

February 16, 1991

Editor  
Letters to the Editor  
**New York Times**  
Times Square, New York 10036

Sir:

Enclosed is a letter in response to the excellent OP-ED review by Oliver Sacks of the state of our State Hospitals. It is submitted for your consideration for publication.

The persistent failure of the State services to take advantage of our knowledge is a reflection of a failure of leadership; the appointment by the Governor of a non-physician as the head of the Office of Mental Health has not been salutary. In this letter, I suggest only one method of helping the severe mentally ill.

There is a lack of training and understanding of other therapies, as well, including lithium therapy, new antidepressants, and clozapine. Many State Hospitals have closed their medical wards, and are no longer able to care for the medical needs of their patients.

I describe only one aspect of this failure to properly treat patients, and seek public support for a public investigation of the state of our State Hospitals.

Thank you for your consideration.

Sincerely yours,

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Professor of Psychiatry

Attending Psychiatrist  
University Hospital

February 16, 1991

To the Editor,

Oliver Sacks (New York Times, February 13, 1991) correctly complains about the impact of the cuts in the State's mental health budget on the care of our severe mentally ill. We are reliving the 'Shame of the States' of the 1940s, but only part is due to budget cuts. There is also a failure to take advantage of advances in mental health care, specifically the unavailability of electrconvulsive therapy for patients in the State Hospitals.

Patients who require ECT from these hospitals have often been transferred to the psychiatric unit at University Hospital for treatment, the only public hospital in Suffolk County organized to give ECT. Other patients, from Rockland Psychiatric Center where ECT is also not available, have also been sent for treatment. The usefulness of ECT is well documented. Mrs. F., sustained in a manic delirium for more than three years, is now well and at home after a course of ECT. As is Mrs. W., a patient with a similar illness. Mr. K., is living in a halfway house after more than a decade of continuous hospitalization with a catatonic psychosis. Others were transferred with severe inanition, severe suicidal drive, and malignant catatonia, and were successfully treated.

The 1985 National Institutes of Health Consensus Conference on Electroconvulsive Therapy concluded that "ECT is demonstrably effective for a narrow range of psychiatric disorders in a limited number of diagnostic categories: delusional and severe endogenous depression, and manic and certain schizophrenic syndromes." It is precisely this range of severe mentally ill that populate our State Hospitals.

In response to these evaluations, psychiatrists of both Great Britain (1989) and the United States (1990) wrote guidelines for the use of ECT which make the practice safe as well as effective. Its use has increased in the academic and non-profit hospitals of the state, but it is available in only a few State Hospitals. In Suffolk County, with three of the largest facilities for the mentally ill in the state, ECT has only recently become available on a research basis in one hospital, and even this usage is threatened by the proposed budgetary cuts.

The usual justification for failure to provide ECT is the lack of funds for and adequate professional staff (mainly anesthesiologists), and for training. We should not accept such explanations, since ECT is effective, humane, and even cost-effective by reducing protracted hospitalization and the need for specialized nursing care. The degradation of the State's mental health services has already had tragic consequences for our community. Rather than accept the Governor's budget and decrease services, we need a blue ribbon investigation of the state of our State Hospitals to seek ways to use available treatments to help the mentally ill, of which ECT is only one example.

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