Public Relations:
A Responsibility of the
Mental Hospital Administrator

formulated by
the committee on hospitals

Group for the
Advancement of
Psychiatry

Copyright © 1963 by
Group for the Advancement of Psychiatry
104 East 25th Street, New York 10, N.Y.
Public Relations: A Responsibility of the Mental Hospital Administrator

I. INTRODUCTION

This report is directed primarily to the public mental hospital administrator. Its substance in the main, however, is applicable to any mental hospital and, indeed, to the entire range of psychiatric treatment facilities.

The administrator of any psychiatric hospital must seek the eye and ear of the public in the interest of the well being of his patients. In doing so he behaves ethically both as physician and as public servant. It is his responsibility to foster and promote those attitudes and resources in the community which will enable him to provide the highest possible standards of treatment and care in his hospital and to help his patients regain their place in society upon leaving the hospital. He is, in short, responsible for his hospital’s public relations.

Acceptance of the responsibility is not in the nature of a right or a privilege. It is an obligation. As a public servant the mental hospital administrator is accountable to the taxpayer for his performances. His institution, by definition, is open to public inspection. He must report on demand—the demand of a reporter, the demand of a legislator, the demand of his Governor, the demand of a patient’s relatives, the demand of citizen groups and of those they elect to represent them. If his nineteenth-century predecessors could choose a path of splendid isolation, he cannot. A modern democratic society will not tolerate it. To re-

ject or resist the public relations responsibility is to fail as an administrator.

Moreover, the mental hospital administrator, as physician, bears a moral responsibility to warn, admonish, exhort, advise, and correct because of his medical knowledge and his special role in society that derives from that knowledge. If a public health physician knows that a community filtration plant is faulty, it is his duty to warn the community of the facts. If a mental hospital physician knows that the attitudes of the community frustrate the therapeutic goals of his hospital, it is his duty to apprise the community of the facts. The degree of moral responsibility will be measured, subjectively, by the individual administrator. That it exists cannot be denied. It is part of a tacit contract which binds a society and any person having legitimate claim to professional status in it.

With these postulates as a point of departure, the Committee on Hospitals herein reviews the urgent need to improve the public relations of the mental hospital. It considers how the complex technology of public relations may be applied to the task. It examines the necessity of employing experts in that technology to help the administrator discharge his responsibility. It delineates the general nature of the subject matter of mental hospital public relations and the audiences of priority concern. The Committee’s sense of urgency derives from the obvious necessity of facilitating and precipitating drastic changes in social and cultural attitudes toward the mentally ill person. The negative attitude symbolized by a neighbor of the hospital who agitates for an electrified fence around its grounds must give way to the positive attitude symbolized by the citizen who called an administrator to inquire about the well being of an open hospital patient who the day before had accidentally damaged his car.

Community psychiatry, with its emphasis on short hospitalization supplemented by intensive and extensive treatment and rehabilitation of the patient in the community, requires a positive public attitude toward the mental hospital and its therapeutic goals.
INTRODUCTION

This report is not intended as a "how-to-do-it" manual. Still, its content, supplemented by the bibliography and appendices, will be of some assistance in this regard.

A word about terminology: The Committee has chosen the use of the broad term "public relations" as the focus of the subject matter of this report, despite a trend in recent years to avoid the term in favor of more elusive nomenclature. Webster's Second International Dictionary (unabridged) defines public relations this way:

1. The activities of an industry, union, corporation, profession, government, or other organization in building and maintaining sound and productive relations with special publics such as customers, employees, or stockholders, and with the public at large, so as to adapt itself to its environment and interpret itself to society.

2. The state of such activities, or the degree of their success, in furthering public understanding of an organization's economic or social development; as good or poor public relations.

3. The art or profession of organizing and developing these activities; as university courses in public relations; public relations requires technical skill in various techniques. Hence PUBLIC RELATIONS OFFICER, DIRECTOR, COUNSEL, or CONSULTANT.

II.

THE NEED FOR MENTAL HOSPITAL PUBLIC RELATIONS

Dr. Rashi Fein in his study* for the Joint Commission on Mental Illness and Health estimates the direct cost of hospitalized mental illness to the American economy at more than $1.7 billion a year. What is of greater significance, however, is the widely held proposition that expenditures three times current totals are essential to support a truly adequate mental health program for the nation. This is a key recommendation of the final report of the Joint Commission on Mental Illness and Health. It represents the economic formulation of the hoped-for transition from decades of custodial care to an era of total national attack on the problem through intensive treatment and rehabilitation of the mentally ill.

Manifestly, no such sums of money are likely to be expended unless the public wishes and demands that they be expended. Such demands will evolve only from an understanding of the needs followed by a conviction that the needs will be met if the monies are expended wisely.

The point is sharpened when one considers what the mental hospital administrator hopes to accomplish with the greatly increased budgets at his disposal. The essence of the matter is that he wishes to de-emphasize long-term hospitalization as a primary tool for dealing with mental illness. He wants to convert his hospital into an intensive treatment component in a network of facilities that will stress the treatment and rehabilitation of the patient in the community. This is inherent in the concepts of the

open hospital and therapeutic community, the day and night hospitals, the half-way houses, and various types of clinics that are projected—all of them designed to provide the mentally ill person with the right kind of treatment, at the right place, and at the right time.

These concepts are projected against the massive barrier of the stereotyped public image of the mentally ill person as violent, dangerous, unpredictable, and incurable. It is this image that has kept expenditures in the past to a level that would support little more than custodial care. It is this image that has accounted for the persistence of archaic legal provisions governing the admission and treatment of mentally ill persons. It is this image that has caused the mental hospital to be isolated from the mainstream of the community. It is this image that has kept untold thousands of hospital patients from being restored to normal life in the community.

Thus, the essential task of the mental hospital administrator is to replace this public image of the mentally ill person with one which accords with reality. This is a challenge of the first order. It calls for well-considered, thoughtfully-planned, and expertly-administered public relations programs.

In proceeding to the task, it is fundamental that the mental hospital administrator shall himself be informed about the public's feelings, beliefs, and opinions regarding mental illnesses, their cause, treatment, and prognosis. A public that senses the professional's unawareness of and unconcern with its fears and anxieties will withhold confidence in him and turn a deaf ear to his recommendations. The professional must never assume that his special reservoir of knowledge automatically sensitizes him to the nature and extent of other people's prejudices and attitudes, negative or positive.

