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THE  
LATE  
CITY

# State Plan to Expand and Localize Mental Care

## 150 COMMUNITY CENTERS, LINKED TO HOSPITALS

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*Of The Herald Tribune Staff*

A plan designed to expand the care and treatment of mentally ill and retarded people by nearly 40 per cent in the next decade was made public yesterday by the State Department of Mental Hygiene.

Many people who must now be confined in large, distant state institutions would continue to live in or near their homes while receiving treatment. The proposed program is the result of two years of study by the State Planning Committee on Mental Health and a group of 800 experts and citizens working under Federal grants totaling \$310,700.

It calls for the construction of up to 150 community mental-health centers, each serving a population of about 150,000, providing short-term care for an average of 30 days.

These centers, supervised by local mental-health authorities, would provide day and night service, vocational, foster-home and nursing-home placement, community education and rehabilitation. Schenectady is now unique in the state in providing such help extensively on a central basis.

These centers would be closely linked with state hospitals that would continue to provide care for long periods. The state hospitals would be reorganized into smaller facilities or units of no more than 1,000 beds each, serving a population of no more than 750,000.

The largest of 19 state hospitals, Pilgrim Hospital in Brentwood, L. I., now has 13,000 patients.

The proposal which was forwarded to Gov. Rockefeller, also calls for psychiatric services in every community general hospital by 1975. A substantial number have them now, a spokesman for the Mental Hygiene Department said.

Residential treatment centers for emotionally disturbed children would also be expanded, with no center serving more than 200 children.

There are 13 such centers now. The Governor's five-year construction program announced last January, calls for 13 more.

For the mentally retarded, the plan calls for 30 community centers, each serving a population of no more than 750,000. There are no such centers now.

Expanded research, public education and cooperation among all levels of government and private agencies are called for. Financing would come from many sources, with an increasing amount paid by health insurance.

Comprehensive mental health plans are now being developed in many states, stimulated by Federal grants for construction and care.