

strengthen the program of mental health in Maryland. In July of 1961, the State Board of Health and Mental Hygiene was created to serve as the policy board for both the Department of Health and the Department of Mental Hygiene. This was a move to strengthen the very obvious interrelationship between these two departments which are concerned with the health of the people. In March of this year, the Board recommended that the Department of Mental Hygiene be made responsible for the planning and supervision of all mental health activities in the State, both within the hospitals and in the communities. And in September, it further implemented this recommendation by consolidating the offices of the community health services of the two departments into one office in the Department of Mental Hygiene. This will not affect the operation of the local mental health clinics, which will still remain under their local health officers. In the less populated counties, hospital staffs often work in the local mental health clinics during off-duty time. With service being coordinated from one central office, it is felt that a better plan for continuous care can be developed between the clinics and the hospitals in the regions which they serve.

As you probably know, early this year our mental hospitals were regionalized to make it possible for patients of a particular area to go to the same hospital. The State hospitals and Health Department clinics are striving to bring their work more closely together. Follow-up services are being carried out in some counties by hospital staffs spending time in local Health Department clinics. In other counties, special meetings are held between public health nurses and hospital staff nurses. New ways are continuously being sought to make it easier for patients and their families when hospitalization becomes necessary for the ease of adjustment when the hospital treatment has been completed.

Up to now, I have spoken mainly of the program for the mentally ill. We have an equally active and advanced program for the treatment and care of the mentally retarded. I mentioned the hospitals at Rosewood and Henryton. Rosewood offers a full range of services — diagnosis, care, treatment, training and rehabilitation. Henryton is a new institution which opened about a year ago after its conversion from a hospital treating tuberculosis patients. At the present time, there are approximately 200 severely retarded adults at Henryton, being trained for normal living. I am told that this program is proving to be highly successful. Under it, we are hopeful that more and more of these adult retardates will be able to return to their communi-