III.

ON DISCHARGING THE RESPONSIBILITY: THOSE WHO HELP

While the responsibility for public relations is clearly the administrator's, how he is to carry it out and the kinds of people he may enlist to help him are problems which grow ever more complex in modern society. The complexity is reflected in a random selection of words from the lexicon commonly used in public relations: audio-visual aids, copy editing and meeting deadlines, direct mail, film footage, feature stories, house organs, images, live productions, prime network time, mass media, press relations, slicks, science writers, spot announcements, release timing, target groups, throwaways, and a host of others.

It is a commonplace—and none the less true for being commonplace—that public relations is everybody's business. Any organization, and certainly a hospital, is judged importantly by the manner in which its employees speak of it and the attitude they manifest toward it. Surely the starting point for effective public relations lies in initiating a sustained effort to educate the total staff of the hospital. This educational effort will foster an understanding of and an emotional attachment to the hospital's therapeutic goals. It will identify the role of each person in achieving them. It is not just a matter of providing employees with information. It is a matter of ensuring that employees throughout the entire range of the staff understand what is being said—the housekeepers as well as the clinicians. Thus, communications to the staff must not only be accurate, clear, and concise; they must be couched in appropriate form and language to accommodate varying levels of knowledge and sophistication.
discharging the responsibility

It is this element of "appropriate form and language" that makes it indispensable for the mental hospital administrator to have the assistance of experts in carrying out his public relations responsibility—i.e., experts in the technology referred to. As necessary as this is for internal staff communications, it is infinitely more necessary in relating to the general public.

In referring to such experts, the Committee prefers to follow Webster in attaching such words as "director," "specialist," and "officer" to the prefix public relations. But the name is of no great concern. Whatever it be, these people are expert in the processing of communications between those who originate the subject matter and the various publucs who are to receive it.

The Public Relations Specialist

The background, training, experience, and qualifications that go into the making of a public relations specialist are not as yet well defined. For example, there is considerable involvement of behavioral scientists, particularly psychologists, in research into the nature of communication per se—i.e., the learning process, audience response, timing, repetition, conditioning, retention, association, and related phenomena. These scientists are, of course, expert in their field. Their insights may find their way, ultimately, into the practical technology of public relations, as have the findings of Freud and Pavlov. In general, however, these are not the types of experts who are prepared to address themselves to the practical task at hand. The immediate need of the mental hospital is for expert practical assistance in developing effective day-to-day public relations.

A suitably qualified person will manifest a substantial combination of such qualities, skills, and experience as the following:

press notices, official reports, legislative testimony, recruiting campaign materials, and speeches. The field of journalism is adapted to producing such adequacy. Journalistic experience may not, however, develop the other qualities that the well-rounded public relations specialist must have and therefore cannot be considered an absolute prerequisite.

Many kinds of educational background may be useful to the public relations specialist in his day-to-day work. Promise of adequate performance cannot be presumed to follow from any stereotyped academic background. However, just as the head of a synthetic fiber plant would do well to have a public relations director grounded in chemistry, the mental hospital administrator would do well to look for a person broadly grounded in the political, social, and behavioral sciences. Some legal training may prove extremely helpful. Any graduate work he may have taken in public administration, journalism, or public relations is an additional asset.

Of greater importance in selecting the public relations man is to assess his experience in some of the technical aspects of communication—e.g., in popular writing, pamphlet production, press relations, newsletter editing, radio and television script writing, speech writing, news reporting, film production, printing and publishing, public speaking. Considerable emphasis may well be placed on his experience in developing press relations programs, since good public relations are so importantly dependent on the "know how" of getting along with editors, science writers, magazine writers, and "working newspapermen." The rule is that one must work with the press on its terms. One must therefore know what these terms are. In working with the press, the medical director should recognize the framework within which the reporter functions; must recognize, for example, that although he writes his own story, the reporter does not set his own deadlines or write the headlines. Thus, reporters like medical directors are obliged to function within limitations imposed by their jobs and their bosses.

Other kinds of experience of pertinence are those in connec-
tion with hospital fund-raising, the recruitment of community
volunteer groups, and legislative liaison work. In general, any
kind of experience is useful wherein communications have been
an important factor in enlisting a degree of public support essen-
tial to achieving a specific goal.

In sum, the public relations officer must be a fully-qualified
professional in the art and science of modern communication.
Less clear is how much he needs to know about psychiatry and
mental health. Experience suggests that the broader his knowl-
edge in this area the more effectively he will function. Because
the subject matter of psychiatry poses many delicate public rela-
tions problems peculiar to this field, they need to be handled by
individuals both sophisticated in the subject matter and with
unusually keen judgment, taste, and policy sense.

At the same time, it is important that the administrator and his
key staff understand that the public relations expert, regardless
of the extent of his knowledge of psychiatry and mental health,
does not presume to speak for them. Nor does he originate the
subject matter he communicates. He presumes only to under-
stand what it is that the doctor, the social worker, the nurse, the
business manager, to mention a few, wish to say and to help
them say it, at the right time, in the right place, and in the right
form. To the extent that the public relations expert grasps the
subject matter and acts in the light of this understanding, he will
be welcomed by the administrator and the entire hospital com-
community as a spokesman in their behalf.

It is implicit in this description of the public relations expert
that, if he is to function effectively in a mental hospital system,
he must maintain a very close relationship with the administrator.
The advice of the public relations expert must be added to the
pool of information upon which the administrator will base his
decisions about program and policies. His point of view is par-
ticularly valuable in shaping those matters of policy which in-
volve community relations and the success of which depends
upon public acceptance. Furthermore, if he is to fulfill the role
of information officer, he must be thoroughly familiar with every
aspect of the hospital program and fully acquainted with poli-
cies, philosophies, and plans for the future. He must at all times
be informed about what is going on and be educated as to the
issues involved.

