore underproductivity, if we do not appropriately support this "industry." We have dedicated our report to the children and youth of our country in the hope that it will create an awareness of their needs and a prompt call to action.

The Commission's Board of Directors is deeply indebted to Mrs. Barbara J. Sowder for her editing of this Digest.

I

INTRODUCTION

We proclaim that we are a Nation devoted to its young. We believe that we have made great strides toward recognizing the needs of children and youth. We have enacted child labor laws, established a public education system, created treatment services for our disturbed and handicapped, and devised imaginative programs such as Head Start for our disadvantaged young. Yet, we find ourselves dismayed by the violence, frustration, and discontent among our youth and by the sheer number of emotionally, mentally, physically and socially handicapped youngsters in our midst. It is shocking to know that thousands of children are still excluded from our schools, that millions in need go untreated, and that many still suffer from hunger and malnutrition. We recognize in these ills some of the sources and symptoms of poverty and racism in which all of us, as a Nation, take part. Poverty, in this the richest of world powers, is still our heritage. Racism, in a country dedicated to its peoples' inalienable rights, speaks as clearly of "man's inhumanity to man" as did slavery.

In spite of our best intentions, our programs are insufficient; they are piecemeal, fragmented and do not serve all those in need. Unwittingly, we have failed to commit our vast resources to promote the healthy development of our young. We have yet to devise a strategy which will maximize the development of our human resources. Congress gave national recognition to this need in issuing a mandate to establish the Joint Commission on Mental Health of Children. In fulfillment of its task, the Commission declares:

—This Nation, the richest of all world powers, has no unified national commitment to its children and youth. The claim that we are a child-centered society, that we look to our young as tomorrow's leaders, is a myth. Our words are made meaningless by our actions—by our lack of national, community, and personal investment in maintaining the healthy development of our young, by the minuscule amount of economic resources spent in developing our young, by our tendency to rely on a proliferation of simple, one-factor, short-term and inexpensive remedies and services. As a tragic consequence, we have in our midst millions of ill-fed, ill-housed, ill-educated and discontented youngsters and almost ten million under age 25 who are in need of help from mental health workers. Some means must be devised to delegate clear responsibility and authority to insure the well-being of our young.

—This Nation, which looks to the family to nurture its young, gives no real help with child-rearing until a child is badly disturbed or disruptive to the community. The discontent, apathy, and violence today are a warning that society has not assumed its responsibility to insure an environment which will provide optimum care for its children. The family cannot be allowed to withstand alone the enormous pressures of an increasingly technological world. Within the community some mechanism must be created which will assume the responsibility for insuring the necessary supports for the child and family.

—This Nation, which prides itself on democratic values and equal opportunity, still imposes on its young the psychological repercussions of poverty and racism. No one is effectively empowered to intercede.

—This Nation, richly endowed with the knowledge to develop its youthful resources has yet to fill the gap between knowledge and action. We know, for example, that preventive measures are most essential and effective if taken in the earliest years of life; that during this period there are critical stages of development which, if neglected or mishandled, may result in irreversible damage. Yet, our services are nowhere more deficient than in the area of prenatal and infant care.

—This Nation, highly sophisticated and knowledgeable about mental health and child development, continues its planning and programming largely around the concept of treating, rather than preventing, mental illness. But no agency has the task and responsibility for assuring that treatment is, in fact, received by those who need it.

—This Nation, despite its emphasis on treatment, has yet to develop adequate mental health services and facilities for all children and youth, regardless of race and economic circumstances. Many receive no attention. The number of young, particularly adolescents, who are committed to mental institutions continues to rise markedly. Yet, we have not provided the resources and manpower to assist those who are devoted to caring for these children. As a result, any possible benefits of confinement are lost in the tragic waste of the back ward. Even less effort is made to develop coordinated community services so these children can be kept as closely as possible within their normal, routine setting.

The Commission strongly urges better treatment for the mentally ill, the handicapped, the retarded, the delinquent, and the emotionally disturbed. We join forces with those who propose a broader but more meaningful concept of mental health, one which is based on the developmental view with prevention and optimum mental health as the major goal. We contend that the mentally healthy life is one in which self-direction and satisfying interdependent relationships prevail, one in which there is meaning, purpose, and opportunity. We believe that lives which are uprooted, thwarted, and denied the growth of their inherent capacities are mentally unhealthy, as are those determined by rigidity, conformity, deprivation, impulsivity, and hostility. Unfulfilled lives cost us twice—once in the loss of human resources, in the apathetic, unhappy, frustrated, and violent souls in our midst, and again in the loss of productivity to our society, and the economic costs of dependency. We believe that, if we are to optimize the mental health of our young and if we are to develop our human resources, every infant must be granted:

—*the right to be wanted*

yet, millions of unwanted children continue to be born—often with tragic consequences—largely because their parents have not had access to or knowledge of the benefits of birth control information and devices.

—*the right to be born healthy*

yet, approximately one million children will be born this year to women who get no medical aid during their pregnancy or no adequate obstetrical care for delivery; thus many will be born with brain damage from disorders of pregnancy. For some, protein and vitamin supplements might have prevented such tragedy.

—*the right to live in a healthy environment*

yet, thousands of children and youth become physically handicapped or acquire chronic damage to their health from preventable accidents and diseases, largely because of impoverished environments. Even greater numbers living in poverty will become psychologically handicapped and damaged, unable to compete in school or on a job or to fulfill their inherent capabilities—they will become dependents of, rather than contributors to, our society.

—*the right to satisfaction of basic needs*

yet, approximately one-fourth of our children face the probability of malnutrition, inadequate housing, untreated physical and mental disorders, educational handicaps, and indoctrination into a life of marginal work and opportunity.

—*the right to continuous loving care*

yet, millions of our young never acquire the necessary motivation or intellectual and emotional skills required to cope effectively in our society because they do not receive consistent emotionally satisfying care. Society does little to help parents. There are few programs which provide good day care, which aid in developing more adequate child-rearing techniques, or which assist in times of temporary family crisis or where children are neglected or abused.

—*the right to acquire the intellectual and emotional skills necessary to achieve individual aspirations and to cope effectively in our society*

yet, each year almost a million of our youth drop out of school and enter the adult world with inadequate skills and with diminished chances of becoming productive citizens; countless others are denied the opportunities to develop to their fullest potential through effective vocational training, meaningful work experience, or higher education. For all of our children and youth the transition to adulthood is made difficult. We fail to provide avenues for learning adult roles, for acquiring skills, or some approved means by which youths' voice can influence a world in which they too must live.

We know that when these rights are granted, development will proceed favorably for most infants. Few children, however, encounter continuously those ideal circumstances that maximize their hereditary potential for health, competence, and humanity. At conception, at birth, and throughout development, there are vast variations and inequalities in the life chances of our young. Undoubtedly, many will continue to be psychologically damaged. If our more unfortunate are to become functioning and productive citizens, we believe they must be granted:

—*the right to receive care and treatment through facilities which are appropriate to their needs and which keep them as closely as possible within their normal social setting*

yet, several millions of our children and youth—the emotionally disturbed, the mentally ill, the mentally retarded, the handicapped, and the delinquent—are not receiving such care. The reasons are innumerable. Many go untreated because the services are fragmented, or nonexistent, or because they discriminate by cost, class or color. Others are diagnosed and labeled without regard to their level of functioning. They are removed from their homes, schools, and communi-

ties and confined to hospital wards with psychotic adults or to depersonalized institutions which deliver little more than custodial care.

Going back as far as the first White House Conference on Children in 1909 we have repeatedly, and with considerable eloquence, announced our intentions to develop a strong, imaginative program to care for emotionally disturbed children. For example, the 1930 White House Conference on Child Health and Protection, composed of several thousand citizens and government officials, proclaimed that:

> "The emotionally disturbed child has a right to grow up in a world which does not set him apart, which looks at him not with scorn or pity or ridicule—but which welcomes him exactly as it welcomes every child, which offers him identical privileges and identical responsibilities."

The 1930 White House Conference estimated that there were, at that time, at least two and one-half million children with well-marked behavioral difficulties, including the more serious mental and nervous disorders.

In the four decades since the issuance of that report, the care of the emotionally disturbed child in this country has not improved—it has worsened considerably. During the three years of its deliberations and fact-finding efforts the Commission has gathered together an impressive body of descriptive material on the plight of the emotionally disturbed child in America today.

Using the most conservative estimate from various school surveys, the National Institute of Mental Health estimates that 1,400,000 children under 18 needed psychiatric care in 1966.

Are they getting this treatment? Surveys of various psychiatric facilities, undertaken by the National Institute of Mental Health, show that nearly a million of those children needing psychiatric care in 1966 did not receive treatment. These estimates indicate that we are providing care to only one-third of our children who are in serious need of attention. An additional seven to ten percent or more are estimated, by school surveys, to need some help for emotional problems.

