

Interstate compact agencies in higher education have been developed in the South, the West, and New England to aid in solving manpower shortages in the health and other professions. Interstate cooperation has been particularly effective in the mental health field. This paper describes the mental health program of the Western Interstate Commission for Higher Education and its Western Council on Mental Health Training and Research.

REGIONAL ORGANIZATION AND INTERSTATE COOPERATION IN MENTAL HEALTH PROGRAM DEVELOPMENT

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INTERSTATE cooperation for the solution of common problems has been practiced since the early years of our nation through the legal device of interstate compacts. Interstate compacts are agreements between participating states to establish uniform policies and procedures regarding specific issues. Interstate public agencies may be established under an interstate compact in the form of commissions, boards, or authorities. The specific duties, responsibilities, and powers of such agencies are outlined in the compact. These are legal instruments which, when ratified by each participating state, become the law of that state. Interstate compacts are subject to review by the Congress in Washington, but the initiative for participation in the compacts can be taken by the states themselves within the framework of their own authority and powers. They do not have to seek specific permission from Congress in every instance.¹⁻³

Compacts exist in a wide number of fields, ranging from wild-life conserva-

tion, water conservation, and river control to such fields as correction and mental health. Some interstate compact agencies, such as Port Authorities, maintain vast facilities and provide important services for the compacting states.

Interstate compacts in higher education began in 1947 with the formation of the Southern Regional Education Board (SREB), which includes 16 southern states as members.⁴ The Western Interstate Commission for Higher Education (WICHE), established in 1952, is now an interstate compact agency serving the 13 western states.* The New England Board of

* WICHE has 39 commissioners, three from each state appointed by the respective governors. The commission meets annually to review current programs and plans for the coming year. The commission approves the budget and appoints the director of the agency. Through the year its business is conducted by a 13-man executive committee which meets quarterly. At the present time most of the commissioners are leaders in higher education and the health sciences in their respective states.

Higher Education (NEBHE) serves the six New England States.

These interstate higher education agencies were first established to provide a means for residents in the region to move across state lines and take advantage of higher education facilities in neighboring states, yet to be treated as instate students. The state utilizing facilities of the neighboring states provides funds to the neighboring university or graduate school in proportion to the number of its students enrolled. The compact agencies serve as the financial clearing house for such a student exchange program, and the students are designated as "regional students." The Southern Regional Education Board has such an exchange program in medicine, dentistry, veterinary medicine, and forestry. The New England Board of Higher Education has a small program in medicine and a regional student program without exchange of funds in a large number of other highly specialized graduate and undergraduate programs. The Western Interstate Commission for Higher Education has such an exchange program in medicine, dentistry, and veterinary medicine.

Very soon after the founding of the interstate compact agencies, it was discovered that these agencies could provide additional special services to the compacting states due to their unique position outside of usual lines of authority and control. First, they lie outside the power structure and systems of vested interests of each state. They also lie outside the federal system, with its complex relations with individual states and state agencies. This places them in the position of being able to relate themselves to individuals and agencies in each state from a position of detachment and uninvolvedness. They are able to look at each issue objectively with it clearly in mind that the interests of higher education in the region

are paramount. The biases of the compact agencies are twofold, to increase opportunities for higher education for persons in the region and to work for quality and excellence in higher education programs for the region.⁵ The agencies are interested not only in undergraduate and graduate education, but also in continuing education and special programs in fields where serious manpower shortages exist. The states soon turned to the compact agencies for help and asked for special studies and manpower surveys in those professional fields, especially the health sciences, where regional manpower shortages were being felt. In addition, the interstate compact agencies were asked to conduct forums, workshops, and conferences which might bring together the various parties concerned with higher education and particular professional fields but who naturally look at their problems from their own viewpoints and with their vested interests in mind. The compact agencies have sponsored many conferences and legislative workshops on health issues; SREB and WICHE, for instance, have in the past few years sponsored regional conferences on medical education for medical educators, medical society representatives, public administrators, and legislators. The interstate compact agencies have sponsored one interesting development in the universities themselves, namely, "institutional research"—self-studies and operational research which the universities themselves sponsor and develop, involving a look at their own operations in terms of their basic goals and their long-range plans.