Many state departments of mental health and hospitals have
already built up professional public relations staffs. They work
in behalf of the state system as a whole and provide support and
consultation to the individual hospitals within it. This trend is
much to be encouraged. It is not, however, an adequate substi-
tute for the discharge of the public relations responsibility at the
hospital level. Nor should it be overlooked that an over-central-
ized administration of public relations at the state level may and
sometimes does frustrate the tailoring of local programs to meet
local needs. The employment of a competent public relations
expert by every mental hospital would hasten the conversion of
mental hospitals into the integrated community treatment cen-
ters so urgently desired. A stumbling block, without question, is
the relative unavailability of such qualified personnel, even
where authority exists to employ them. Their unavailability,
however, does not excuse the mental hospital administrator from
exercising his own imagination and special knowledge of human
relations in carrying out a public relations program. Where
authority does not exist to employ professional public relations
personnel, it should be persistently sought in the confident ex-
pectation that it will be given in time. Attention must be paid to
the problem of training more public relations personnel in the
mental health field. It would be constructive if psychiatric facili-
ties which now have well-established public relations staffs
would set up apprentice training programs for promising young
people who wish to specialize in this field. For the time being, at
least, this would be a practical way to build up a reservoir of
personnel to meet the need.
IV.
THE AUDIENCES

In planning a public relations program the hospital administrator must first consider the diversity of the groups he wishes to reach. He must then direct his communications to them in accordance with their special interests, levels of sophistication, and organizational forms. For example, at a meeting of a taxpayers' association it would be wise to start a discussion with a topic related to their pocketbooks rather than with an exposition on the artistic creativity of the schizophrenic patient. Although there are communications that one does address to the public en masse—a press release, for example—in practice one generally approaches the general public through intermediaries.

Broadly speaking, the first group to be reached is the public most closely associated with the hospital: the patients and their relatives, the employees and their relatives, the volunteers and their relatives, and the people in the vicinity of the institution. The administrator is anxious that these people, in particular, come to view the hospital and its activities as a “family concern.” He will use such public relations devices as will achieve his purpose.

The Employees and the Volunteers

We have already mentioned the vital role in public relations played by the individual hospital employee. What he says about the hospital and how he feels about its patients are magnified in geometric proportions in the community by his wife, his children, his friends, in a thousand subtle ways. Volunteers have similar influences.

Program philosophy, rules, regulations, policies, procedures, assignment of roles to individuals, general and specific objectives, traditions—all are common attributes of every hospital milieu. None of these attributes is static. The hospital administrator needs to give them continuous exposition, interpretation, and reinterpretation to accommodate to the growth of the total program. Failure to do so fosters frustration, confusion, anxiety, and low morale. The subject matter of this kind of communication is addressed to those groups that are most closely involved in the program and are indispensable to its execution: the staff, the patients and their relatives, and volunteer workers. The content is primarily for “family” consumption in the form of house organs, in-service training courses, clearly articulated rules, regulations, personnel policies, procedures, and the like.

The Patients

The patient’s attitude about the hospital is significant because it is conveyed readily to relatives and friends, and pervades the nooks and crannies of the community. The mental hospital professional frequently assumes that the patient and his relatives strike an attitude about the hospital solely on the basis of success or failure of treatment. This is not necessarily so. Attitudes for better or worse often derive from such experiences as the lack of sensitivity of a telephone operator in responding to a call from an anxious wife; the unkempt appearance of the psychiatric aide on the patient’s ward; an inappropriate routine reply (or none at all) in response to a distressed relative; the failure of a nurse to recognize the name of a patient who has been in her charge for three months; in fact, from minor incidents which convey to the patient and his family a suggestion of indifference to their feelings.

The Neighbors

Next to be considered are the neighbors around the hospital. Probably they, more than any other single group, will determine the pace at which the public mental hospital can inaugurate the
forms of community psychiatry. How is one to develop an open hospital, for example, without their positive support—or at least their tacit consent? In view of their fears and anxieties about the behavior of psychiatric patients, how can they contemplate an open hospital in their midst unless the administrator succeeds in displacing their image of the mentally ill person as a threat with one that reflects the real facts? In addition to the routine techniques of public relations, a very special ingenuity is called for in changing attitudes in this neighbor group—the kind of ingenuity that leads one hospital to play host at the annual dinner of the local fire department; another hospital to encourage the neighborhood Boy Scout troop to camp out in its rolling acres; and still another to open its tennis courts, baseball diamonds, and other recreational areas to neighborhood children. (If the children can safely play on mental hospital grounds among the patients, then wouldn’t it be all right if the patients ventured out to areas that the children frequent?) If an administrator expects to share his problems with the nearby community, he will do well to share his facilities also.

The Medical Community and Social Agencies

Medical colleagues and agency personnel in the community should be regarded as among those most closely associated with the hospital. Too often they are not included in this category. Effort to bring them into closer association merits a high priority in a public relations program. The administrator, as a matter of routine, should be able to depend on these groups to play a role in support of the hospital’s therapeutic goals. Recognizing the aid of these groups as indispensable to his program, the administrator will do his best to keep them informed of the hospital’s program and its progress. He will most especially pay attention to the manner in which patient referrals are made to and from members of these groups in order that they will share in the hospital’s primary interest: the patient’s recovery and rehabilitation.

Groups Not Directly Associated with the Hospital

It is an axiom of life that some people are more influential than others in forming public opinion. In sociology they are sometimes referred to as opinion molders, gatekeepers, program endorsers, and decision makers. A special degree of status and prestige attaches to them by reason of their manifest success, knowledge, and temperament. They are found among the learned professions and disciplines; in journalism, industry, and business; and in leadership positions in all manner of social and civic organizations and agencies. Through them, one effectively reaches the public at large because they include the editor of the newspaper with a circulation of 100,000; the local clergyman whose sermon reaches a congregation of 1000 every Sunday; the principal of a high school with 1500 students and the dean of the college with 3000 students; the officers of the medical society with mechanisms at their disposal to carry the message to 1800 physicians; the judge whose pronouncements are so often singularly effective in focusing public attitudes; the Governor, the director of the budget bureau, and the legislators without whose understanding and sympathy no purse strings will loosen; the movie or television producer who might, with one inspired stroke of genius, produce the show that would make the open hospital idea acceptable to millions; the successful businessman or industrialist who, once “sold,” might inaugurate the pilot program for employing the ex-patient and set the pattern for a region; the mayors, the sheriffs, the chiefs of police, all of whom have telling effect on how a community develops an attitude about its mentally ill members. In a political context, it is pertinent to say that a few right words, from the right people, at the right time, and in the right place, may be worth a flood of telegrams to a legislator.