What happens to these emotionally sick children for whom there are no services in the community? Each year, increasing numbers of them are expelled from the community and confined in large state hospitals so understaffed that they have few, if any, professionals trained in child psychiatry and related disciplines. It is not unusual in this year 1969 to tour one of these massive warehouses for the mentally ill and come upon a child, aged nine or ten, confined on a ward with 80 or 90 sick adults. Our present data indicate that slightly over 27,000 children under 18 were under care in state and county mental institutions in 1966. On the basis of a trend which has been developing over the past few years, the National Institute of Mental Health estimates that by 1970 the number of children aged 10-14 hospitalized in these institutions will have doubled.

The National Institute of Mental Health also reports that thousands upon thousands of elderly patients now confined on the back wards of these state institutions were first admitted as children 30, 40, and even 50 years ago. A recent report from one state estimates that one in every four children admitted to its mental hospitals "can anticipate being permanently hospitalized for the next 50 years of their lives."

What happens if the disturbed child is fortunate enough to escape the state institution treadmill? There are a few private, residential treatment centers which

care for about 8,000 children a year. Since the average cost to the parents of such hospitalization ranges from $30 to $50 a day, it is obvious that only those of our citizens who are in the higher income brackets can take advantage of such services. Even among those rarified income brackets the situation is far from satisfactory; for every child admitted to one of these private facilities, 10 or more are turned away because of lack of space. In 8 of our states, there are no such facilities, either public or private. In many of our states, there are no public units to care for children from low and middle income groups.

What happens to all our children who receive no help for emotional problems? Here the statistics become much less precise, since a vast majority of these children are literally lost. They are bounced around from training schools to reformatories to jails and whipped through all kinds of understaffed welfare agencies. No one is their keeper. No agency in the community is equipped to evaluate either the correctness of their placement or the outcome of such placement.

If they are sent to a training school, as recent testimony before a Senate Committee revealed, they generally receive poorer treatment than caged animals or adult convicts. Appearing in 1969 before a Senate Committee, Joseph R. Rowan, an expert on delinquency who is now director of the John Howard Association of Illinois, characterized these institutions for juveniles as "crime hatcheries where children are tutored in crime if they are not assaulted by other inmates or the guards first." Another witness, Arlen Specter, the District Attorney of Philadelphia, told the same committee that these so-called correctional institutions for juveniles take a 13 year old and in 12 years, turn out "a finely honed weapon against society."

Commenting on the failure of juvenile courts and juvenile correctional facilities to even begin to meet the manifest needs of emotionally disturbed and sociopathic children, Judge David Bazelon, a member of the Commission, noted in a recent talk that although this nation is aware of the problem, it does not support funds to treat and care for these children *because it has really given up on them.*

We must ask ourselves whether we can continue to deny our children their inalienable rights. Can we continue to gamble with our Nation's future by allowing children to grow up in environments which we know are psychologically damaging— and compound this by lack of adequate care and treatment?

We have the knowledge and the riches to remedy many of the conditions which affect our young, yet we lack a genuine commitment to do so. We blind ourselves to the fact that we create most of the social problems of our young which we so deplore—infants who fail to thrive, seriously disturbed children in mental institutions, adolescent drug addiction, acts of violence and destruction by youth.

Our lack of commitment is a national tragedy. We know already that it is more fruitful to prevent damage to our young than to attempt to patch and heal the wounds. We know that much of the damage could be avoided in the first three years of life. We know that the basis for mental development and competence is largely established by the age of six. Yet we do not act on this knowledge. Studies indicate that most children, regardless of class or race, whether in the ghetto or in suburbia, do not receive the needed support and assistance from our society. But, it is the damaged, the vulnerable, and the poor who are given the least from our health, welfare, and educational services. Those who are the most helpless are the most neglected.

This Commission proposes a shift in strategy for human development in this nation—one which will deploy our resources in the service of optimizing human development. We emphasize the critical need to concentrate our resources on the new generation and eliminate problems which later exact so high and tragic a price.

In the allocation of these resources, it is the consensus of most of the Commission's task force and committees that equal priority should be given to the following:

—Comprehensive services which will insure the maintenance of health and mental health of children and youth.

—A broad range of remedial mental health services for the seriously disturbed, juvenile delinquents, mentally retarded, and otherwise handicapped children and their families.

—The development of an advocacy system at every level of government to insure the effective implementation of these desired goals.

The services we propose should cover the entire range of childhood, from systematic maternal and infant care to the transition of the adolescent and college age youth into effective young adulthood.

It should be emphasized that fostering the development of human beings in this country is a means to an end—a means to stem the increasing numbers of people who have no meaningful role in society. Their services in health, education, welfare, and other human and community services are desperately needed and currently unused.

Commitment, genuine commitment, to our children and youth is, necessarily, the beginning. We must look honestly at the scope of the problem and begin *now* to follow our words by action. We must develop advocacy functions at all levels of government and society, functions which will insure that the needs of children and their families are being met. This commitment to advocacy means commitment to change. It means that we—as parents, educators, professionals and legislators—must participate and collaborate in change in national, state and local levels. We must reorder our priorities so that the developmental needs of children rank first in importance. The commitment requires finding effective ways to link our fiscal resources, services and manpower so that every infant will be guaranteed the continuous care and the opportunities required for his optimal development. The creation of an advocacy system means that we, at last, will act to insure the rights of our living and unborn young. For in our children lie our future and our hope for the fulfillment of our national goals. We must not—cannot afford to do less.

RECOMMENDATIONS OF THE JOINT COMMISSION ON MENTAL HEALTH OF CHILDREN

I. Proposals for a Child Advocacy System

II. Community Services and Programs of a Supportive, Preventive, and Remedial Nature

- A. Physical and Mental Health Services
- B. Assistance, Employment, and Environmental Programs
- C. Social Services
- D. Education
- E. Work, Leisure, and Preparatory Activities

III. Research

IV. Manpower and Training

RECOMMENDATIONS

I. A Child Advocacy System to Guarantee Mental Health

The Commission recommends that Federal funding be provided for the establishment of an advocacy system at every level of society.

At the *National level,* the Commission urges that Congress provide for the President to appoint an Advisory Council on Children similar to the Council of Economic Advisors. Advocacy for children and youth would then derive its strength from the highest office in our Nation. This President's Advisory Council on Children would advise the President, the Cabinet, the Congress, and the Bureau of the Budget. It would be charged with the responsibility of studying and gathering information on the problems of children and youth in the United States and with doing long-range planning, policy making, and programming, both for services and for manpower. This advisory body would be concerned about how well Federal agencies are working together, competing, or overlapping in providing services. It would advise the President and Congress on the effectiveness of programs and would make recommendations for legislative and program changes and on the allocation of monies spent for children and families.

The Commission further recommends that the Secretary of HEW should have a strong unit, headed by a high official in his office, to give leadership to all programs for children and youth. Included in this function would be policy clearance and development, coordination of efforts, evaluation of results, and recommending allocation of resources to the Secretary. Coordination of Federal interprogram relationships to State Comprehensive Plans would rest in this unit.

The advocacy concept at the *state level* would be carried out by a State Child Development Agency. This Agency would be charged with developing a comprehensive state plan for children and youth on an on-going basis and be governed by law and regulations not unlike the Federal Comprehensive Health Planning requirements. Its crucial task would be to develop a state plan—in conjunction with broad Federal guidelines—and to lay out program goals and operating guides for all the services and programs required to meet the needs of children and youth in the state. The Commission recommends that Congress provide that the State Comprehensive Plan include consideration of all child and youth programs, not just those that are Federally funded. The State Agency would also advise the Governor on programs and allocations for children. It would plan the creation of local Child Development Authorities and Councils and assist in their development. It would review applications from local Authorities for the establishment of Councils and would periodically evaluate the Councils. Local Authorities and Councils would develop local plans for the State Agency. The Federal agency would act on the State Comprehensive Plans, and on approval, would fund the State Agency and the local Authorities and Councils. As an incentive for states with comprehensive plans, higher percentages of Federal matching funds could be granted for all Federally funded children's programs.

At the *local governmental jurisdiction* (city, county, or combination of these), a local Child Development Authority would be created. It would serve as a coordinating, planning, and policy-setting body for all human services in its political jurisdiction as assigned by state law within Federal guidelines. It would develop a local comprehensive plan for the State Agency and would initiate and organize the Child Development Councils in neighborhoods within its jurisdiction.

At the *neighborhood level*, the Commission recommends that Federal funding be provided for the establishment of a network of Child Development Councils throughout the Nation. The location and operation of these Councils would vary, according to community needs. These Councils would act as the direct advocates for children and youth. They would have the responsibility and prerogative of insuring that complete diagnostic, treatment, and preventive services are made available to all children and youth in the neighborhoods which they serve. The spectrum of services to be obtained and insured for children and youth by the Child Development Councils are summarized below in recommendation II.