Surveys, publications, conferences, and workshops are all expressions of the catalyst role of the interstate compact agency in stimulating and aiding in the development of new programs and arrangements in the various compact states. WICHE, for instance, has assisted in the formation of the Asso-

ciation of Rocky Mountain Universities, an interstate and interuniversity incorporated agency formed for the purpose of sharing high-cost scientific equipment and providing manpower in the development, on a regional basis, of highly specialized graduate training and research programs.

Each state pays a basic annual membership fee to the compact agency, but specific programs are financed by outside grants. For every state dollar received, WICHE now receives over two dollars from other sources. These have included the National Institutes of Health, Carnegie Corporation, Ford Foundation, Kellogg Foundation, Grant Foundation, the Easter Seal and Cerebral Palsy groups, and the Commonwealth Fund. In addition, many of the specific programs generate instate expenditures and financial support by participating institutions, agencies, and individuals.

One of the most important organizational developments of the interstate compact agencies is their regional councils. I will describe in some detail the work of one of these—the Western Council on Mental Health Training and Research. The development of councils as a means of coping with specific community problems is a long-established procedure in community organization. If a particular problem is to be tackled on a community-wide or region-wide basis, a council—with a formal structure, a set of bylaws, and a membership which represents those agencies, institutions, and groups which carry responsibilities in the particular field—has been demonstrated over many years to be an effective approach. A council structure and program help in the following ways: (a) to increase communication between professional groups and between agencies, leading to greater sharing of information and understanding of respective roles and functions; (b) to sponsor actively attempts to

arrive at consensus regarding the nature of the problem and the best means of approaching it, not only by immediate action but also through long-range planning. Community councils, school health councils, and state-wide councils concerned with many fields are found throughout the country. In some instances, public boards created by legislative action, such as New York's Community Mental Health Boards, have been developed to serve similar purposes.

WICHE became involved very early in its history with manpower studies and educational need studies in nursing and mental health. A key facet of the nursing studies, financed by the Kellogg Foundation, has been the development of the Western Council for Higher Education in Nursing. This group operates under a written statement of duties and obligations of the signatories, referred to as the "charter." All higher education institutions in the West conducting baccalaureate and graduate programs in nursing are signatories. The council has an executive committee which meets several times a year. It holds a large annual meeting which representatives of the member colleges and universities and others in the nursing profession attend. The council has sponsored a number of programs in nursing education. These include seminars on curriculum development in undergraduate and graduate nursing education, regional continuing education programs for nursing supervisors and administrators, and, most recently, a regional research program. This council, now five years old, is already well known and highly valued by the nursing profession.

The Western Council on Mental Health Training and Research was started in 1958 under a grant from the National Institute of Mental Health. It was formed following a survey on mental health training and research

needs in the West conducted by WICHE at the behest of the Western Governors' Conference and the Council of State Governors. The council has a set of bylaws which provides that there be at least one member from each of the compact states and such other members as the commission may choose to appoint. Membership is for a three-year term. Representatives of graduate training centers in psychiatry, psychology, psychiatric social work and nursing, and representatives of "consumers" of trained mental health personnel are members of the council. These latter members include administrators of state health departments, state departments of institutions, and state departments of mental hygiene. The council now has 23 members. It meets annually. It has a six-man Executive Committee which meets periodically through the year.

For a number of years the New England States have had an interstate group concerned with mental health training and research — the Northeast State Governments Conference on Mental Health. This conference has described itself as being purely deliberative and has had no responsibility for carrying out any action programs which might grow out of such deliberations.⁶ The Western Mental Health Council, in contrast, not only is advisory to the commission, recommending that the commission undertake specific regional programs, but also remains active as a sponsor of such programs. It can and does take an active part in the programs themselves and in the evaluation. This is done through the development of special committee and study groups of the council. The council necessarily (and quite properly) limits its concerns to the fields of manpower, recruitment, education, and training in the mental health professions, and in the stimulation of mental health research in the region. It does not concern itself directly with patient care and other service pro-

grams. It is very interested, however, in interstate sharing of specialized facilities for service, education, and research, which is slowly beginning in the West.