The point could be amplified at length. After the groups most directly and immediately associated with the hospital’s everyday operation, people of influence are next on the priority list of “people to reach.” To the extent that the administrator succeeds in influencing these molders of public opinion, the effectiveness
of his message is magnified since they carry it—and with fresh authority—to audiences he cannot reach himself. Working intensively through these influential groups, the administrator can anticipate that in time the chain reaction will finally precipitate the fundamental changes of attitude in the general public who, in the final analysis, must endorse or reject his goals and supply or deny the means of attaining them.

V.

THE SUBJECT MATTER OF PUBLIC RELATIONS

There is virtually no phase of mental hospital operation, no department, no staff member, no patient that may not at one time or another provide the subject matter of a public communication. Fundamentally, the justification for the use of any subject matter will be a simple affirmative answer to the question: will the release of the communication contribute, directly or otherwise, to advancing the patients’ welfare? What we are attempting here is to set down a few guidelines to subject matter upon which one might build a public relations program in a public mental hospital.

Interpretation of Program

A clear and succinct articulation of the philosophy and purposes of the hospital is the touchstone against which all public communication must be tested. Such a formulation—shared in and understood by the entire personnel of the system and in time by the community as a whole—is the point of departure for enlisting participation and sharing in common effort to advance standards of treatment and care. (Note also comments on “The Employees and the Volunteers,” pp. 81-82.)

Reports of Progress

The administrator must keep the public continuously informed of the hospital’s progress and what it needs to carry out projected improvements. This entails honest and forthright com-
communication regarding the need for an adequate budget, personnel, construction, equipment, supplies, and maintenance. The administrator must state in clear and certain terms the consequences of failure of public support to enable the hospital to do its job.

By the same token the administrator should report on the hospital’s progress in terms of treatment results and the well being of the patients, the staff, and the community. The common pattern in financing public mental hospital care is such that the administrator seldom gets all the increased appropriations that he asks for in his annual budgetary requests. Still, he commonly gets some; and it is of greatest importance that he report on the constructive use he has made of the increase, however modest the blessing. For example, a legislature may fail to appropriate $5,000,000 to replace firetrap buildings, but allow $50,000 for a new occupational therapy department. In such a case, the administrator will do well to publicize several months later what has been done with the money, how much occupational therapy has meant to the patients, and how it has contributed to the therapeutic goals. While the administrator may consider the $50,000 appropriation a pitiful response to a massive need, he must remember that to an average taxpayer any significant appropriation, whether $50,000 or $5,000,000, sounds like an “awful lot of money.” To convince him that $50,000 has been well spent is to cultivate his confidence and dispose him to support an even larger appropriation another year.

Long-Range Plans: General and Specific

To capture public imagination and enlist citizen support, mental hospital administrators need to formulate long-range plans and projects that provide for step-by-step advances toward across-the-board adequacy. There are “three-year,” “five-year,” “ten-year” programs. Sometimes they are formulated as the end product of a state-wide survey of mental health needs and resources conducted under the auspices of a legislative or citizens’ committee, perhaps with outside consultative help. Or such plans may have more limited focus, such as a campaign to launch an open hospital policy or to replace antiquated buildings with new ones by means of a bond issue. A new geriatric unit or a special facility for the criminally insane may be sought. A program may be launched to bring personnel and salaries up to adequate levels. There may be an all-out effort to revise laws and regulations governing the admission of patients to the hospital.

Such long-range projects can be understood and supported by the public if they have been realistically formulated and thoroughly “discussed” and “cleared” with citizens at the grass roots. These plans entail major public expenditures and corollary changes in community attitudes toward the hospital and its patients. The content of these plans, the manner in which they are initiated, the auspices under which they are promoted, and their potential contribution to the community’s well being are all call for skillful public relations attention if they are to succeed. If one is to raise a new flag, it is well to ascertain first that the bulk of the audience will salute it.

Employment Opportunities

Obviously, the recruitment of more and better qualified hospital personnel will remain a need of high priority for all public mental hospital systems for the foreseeable future. The administrator should encourage any public communication that will attract properly qualified personnel to the hospital, enlist the interest of young people in entering hospital careers, or contribute in any way to overcoming the personnel shortage problem.

Special or Topical Communication

If a mental hospital is to achieve acceptance as an integral part of the community, it must be on friendly terms with the citizenry. Such a relationship is not achieved overnight. It is the by-product of a deliberate effort, initiated and sustained by the administrator to foster staff participation in the community’s
affairs leading to a reciprocal sharing by the community in the hospital's affairs.

That the citizens may come to know the hospital better, it is entirely appropriate for the hospital to furnish the community with news of appointments, awards, honors, distinguished visitors, conferences, speakers, ceremonies, dedications, social events, achievements of staff and patients, and related matters. If an untoward event occurs, such as a tragedy involving a patient, a scandal, or an attack on the hospital, the community should be given as full and objective an account of the matter from the hospital's point of view as is necessary to sustain community confidence in the hospital. The guiding principle is the aphorism “Open the doors, tell the truth, trust the people.”

Conducted hospital tours of various kinds are useful in enlisting the sympathy and interest of citizens. The administrator may, for example, set aside one week a year during which citizens are invited to come and get acquainted. A special day may be designated for visits by the families of employees or perhaps by high school students, with the thought of stimulating their interest in mental hospital careers. Tours may be designed for the orientation of smaller groups of influential persons, such as the Governor and his cabinet, a legislative committee, the council of churches, the medical society, and others. Whatever its purpose, each tour must be carefully planned and tailored to the level of sophistication of the particular group of visitors. For example, it might be of genuine clinical interest and educational value for a group of visiting physicians to observe a ward of newly-admitted, acutely-disturbed patients; but this would be a poor way to introduce to the mental hospital a group of housewives from the neighboring community. Always it is impressive in conducting hospital tours to use patients as guides.