At all levels—neighborhood, local, state and national—participation and representation in the various advocacy bodies would include professionals, laymen and citizens. At the neighborhood level, consumers of services would be involved in the planning and operating of the Councils. It should be emphasized that these advocacy bodies are concerned with planning, facilitating and coordinating services and with insuring these services to children, youth and their families. *In no instance are these bodies responsible for providing services directly.* This function would be incompatible with their advocate roles. However, where necessary, Councils may set up services directly, but would operate these only until they could be run effectively by another agency.

Funds will come mainly from Federal and state sources. Local funds would be supplied according to state decision. In general, Federal grants would be provided in accordance with a state plan developed by the State Child Development Agency.

States which do not develop comprehensive plans and hence do not develop State Authorities and Councils would not receive Federal funds. Federal law should provide that direct local grants for local planning could be made in such instances.

Ultimately, it is hoped that Child Development Councils will be established to serve every child and youth in America. However, the Commission recognizes that these cannot be funded and established overnight. We recommend that the following steps be taken within the immediate future:

A. The creation of the President's Advisory Council on Children.
B. The establishment of a State Child Development Agency in each state to develop the state comprehensive plan for services (with option to consolidate under present regional planning areas). Federal funds would be provided to develop the state plan based on Federal guidelines.
C. The establishment of at least one local Child Development Authority in each state.
D. The establishment of approximately 100 Child Development Councils throughout the Nation, with at least one in each state.
E. The creation, by full Federal funding, of approximately 10 Evaluation Centers, with each being placed in a different type of community. These Evaluation Centers, whether independent of or related to the Child Development Councils, would study, test and evaluate the goals proposed for the Councils and would provide data for the establishment of future Councils and for improvement of already existing Councils.

II. Community Services and Programs of a Supportive, Preventive, and Remedial Nature

The Commission recommends the creation of a network of comprehensive, systematic services, programs and policies which will guarantee to every American,

from conception through age 24, the opportunity to develop to his maximum potential. These should be linked to the Child Development Councils recommended above.

Among the components of highest priority are:

A. *Systematic and comprehensive health and mental health and supportive services:*
   (1) Family planning and birth control services, including genetic counseling.
   (2) Systematic prenatal care.
   (3) Comprehensive pediatric and supportive services for children under the age of three.
   (4) Physical and mental health services for children beyond age three, to be coordinated with the educational system.
   (5) Remedial mental health services which are dispensed according to the child's level of functioning rather than on the basis of diagnostic labels.
   (6) Increased development of community based facilities which will keep children as closely as possible within their normal, routine settings.
   (7) For those who must be institutionalized, highly personalized and individualized treatment, habilitation and rehabilitation services should be made available.

A broad range of remedial services are needed: information-referral services; comprehensive developmental and psycho-educational assessment; treatment for the child and his family when indicated; special education programs (including pre-school home training programs, regular and therapeutic nursery schools, regular and special classes within public schools, and special schools); rehabilitation programs and facilities; residential care; transitional services; relief services for families of severely ill children; intensive-care units in general hospitals; acute and intensive diagnostic treatment services on an inpatient basis; special therapeutic recreational or work programs; special foster homes and small group living arrangements; and Re-ED type schools to work with disturbed children.

To insure the foregoing, the Commission recommends that the Federal Government:

*** Enact a system of national health insurance, national health service, or some other system to guarantee equal access to services; and

*** Establish the facilities and services required to meet the physical and mental health needs of American children and their families.

B. *Employment, Assistance and Environmental Programs:*
   Because of the many adverse effects which poverty has on child mental health and development, the Commission recommends:
   (1) *Guaranteed employment for all who are able and willing to work.* (The Commission is opposed, however, to any mandate which would require mothers of young children to go to work.) Special attention should be given to providing training and employment for persons with physical, mental, and social handicaps, especially youth.
   Legislation should be enacted which will provide all employed persons a *minimum wage level* and humane working conditions. We urge coordination of manpower and training programs; expansion of programs in the human service field; and creation of industry in underdeveloped and disadvantaged areas.

(2) The Commission recommends revision of all present income maintenance programs to insure a *guaranteed minimum income* for all Americans.

(a) *Public assistance* should be granted as a right, based on the sole criterion of need, and national minimum standards should be established for such assistance.

(b) *Unemployment compensation* should be made uniform in coverage and duration among the states by Federal law; benefits should be more realistic in terms of the worker's earnings and include provisions for dependents.

(c) *Social Security* should be increased and made consistent with current living costs. Congress should give attention to ultimately administering the AFDC program together with the OASDI.

(d) *Children's Allowances* should be established in law to provide an adequate universal system of providing greater assistance to our Nation's children.

(3) Because hunger and malnutrition have so many adverse effects on physical and psychological growth, the Commission believes it is imperative to eradicate such unnecessary hazards to the development of our Nation's children. Providing families with an adequate income is obviously the best solution; however, under present arrangements, we have addressed ourselves to *Federal Food Programs.* We recommend:

(a) That *Federal expenditures for food programs* be increased, that the distribution of food not be dependent upon local or state option, that the system be free of stigma, and based only on the criterion of need.

(b) That *food and nutrition programs for school children* be universally available, and that *nutritional supplements* be administered through Federal medical programs, especially for pregnant women and infants.

(c) That *consumer education* be made more effective through expansion of services, greater use of indigenous personnel, more effective techniques of nutrition education in schools, and increased expenditures for research in nutrition education programs.

(4) Because the physical and mental health of millions of our children are threatened by poor and/or segregated *housing,* the Commission recommends:

(a) Universal open housing laws.

(b) Elimination of the ghetto and the creation of wholesome communities which do not segregate by any criteria ,through sound housing, urban and community development programs.

(c) Converting the millions now spent in public monies for housing welfare recipients in slum dwellings into positive programs of home ownership and rehabilitation of dwellings.

(d) Giving priority to human needs in planning housing programs.

(e) Greater Federal expenditures to communities for self-help and community development programs.

C. *Social Services:*

Because of the deficiencies in our service system, the Commission recommends that Congress, or the President's Advisory Council on Children, establish a body which would undertake, directly or indirectly, the assess-

ment of problems such as manpower; availability of services; new approaches to services and alternative strategies for attaining service goals; formulation of experimental approaches to delivering high quality child-centered services; as well as systems of data gathering.

We believe these functions would best be carried out by a permanent study group which is relatively small but substantially funded, combined with a series of temporary programs which the group would bring into being to focus on particular problems.

Turning to more immediate solutions to the deficiencies in our child services, we stress the need for coordination of welfare services and policies at all levels of government and between public programs and voluntary agencies. In addition, these services should be integrated with other components of the suggested comprehensive network of services and programs. We recommend that the services listed below be available to all American children and families as a social utility through coordinated service systems.

(1) *Programs for the pre-school child* including day care and pre-school programs.

(2) *Adoption and Foster Care,* (including institutional care) should be improved through:

(a) Strengthening existing service agencies and providing financial assistance for underdeveloped parts of the child welfare system.

(b) Expanding foster care and adoption services. Professionals should make every effort to identify early those children who cannot return to their families and be prepared to provide long-term familial or peer-group care. Substitute family programs should take kinship and friendship patterns into account and all payments to foster parents should be increased.

(c) Services for children born out of wedlock should be extended to a larger proportion of low-income mothers; be comprehensive in nature; provide long-term supports to encourage natural mothers to care for their children if they desire; and include early identification of children to be placed and assistance to mothers seeking placement.

(d) Mental health services need to be increased for all populations served by Child Welfare Agencies.

(e) Major needs in institutional care provided by social agencies are for small group residences and half-way houses. Because of the shortage of foster homes, the Commission recommends that there be further experimentation in the group care of infants and young children.

(3) Other social services which need to be extended to all communities are:

(a) Vocational rehabilitation services;

(b) Probation services which insure for the court care and treatment services where indicated;

(c) Legal services;

(d) Family, marital and pre-marital counseling;

(e) Homemaker services; and

(f) Protective services for children who are neglected or abused.

D. *Education:*

Because our society has delegated to its schools and colleges a major responsibility in preparing its young people to participate in society, we must be

continually aware of the problems facing educators. As education becomes more and more a necessity in our technological society, we must view with alarm any deficiencies which prevent our young from acquiring the skills to become productive citizens. We recommend:

(1) The creation of high quality, universally available pre-school educational and day care programs which are continuous, year-round, and based on sound knowledge of child development. These programs should be integrated with comprehensive health, mental health, social, and recreational services. Such programs should reach the child in his home as well as outside his own habitat.

