

Speech by

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North Carolina's Crisis in Mental Health Treatment

It is a pleasure for me to come to Charlotte again to visit with old friends, and to address civic leaders in North Carolina's largest city - North Carolina's Queen City. You people are always very gracious to your visitors but I feel that you have been especially kind to me.

When I ran for Attorney General three years ago, some of my strongest support came from Charlotte and this fact puzzled many of the State's political observers. They couldn't figure out how a small-town lawyer from the heart of the East could even communicate with you people here in this busy metropolitan center, much less stir up a little enthusiasm for a Council of State seat way down on North Carolina's long ballot.

I'm not sure I have figured it out either, but I do have my own notions about it. First of all, I think you here in Charlotte are blessed with excellent newspapers and with good, aggressive radio and TV stations. The members of the news media in this area are willing to go out of their way to help a candidate or public official take ideas and issues to the people. You really should be thankful because this can

mean the difference between a concerned and informed public and an uninformed and apathetic public - the difference between good government and bad government.

In addition, I have been fortunate through the years to have many personal friends here in Charlotte who are willing to put in a good word for me and to give me their loyalty. I appreciate that more than I can ever tell you or them because, as most of you know, I'm an independent sort sometimes, and I recognize how trying this can be for friends.

Because you have been so kind to me here, it would have been pleasant to come back to Charlotte this election season with some new cause, some new challenge in mind and perhaps ask your support in a campaign for higher office. I chose not to, however, primarily because I felt that I still had not completed, to my own satisfaction, the tasks with which you entrusted me three years ago. I chose not to because I believed we needed more time in the Attorney General's Office to make new programs we have started become so much a part of the tradition of the office here in North Carolina that they would not be lost in the shuffle which always occurs with a change of administration. In my opinion, I have this obligation to the people who accepted our programs and platform and voted for me as Attorney General on the basis of what I had said I would do if elected.

If I, at some later time, should decide to seek another public office, I want my campaign to be based on promises made and promises kept, not things started but left undone.

There are many things we need to do in our State to make it a greater State and to help it achieve its greatest potential. I think we have recognized many of these and are seeking to do them through the resources of the Office of Attorney General.

We have strengthened the State Bureau of Investigation and hopefully made it a more effective instrument to fight increasing crime and drug abuse. We have established and are perfecting the Police Information Network, a computerized information storage and message switching system for law enforcement agencies throughout the State. We have altered the whole concept of the role of the Attorney General's Office by engaging in public advocacy and instituting active consumer and business protection programs. And we are doing many other things.

I have been to Charlotte on a number of occasions and talked about some of the progress we have made and the plans we have for the future, and I hope you'll keep inviting me back from time to time so I can get your ideas, too.

But today I want to talk about a matter of great concern to me that does not fall strictly within the jurisdiction of my office. Nevertheless it is of great personal interest to me and events of the past few months have given me some insights I would like to share with you.

I want to talk with you about the crisis North Carolina now faces in the treatment of the mentally ill, especially the mentally ill who require institutional care at hospitals such as Cherry, Dorothea Dix, Butner and Broughton.

My most recent contact with these institutions has been through investigations conducted by my office to determine whether State laws are being violated at these institutions and whether the degree of care is adequate to protect patients' rights.

However, my interest in the care of the mentally ill goes back much further than this recent flurry of controversy arising from the completion of our SBI investigation of Cherry Hospital.

[relate legislative controversy with John Umstead and subsequent legislative activity.]

In addition, when I first began to seek election to a Statewide political office, I cited the need for better mental health care as one of the most pressing problems.

In speech after speech, I have continued to do so during the last four years and it is an established fact that had I sought the Governorship, better care for the mentally ill would have been a major plank in my platform.

Therefore, I do not intend to publicly ignore the controversy now raging if I feel that in some way I can help, personally or as Attorney General, bring about better care and more humane treatment for the mentally ill in our State.

It is now apparent to everyone that the quality of care and treatment leaves much to be desired, that preservation of human dignity has received a low priority and that personnel problems in some institutions have reached such proportions as to surpass belief. As one newspaper headline stated last week, "Mental Hospitals (are) In The Spotlight", and frankly I hope the spotlight will continue to focus on them until corrective action is insured.