Conventional educational techniques (e.g., courses, seminars, lectures, and discussions) are essential to enlisting the support of selected groups of community leaders behind a progressive hospital program. Examples are special courses of instruction for clergymen, general practitioners, lawyers, and teachers. To such groups, one can convey a relatively sophisticated body of information about the nature of the mental illnesses and the ways and means society can use to cope with them more effectively. Being people of influence, they are a prime target for a hospital's public relations program. Among other things, the “curriculum” designed for these groups should stress, for example: that much psychotic behavior is sufficiently modifiable and controllable to be treated in an outpatient treatment setting; that a vast number of patients could, if allowed to, perform useful social tasks effectively; that much of the symptomatology of mental illness is episodic and may disappear for long periods of time; that the incidence of crime among ex-mental patients is less than for the general population (see selected references in Appendix 1).

Positive Mental Health

The administrator must also consider and constructively use the interest that has been engendered over several decades in the promotion of mental health. It is this interest that prompts women's clubs, parent-teacher associations, and community-improvement groups of all kinds to turn to the mental hospital professional as a voice of authority on questions relating to the development and maintenance of mental health in the individual. Young parents have a special interest in the care and rearing of children. It is natural and proper that citizens should turn to the mental hospital for guidance in dealing with these problems. To the extent that the mental health professional feels that he can offer useful insights in these areas, he should by all means do so. Such service has the added advantage of initiating fresh and sympathetic contacts with new groups in the community which, carefully nurtured, may lead to fruitful results in the interest of the hospital and its patients.
VI.
CONCLUDING STATEMENT

The poet John Donne has said that no man is an island unto himself. Neither is a psychiatric hospital an island. The antisocial act committed in New York City by an open hospital patient prompts the citizens of San Francisco to question what measures are being taken to prevent such occurrences there. The achievement of a raise in pay for social workers in mental hospitals in North Dakota exerts pressure in South Dakota to do as well. The success of an open hospital in Topeka paves the way for a similar accomplishment in Tulsa. The good things that happen and the bad things—they are all shared. It was always so over the long haul. Now, with electronics, communications are instantaneous and the whole process of sharing is speeded up accordingly.

There may have been a time when a single individual, by virtue of personality, voice, or pen, could speak for himself and be heard. Today the lone voice of the most articulate and inspired mental hospital administrator is in no wise strong enough to be heard above the competitive noise from a thousand other sources in modern society. Just as he depends on professional help in caring for his patients, so he must have professional help in communicating with the public, from whom his patients come and to whom they belong.

In view of the manifest need for planned public relations in the public mental hospital field, its relative lack is difficult to explain except in the context of the traditions of social rejection of the mentally ill, the isolation of the mental hospital from the community, and the resistance of the physician to public pronouncement—a resistance that may be ethically justifiable in relation to his role as scientist and doctor but may handicap him severely in his role as an administrator. The purpose of this report, however, is not to explain but to correct. By way of inspiration to correct, one may well recall the stirring words of

Dr. Alan Gregg at the Centenary Meeting of the American Psychiatric Association in 1944 when he admonished the psychiatrists present:

"... You are inarticulate. I do not blame you for your exasperation at being ignored, but at the risk of seeming to add insult to your injury I tell you that you and your millions of charges deserve better champions and more articulate spokesmen than have risen from your ranks. When William Lloyd Garrison in behalf of abolition shouted, 'I am in earnest—I will not equivocate—I will not excuse—I will not retreat a single inch—and I will be heard,' he showed a fiery tenacity of purpose that would accomplish more for adequate psychiatric care, for research and teaching in your field than a hundred radio programs and moving pictures. With syndicated features in newspapers, with science writers and magazines counting their readers in millions, already permeated with the commercial rhetoric of the advertiser, must you psychiatrists remain inarticulate? Must you forever rely on outsiders to tell the laity your overwhelming truths? Are you relying on another Clifford Beers, another Dorothea Dix to tell the public you are hopelessly overburdened and starved of adequate support and understanding? I do not urge you to oversell what mental hygiene could do. I know that experts prefer the status quo, and if there is to be progress, themselves to set its tempo. Good! I urge you to tell society the present, the actual burdens psychiatrists are trying in vain to carry. For until you insist, until you are heard to state with your authority that your present resources are unequal to the demand, you are derelict in your duty to yourselves, your nurses and attendants, and to your patients. Indeed, till then you will in serious measure deserve the misunderstanding and public neglect that bedevil your careers."

One may hope that the lesson of Dr. Gregg’s admonition will be learned by mental hospital administrators, and that this report will help them acquire the means and the skills to make themselves heard.
APPENDIX 1.
SELECTED REFERENCES CONSIDERED USEFUL IN PLANNING MENTAL HOSPITAL PUBLIC RELATIONS PROGRAMS

(Items marked with an asterisk are considered of special importance as background reading.)

Books

Modern public relations programs in behalf of the mentally ill should be based in the first instance on a broad understanding of the history and development of patterns of treatment and care in our country. Deutsch's work is by far the best introduction.


An impressive plea that "arguments pale in the light of a major necessity—we must create a powerful voice for those who are unable to speak for themselves," Replete with documentation, exhortation, and opinion by one who, for the past decade and a half, has been in the vanguard of powerful voices speaking in behalf of the mentally ill—as journalist and as Executive Director of the National Committee Against Mental Illness.


The first proposal in American history that attempts to "encompass the total problem of public support of mental health services and to make minimum standards of adequate care financially possible." As such it lays the foundation stones for a massive national public relations effort. Must reading for any mental hospital administrator. Under the specific heading of public information, it cautions against "false promises" in public education and recommends focusing realistically on the "core problem" of the seriously mentally ill. A prior reading of Deutsch's history cited above enhances one's perspective in interpreting ACTION FOR MENTAL HEALTH.


A highly stimulating, controversial, and somewhat polemical account of the forces and people at work in changing the face of medicine today. Among other things, a good introduction to the "politics of medicine."


An overview of the major communications problems common to all health fields and approaches to resolving them.


A report of an extensive research study of popular attitudes conducted at the University of Illinois, together with commentary on possible strategy for changing them.

Pamphlets
INTERPRETING A STATE MENTAL HEALTH PROGRAM THROUGH PRESS, RADIO-TV, MAGAZINES. Published by the Department of Mental Health, Hartford, Conn., 1959.