Parent and Child Centers as well as Project Head Start should be expanded in accordance with their original objectives. As noted above, these pre-school programs should include special schools and programs for the emotionally disturbed and mentally ill children.

(2) *Mental Health and the School Environment.* The school has a much greater responsibility for the mental health of children in the middle years of childhood than can be met by special services. To be effective, there must be continuity between the underlying principles of the total educational milieu and the focus of specialized services. In short, there should be a consistent mental health base for everything the child experiences in his school life. Achievement of this goal would lead to less proliferation of specialized services and be a step forward on the preventive level. For the school to be a mentally healthy environment, there must be a change in the concept of how this institution shall serve society through the children it educates. We recommend:

(a) Federal grants for programs undertaking responsibility for mental health goals as an integral part of the educative process and selection of schools for involvement in grants, or designation as models under the Education Professions Development Act, on the basis of such guidelines and criteria as the following:

—educational goals focused on developmental processes of childhood;

—instructional methods and technology which advance intellectual power and positive emotional growth;

—learning activities which allow active and independent pursuit by the child, encompass and integrate thinking and feeling, and allow for direct expression of feelings;

—organization of learning tasks to make maximum use of the peer group;

—flexible and rational authority structure;

—policies which allow the teacher to hold the pivotal position in the educative process,

(b) The Commission further recommends that the U.S. Office of Education establish contracts with diversified school systems in cooperation with university centers to develop pilot programs specializing in such areas as:

—development of diversified curricula in the elementary school that are both responsive to the needs of impoverished children and oriented toward developmental sex differences;

—construction of a plan for continuous evaluation of teaching innovations, including the effects and implications for the role of teacher and teacher-child relationships;

—development of a strategy for recruiting men teachers;

—development of patterns of flexible and differentiated use of instructional personnel;

—planning administratively for an "open school" design;

—development of the school as a broad gauge community center involving parents in the formulation of the school's long-range plans; and

—the development of in-service training programs for teachers with focus on child development knowledge, use of mental health consultation, and preparation for understanding and tolerating a wide range of behavior in the classroom.

(3) *Expanding Opportunities for Higher Education.* The educational system must prepare *all* youth more effectively for their occupational and citizenship roles. A comprehensive program needs to be established from the elementary to the post-secondary school levels to provide financial assistance, information, and counseling programs and enrichment courses to prepare children for work, participation in a democracy, further training, and the flexibility to assimilate new ideas. We recommend:

(a) that free public education be provided at least two years beyond high school;

(b) that public-supported junior colleges be expanded to train youth in both technological and human services employment fields; and

(c) that the Higher Education Act of 1965 be amended to provide funds to assist colleges and universities to develop programs in student development.

(4) *Special Education.* Although all states have recognized the right of each child to an education, this right has not been extended to all the severely retarded, seriously disturbed, and those with severe neurological impairments. In addition to the special classes and schools recommended above, the Commission urges expansion in teacher training for the handicapped and disturbed. We also recommend that the U.S. Office of Education, Bureau of the Handicapped:

(a) undertake a national survey to assess the quality and outcome of current programs and determine needed changes;

(b) establish demonstration districts to develop models of service; and

(c) collect and disseminate information related to a broad spectrum of educational services designed for the handicapped.

(5) *Crisis Conditions.* The disruption, disorder and violence in schools across the Nation calls for the development of new and appropriate strategies by the community and the school. To help meet these crises conditions, the Commission recommends:

(a) that the U.S. Office of Education establish three regional centers to provide assistance to schools upon request. These centers would have the responsibility to:

—train personnel and consultants for crises situations;

—develop institutes, conferences, and training programs for educational administrators to develop understanding which will prevent and manage disruption; and

—disseminate instructional materials to schools and communities so they can develop techniques to deal effectively with these crises.

(6) *School-Community Relations.* Federal funding should be provided for model programs to demonstrate the effect of school-initiated projects in bringing about closer school-community relations.

(7) *The Education of Minority Group Children.* Special attention should be given to the development of a curriculum relevant to the group's culture, language and projected employment opportunities in minority communities. All school systems should include more about cultural diversity with the goal of promoting understanding and eradicating prejudice. The Commission also recommends:

—That schools for minority group children should be reviewed and revitalized. Consideration should be given to the physical setting, age of entry into school, length of the school day, study space for children after school, etc.

—Boarding schools for Indian children should be eliminated and quality education in local schools substituted as soon as possible. Existing boarding schools should be upgraded to meet the psychological requirements of students.

—Ways should be found to increase motivation for achievement, such as career-mobiles, travel grants, domestic cultural exchange programs, experimentation with material rewards, etc.

—Incentives, such as increased pay, Civil Service and tenure systems, and flexible administrative practices, should be instituted to attract well-qualified teachers to teach in schools serving oppressed minority groups.

E. *Work, Leisure, and Preparation for Adult Roles.*

With the changing times, we have provided our children and youth less opportunities to interact with adults, younger children, and those from different social and cultural backgrounds. Similarly, they have fewer opportunities to learn adult roles or to be meaningfully involved in institutions which affect their lives. Many new programs need to be created to provide citizenship training as well as opportunities for personal development, vocational readiness, job training, and academic improvement. We recommend increased Federal support for:

(1) *Leisure activities,* such as year-round camping programs, teen centers, well-equipped and supervised playgrounds, and community and neighborhood recreational programs. Youth should be involved in the planning and operating of these activities. Older youth should be utilized to work with younger children.

(2) *Participatory Activities* should involve young people in helping others, reaching into their communities, reforming their schools, and serving in a variety of ways. We recommend:

(a) involving children, from very young ages, in learning about and participating in adult roles, such as decision making according to democratic principles.

(b) involving adolescents and youth in social problems such as projects to eradicate slums, programs for disadvantaged and handicapped youngsters, projects to achieve racial harmony, etc.

(c) involving youth in specific teaching projects, such as tutoring young children, emotionally disturbed children, youngsters with learning problems, etc.

(3) *Vocational Readiness Programs* should begin in the elementary school to familiarize the child with the concept of work and help him develop rational habits of thought. At the high school level, occupational preparation should be realistic. Those outside college preparatory course work should acquire a saleable skill suited to their individual needs and interests. We recommend:

(a) increasing the scope and variety of combined work-school programs;

(b) increased vocational counseling from junior high on;

(c) staggering high school graduation over the year to facilitate the absorption of youth into the labor force;

(d) publically supported post-secondary education courses for youth interested in vocational education; and

(e) increased training programs which teach youth how to look for a job, pass tests, etc.

(4) *Vocational Education* should be based on the ability to succeed in a field of work rather than on academic grades, as stated in the 1963 Vocational Education Act. In addition, we recommend:

(a) that the "general" curriculum should be eliminated and vocational courses integrated with basic skills and academic courses. Attention should be given to devising ways to raise the prestige of the vocational education curriculum;

(b) that regulations be revised so students would not have to choose vocational curriculum in the 9th grade and be unable to change curriculum thereafter;

(c) that Federal action should be taken to end the segregation in vocational educational facilities; and

(d) that exchange programs should be initiated which would bring adult workers into the schools and youth to their places of work. Emphasis should be on the need to devise summer work programs for youth.

(5) *Youth Work-Training Programs* should be expanded and include built-in opportunities for advancement. The Federal Government should aid communities to develop their own manpower system; provide incentives to industry to establish work-training programs and incentives to unions to expand apprenticeship programs and drop present exclusionary policies which bar youth from obtaining bonding. Further, police records should be based on convictions, not arrests, and potential employers should be barred from viewing juvenile arrest records.

(6) *Vocational Readiness for the Handicapped, Retarded, Delinquent, and Severely Disturbed* is provided for in legislation (Vocational Education Act of 1963) supporting programs in residential schools. We urge that Congress appropriate funds for such programs, which it has failed to do, to date. We also recommend that the Federal Government provide incentives for developing programs that will involve community employers in all facilities which serve the various types of handicapped youth. We urge professionals involved in the care and rehabilitation of these children to become more employment oriented and include

this in their treatment programs. After-care services should be part of the spectrum of services and include supportive counseling after job-placement.

(7) *Youth Employment* shows a definite relationship to feelings of competence and self worth; conversely, the lack of employment is associated with feelings of rejection, inadequacy, hopelessness, and dependency. Areas of widespread youth unemployment are usually areas of high delinquency rates and poverty. We recommend:

(a) Federal funding for expanded training and employment opportunities for youth, particularly in the human services; and

(b) Amendment of the Fair Labor Standards Act to establish a minimum wage rate for teenagers and covered employment at 75 percent of the standard minimum wage for adult workers.

III. Research

The Commission recommends increased support for research.

The broad scope of the Commission's recommendations reflects the complex state of being which we call mental health and illness. Although we know a great deal about mental health, emotional disorders, and mental illness, much remains elusive and ill-defined. If we are to continue to make strides in helping our children and youth, we must continue to add to our knowledge of human development.

