

Preventing Mental Illness in the United States during the Twentieth Century

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My primary objective in coming to the Rockefeller Archive Center (RAC) was to investigate the history of preventive psychiatry in the United States during the twentieth century, the subject of my Arts and Humanities Research Council (AHRC - UK)-funded early career fellowship on the history of social psychiatry. Although we may characterize psychiatry during the twentieth century as being dominated first by psychoanalysis and then later by psychopharmacology, preventive approaches which examined the socioeconomic, environmental, and interpersonal determinants of mental health were also important, though they are less understood. Among these initiatives were the mental hygiene, child guidance, social psychiatry, community mental health, and radical psychiatry movements, all of which sought not only to identify the causes of mental illness, but also to take steps to alleviate them. Moreover, such preventive approaches were attractive to American politicians, not least President Kennedy, who pledged in 1963 “to seek out the causes of mental illness and mental retardation and eradicate them. Here, more than any other area, ‘an ounce of prevention is worth more than a pound of cure.’”¹ Such sentiments, however, were not to last. By the end of the twentieth century, and despite escalating rates of mental illness, preventive psychiatry was largely a spent force.

The questions I wanted to address during my stay at RAC included the following:

- 1) What factors shaped the rise of preventive psychiatry and, subsequently, its downfall?
- 2) How did psychiatrists work together with philanthropists, social scientists, policy makers, and politicians to develop strategies to prevent mental illness?
- 3) What were the political and philosophical underpinnings of the preventive mental health movement?

- 4) To what degree did preventive psychiatry affect psychiatric theory, mental health policy, and clinical practice?
- 5) Why did psychiatrists find it difficult to combine social and environmental theories of mental health with neurological explanations and, thus, become a more pluralistic, holistic discipline?
- 6) How can the history of preventive psychiatry inform current debates about the epidemiology of mental illness?

Despite the popularity of the history of psychiatry amongst both researchers and students, the history of preventive psychiatry remains largely unexamined, belying the fact that, by the mid-twentieth century, social psychiatric approaches were advocated by presidents of the American Psychiatric Association (APA), the founders of the National Institute of Mental Health (NIMH), American politicians, and were at the core of a host of philanthropic activities. Prevention was not only compelling to psychiatrists and health policy experts from a theoretical and political perspective, but was also deemed to be clinically necessary following the Second World War when rates of mental illness were thought to be increasing. By providing a comprehensive history of preventive psychiatry, the project seeks to provide a more complete and nuanced version of twentieth-century psychiatry, one that presents the history of mental health not merely as a medical issue, but also as a topic that speaks to broader questions about socioeconomic equality, scientific knowledge, and the connections between politics, social science and medicine during the twentieth century. An additional,

but no less important, aim of the project is to determine what lessons can be learned from the history of preventive mental health in the twentieth century that could be applied today. In order to address escalating rates and costs of mental illness, we should reconsider prevention as a central way of addressing mental illness.

One of my goals is to go beyond how psychiatrists, social scientists, and politicians viewed preventive psychiatry and to determine how preventive approaches to mental health were designed, funded, implemented, and assessed. My trip to RAC was planned in particular to focus on philanthropic initiatives to prevent mental illness. The Commonwealth Fund, for example, was especially active in supporting preventive approaches to mental health during the first half of the twentieth century. During this period, preventive approaches to mental illness were described as mental hygiene, defined at the time as “the science of the promotion and preservation of mental health”.² Various mental hygiene societies, as well as child guidance centers which performed a similar function, were funded by the Commonwealth Fund throughout the United States. Both mental hygiene clinics and child guidance centers were supported by teams of psychiatrists, psychologists and psychiatric social workers, which worked together not only to treat mental illness, but to work with the community to prevent it. One of the sources I uncovered at RAC was a letter which described a survey of 30 agencies working in the fields of mental hygiene and child guidance. The survey indicated that “the call for enlarged activities in the field of Mental Hygiene, Child Guidance, etc., among these organizations is an urgent one,”

demonstrating how the need for such services was clearly felt.³

As the origins of mental illness was often to be found in childhood, the problems of childhood and of family welfare were particularly important if mental illness and juvenile delinquency were to be prevented. Such mental hygiene and child guidance clinics were also involved in educating the medical profession and the public more generally in the “nature and prevention of mental ill health.”⁴ Among these factors included a deprived early home life; physical ill health; domestic friction (between child and parents); neurotic parents; inferior intellect (of the child or parents); financial stress; psychosis in parents; physically ill parents.