Essentially an unedited transcript of the stenotyped proceedings of a workshop sponsored by the Northeast State Governments Confer-
SELECTED REFERENCES

ence on Mental Health. Useful for its candid comments by well-known
science writers, radio-TV producers, editors, public relations special-
ists, and others.

*MENTAL HEALTH EDUCATION: A CRITIQUE, published by Pennsylvania
Mental Health, Inc., 1601 Walnut Street, Philadelphia 3.

The first part of this volume reports the proceedings of the National
Assembly on Mental Health Education held at Cornell University in
1958 under the auspices of Pennsylvania Mental Health, Inc., with
the American Psychiatric Association and the National Association
for Mental Health. It comprises a stimulating review of past efforts in
promoting “positive mental health” and the need for research to
validate future programs in this area. The second part contains many
working papers on concepts and practices in mental health education
with extensive bibliography. A most useful reference work and essen-
tial background reading in planning public relations programs.

*STERN, Edith M.: MENTAL ILLNESS: A GUIDE FOR THE FAMILY, National
Association for Mental Health, New York, 1962.

This pamphlet has maintained its standing in the literature since the
first edition appeared in 1942. While the pamphlet is directed to the
families of patients, the original and subsequent editions have been
written in careful collaboration with mental hospital administrators.
It furnishes an excellent outline of the factors that must be considered
in the planning of public relations with the families of patients.

PROCEEDINGS OF A CONFERENCE OF STATE MENTAL HEALTH INFORMATION
OFFICERS, Community Services Branch, National Institute of Mental

Sheds light on the public information officer’s conception of his role
in a state mental health program and the problems attendant on train-
ing and recruiting public relations personnel.

PSYCHIATRY, THE PRESS AND THE PUBLIC, Problems in Communication,

A substantive report of a 1955 Conference on Special Problems in
Communicating Psychiatric Subject Matter to the Public held under
auspices of the APA with the National Association of Science Writers
and the Niemann Foundation for Journalism. A useful review of com-
munications difficulties inherent in the subject matter of psychiatry,
the problem of medical ethics, the nature of conflicts between the psy-
chiatrist and the media, and ways of improving relationships. Outlines
the rationale for “open press” policies.

*SOCIAL PSYCHIATRY AND COMMUNITY ATTITUDES, Seventh Report of the
WHO Expert Committee on Mental Health, 1959. Columbia University
Press, International Documents Service, 2960 Broadway, New York 27,
N.Y.

A thoughtful delineation of the fundamentals of modern social
psychiatry, factors affecting individual attitudes toward it, and rec-
ommendations for action and research. Elaborates on the fundamental
point that two processes are interdependent, to wit: better treatment
leads to improved acceptance of the mental patient, and increased
public tolerance is needed for further advances in social psychiatry.

GAP Reports

*ADMINISTRATION OF THE PUBLIC PSYCHIATRIC HOSPITAL, GAP Report
No. 46, July 1960.

The report stresses the role of communications in creating the
proper physical and psychological environment in which the hospital
may carry out its function. To be read in conjunction with the cur-
rent report.

THE PSYCHIATRIST AND HIS ROLES IN A MENTAL HEALTH ASSOCIATION

THE PSYCHIATRIST IN MENTAL HEALTH EDUCATION, GAP Report No. 35,
November 1956.

THE PSYCHIATRIST’S INTEREST IN LEISURE-TIME ACTIVITIES, GAP Report
No. 39, August 1958.

These three reports are helpful by way of outlining the psychiatrist’s
responsibility for helping the community solve its problems. The prin-
ciples set forth are as applicable to the mental hospital administrator
as to any other psychiatrist.

Articles and Statements

American Psychiatric Association, “A Position Statement with Inter-
pretive Commentary Concerning ACTION FOR MENTAL HEALTH, The
SELECTED REFERENCES


Useful reading for the hospital administrator not only for its commendation of the Joint Commission's report, but for the perspective it sheds on some of the report's more controversial recommendations pertaining to mental hospitals.


A sharp and altogether cing commentary on the theme "You and your millions of charges deserve better champions and more articulate spokesmen than have risen from your ranks."


An historical and current appraisal of attitudes toward mental patients and mental illness.


Contains descriptive summary of how a well-organized public relations staff functions in the State Department of Mental Health.


A state mental hospital undertook to evaluate the results of its yearly public relations and information program during Mental Health Week.


Discusses the nature of modern public relations and its practitioners, points out misconceptions about its practitioners, and puts in perspective their role in gaining public acceptance of community psychiatry.


PUBLIC RELATIONS AND THE MENTAL HOSPITAL

One of the very few documented reports demonstrating that the arrest rate is far lower for ex-patients than for the general population.

Indispensable ammunition in combating the image of the mental patient as violent and unstable, etc. A good example of a document which should have received the widespread attention it deserves for its public relations value alone.


A statement presented to the U.S. Senate Subcommittee on Constitutional Rights in March 1961 on behalf of the American Psychiatric Association and the National Association for Mental Health. Useful to any administrator for its clarity in explaining the medical-psychiatric point of view as opposed to the legal point of view regarding commitment and related matters.


A systematic assessment of the Mental Health Week Program carried out by a state hospital.


This is a consideration of hospital-community relations, or the relationship between two relatively isolated, interdependent social systems.


A description of a planned program.

Miscellaneous


An address by the General Secretary of The Menninger Foundation
to a joint session of the Senate and House of Representatives of the 101st General Assembly of the State of Ohio, February 16, 1965. Also presented and published by the Colorado Association for Mental Health, January 1960; the South Carolina Mental Health Association, February 1961; and the Maryland Department of Mental Hygiene in 1962.


Succinctly reports another side of the issues frequently overlooked by the zealous mental health worker.

APPENDIX 2.

FINDINGS OF THE JOINT COMMISSION ON MENTAL ILLNESS AND HEALTH CONCERNING INFORMATION ON MENTAL ILLNESS

Excerpt from Action for Mental Health, pp. 275-281.

PUBLIC INFORMATION ON MENTAL ILLNESS

The staff of the Joint Commission on Mental Illness and Health has reviewed the problem of communications in the field of mental health and mental illness in relation to the lag in the progress toward adequate care of the mentally ill. In its interpretation, the longstanding preference of voluntary agencies for the teaching of mental hygiene, or positive mental health, principles over insistence on humane and healing care for the mentally ill constitutes one of the dimensions in which the public rejects the mentally ill and their problems (see Chapter III). The fact that mental health education has gone on despite lack of good evidence that it does, in fact, prevent mental illness lends weight to our interpretation. It furnishes an alternative more pleasant than consideration of the plight of mental hospital patients.