A. The Commission strongly believes that the following principles should guide research programs:

(1) A high priority must be given to the establishment and preservation of a national research climate which optimizes the productivity and opportunities of the individual researcher.

(2) Behavioral research is essential to a technological society if we are to narrow the gap between the well-being of the individual and of the society. Both basic and applied research are necessary.

(3) Short-range, applied research projects should be planned on the basis of their potential for productivity at a given time in the Nation's history.

(4) Carefully designed applied research projects need to be increased to evaluate and assess action programs.

(5) The role of the universities in carrying out basic research must be preserved. Universities may wish to contribute to applied research; however, funding and other restrictions should not undermine the independence of research workers.

(6) Multi-disciplinary collaboration between researchers in both basic and applied fields should be supported.

(7) There is a drastic need for longitudinal studies of human development that cover the entire life span and include the study of both biological and social variables; for multi-variate research; and for more epidemological studies.

(8) We recommend that NIMH sponsor, in connection with its Clearinghouse activities, studies which would develop techniques for evaluating material which should be quickly retrieved and more rapidly disseminated to the relevant professions.

(9) Further efforts are needed to increase the training of research manpower.

(10) There is a need for an emphasis upon the area of methodology in research on child development and mental health.

B. The Commission makes a number of recommendations for research into specific areas of child development and mental health. *We further recommend that 10 child mental health research centers be established under the auspices of NIMH or NICHD to study issues related to childhood mental health.* These centers should be concerned with such problems as:

(1) The development of a hierarchy of new careers and the restructuring tionally disturbed children.

(2) The longitudinal study of the natural history of emotional disturbance in children from the point of earliest identification through the adult years.

(3) The study of early childhood autism, childhood schizophrenia, and similar severe disturbances from both a biological and behavioral point of view.

(4) The study of the effects of various forms of therapeutic intervention on the course and life of the child, including the effects of institutionalization and prolonged drug use.

(5) The comparative study of the effectiveness of various kinds of intervention procedures.

(6) The development of assessment procedures to facilitate the types of studies noted in (4) and (5) above.

C. The Commission also recommends support for research into the several topics included in our recommendations, such as education, work, manpower, assessment of Child Development Councils, and so on.

IV. Manpower and Training

The Commission recommends that high priority be given to devising new approaches to constructively and realistically meet the present problems in the mental health manpower field.

Currently, there is an acute shortage in manpower in the core professions concerned with child mental health and related services. The increased demand for services in recent years has not been matched by the increases in manpower. Further, available personnel is poorly distributed and tends to serve only a small and usually more affluent segment of urban populations.

Clearly, we must seek new solutions to meet the need for both preventive and therapeutic services. However, we cannot expect mental health professionals to assume total responsibility for the mental health of our children and youth. All of us—as parents, legislators, teachers, urban planners, professionals, etc.—are ultimately involved in the development of our young. Those who are expert in the mental health and related fields must extend their areas of influence. They must reach out to all of us and advise us as to the ways in which each of us may enhance the development and mental health of our children. They must provide mental health training throughout the community so that all those who come into contact with children, or are sought to advise on their behavior, can establish a

series of "helping relationships" in which one person can aid others in developing their talents and capabilities.

But those in the mental health professions must do more than advise and train. They must also listen. They must be sensitive to the times and determine the needs and expectations of the various communities they serve. They must look at the shortcomings within their own professions and devise ways of evoking in their members a genuine sense of the responsibility which underlies their public trust. And they must support new solutions to the problems of manpower.

A. *Federal Programs:*

To help meet the need, the Commission recommends that the Federal Government:

(1) Develop an effective Federal manpower policy which will grapple with the priority problems of the various professions.

(2) Expand training facilities and personnel.

(3) Subsidize students for both professional and paraprofessional training. Special efforts should be made to recruit persons from lower-socio-economic strata and ethnic minorities.

(4) Allot a minimum of 50 percent of training funds of the NIMH to the education of psychiatrists, psychologists, social workers, psychiatric nurses, teachers, counselors, and other mental health specialists for work with children and youth.

(5) Provide tax-incentives to facilitate a more equitable geographic distribution of scarce manpower.

(6) Establish some form of National Service which would allow young people of 18 and over to participate in service programs. We recommend that a number of National Service pilot programs be established in different regions of the country to determine the amount and type of participation desired by youth and young adults.

B. *Specific Professions:*

The Commission hopes that the Federal Government will provide technical and financial assistance in providing manpower and training in such specific areas as: medical personnel for services to the mother and young child; personnel for services to adolescents; family specialists; foster care; child care workers for institutionalized children (at various levels of professional training); clinical personnel; various types of personnel for Re-ED type schools; and paraprofessionals to serve in health, education, and welfare services.

C. *Paraprofessionals:*

The Commission has made a number of recommendations which are specific to all of the above professions; however, the most important area, for the purpose of increasing our manpower supply, is that of paraprofessional training and utilization. Concerning paraprofessionals, the Commission recommends:

(1) The development of a heirarchy of new careers and the restructuring of old ones. These careers should range from trainee positions to fully-trained ones. The concept of progressive development of the individual must be a central component of any such plan. A "career ladder" concept must allow the individual to move both vertically and horizontally within public programs; that is, an employee should be able to move

upward to increasingly responsible work levels and increasingly high rates of pay, and also must be able to move from one field of work to another. Wages must be adequate to attract interested personnel.

(2) Generic education and training in the field of health, education and welfare should be available to provide a base for occupational movement in the various sectors of human services.

(3) Recruitment and employment should be based on the interests of the potential employee and the work to be done.

(4) It is essential that there be well supervised but flexible in-service training and that the educational and job programs be coordinated. Trainees must be paid for the time spent in in-service education and training.

D. *Manpower for Child Development Councils:*

As Councils move from the initial pilot stage to full-scale operation across the Nation, the proposed goals will require an immense increase in manpower. In fact, this problem is so important that it constitutes a major argument for a Federal advocate agency which would be given the specific challenge to recruit workers for staffing both the Councils and the service institutions with which the Councils collaborate. Expert sources indicate that several categories of personnel are needed:

(1) People from existing professional groups and especially from the newer technician levels being developed in pediatrics, psychology, etc.

(2) A new professional group trained in child development at a number of levels (B.A., M.A., Ph.D., Ed.D., etc.), to serve as administrators of the Councils; educationally oriented child-care specialists to supervise day-care and pre-school facilities; and child-parent counselors to visit homes and train and supervise paraprofessional workers in home visiting.

(3) A new paraprofessional group of child-care workers, aides, "upbringers," etc., approximately at the level of the high school graduate who could, if they desire, move into professional roles.

(4) Adolescents for both service and training to work with children in various programs.

(5) Volunteers, paid and otherwise, who are employed full or part time. These could be drawn from several groups; e.g., parents, "foster grandparents," college men and women, retired teachers, "indigenous workers," church groups, and rehabilitated persons who are purposefully seeking a centering point for their lives.

II

CONTEMPORARY AMERICAN SOCIETY: ITS IMPACT ON THE MENTAL HEALTH OF CHILDREN AND YOUTH

Our society has seen its men walk on the moon. It has yet to see its children walk with equal pride upon its land. In spite of our great wealth, millions of our children are deprived of adequate nutrition, physical care, and wholesome homes and environments. Many fail to receive the intellectual stimulation, emotional guidance, and opportunities for creative and safe play which they need for healthy development. For some, the consequent damage is irreversible.

All of our children face the many pressures of our changing, impersonal and highly technological society. Massive institutions threaten the individual's sense of unique significance. The divisive factors of racism and social class create a growing sense of polarization and separatism. Despair, apathy, and violence are becoming characteristic of the American scene. These problems are felt most acutely in the idealistic stage of adolescence. Today's adolescents face increasing achievement pressures for educational accomplishments; the imperatives and difficulties of "getting into college" and getting a job; the shifts in sex behavior and values; and the stresses of the draft.

Today's mental health crisis is reflected in the high rates of delinquency, nonlearning, and mental illness. Our inadequate statistics show that 10 to 12 percent of our children and youth have psychological problems. Unknown numbers are falling far short of their developmental potential. In addition, there are the all too common problems of teen-age illegitimacy, venereal disease, drug use, youth unemployment, and widespread alienation from society.

Predictions indicate that this tragic state of affairs is likely to grow worse, given the expected increase in our youth population and in the complexities and pressures of our expanding technological society. At our present pace, we cannot hope to provide for future needs. The existing services for children and youth are inadequate even for today's needs. Mental health services exist for only about seven percent of the identified population in need, and these are dispensed mostly to the more affluent. One fourth of our children and youth receive few, if any services. Prevention—the key to developing mentally healthy and productive citizens through attention to the needs of the very young—is not yet even in sight.