One factor that emerged in the course of my archival research was the way in which the stock market crash and the Great Depression undermined the activities of mental hygiene clinics and child guidance centers. The Mental Hygiene Society of Maryland, for instance had a \$3,000 reduction in their funding from the Commonwealth Fund (from \$15,000 to \$12,000), which clearly had a huge impact on the services they could provide. To put it into context, \$3,000 would pay the salary of a psychiatric social worker for a year. This reduction in funding was exacerbated by decrease in the number of donations the Society could attract from the community during the early years of the Depression.⁵ More research could be conducted on the effect of the Great Depression – and then the Second World War – on the financial support of preventive mental health initiatives. Interestingly, during the late 1960s and early 1970s, similar political and

economic turmoil undermined the community mental health movement in the United States.

One of the most interesting examples of a preventive mental health project supported by the Commonwealth Fund was a mental hygiene service at Yale University during the 1920s, the Yale Mental Hygiene Program (YMHP). This high-profile project, valued at approximately \$50,000 per year, was featured in the *New York Times* and was initially seen as a model that other universities could adopt in order to ensure that their students did not fall victim to mental illness. The *New York Times* article quoted Yale President James R. Angell as saying that:

The inability of our universities to deal promptly with cases of incipient mental or nervous disorders among their students has been most distressing, and they have been constantly seeking some solution for the problem. Yale welcomes the opportunity presented by the generous gift of the Commonwealth Fund to meet the demands of the problem at New Haven. Under the new conditions we shall expect not only to care for these needs but also to render great service in connection with the clinics now conducted by the Mental Hygiene Society throughout the State.⁶

A subsequent article in the *New York Times* reporting on the hiring of staff for YMHP added that “there is growing appreciation that the stress of modern life has multiplied the number of individuals who require aid in their psychic problems.”⁷ The fact that the nation’s leading newspaper would publish not one, but two stories on the mental hygiene program at a university indicates how important such preventive work was thought to be.

The overarching purpose of YMHP was preventive, that is, preventing Yale students from succumbing to the pressure of their studies and becoming mentally ill. How widespread was the notion in the 1920s that university life could be damaging to mental health? As a report in support of a similar program at the University of Minnesota intimated, “the entering of college for most students is accompanied by considerable emotional strain... In the year 1923-24 several boys and girls dropped out of the university because of ‘nervous breakdowns’ and many others wanted to limit their work because they felt that they were ‘on the verge of a nervous breakdown.’”⁸ One of the ways YMHP intended to prevent future mental health problems was by holding freshman conferences, where students new to the university would meet up in group sessions with psychiatrists and talk about the concerns and problems. As an effusive article in *Welfare Magazine* described:

Perhaps the most serious study of the problem is that being made at Yale University, as an activity of the Commonwealth Fund. Here four full-time psychiatrists, members of the faculty of the Yale Medical school, with special training in adolescent problems, hold smokers to explain to Freshmen the problems of emotional, social and vocational adjustment. About one-fifth of the freshman class attended subsequent meetings held throughout the year and members of the advanced classes appealed to the staff for advice and assistance.⁹

But while many students were invited to these conferences, attendance was not always particularly good. One report indicated that, while 30 students were invited, only one student attended. Not to be deterred, the report also stated that

