Psychiatric services have, in large part, been dependent on government subsidies. Periodically, the meagerness of this support has been the focus of reform movements. In retrospect, the corrective measures that have been instituted have to be seen as little more than cosmetic alterations of some of the uglier surface features.

Even these are now threatened by President Reagan's proposed rescissions for the federal budget in fiscal year 1981. It was after three years of heated discussion and of drafting and redrafting that Congress finally passed the Mental Health Systems Act of 1980.

President Carter signed this legislation on November 7. It anticipated a newly organized, more flexible federal, state, and local partnership arrangement. It foresaw a reshaped Community Mental Health Centers program with incentives that vested paramount authority in a formal state organization responsible to each governor.

It is now proposed by the Reagan Administration that there be health-services block-grants legislation. In effect, this would repeal the Mental Health Services Act by incorporating the proposed mental-health services with other health services—such as black-lung-disease clinics, migrant health, alcoholism and drug-addiction services—into one comprehensive block-grant allocation. The funding for this expanded effort would be at 75 percent of the current funding level for each state.

It is envisioned that the new services contemplated by the Mental Health Services Act would come into being in only a very few states—those in which the mental-health constituency is politically savvy and articulate, with a consequent high-level commitment to the provision of community-based alternatives to mental-institutional care. Obviously, in these few instances the level of funding under health-services block-grant legislation will be at a lower level, and the implementation of the full program will be at a slower pace. The result, seen realistically, will be that most states will continue to slacken their efforts to upgrade the least-restrictive care of the mentally ill.

This is not to say that mental-health services are singled out for this curtailment by the Administration's proposal. Since 1946, with the creation of the National Institute of Mental Health, the federal role in services, training, and research has elevated the status of psychiatry. Now, according to the health budget request released by the Department of Health and Human Services, the Administration is seeking FY-1981 revisions of the Public Health Service Budget of $679 million. Under this proposal, the PHS programs would receive $7.44 billion in FY 1982, as against $8.57 billion for FY 1981.

The Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) programs are to be consolidated into the block-grants plan, and it is proposed to cut the FY-1982 budget by more than half. It was stated at a briefing that the Mental Health Systems Act "probably would have to be repealed" to accommodate the cuts proposed in the ADAMHA budget.

Mental Health Research Training is slated for a $29-million reduction in FY 1981. Mental-health services are due for a $39-million cut, which would leave $324 million in block grants. The NIMH budget for 1980 was $564 million; for 1981, $540 million is proposed; and for 1982, $235 million—a decrease of $305 million!

Inasmuch as these appropriations fall within the "controllable" category of the federal budget, they are vulnerable when the President's November mandate has been construed to "get the Government off the citizen's back" by drastic federal budgetary reforms.

There is the clear implication that the size of the selected programs proposed for cutting is dictated by a differing social philosophy. Up to now, the NIMH has funded projects and programs that, it would appear, are currently not in favor.

It is hoped that when the Congressional committees hold hearings on the Administration's proposals there will be ample opportunity for the presentation of opposing points of view.