Most definitions of mental health include the following elements: the capacity for control over one's own human impulses, coupled with the ability to assess realities with considerable accuracy and to act appropriately on this assessment; the ability to form satisfying human relationships; and the ability to learn, and to use what one has learned in useful work and self-renewing play.

These abilities and capacities are largely acquired. Development proceeds throughout life, but its foundations are laid in the child's first few years. Many of our children's life-time chances for development are seriously undermined in the earliest days and years of life. To insure the development of maximum positive

mental health for each child, we must provide a wide range of coordinated services: medical, economic, educational, and social.

Given a sufficiently strong commitment, we can meet these needs. Many industrialized nations much less wealthy than our own have moved far ahead of the United States in providing a network of developmental and protective services for their young people. We have fallen seriously behind in creating the coordinated, preventive, public programs in health, education, and welfare found in many other countries.

Our programs in education, health, manpower training, and employment show promise. However, they have been poorly coordinated one with another, meager in kind, and sometimes short-lived. Often, they have failed to reach those most in need. Too frequently they have been directed to special and separate problems rather than to the whole child and his family.

To promote the mental health of children and youth, we must also promote the overall well-being of their families and communities. Thus, action for the mental health of children and youth must incorporate many programs which start at National levels and move out to states, communities, and neighborhoods. These needs led to the Commission's recommendation for an advocacy system. We have the technological and financial resources to make this goal a reality. The basic human resource of our land—our children—must have our highest national priority.

III

CONTEMPORARY AMERICAN SOCIETY: ITS IMPACT ON FAMILY LIFE

Stable, well-organized families are of crucial importance to the mental health of children and youth. Ideally, the family provides much-needed warm acceptance and long-lasting personal supports to both parents and children. This is vastly important in an age when the family's major function lies in the emotional and psychological realm. The supports are needed so that family members can cope effectively with the harsh requirements of our technological, complex society.

Family life in this country shows signs of strain. Thirteen percent of our children are being reared in one-parent families. A large number are being raised in families where step-parents are present, largely because of earlier divorces and remarriages. One fourth of our young people marry before the age of 20—a fact that greatly increases the risk of later breakdown.

All our families face the stresses of our modern automated and depersonalized society. One-fourth of all families still live in, or near, poverty, with incomes of less than $5,000 a year. About one-fifth of the Nation's families move each year. Mobility is particularly high among very young, non-white and low-income families. There are few services to aid our highly mobile, isolated and fragmented families in times of crises.

Matters threaten to become more acute with the "population explosion" that seems sure to occur as our large youth population reaches marriage age. Birth rates, at present, are high for poorly educated, low-income families, despite the fact that such families, like others, aspire to having no more than two or three children. Shifts in family structure and in the functions of mothers, along with high costs of living, are factors which contribute to the increasing number of women who enter the labor force. Although maternal employment apparently does not adversely affect the child's physical and mental health if good substitute care is available, there is presently a severe and critical shortage of high quality day care available for children of working mothers.

The specialized services that have been developed in many communities are a potential aid to families. However, these services have become so overly specialized, frequently so expensive, so poorly coordinated, and so centered on individuals rather than families, that very few parents have the resources needed to mobilize these services for the well-being of each family member or for the family as a unit. There are enormous gaps, especially in day care, relevant education, and physical and mental health facilities.

These service gaps must be filled. It is far wiser and more economical to protect and promote the well-being of families in general than to focus only on families in which a member or members have serious emotional problems. Specialized, but splintered, services must be coordinated. The physical, social, and economic structures of communities must be better adapted to the mental health of individuals and families. The planning and administration of these services and programs should be directed toward the strengthening of the family so that it can adapt

to today's society, and carry out its important functions. Since the family is a dynamic system, interacting with agencies and individuals, programs and services should be family-focused and should include parents as partners in administering and carrying out programs. The Child Advocate system, the Child Development Authorities, and the local Child Councils recommended by the Commission should afford the needed mechanisms for the development and coordination of these needed family-focused programs and services.

IV

POVERTY AND MENTAL HEALTH

There are many indications that poverty adversely affects physical and mental health. The following are facts that threaten nearly one fourth of our Nation's children and youth:

—Studies suggest a close correlation between prematurity and low socioeconomic status and between low birth weight and high rates of infant mortality, and such serious handicaps as brain damage, mental retardation, blindness and other disabilities. Data show that a large proportion of poor mothers, particularly non-white mothers, receive no prenatal care and inadequate obstetrical care at delivery.

—Of the estimated 3 percent of children who are mentally retarded, 75 percent show no obvious brain damage and have few physical handicaps. Typically, these seemingly non-organic cases come from census tracts where the median income is $3,000 a year or less.

—Analysis of Head Start children showed that at least 10 percent were judged to be crippled in their emotional development by the age of four years. In some cities, this figure is estimated at 20 to 25 percent.

—One study found that 70 percent of several thousand first graders in a typical Negro district in Chicago were mildly to severely maladapted to the psychological requirements of the first grade. Compared to a well-adjusted white group, these youngsters ran a 9 to 1 risk of developing psychiatric symptoms by the end of the school year. In the same district, some 10 percent of the youngsters between 7 and 17 years of age came to the attention of authorities each year because of delinquent behavior.

—The early results of a current study of mental and emotional disorders among children in Manhattan show that rates are much higher for poor children and for children who are members of oppressed minority groups.

—Disadvantaged children show high rates of cumulative educational retardation; e.g., it is estimated that 85 percent of the eighth grade students in Harlem are "functional illiterates." Typically, these youngsters know only dilapidated, understaffed and ill-equipped schools.

—There is a consistent correlation between poverty and the number of school dropouts. Of the million youths who will drop out this year, about 65 percent will come from families with incomes of less than $5,000 a year; about 85 percent from families with incomes of less than $7,500. Dropout rates for certain minority groups run as high as 60 to 70 percent.

—Unemployment is a serious problem for youths between the ages of 16 and 19. In 1967, the rate for white youths was double the overall National average; the rate for non-white youths was seven times higher.

Data indicate that the very poor from disorganized communities tend to lack opportunities for a smooth and relatively progressive development. Such environ-

ments seem to produce in children attitudes of mistrust rather than trust, doubt and a sense of powerlessness rather than autonomy, indecisiveness instead of initiative, a sense of failure rather than mastery, isolation instead of intimacy, and despair rather than ego integrity.

Studies show that it is important to distinguish between the poor who have retained the social and psychological characteristics of well functioning societies and the poor whose family and group structure has been highly unstable for generations. While it is difficult to work with disorganized groups, data indicate that these people may be motivated to respond to programs on the basis of at least two commonly felt needs. One such need is health care; the other is programs that promise help for their children. Research findings indicate that the disorganized poor are in need of both such programs far more than any other group.

Data further show that eight major factors are associated with poverty: little education, the poverty environment, chronic unemployment, low income, poor physical and mental health, large families, broken families, and life styles which are a product of impoverishment. These factors interact in ways that keep poor families entrapped in an intergenerational cycle of poverty.

Clearly, poverty cannot be reduced or prevented unless there is a coordinated, simultaneous attack on removing or reducing these factors and their effects. To effectively solve the problems of poverty, we must systematically reorder our impersonal and inadequate social and economic systems so that they will meet human needs. Citizens and professionals must work together so we can use the available knowledge to develop new approaches to solving the problems of poverty which threaten the physical and mental well-being of every community member. We must act now on these data.

V

CHILDREN OF MINORITY GROUPS: A SPECIAL MENTAL HEALTH RISK

The mental health problems of minority group children are so severe that they warrant immediate and drastic attention. Poverty and racism combine to threaten the nutritional, physical, and psychological health of large proportions of oppressed minority group children. Indeed, poverty and racism have created a divisiveness which threatens our future and weakens our society and its citizens. Racism is believed by some to be our Nation's "number one public health problem."

There is, however, a new hope because there is a new spirit among the peoples of oppressed minorities. Each group is seeking—and sometimes even demanding—a recognition and acceptance of its unique cultural identity and the right to equal opportunities. This direction is one conducive to positive mental health and should be fostered and valued by the majority culture, rather than viewed as a threat.

The response to date by the mainstream culture has not been amelioration of grievances but punitive action. There have been few basic social or economic changes directed toward altering the value system of our society.

One of the realities of present-day America is that increasingly large segments of the minority population will be obliged to live in segregated communities, at least over the next couple of decades. In general, without massive intervention, this fact means that the majority of minority children born between now and the end of the century will be growing up in mentally unhealthy atmospheres rampant with substandard housing, inferior education, and poor health care. They will continue to suffer the damaging effects of discrimination.