“the audience was very attentive and expressed a desire to make an appointment to discuss his own problems.”¹⁰ At other times, the number of students was higher, but it was more difficult to get them to talk about mental health. Still, such conferences often encouraged students to make individual consultations, which was another service that YMHP provided. They were, however, not to last. By 1928, the freshmen conferences had “been abolished on the ground that they accomplish nothing worth while.”¹¹

Staffing of YMHP proved to be somewhat contentious given the typical staffing complement of mental hygiene clinics. Psychiatric social workers, for instance, played a key role in such clinics and, at this time, were very likely to be women. At Yale, perceived as “so exclusively a man’s university,” this was thought to pose a problem. As President Angell expressed, “the fathers of Yale students would object to having a woman butting in.”¹² After “considerable discussion in which the method of technique of a good psychiatric social worker was explained... Dr Angell seemed to be willing to give the matter a trial.”¹³

Ironically, the issue of psychiatric social workers would later have an interesting twist. This is because the individual sent by the Commonwealth Fund to check on the progress of YMHP was a psychiatric social worker, Mildred Scoville, an early pioneer in the Child Guidance Movement and one of the organizing members of the American Association of Psychiatric Social Workers. It is fair to say that Scoville was not always impressed with the mental hygiene work done at Yale. In a 1929 report to the Commonwealth Fund, for instance, she was quite

critical of the administration of YMHP, and a number of its psychiatric staff:

Dr. Thompson evidently is not an administrator – he admits it – and I suspect that he is loathe to attempt to establish and to try to enforce definite policies of work because he may not be able to control his psychiatric staff. I gained the impression that each one of the psychiatrists prefers to work entirely along individual lines doing whatever he considers necessary in connection with his student cases. No one seems to know what anyone else has done, is doing, or plans to do in connection with any case that has been referred to the department. All of the men complain about being rushed to death but the output of work does not seem to confirm this.¹⁴

In turn, Scoville was critical of YMHP for not taking better advantage of psychiatric social workers, such as herself. Overall, Scoville's conclusions were blunt:

Ten years ago this failure would have been interpreted merely as failure to comprehend the importance of curing or preventing the occurrence of mental disturbances. Today it is evidence of lack of interest in the effort to recognize and stimulate the kinds of impulses necessary for the constructive thought and action essential for progress in every field of human endeavor.¹⁵

Scoville's assessment of YMHP and its psychiatrists neatly highlights the complicated professional dynamics that characterized the mental hygiene movement during the early twentieth century. As for YMHP, the Commonwealth Fund grant finished in 1932 and by the mid-1930s, Yale's experiments in mental hygiene were essentially finished. The Commonwealth Fund, however, continued to fund other mental hygiene and community mental health projects until the early 1970s. Preventive mental health strategies, however, proved difficult to implement. With social psychiatrists pointing to the socioeconomic environment as the precipitating cause of a great deal of mental distress, there was only so

much that even very generous funders could do. Although the federal government provided considerable support during the mid-1960s with Community Mental Health Center legislation, by the 1970s, such funding was already beginning to be exhausted and other approaches to mental illness, notably psychopharmacology, were becoming more popular. Ultimately, in order to prevent mental illness, more fundamental socioeconomic changes were required, changes such as the Joint Commission on the Mental Health of Children's recommendation that a universal basic income be instituted. Although these were never taken up at the time, they are now being considered in some places today, as we once again wrestle with how to adopt more preventive approaches to mental illness.

¹ "Special Message to the Congress on Mental Illness and Mental Retardation", American Presidency Project, accessed December 12, 2015, <http://www.presidency.ucsb.edu/ws/?pid=9546>.

² Preliminary Report of the Subcommittee on Mental Hygiene – prepared for University of Minnesota by AW Morrison, WC Olsen, DG Paterson, FM Rarig and HS Diehl (Chairman), December 15, 1924, Folder 3718, Box 387, Series 18 Grants, Yale University (Med) Dept. of Mental Hygiene – Mental Hygiene Work June 12, 1925 to November 30, 1926, Commonwealth Fund Records (CF), Rockefeller Archive Center, Sleepy Hollow, NY.