Experience to date suggests that the basic tie of the regional mental health council to an interstate agency for higher education, rather than to an interstate agency specifically concerned with mental health, such as one under the Mental Health Compact, is an important source of strength to the council. Mental health training and research becomes identified as a concern of and responsibility of higher education. This is particularly true regarding the development of graduate and undergraduate programs to prepare individuals for work in the mental health field. Mental health as a regional concern is no longer isolated from the mainstream of the region's cultural growth and development. Through the efforts of the Mental Health Council and the commission itself, mental health principles and ideas as well as needs in mental health recruitment, training, and research can be heard throughout the region in university halls, classrooms, and conference rooms. Interest and inquiry can be stimulated. A new generation of educated citizens can appear on the scene who do not practice the deep-rooted attitudes toward the mental health field and facilities of denial, avoidance, and isolation.⁷

The council's first action in 1958 was to bring together superintendents of mental hospitals of the West to discuss interstate cooperation in continuing education and inservice training. An obvious immediate approach to the manpower shortage is to attempt to make more constructive use of personnel at hand. Manpower problems in public mental institutions are, of course, most critical. Out of this three-day conference at Lake Arrowhead, Calif., have come a series of specific programs

which the council and commission have sponsored. First, the council has experimented with interstate telecommunication. It has sponsored all-day professional meetings and conferences with public mental hospitals from various states participating by direct open circuit telephone. The California Department of Mental Hygiene has taken leadership in this work. It reports after two such efforts that the response of participating institutions is quite gratifying, but that such a degree of coordination and preplanning is needed that special staff and budget should be specifically assigned to such efforts. In 1960 the council sponsored a regional conference for nursing service directors and nursing educators on staff development of nursing service personnel. This conference, financed by a special project grant from the NIMH, was well received by the participating institutions in the West. The proceedings have been widely distributed nationally and are now used by many nursing education and inservice training programs.

The council has sponsored a Regional Training Program for Career Employees in Mental Retardation. The regional training centers are the Pacific State Hospital, Pomona, Calif., and the Rainier School, Buckley, Wash. Selected top administrators and department heads of schools and hospitals for the retarded from five states have attended the program for a four- and one-half-month period, which covers one university or college semester. A two-month group program was developed in 1961 for second-echelon personnel-nursing supervisors, cottage life personnel, food service supervisors, and others. By 1962, six states had sent six top-echelon persons to the four- and one-half-month individual preceptor program and five persons to the two-month group program. These individuals have remained on the payrolls of their home institu-

tions while on such "detached service" at the regional training center.

A new NIMH-supported program of interstate cooperation in hospital staff development was begun in 1961 and is now well under way. A series of carefully planned group visitations to selected institutions for periods up to three weeks are being conducted for selected personnel. This program started in August, 1961, with a visit of personnel from schools for the retarded in four states to the program of the Washington Department of Institutions, with visitation headquarters at the Rainier School, Buckley, Wash. Other such visitation programs occurred in the fall and winter of 1961-1962 at such institutions as the Pacific State Hospital, Sonoma State Hospital, and Porterville State Hospital in California, the California Correctional Facility at Vacaville, the Utah State Hospital at Provo, Utah. Each of these visits has been planned with particular goals in mind, and participants are specifically invited to attend. A series of large regional conferences will be held over the next several years under this program. The first occurred in the fall of 1961 at Oregon State Hospital, Salem, with the focus on decentralization and the ward milieu as a therapeutic tool. The next conferences will focus on hospital administration and on staff and program development for meeting needs of children's services. In 1962-1963 a continuing education program, bringing university-level educational programs to various public institutions, will be inaugurated. The program was initially planned by a regional advisory committee, with subsequent development of small state committees. It is coordinated by WICHE's mental health staff in Boulder, Colo., and is being carefully evaluated.

At the request of the Western Governors' Conference the council has sponsored a study of interstate cooperation

in the field of juvenile delinquency. In 1962 it launched a regional study of manpower and training needs in the West in this field. From a regional organization viewpoint, the important point to note is that under this program there will be a regional advisory committee and state study groups. The findings of the study will be discussed at a region-wide conference in early 1963. The study will not only collect information and reliable data regarding manpower and training needs, but also will attempt to identify university, institution, and community programs which can serve as regional training centers for inservice and preservice training and education.

