Citizens groups which are organized throughout the country for promoting mental health care have been enormously effective since WWII in stimulating the growth of community treatment facilities and in increasing the sources of monetary support. The treatment services now available, however, have met a roadblock of inadequate manpower. Since success will depend upon the quantity and quality of mental health manpower, this problem must be the next major one to solve. Professional channels are generally alert to this problem, and, for the most part, are diligent in their efforts to recruit and train new personnel. The people to be trained, however, are now a part of the general population and largely out of reach of the professionals. Citizens groups could prove to be most effective in the future if they now began to direct their attention toward: (a) recruiting young people at the high school and college level to go into the mental health professions, and (b) exerting an organized, systematic taxpayer’s kind of pressure on state legislatures and training centers to improve, expand, or inaugurate training facilities. Some ideas on specific ways of doing this are proposed.

Insufficient attention has been drawn to the issue of how the nation might prepare itself best to make effective use of the progress made in the public’s attitude toward the field of mental health. Proper utilization of the monies made available and the public’s good will have not been focused on the current major obstacle which lies in the failure to recruit and train the professional personnel needed to carry out the work involved in achieving the goals set by the mental health centers. There is an urgent need to develop a more adequate reservoir of professional manpower in the mental health fields of psychiatry, clinical psychology, psychiatric social work, and psychiatric nursing.

Professionals cannot rely solely on their own professional channels to solve the problem but instead, must enlist help from the ranks of the interested public, not yet in the professional fields of mental health. Medicine no longer has the appeal it used to have, probably because of the competition of a large number of new and exciting careers which have opened up in other fields, not requiring the tremendous investment of time, money, and energy. Because of a tradition of low salaries, other mental health professions such as psychology, social work, and psychiatric nursing also suffer from competition offered by these other careers which tend to drain off many of the best students.

Among those who control sources of money, there has been no recognition of the necessity to provide extra inducements to those working with psychiatric problems, whose work is always more difficult, more unpleasant, more exposed to prejudice and discrimination from fellow professionals and even more risky than is work with ordinary, rational people.

To illustrate the existing competition, the extensive ramifications, and the implications involved in the task of increasing
technical manpower in any field, some data has been compiled.

At the present rate of interest in the various types of professional careers, in order to turn out one additional social worker, one more Ph.D. psychologist and one more psychiatrist a year, 50 more students have to be induced to go into graduate training. To get that many more graduate students, 500 more students have to go into college. To obtain that many more college graduates, 800 more students have to be admitted to college (to allow for drop-outs). To get this many more graduate students, 500 more students have to graduate from college. To get this many more qualified applicants for college, 2300 more children must graduate from high school. Finally, in order to get this number of high school students, 3000 more students must enter high school. Of course, the one additional social worker, psychologist and psychiatrist could be acquired by stealing them from other professions. As long as the other professions continued to offer attractive career opportunities, however, little hope can be held out for this resource.

Some specific ways in which the local mental health organization might develop an interesting and worthwhile program, offering some hope of finding solutions to the problem is suggested as follows:

**Pressure on Training Centers**

A very striking characteristic of medical and other professional people, not often admitted by them or recognized by the public, is a marked sensitivity to public pressure, especially when the public which exerts pressure is organized and well-informed. In medical circles, for instance, a great many of the changes which take place come about through the demands made by the public rather than efforts brought to bear by professional organizations. One article appearing in Reader's Digest informing the public of some new treatment measure, for instance, has a more rapid effect in getting physicians to adopt it than dozens of erudite articles appearing in the professional journals. Many of the desirable advances made in medical practice came about in response to public pressure. An outstanding example of this was the Blue Cross plan for hospital prepayment. A more recent one was shown by the way the American Medical Association reversed itself on Medicare. On the other hand, many undesirable practices are instituted in a similar fashion, the most vivid examples of this order are the indiscriminate use of highly publicized but inadequately tested new drugs. In general, public pressures tend to be exerted on medical people with the expectation of bringing about more, better, or cheaper medical care. It is very unusual for the public to demand more or better training facilities, even though it is in this area that progress of any sort is best achieved.

It is, therefore, suggested that local mental health associations seek ways of influencing training centers to increase the quantity and quality of their output of trained personnel. The most likely target of such pressure from local groups would be state universities directly and state legislatures indirectly.

The specific measures which might be advocated would include: (1) the introduction into state universities of graduate training in mental health fields where these are not now present; (2) strengthening those departments which do exist with stronger faculties; (3) collaboration with other state agencies for placement and training.

**High School Recruitment**

An immediately accessible opportunity which could be repeated frequently for years to come and could do a great deal toward insuring adequate manpower for the future would be to address a vigorous recruitment drive at the high school level. The various mental health professions are very poorly understood by people of high school age, for these young people are not likely to have come in contact with these professions in their youth. When the opportunities for rewarding careers in the field are made known to them, however, a surprising number will develop a sustained interest in pursuing careers in the various professions concerned. Interest is especially