On the other hand, these people are far better off, far happier and for more comfortable living free than living under the restraints and constraints of the mental hospital environment.

Senator NELSON. Will you please submit those figures?

(The information was subsequently received and follows:)

PILGRIM STATE HOSPITAL,
West Bretwood, N.Y. August 3, 1969.

Hon. GAYLORD NELSON,
Chairman, Monopoly Subcommittee,
U.S. Senate,
Washington, D.C.

Attention Mr. Gordon.

DEAR MR GORDON: During my testimony before Senator Nelson I promised to send on a statement of the work capacity of ex-mental patients, and I enclose a statement herewith. You may be able to get a much better description of the case material, and this may help interpreting the statistics.

To me they seem slightly pessimistic, but my recollection was of the 40% from Utah rather than the 25% in Boston. Both may be low figures since a large proportion of the cases were not in the Labor market because they were housewives so the data needs some further explanation. With all this I would guess that between 40% and 60% of the eligible and available cases do go to work.

Sincerely.

HENRY BRILL, M.D., *Director.*

TIPS AND TRENDS IN THE EMPLOYMENT OF THE MENTALLY HANDICAPPED

HOW EX-MENTAL PATIENTS ADJUST TO WORK

It isn't always easy. That's the conclusion of several studies of the job adjustment of ex-mental patients, rounded up by Dr. Joan H. Criswell, assistant chief of research grants and demonstrations of Social and Rehabilitation Services of H.E.W., in an article in *Rehabilitation Literature.* What the studies show:

Boston, Mass.—Only 25 percent of ex-mental patients with more than 90 days of hospitalization entered the labor market. Of these, half found jobs without help; most of the others needed months and sometimes years to adjust fully to the world of work.

Utah.—The full-time employment rate for all rehabilitated handicapped persons is 87 percent; for former mental patients, 41 percent. Ex-mental patients researchers found, need not only more counseling but different kinds of counseling tailored to their needs.

Vermont.—Many patients leaving the State hospital found "live-in" jobs that gave them some haven from the hurly-burly of everyday life. Two-thirds of the ex-patients still keep contact with rehabilitation counselors by phone, letters or personal visits.

These studies point up questions that researchers in the future are going to grapple with, Dr. Criswell said:

> Are we setting our sights too high to think of rehabilitation of marginally-employed ex-patients as a *permanent* return to full-time employment? Why can't we accept that they may have to quit once in a while to go back to the hospital?
>
> Can patients really think of themselves as "well" when they mingle only with patients in halfway houses and institutions? Shouldn't they have a chance to mix with non-patients?
>
> If some patients have trouble adjusting to the community, shouldn't the community make an effort to adjust to them? Can't community resources (labor, management, etc.) band together to furnish fuller living conditions for ex-patients (recreation, rehabilitation, social living)?

Dr. BRILL. Additional drugs appeared for treatment of major mental disorder and such substances came to be classed as major tranquilizers. Later a group of antidepressants were added and neither they nor