of care and treatment facilities in cooperation with State and local jurisdictions.

Only a year later, the name of the Division was changed to the Division of Mental Hygiene, and its scope of functions was enlarged to include studies and investigations of the causes, prevalence, and means for the prevention and treatment, of mental and nervous diseases.

A decade passed, and World War II brought into sharp focus the mental health needs of the Nation. More than a million men were rejected by Selective Service for neuropsychiatric disorders, and those rejected for mental and educational deficiencies brought the total to 1,767,000—some 17 percent of American men in their prime of life. Concomitant manpower shortages also emphasized the alarming shortage of personnel in the mental health professions, a lack which precluded adequate treatment and prevention services.

Out of these needs, the National Mental Health Act was passed in 1946. This act, Public Law 487 of the 79th Congress, authorized the establishment of the National Institute of Mental Health. Since then, three acts have extended the basic authorizations for the NIMH program.

The Mental Health Study Act (1955, Public Law 82, 84th Cong.), called for "an objective, thorough, nationwide analysis and reevaluation of the human and economic problems of mental illness." This resulted in the historic study which yielded the report, "Action for Mental Health."

The second act, the Health Amendments Act (1956, Public Law 911, 84th Cong.), authorized a competitive grant program for applied research and evaluative studies, to provide a basis for translation of research findings to the treatment and rehabilitation of the mentally ill.

The third act, the Community Mental Health Centers Act (1963, title II, Public Law 88–164, 88th Cong.), was the response to President John F. Kennedy's special message to Congress, in which he transmitted the recommendations of a Cabinet-level panel and the Joint Commission on Mental Illness and Health and called for a "bold new approach" to end neglect of the mental illnesses.

This profoundly significant legislative step, marking a new era in Federal Government support for mental health services, authorized $150 million over 3 years for grants to States to construct public and other nonprofit community mental health centers. The National Institute of Mental Health carries the responsibility for assisting the States in this venture to make the "bold new approach" to the prevention and treatment of mental illness a reality for those among us in need of help.

4. Level of operations. (See table 4 at the end of the NIH section.)

5. Estimated magnitude of program in 1970

Not answered.

6. Prospective changes in program orientation

Not answered.

7. Coordination and cooperation

Because the ramifications of mental health and illness are so extremely broad, coordination and cooperation with other programs