The North Carolina Mental Health Association helped focus that spotlight last week in a stinging indictment of the system. In perhaps the harshest language spoken yet, the Association laid the blame at the feet of State officials charging that "... the Department of Mental Health has, by its priorities and policies, proven itself to be rigid, unresponsive, unrealistic and a self-serving bureaucracy."

State Mental Health officials immediately countered by saying "... the finger of suspicion for inadequate patient care ... should be directed toward the people of North Carolina for not providing sufficient funds."

I am sure that Mental Health officials are correct to some degree. The Mental Hospitals do need additional financial resources to upgrade staff, obtain more doctors, provide better facilities and dozens of other things. However, in my opinion, the failure of the people of this State to do so must be partially attributed to the failure of these officials to convey to the people of North Carolina a sense of mission about the care of the mentally ill.

Surely the absence of a sense of mission, of inspired leadership, cannot be blamed on insufficient funding alone for others have labored with far less resources and far more inspiration.

I would be remiss if I did not mention by name at this point John Umstead who, as Chairman of the State Board of Mental Health many years ago, helped the people of our State understand the plight of the mentally ill and the need to improve services and facilities for them. Mr. Umstead was an inspiration to all those who knew and worked with him and he was able to provide the kind of leadership which the mental hospital system needed so desperately at that juncture in its history.

I am personally pleased that now, in 1972, we have as Chairman another man, Joe Byrd of Morganton, who I think has many of the same qualities of leadership John Umstead had. Joe Byrd's concern for the mentally ill is unquestionable and he has devoted a tremendous amount of time to easing their plight.

We must not overlook the fact that the Mental Hospital System itself is staffed with many capable and sincere personnel who have worked tirelessly under less than ideal conditions. I know many of them personally and I know the depth of their compassion.

Likewise, the majority of the people of our State are compassionate people. And in my opinion, their compassion for the mentally ill would have manifested itself long ago in the form of greater financial support for our mental hospitals had they been sufficiently informed of the conditions which obviously exist there.

I have found that the automatic defense to any criticism of a State agency is to contend that there is insufficient funding. It is a natural reaction. But in my opinion, this defense should never be raised until one is completely satisfied that all available resources have been used to their maximum effectiveness. Investigations by both the SBI and the Mental Health Association indicate this has not been done.

One top Mental Health official attributed the condition of the residential treatment centers to the Department's efforts to convert to community-centered treatment, implying that time itself would cure the deficiencies. I am still amazed by this explanation.

For several years now an effort has been made to establish mental health centers in communities around the State, offering a variety of services on an out-patient basis. I commend this effort and am delighted that one of the 41 centers is located in my home county of Harnett.

But the truth is that these centers can never completely replace residential centers like Cherry, Broughton, Dix and Butner because some persons, by necessity, must be confined at least for short periods of time until they can be released back to their communities for treatment.

Others will continue to require extended treatment in one of the hospitals because of the severity of their illness regardless of how efficient the community centers become. Though there may be some decrease in the number of persons requiring residential treatment, the hospitals will continue to operate. To imply they are being phased out is misleading.

In my opinion, however, the rush to implement community treatment programs while ignoring present needs of the residential centers may be one real reason for the deterioration of conditions in the hospitals. In this respect, our priorities are confused.

An excellent example of this is the reaction of mental health officials to efforts during the last legislature

to establish a center in one hospital for the treatment of drug abusers. They insisted that all treatment for drug abusers should be had in the fledgling community centers while ignoring the fact that every hospital had a large population of these persons confined there by court order with no specialized treatment.

Finally, they consented to support publicly a two-pronged program which provided for both community-based and experimental institutional care in the hospitals. It is no secret that Mental Health officials here in Raleigh then maneuvered backstage to kill the appropriation for the hospital treatment programs, leaving only the money for community based programs - a mere \$500,000.00 to be divided between 41 centers in the State. Repeated efforts to get them to say what they intended to do for abusers confined to the hospitals drew only silence. This silence continues despite the fact that statistics released by the Department of Mental Health itself reveal that more persons were treated in the mental hospitals last year for drug abuse than in the community centers. And I use the word "treated" loosely.