³ Appeal no. 1941, File no, 1305, April 27, 1927, Folder 1870, Box 199, Mental Hygiene Society of Maryland –Mental Hygiene Clinic – April 4, 1927 – February 23, 1934, Commonwealth Fund Records (CF), Rockefeller Archive Center.

⁴ Mental Hygiene Society of Maryland – Annual Report for 1928, prepared by Ralph P. Truitt, MD, Executive Secretary, Folder 1870, Box 199, Mental Hygiene Society of Maryland –Mental Hygiene Clinic – April 4, 1927 – February 23, 1934, , Commonwealth Fund Records (CF), Rockefeller Archive Center.

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- ⁵ Letter from Ross Chapman, president of Mental Hygiene Society of Maryland, to Barry C. Smith, General Director of Commonwealth Fund, December 17, 1929, Folder 1870, Box 199, Mental Hygiene Society of Maryland –Mental Hygiene Clinic – April 4, 1927 – February 23, 1934, , Commonwealth Fund Records (CF), Rockefeller Archive Center.
- ⁶James R. Angell quoted in ‘Mental Hygiene at Yale’ *New York Times*, June 23, 1926, Folder 3718, Box 387, Series 18 Grants, Yale University (Med) Dept. of Mental Hygiene – Mental Hygiene Work June 12, 1925 to November 30, 1926, Commonwealth Fund Records (CF), Rockefeller Archive Center.
- ⁷“Yale Establishes Psychiatry Course,” *New York Times*, November 1, 1926, Folder 3718, Box 387, Series 18 Grants, Yale University (Med) Dept. of Mental Hygiene – Mental Hygiene Work June 12, 1925 to November 30, 1926, Commonwealth Fund Records (CF), Rockefeller Archive Center.
- ⁸ Preliminary Report of the Subcommittee on Mental Hygiene – prepared for University of Minnesota by AW Morrison, WC Olsen, DG Paterson, FM Rarig and HS Diehl (Chairman) December 15, 1924, Folder 3718, Box 387, Series 18 Grants, Yale University (Med) Dept. of Mental Hygiene – Mental Hygiene Work June 12, 1925 to November 30, 1926, Commonwealth Fund Records (CF), Rockefeller Archive Center.
- ⁹ ‘Troubled Students Seek and Get Aid’, *Welfare Magazine* April 1927, Folder 3719, Box 387, Series 18 Grants, Yale Univ (Med) Dept of Mental Hygiene, January 7, 1927 to December 3, 1927, Commonwealth Fund Records (CF), Rockefeller Archive Center.
- ¹⁰ Report of Freshmen Conferences, October 26, 1927, Dr Kerns, Folder 3719, Box 387, Series 18 Grants, Yale Univ (Med) Dept of Mental Hygiene, January 7, 1927 to December 3, 1927, Commonwealth Fund Records (CF), Rockefeller Archive Center.
- ¹¹ Memorandum from Barry Smith to Mildred Scoville, October 4, 1928, Folder 3720, Box 387, Series 18 Grants, Yale Univ (Med) Dept of Mental Hygiene, January 3, 1928 to April 26, 1929, Commonwealth Fund Records (CF), Rockefeller Archive Center.
- ¹² Conference on Mental Hygiene at Yale, New Haven, December 5, 1925, Folder 3718, Box 387, Series 18 Grants, Yale University (Med) Dept. of Mental Hygiene – Mental Hygiene Work June 12, 1925 to November 30, 1926, Commonwealth Fund Records (CF), Rockefeller Archive Center.
- ¹³ Ibid.
- ¹⁴ Mildred Scoville, “Report of Visit to Yale University Department of Mental Hygiene, March 14, 15 and 16, 1929,” Folder 3720, Box 387, Series 18 Grants, Yale Univ (Med) Dept of Mental Hygiene, January 3, 1928 to April 26, 1929, Commonwealth Fund Records (CF), Rockefeller Archive Center.
- ¹⁵ Ibid.