This country must outgrow its legacy of racism. There must be massive outpourings of resources, both financial and human, if the problems are to be resolved. A minority child must grow up seeing himself and his life as having positive value. The white child must grow up learning to judge a fellow human being by what he is, rather than by the color of his skin, and be equipped to live as a member of a multi-racial world. These achievements will allow them both to grow up less handicapped by the effects of guilt, fear, anger, and anxiety.

The mutual distrust so prevalent in this country is leading to the polarization of Americans. The growth and viability of our society are dependent on everyone achieving a full measure of growth and development. This is true no less of the majority whites than the minority group member. While the financial cost of eradicating racism in all walks of National life will obviously be immense, the result of making it possible for millions of wasted human beings to contribute to our National productivity and creativity, the development of millions of new consumers for our National product, the improvement of our commercial relations with other nations, the cut in the present enormous costs of inadequate welfare programs, would seem to make it a relatively sound investment. The society can truly find new strength and integrity by an acceptance of all diversity.

VI

EMOTIONALLY DISTURBED AND MENTALLY ILL CHILDREN AND YOUTH

At least 10 million of our young people under 25 are thought to suffer from mental and emotional disorders. It is estimated that .6 percent are psychotic and that another two to three percent are severely disturbed. An additional eight to ten percent are in need of some kind of help from knowledgeable persons.

These children and young people are crippled in their ability to learn, to relate to others, to see the real world as it is, or to adequately handle their impulses of anger, fear, and sex interest. They do not feel that they are a vital and effectual part of society. The future seems to promise only more such human tragedies.

At present, there is no community in the United States which has all the facilities for the care, education, guidance, and treatment of mentally ill and emotionally disturbed children. The few services which are available are poorly coordinated and do not serve all those in need. Many ill and disturbed children are poorly diagnosed and are institutionalized as being retarded or delinquent. Thousands are losing all possibility for partial or full recovery. They are forgotten and left to deteriorate slowly on the back wards of mental hospitals.

Research indicates that most children and adolescents with minor emotional and learning disturbances recover fully if they are given competent understanding guidance and help. Most of the more seriously handicapped are found to improve with appropriate treatment. Only a few show no improvement, despite the best professional efforts; these, however, need sheltered living environments based on the concepts of health rather than illness.

Appropriate care for these children and young people requires the creation of a network of coordinated diagnostic, treatment, and care facilities and services, which is based on sound child development knowledge, rather than oriented toward adult needs as are present services. Services must be continuous and fitted to the child's individual needs.

We must begin to apply the knowledge we have toward active and vigorous programs of prevention. Services must be designed to reach parents at a very early stage—before conception if possible. Genetic assessment and counseling and high quality prenatal and obstetrical care are approaches which promise to reduce the number of biologically impaired children whose handicaps are so often coupled with emotional and learning problems. Continuous and comprehensive services to the child and his family would lead to a reduction in almost every known form of childhood disorder.

Specialized services for children with emotional and mental disorders need to be planned and administered as part of a larger community program which is directed toward meeting the health, educational, recreational, housing, employment, social and economic needs of all its citizens. Continual improvement of such a program should be assured through careful evaluation and research.

VII

SOCIAL-PSYCHOLOGICAL ASPECTS OF NORMAL GROWTH AND DEVELOPMENT: INFANTS AND YOUNG CHILDREN

Healthy human development is related to many interwoven factors—biological, social, emotional and intellectual—and is largely shaped by the events that occur from the time of conception until the age of two. It is in these early years that the foundation is laid—often irreversibly—for the individual's total well-being. This is also the time during which the child is most flexible and responds most quickly and easily to any needed remedial services.

Research shows that a child's development is greatly affected by the physical and mental health of his parents—especially his mother's nutritional and emotional state in the nine months or so preceding his birth. The child's development is also influenced by the spacing and number of children in the family into which he is born, by his family's social and economic condition, and by the care—or lack of care—he receives.

High quality prenatal, natal, and postnatal care are imperative to healthy development. This care includes proper attention to the child's needs for love and affection, first-rate physical care, good food and housing, and a wealth of learning experiences. The quality of parental, or substitute parental care, is of fundamental importance. Ideally, it is the mother upon whom the infant can depend and trust to be sensitive and responsive to his needs.

Every society has a responsibility and vested interest in the development of its infants. Studies show that our Nation has not sufficiently met its obligation nor been sufficiently concerned with its human resources. Our infant mortality rate is among the highest of all western industrialized nations and thousands of our infants are born each year with serious birth defects. The majority of these tragedies occur among low income mothers who come to childbearing with a long history of poor nutrition and health and often fail to receive adequate prenatal care or obstetrical care at delivery. Poverty prevents them from providing their surviving infants with adequate nutrition, housing, and care. As a consequence, many impoverished children die between the first month and first year of life or else suffer developmental damage.

However, our services for infants and young children and their families are insufficient for the needs of our total population. Among the most deficient are mental health services. Emotional, mental, and behavioral disorders among infants and young children usually go unchecked until the child enters formal schooling. By this late age, effective remediation is often difficult, if not impossible.

Day care and regular and special pre-school educational services are also highly inadequate. These lacks are reaching acute proportions as more and more mothers at all socioeconomic levels enter the labor force. Many of these mothers must work and cannot find adequate substitute care for their children. Consequently their

youngsters do not receive the continuous affectionate care and the intellectual stimulation which they need for healthy development.

The normal healthy growth of children is dependent upon healthy families and a healthy society. Their capacity for growth from helpless dependence towards ever-increasing skill, competence, self-direction, and ability to relate to others requires constant attention and help from parents and trained persons as well as a concerned society and its agencies.

VIII

SOCIAL-PSYCHOLOGICAL ASPECTS OF NORMAL GROWTH AND DEVELOPMENT: ADOLESCENTS AND YOUTH

Adolescence is not only a time of rapid physical maturation, but also a social and psychological opportunity for significant growth into mature individuality. Research indicates that a comparatively smooth adolescence is tied to early and continuous friendly relations and open communication with parents, a sense of positive self-esteem that has developed over the years, and the use of democratic, rather than authoritarian, child-rearing practices.

A relatively calm adolescence is more frequently found among middle to upper class youngsters. On the other hand, many youngsters from poverty backgrounds have quite a different adolescent experience because they are handicapped by a complex of past and present adverse conditions and by their meager hope for a markedly better future.

Each adolescent brings to this stage his entire life history and his own unique biological traits. He does not become a different individual simply because he becomes an adolescent, although he may express himself in somewhat different ways at this period as he progresses toward full adulthood.

Adolescence is also a different process for boys than for girls. For boys, there are great pressures for achievement in sports and the larger world of occupations and advanced education. For girls, emphasis is placed on becoming a lovable and marriageable young woman.

Adolescence in our culture seems to be divided into two merging stages. In early adolescence, the primary concern is with winning independence from deep family involvments. At a later stage, the average adolescent is more concerned with two major issues. One revolves around finding one's place in the wider world and the other around developing a capacity for intimacy, including psycho-physical intimacy with the opposite sex. Thus, occupational and marital choice are both crucial issues to the older adolescent. The choices, however, are related not only to individual development but to what is actually available to the young person in the society in which he lives. For the advantaged youth, the central problem will be the difficult, but luxurious, question of choosing between many available opportunities. For the disadvantaged young person, there may be only two choices: to accept social rejection and educational or occupational failure in a pattern of fatalism and passivity or to lash out violently against the society which condemns him to inferiority, deprivation, and humiliation.

Adolescence is made more difficult in our society because the adolescent is physically mature long before society is ready to give him adult roles. He is intellectually adept long before he has had enough education and training to prepare himself for adult roles. He is idealistically motivated before he is able, through growth and experience, to evolve the principles on which he can realistically and flexibly build his adult life. He is ready for significant participation in society

while adults are still demanding that he be a passive, dependent onlooker of a scene which affects him deeply and which is changing too profoundly and rapidly for his adult mentors to understand and manage. These sets of conflicts within and between the generations frequently create an explosive situation.

While it is extremely important that adults support the growth of adolescents and youth and provide them the services essential to their development, it is just as crucial that adults share power and position with young people. Unless adolescents and youth are allowed to actively participate in the building of a better society, we will witness, in all likelihood, an increase in the current trends of youthful protest and violence and/or, conversely, a "tuning out" or turning away from a society which has become too rigid, too selfish, and too sterile to meet the young person's needs.

IX

EDUCATION AND THE MENTAL HEALTH OF CHILDREN AND YOUTH

The schools possess an enormous potential for affecting the mental health of our children and youth. They can be an effective agent in the prevention of emotional and mental disorders and the promotion of healthy growth and development through effective education and meaningful curriculum and through remedial services provided in cooperation with other community agencies.

