Twenty years ago only 48 general hospitals were known to admit mental patients; in 1964 there were 1,005 general hospitals admitting an estimated 413,000 psychiatric patients.

In 1964 the average daily resident population in State and county mental hospitals dropped to below 500,000 for the first time in 15 years. However, in the same year there were 300,000 admissions to these hospitals, the largest number in history.

Mental illness and mental retardation are among our most critical health problems. They occur more frequently, affect more people, require more prolonged treatment, cause more suffering by the families of the afflicted, waste more of our human resources, and constitute more financial drain upon both the public treasury and the personal finances of the individual families than any other single condition.

The total cost to the taxpayers is over $2.4 billion a year in direct public outlays for services—about $1.8 billion for mental illness and $600 million for mental retardation. Indirect public outlays, in welfare costs and in the waste of human resources, are even higher. But the anguish suffered both by those afflicted and by their families transcends financial statistics—particularly in view of the fact that both mental illness and mental retardation strike so often in childhood, leading in most cases to a lifetime of disablement for the patient and a lifetime of hardship for his family.

Also see general answer to this question at the end of the NIH section.

10. Economic classification of program expenditures. (See table 8 at the end of the NIH section.)

Community Research and Services Branch Program

(Including Mental Health Project Grants)

PART I. DESCRIPTION OF THE PROGRAM

1. Objectives

The primary functions of the Community Research and Services Branch, National Institute of Mental Health, are to encourage and foster—

1. the development of comprehensive community mental health programs in the Nation;
2. experimentation with new methods in pilot projects, demonstrations, and operational research and evaluation in mental health services;
3. communication of new knowledge to mental health practitioners and absorption of validated methods into everyday practice.

Staff assist National, State, and local agencies and organizations in improving and extending their programs for the promotion of mental health, prevention of mental disorders, and care, treatment and rehabilitation of the mentally ill and mentally retarded. A major emphasis is helping in the development of a coordinated continuum of mental health services at the local level which will work closely with other community agencies in health, welfare, education, etc. Assisting in the establishment of community mental health centers has high priority.