The Joint Commission has attempted no study of mental health education per se. It has the full advantage, however, of the excellent report, MENTAL HEALTH EDUCATION: A CRITIQUE, emanating from the National Assembly on Mental Health Education held at Cornell University in Ithaca in September 1958, a project of Pennsylvania Mental Health, Inc., co-sponsored by the American Psychiatric Association and the National Association for Mental Health. The conference was attended by 45 mental health leaders, including six members of the Joint Commission.

The National Assembly on Mental Health Education (1960, p.x) was successful in illuminating an essential conflict between the provision of better care for the mentally ill and the promotion of better mental health through public education:

A great many people assume that education, both to prevent mental illness and to enhance mental health, is worthwhile. On the other
hand, no one is sure this is so; and, faced with the unquestioned need to marshal our available resources to increase and improve facilities for the treatment of the sick and the near-sick, the directors of the citizens' mental health movement have a responsibility to channel its effort in the most effective pattern.

It seems certain, however, that no concentration on therapy alone is going to take place, not only because of the practical difficulties in reaching so sharp a focus and because of the lack of knowledge of mental therapy, but also because the American mind is deeply attached to the values of education.

Because of this, mental health associations are likely to continue their educational programs. But if they are going to distribute all sorts of literature aimed at all sorts of groups, to use the mass media to "promote" mental health among the general public, to train and supply speakers and discussion leaders, to show films and put on plays, to organize institutes, discussion groups, workshops, seminars and conferences, and to engage in "miscellaneous educational projects," these multifarious activities ought to be submitted to some assessment.

All social movements and educational programs need periodic stock-taking because, as they grow, they tend to substitute organizational values for their original goals. Movements tend to become their own excuse for flourishing, and sometimes they acquire some of the nonrational attributes of a cult.

Although it was the intention of the Assembly to focus on prevention of mental illness through education, its principal agreements, as reported in MENTAL HEALTH EDUCATION: A CRITIQUE, related to mental illness:

The consensus that truly united the members was that efforts to ameliorate mental illness and to rehabilitate the mentally ill were valid, and that efforts to prevent mental illness ... by education for better mental health were largely a matter of faith (p. 22).

Most members of the Cornell Assembly would like to see some kind of committee or commission range through present bodies of knowledge and inform the entire field of what are now accepted principles upon which action and education may be built (p. 46).

When we are critically short of trained professionals, of mental health principles, it is ethical for the mental health movement to tell millions of normal persons that they should understand a great deal more about psychology and psychiatry so as to use this new knowledge in their daily lives (p. 47).

We must admit that we cannot now estimate the effectiveness of education for positive mental health, regardless of what techniques are used. We do have an obligation to discover how this can be done. We must, therefore, lend ourselves to doing this job ... within a framework of evaluation and research (p. 49).

We in the mental health professions talk a great deal about "mental hygiene principles." Seeking to summarize these basic to mental health education, the Assembly reached a "nuclear consensus" on the following (p. 29):

Human behavior is caused; it is not random, no matter how bizarre or deviant it may appear.

Most human actions are complicated and are a product of many causes. By no means are all known.

Human behavior is determined by emotional drives which sometimes compete with rational considerations; human behavior is influenced, in part, by unconscious motivation, which is relatively refractive to logic and "will power."

The need to be stimulated and protected is present in all human infants. Furthermore, a need to be loved and the ability to love, which begins in early infancy, leads to the need to love which seems a crucial aspect of human behavior.

As MENTAL HEALTH EDUCATION: A CRITIQUE commented, the above rather general statement appeared to exhaust the areas of agreement: "Perhaps in this field we are not ready to formulate a set of more complete and specific working principles. This, in itself, is an important finding."

Such a finding suggests to the Joint Commission that, in making recommendations in the public relations area of a national mental health program — specifically, a program for improvement of care for the mentally ill — we should avoid the risk of false promise in "education for better mental health" and focus on the more modest goal of
disseminating such information about mental illness as the public needs and wants in order to recognize psychological forms of sickness and to arrive at an informed opinion in its responsibility toward the mentally ill.

Indeed, this choice seemed implicitly endorsed by the report of the National Assembly when it stated (p. 4): "Most delegates agreed that the mental health association should continue to teach the 'facts of life' about mental illness...."

We believe that sound public education in what is known of the psychology, bodily effects, intellectual processes, emotional reactions, and motivations of the human mind would lead to greater understanding of ourselves and others and therefore toward greater peace of mind or strength of mind. But we know that in any channel of communication—whether it is science, the press, the bar, the legislature, or executive management—all pertinent and relevant information is desirable in order to understand a situation and make a wise judgment on it. Whether the information makes the recipient feel better or worse is not in question; it is necessary that he have the needed information and, of course, that he comprehend it, if he is to have rational attitudes and take reasonable action.

It is possible to make certain general recommendations about dissemination of information concerning mental illness aimed not only at a greater public understanding of the mentally ill and those who care for them, but at the avoiding of misunderstanding in the relations of one professional group with another, as well as the relations of the mental health professions with the lay public.

In our devotion to seeking social justice for the mentally ill, we have overlooked the importance of making sure that others understand what we are driving at. A recent and profound observation, the product of cultural anthropology, is that human understanding is achieved not when John understands Bill according to John's way of looking at life but according to Bill's way. In short, the usual thing in listening to another person is to hear only ourselves.