Now I understand the Department has decided that it should have a central residential treatment program for drug abusers. They have tried to have funds designed for the community programs redesignated by the Advisory Budget Commission

for a residential center instead but the appropriations bill which they supported will not permit it.

Now I don't know which way they intend to go. I only know there is today no significant State-supported treatment program for drug abusers in this State and the drug crisis has been with us for several years now.

Community-centered treatment in theory is excellent and I believe we are working toward an effective system in North Carolina. However, I concur in the Mental Health Association's statement that "[w]hile we agree with the Department's long-range goal of developing community facilities for the treatment of the mentally ill, we cannot support efforts to implement an objective several years away if it means depriving patients in our hospitals today of adequate treatment."

If, in fact, the establishment of community treatment programs will cause the population of the hospitals to decrease, we have an excellent opportunity now to begin to concentrate upon quality of treatment and to alleviate the evils flowing from overcrowding. We should seize this opportunity.

You know the present mental hospital setup was spawned in controversy. The grouping of patients according to geography, the area concept, rather than according to types of illness, age, etc., was bitterly opposed by some persons

knowledgeable in the treatment of the mentally ill. The area concept prevailed and for several years we have seen it in practice here in North Carolina.

Some officials contend that the grouping is not solely according to geography. However, I understand there are wards which contain persons of every degree of illness from alcoholics and young drug abusers to geriatric patients and the more severely mentally disturbed. These are the true snakepits of our day and their existence should not continue to be ignored or written off as the figment of do-gooders' imaginations.

Since the area concept has had time to illustrate its effectiveness or lack of effectiveness, I believe it is time to give it a long hard look. I believe it is time to see whether the idea of geographical grouping serves any purpose at all other than easing the problem of human inventory for hospital officials.

Our hospitals, first and foremost, should be treatment-oriented but the findings of the Mental Health Association state "... that failure to provide adequate treatment for the hospitalized mentally ill constitutes the most widespread abuse in the State Hospital System and is, in itself, utterly inhumane." There are those who contend the area concept not only fails to facilitate treatment but, in fact, impedes treatment. We should act immediately to find the answer.

The problems revealed by the SBI report and that of the State Mental Health Association go on and on and I could spend the rest of the day commenting on them. Obviously, we do not have time for that.

I would like to conclude with this observation. Immediately after assuming my duties as Attorney General, I took a good, close look at every function of the office. It was apparent to me that our weakest link was the SBI. Salaries were low and unattractive; equipment was obsolete and worn out; facilities were overcrowded and people were stacked on top of themselves. Morale was rock bottom. Really about the only positive thing I found was a group of very dedicated law enforcement officers who wanted to do a better job than they could under the circumstances.

I had a decision to make at that point. I could either be quiet about what I had found and try as best I could to make some improvements. Needless to say, doing so would be slow and the chances of any major improvements would be slight.

On the otherhand, I could state publicly the sad condition of the Bureau and attempt to rally public support for the improvements which obviously were so badly needed. This involved a risk of course. If I revealed the weakness and then could not muster the support needed for improvements,

I would have destroyed what little effectiveness the Bureau had. On the other hand, if we managed to arouse public interest and support, then we could move forward aggressively toward a new day in the history of the Bureau.

We chose to expose our weaknesses and openly seek public support. Through hard work we were able to create the kind of interest required to make the improvements which were so needed. Consequently, I now believe we have one of the best investigative agencies in the Nation.

Our Mental Health officials are now faced with a similar dilemma. However, the choice has been made for them.

The weaknesses of the system have been exposed by both the SBI investigative report and the report by the North Carolina Mental Health Association. Therefore, in my opinion, the only reasonable thing for them to do is to admit the weaknesses of the system and at the same time try to convey to the public the sense of mission for the treatment of the mentally ill which I mentioned earlier in my speech.

To fail to do so at this point is to completely lose the confidence of the citizens of this State, and for years to come to deny the patients in our State Mental Hospitals the treatment which they need and the care which any compassionate society is morally obligated to render. To fail to do so is to perpetuate the fears and anxieties of friends and relatives

who doubt the effectiveness of the present system. To fail to do so is to say to the people of our State that State Government is not capable of responding to legitimate needs and challenges. Nothing could be more disasterous.