The council is deeply concerned with recruitment of persons into the mental health field. It has developed a summer work-study program which aims to introduce undergraduate students to the mental health field. In 1960, the first year, 80 students participated in Colorado and Washington. In 1961 there were 140 students enrolled at the University of the Pacific, University of Washington, and University of Colorado in ten-week credit courses which included eight weeks of paid employment as student interns in public institutions in Oregon, Washington, California, and Colorado. In 1962, colleges and universities participating included the Universities of Colorado, Oregon, and Utah, University of the Pacific, and San Diego State College. This program exemplifies the catalytic function of WICHE and the Mental Health Council. It is funded by the colleges and universities, themselves, the students, the participating state agencies and institutions, with some scholarship aid from mental health associations and other local groups. WICHE invests only staff time and travel and small sums for printing and publicity. A detailed evaluation of the program is under way, financed by the W. T. Grant Foundation and con-

ducted by the Institute of Behavioral Sciences, University of Colorado. Regional conferences on summer work-study programs in mental health were held under this grant in Boulder, Colo., in 1961 and 1962.

In the field of continuing education, the council sponsors a postgraduate education program in psychiatry for physicians who live in communities isolated from medical teaching centers. This program consists of a series of ten-week, case-centered, seminar-type discussion groups for physicians. The groups are led by two psychiatrist-teachers, either men practicing in the community or men who commute to the course. The psychiatrist-teachers meet at Langley Porter Neuropsychiatric Institute, San Francisco, for two-day training conferences before and after the courses. By the summer of 1962, 19 courses had been held in 15 communities in ten of the 13 western states. This program is being evaluated by the Institute of Sociological Research, University of Washington. It has been warmly received by the practicing physicians and plans have been made to continue it for another three years.

The council's concern with developing research in the mental health field is expressed through the formation of its research committee composed of selected council members, former council members, and others who are expert and knowledgeable regarding the mental health research field. This committee not only reviews the evaluation of the council's own programs, but stimulates the development of specific activities in mental health research in the West. These include the following: (a) Research Advisory Service to groups and individuals interested in developing research programs and conducting specific research projects; (b) a pilot summer course in research training for graduate students designed to interest more persons in the mental health research field.

The council itself has been imaginative in its program planning and active in the execution of the programs. The excitement of the participants and the warm response with which the programs have been received has encouraged the council to move ahead rather rapidly in committing itself to these programs. It has publicized its programs, first through a small newsletter, "Highlights," and now in WICHE's regular newsletter which reaches many people in education and public affairs. It is beginning now, after a rush of activities over the past two years, to sit back, look at itself, its long-range goals and ask, "Where do we go from here?" This has been stimulated in no small measure by the fact that the council has recently gone through the crisis of resignation of its second director, myself, and the arrival of its third director, Dr. Robert T. Hewitt.*

The goals of the Western Council on Mental Health Training and Research have been to stimulate—as a catalyst—interstate cooperation, interuniversity cooperation, university-public institution cooperation, and cooperation among the mental health professions for the purpose of (a) assisting in the increased quality and quantity of mental health personnel in the compact states, and (b) increasing regional or interstate participation in mental health training and research efforts which cannot be carried

* The council was originally launched under the direction of Daniel Blain, M.D., and Philip Sorotkin, Ph.D., currently the director and assistant to the director, respectively, of the California Department of Mental Hygiene, Sacramento.

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This paper was presented before the Mental Health Section of the American Public Health Association at the Eighty-Ninth Annual Meeting in Detroit, Mich., November 16, 1961.

out by certain of the compact states on their own, due to their small size and limitations in funds and facilities. The programs described above are illustrative of the work of the council to date. The council has successfully used community organization principles and technics in its program development. Its activities are sponsored and supported by an interstate compact agency in higher education. This may at first glance seem awkward and incongruous but may indeed represent the greatest strength of the council. Under WICHE, the council's mental health activities and concerns are placed squarely within the mainstream of the region's social and cultural development, namely, within the structure of higher education which involves the region's universities, colleges, and other educational enterprises sponsored directly by state agencies, institutions, and specific professional organizations and groups.

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