In order to influence people, one must convince them by appealing to their feelings as well as their reason. Social scientists have shown us that we have missed an important point in our over insistence that the public recognize that mentally ill persons are sick, and should be treated no differently from other sick persons. People appear willing enough to give this position lip service, but a majority apparently don't really believe it, and thus are not moved. The expert sees differences in behavior of the mentally ill and mentally healthy largely as a matter of degree, and recognizes that anyone at some time reach his breaking point, but he taxes credulity by stating that "one in one" is or will be mentally ill. In contrast, the typical layman reserves his understanding of mental illness for those who engage in extreme forms of "acting crazy." He sees the mentally ill person as quite different from the physically ill and, in this instance, seems somewhat wiser than the expert. Major mental illness is different from physical illness in one important aspect—it tends to disturb and repel others rather than evoke their sympathy and desire to help. At the same time, the layman may not realize that mental illness inescapably involves us in each other's behavior and therefore needs to be recognized for what it is, so that it may be intelligently resolved. He also may fail to see that the strength of the professional mental health worker—what differentiates him from the uninformed layman—is that he does not reject the mentally ill person but tries to understand him and find a means of helping him.

A sharper focus in a national program against mental illness might be achieved if the information publicly disseminated capitalized on the aspect in which mental illness differs from physical illness. Such information should have at least four general objectives:

1. To overcome the general difficulty in thinking about recognizing mental illness as such—that is, a disorder with psychological as well as physiological, emotional as well as organic, social as well as individual causes and effects.

2. To overcome society's many-sided pattern of rejecting the mentally ill, by making it clear that the major mentally ill are singularly lacking in appeal, why this is so, and the need consciously to solve the rejection problem.

3. To make clear what mental illness is like as it occurs in its various forms and is seen in daily life and what the average person's reactions to it are like, as well as to elucidate means of coping with it in casual or in close contact. As an example, the popular stereotype of the "raving maniac" or "heretic madman" as the only kind of person who goes to mental hospitals needs to be dispelled.

We have not made it clear to date that such persons (who are wild and out of control) exist, but in a somewhat similar proportion as airplanes that crash in relation to airplanes that land safely.
4. To overcome the pervasive defeatism that stands in the way of effective treatment. While no attempt should be made to gloss over gaps in knowledge of diagnosis and treatment, the fallacies of “total insanity,” “hopelessness,” and “incurability” should be attacked, and the prospects of recovery or improvement through modern concepts of treatment and rehabilitation should be emphasized. One aspect of the problem is that hospitalization taking the form of ostracism, incarceration, or punishment increases rather than decreases disability.

Attention also is needed as to the manner in which professional persons and groups approach the public, since winning friends and support for care of the mentally ill depends first and foremost on not giving cause for offense (and therefore rejection). Since World War II psychiatry has enjoyed a considerable popularity among an upper middle class minority and the reading public is wont to turn to it for opinions, but close observation suggests that it may lose influence almost as rapidly as it gains it. We recommend that the American Psychiatric Association make special efforts to explore, understand, and transmit to its members an accurate perception of the public’s image of the psychiatrist. This is a problem in manpower recruitment as well as public information. Such efforts could pay a great dividend in “education of the public” if the profession were to be cautioned, perhaps as a part of its formal training, against overvaluing, overreaching, and overselling itself and, in general, against assuming attitudes of eminence or superiority that are neither becoming nor soundly based. To be sure, these characteristics are not peculiar to psychiatry; to some extent, they apply to condescension of members of any profession toward laymen, but they are especially injurious to progress in the mental health movement. Intelligent, educated laymen in close contact with psychiatrists and, to some extent, with psychologists and social workers, commonly state ad nauseam that “the less they have to do with these infuriating people the better.”

For example, members of the mental health professions commonly assume positions of authority on matters within their field on which they have no knowledge as well as matters clearly outside of their special competence in which certain “laymen” are highly competent. When the public approaches the psychiatrist for an “expert opinion” on world morality, totalitarian ideology, or leisure time activities, he sometimes is loath to point out that he is not an expert in these fields. Some psychiatrists, such as Dr. Daniel Blain, have repeatedly emphasized the need for restricting the range of psychiatric activities to more acceptable dimensions. In sum, psychiatrists too commonly act as if the public were “on trial” for its educational and psychological backwardness, whereas many public opinion makers tend to regard psychiatry as “on trial,” both in relation to its new, incredible, and improved theories and to its unfulfilled promise of help to the mentally ill.

We can derive a specific recommendation out of what the layman probably resents most of all—the physician’s presumption of authority in the layman’s own special field of expertise. The primary responsibility for preparation of mental health information for dissemination to laymen should rest with “laymen” who are experts in education and mass communications and who will work in consultation with mental health experts. But the mental health expert and the educator or mass communications expert have the primary problem of fully communicating with one another before communicating with the public. Otherwise, they invite misunderstandings and conflicts. Too often the basis for discussions among mental health professionals and laymen is the easy assumption on both sides that the other fellow doesn’t know what he is talking about. The expert looks down on the layman as “ignorant” and the layman feels that the expert is “arrogant.”

As a matter of policy, the mental health professions can now assume that the public knows the magnitude if not the nature of the mental illness problem and psychiatry’s primary responsibility for care of mental patients. Henceforth the psychiatrist and his teammates should seek ways of sharing this responsibility with others and correcting deficiencies and inadequacies without feeling the need to be overbearing, defensive, exclusive, or evasive. A first principle of honest public relations bears repeating: To win public confidence, first confide in the public.
Acknowledgments

The program of the Group for the Advancement of Psychiatry, a non-profit tax exempt organization, is made possible largely through the voluntary contributions and efforts of its members. For their financial assistance during the past three years, in helping it to fulfill its aims and objectives, GAP is grateful to the following foundations and organizations:

AMBROOK FOUNDATION
MARIAN R. ASCOLT FUND
AVADO FOUNDATION
RING FUND
BUNKER FOUNDATION
CARRIE CLINIC FOUNDATION
CIBA PHARMACEUTICAL PRODUCTS, INC.
THE COMMONWEALTH FUND
LOUIS & PAULINE COXAN FUND
CROOKES-BARNES LABORATORIES
THE DIVISION FUND
THE FIELD FOUNDATION
FOREST HOSPITAL FOUNDATION
GENERAL SERVICE FOUNDATION
THE GRADNICK FOUNDATION
THE GRANT FOUNDATION
HARRIS FOUNDATION
ACKNOWLEDGMENTS

Additional copies of this GAP Report No. 55 are available at the following prices:

1-9 copies .............. 75 cents each
10-99 copies ............ 60 cents each
100 and more copies .... 50 cents each

Please send your order including remittance to:
Publications Office
Group for the Advancement of Psychiatry
104 East 25th St., New York 10, N. Y.