The school, like all our social institutions, is showing alarming signs of strain. Everyone, or almost everyone, criticizes the schools at the same time they expect them to accomplish almost miraculous feats. Upheavals in the schools are fundamentally related to social stresses in our society.

These stresses include such factors as: the enormous growth in our child and youth population; the rising demands that schools successfully educate all youngsters at higher and higher levels of competence; the problems of the inner city engendered by poverty, racism, massive population shifts, the loss of an adequate tax base; the shortage of highly qualified teachers; the critical link between educational achievement and occupational success; current shifts and confusion about values; the disorganization and separatism of many parts of our larger society; and deficits in needed human services of all kinds.

In general, schools need to open up their doors to the community—just as the community should open its doors to the schools. Children and youth stand to gain from such a process. Their education should be deeply and immediately related to life and include opportunities to learn about the realities of living in today's society. School is meant to prepare youngsters to fulfill their potentials so they can become effective adults. Such preparation is bound to be distorted and inadequate if it is conducted in a closed social system. Opening up the school to the larger society also means opening up the curriculum to the issues of living in today's world. It requires changes in the expectancies and attitudes we have towards teachers and other school personnel to accord them the rights and freedom we give other professional adults. It calls for greater flexibility and experimentation in school practices and for expanding work opportunities for men in the field of education.

Democratic procedures are closely associated with the mental health of the schools and of those persons associated with them. The total environment of the school deeply affects the child's mental health in all its aspects: physical, social, emotional, and intellectual.

Our school system must devote specific attention to children with particular problems, including those related to emotional and mental disorders. To the maximum extent possible, these children should be kept in the mainstream of the school life, not shunted off to special schools or classes. To help meet the problem, greater support should be given to providing teachers and parents consultation from mental health specialists.

X

EMPLOYMENT: PROBLEMS AND ISSUES RELATED TO THE MENTAL HEALTH OF CHILDREN AND YOUTH

Work satisfaction, security and success play important roles in the mental health of our children and youth. Work continues to be a central part in a man's—and increasingly a woman's—sense of personal identity, significance, and status. To most Americans, it is the major source of individual and family income, a particularly critical matter in our consumer-oriented society, and thus a critical factor to the individual's mental health.

Careful planning is needed if we are to solve the problems of work satisfaction in a technological society and of employment for each individual to earn a living for himself and his family. Our youth employment rate is the highest of any industrialized nation even though our young people stay in school longer than youth in these other countries. A large proportion of our young people are underemployed in low paying, non-rewarding jobs that offer little future. Working class youth find little personal satisfaction in their generally routine jobs in large organizations: work is merely a means to an end—economic security. Many of our youth, however, do not view economic security as a primary goal. Almost half of our college-trained youth are dissatisfied with the junior executive jobs in business and industry which they find open to them. They are seeking employment that is personally satisfying, and directed toward social goals.

Work, like play and education, should be an integral part of the child's life, increasing in range and complexity as he grows older. Work experience should be tied to the child's developmental level and special interests and abilities. We need to experiment with new, flexible ways to find a means of involving children and youth in the work of the schools, neighborhoods, and ever-widening communities, and, at the same time, protect them from exploitation. This approach would be a radical one in this country, but has much to recommend it from a mental health viewpoint. One mechanism for such an approach can be found through the Child Development Councils and child advocate systems recommended in this report.

Many of our attitudes toward work are outmoded. We must come to accept the fact that some people, through no fault of their own, cannot earn a "living wage" through employment and that they have a right nevertheless to dignity, respect, and adequate public assistance. However, many unemployed and underemployed persons possess the capacities to become productive members of society. We need only to capitalize on their potential. In all fields of human service—medical, social, educational, recreational—we are woefully short of services and personnel. Greatly expanded services are needed, and there are many people who need the jobs that such expanded services would offer.

XI

RESEARCH

We urgently need to establish and preserve a national research climate which optimizes the productivity and opportunities of individual researchers. Both basic and applied research are needed in the social, behavioral, and biological sciences if we are to effectively promote the healthy development of children and adolescents, prevent problems of emotional and mental dysfunction, and adequately treat those who are suffering from related disorders.

There must be a constant interweaving between action programs and research so that observations and clues from the action field can be referred to research fields for theory building and testing and findings from research can be fed back into action and training programs.

In these research programs we need a multi-disciplinary team approach directed towards specific problems. It is also recommended that multi-variate research be developed and addressed to the multiple criteria of positive mental health; that longitudinal research projects be undertaken with sufficiently large samples to permit adequate study of children from various kinds of backgrounds; and that applied research programs be designed to study the effectiveness, impact, and possible side effects of various forms of program strategies.

Among the various areas that particularly require further study are the following:

1. The prevalence in the population of moderate to severe emotional and mental disorders and the factors within the individual and the community which are associated with varying levels of behavioral dysfunction.

2. The origins and development of schizophrenia (including autism), learning disorders, and "failure to thrive."

3. The development of various levels of behavioral functioning over time. In these studies, particular emphasis might well be given to the neglected age periods of one to three years of age and 21 through age 55.

4. Basic research in such fields as genetics, neurophysiology, neuropsychology, processes of child development, and similarities and differences between cultural groups is essential if applied research is to flourish. Program research should include many more carefully designed studies, especially on the relative impact and effect of various forms of therapeutic endeavors on the individual and his family, and on the various approaches to most of the services and programs recommended in this report. Such research should include long-term evaluation components and should encourage a number of planned experimental projects accompanied by sophisticated evaluation components.

5. The results of research findings should be analyzed and made available for the development of policies and legislation as well as for the improvement of programs and training.

6. Research manpower in these fields is extremely scarce and we need a far

larger investment in manpower training for research and for the support of researchers in basic and applied fields related to mental health.

7. Large-scale research and development centers are needed to test out a variety of approaches to the prevention and treatment of behavioral dysfunctions and emotional and mental disorders in children and youth. These centers should be linked to each other so that experimental approaches can be tested and replicated in different parts of the country under a variety of conditions with a variety of staff personnel and treatment populations. Such an approach is essential so that we can arrive at more generalized knowledge in these important fields.

XII

HUMAN RESOURCES FOR HUMAN SERVICES

For a decade or more, experts in the mental health manpower field have recognized that, under the traditional system, we have not, do not, and probably never will have enough properly trained professional personnel to meet the mental health needs of our Nation. The traditional answer has been to train more professionals. Although we have increased our supply of the core professionals—physicians, nurses, social workers and psychologists—in the past few years, the increases have not been sufficient to meet rising demands for services. The problem is further compounded by the uneven geographic distribution of highly trained personnel, which leaves many communities with few, if any, services.

Limitations inherent in our traditional answer to manpower problems make it imperative that we look more systematically and creatively at the existing situation and the accompanying problems. We do need to train more professionals; however, we also need to develop means for making better use of our highly trained personnel. It is equally important that we develop new supporting manpower roles to provide for the mental health needs of our children, such as the training and employment of paraprofessionals as well as specialists trained at the B.A. and M.A. levels. We will need to continually expand existing educational and training facilities in ways that will maintain high standards and quality, and we will have to face the inherent resistance of the professions themselves to intervention and change. But, change itself can be creative; and it is possible that, in the long run, we may develop a much better system of services. Certainly the needs of our children can not be met under the existing mental health care network.

CONCLUSION*

It is difficult to determine precisely the actual cost in dollar amounts of the Commission's recommendations. Obviously the costs will be considerable. One of the Commission's Board members noted, in a speech before the San Francisco Mental Health Association: "As a rough guess, we estimate that eventual implementation of all our far-reaching recommendations will cost somewhere between six and ten billion dollars a year. A considerable portion of this financing will consist of re-allocating monies now devoted to ineffective programs; but a major portion will be devoted to new appropriations for new kinds of services.

"We do not flinch at the size of this financial recommendation. If we really intend to replace all of the nauseating rhetoric about our children with a massive program designed to optimize their physical and mental potential we must, as a Nation, drastically re-alter our priorities . . .

"If we can spend 80 billion dollars a year for the defense of our country, we can surely afford 10 percent of this for strengthening that generation which will inherit a host of agonizing problems on both the domestic and world scene.

". . . the prognosis for significant legislation carrying out the major recommendations of the Joint Commission during the next year or two is quite good . . .

"However, in the final analysis, the Administration and the Congress will not move until they hear from the citizens all across this land. We of the Commission have done our job; it is now up to you in mental health associations and allied organizations to take up the torch.

"The entire fate of the report of the Joint Commission on Mental Health of Children now rests upon the shoulders of all of us. As Thomas Jefferson once said: 'There is no substitute for the enlightened action of an aroused citizenry.'

"Let us move into the action phase."

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*This portion of the summary is not included in *CRISIS IN CHILD MENTAL HEALTH. Quotes from a speech by Mike Gorman: "An Action Program for the Mental Health of our Children," June, 1969.*

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