THE NEED FOR PARTIAL PSYCHIATRIC CARE FACILITIES IN MONTANA

by

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of

MASTER OF NURSING

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ABSTRACT

The study was a survey to investigate whether there exists a need for intermediary hospices among the patients in the hospital for the mentally ill at Warm Springs, Montana.

The data were collected by patient interview of the population selected. The selection of the population was determined by a random sampling of the entire patient population. The random sampling was made of one-tenth of the population.

The results of the study indicated that there were a total of 82 out of the 150 patient population considered (55 per cent, or 880 of the total population of 1,601) who could be cared for in partial psychiatric care facilities. The group of patients who had been hospitalized two years or less had the greatest proportion of patients who could be cared for in partial psychiatric care facilities.

Because of his removal from the normal stream of society and subsequent loss of relatives, friends, funds and visitors, a need for intermediary facilities does exist among the patients in the hospital for the mentally ill at Warm Springs, Montana.

Mentally ill patients do remain in the state mental hospital longer than it would be necessary for them to do so were intermediary facilities available.

LIMITATIONS

Time was allowed for residence at the hospital but most of it was consumed by interviews with the hospital administrators in order to explain the project and to obtain permission to carry on this study. Therefore, time and distance between the writer and the participating hospital created limitations. A great deal of time was spent traveling back and forth from Montana State College and Warm Springs in order to complete my studies at the college and interview the patients at Warm Springs.

Not all patients answered all questions and some not at all, which made a statistical analysis difficult.

THE NEED FOR PARTIAL PSYCHIATRIC CARE FACILITIES IN MONTANA

CHAPTER I

SELECTION OF THE PROBLEM

Introduction

People suffering from psychiatric illness serious enough to require hospitalization are usually ruptured from their individual social functioning. As he is removed from his normal stream of social existence, the patient's place in society and family becomes lost[1]--families and societies regroup and close ranks on the space he once occupied.

The problem of "...assisting the discharged patient to integrate into the community--to bridge the gap between hospital and community,"[2] is gaining momentum in importance and urgency in the public mind. Out of the urgency for the solution of this problem has come the newer types of hospital care such as day hospitals, night hospitals, and the halfway house. These new types of hospital care, none of which are found in Montana, are all geared to provide partial hospitalization to psychiatric patients.

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[1] Saul H. Fisher, M.D., "The Recovered Patient Returns to the Community." Reprinted from Mental Hygiene (October, 1958), pp. 463-473.

[2] Ibid., p. 463.

Purpose

The purpose of this paper was to show whether the need for intermediary hospices does exist among the patients in the hospital for the mentally ill at Warm Springs, Montana.

Intermediary Hospice Described

These types of hospitals are new, their characteristics are not fully known, and their definition has not been clearly established. A description of these specialized facilities follows.

The day hospital is "a treatment facility in between the mental hospital and the mental hygiene clinic."[3] It provides a unique service for a great many people who need more than clinical care but do not require hospitalization.

Three assumptions underlie day hospitals:

1. Patients do not need to stay in bed.
2. Patients do not need to stay in hospital until they are well and should not remain in hospitals if they are able to leave.
3. Not only should the patient be treated, but his family, home, and social setting should also be included in any treatment program.

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[3] Joint Commission on Mental Illness and Health, Action for Mental Health (New York: Science Editions, Inc., 1961), p. 180.

There are two types of day hospitals according to kind of services:

1. The day hospital which gives full hospital treatment to persons who return home or to accommodations at night. Patients attend four hours a week.[4]

2. The school or workshop type which "...emphasizes pre-vocational, recreational, and social activities designed to help patients live more adequately in the community. They secure jobs for patients and help them to cultivate hobbies."[5] This type is for a full five-day-week attendance.

> The day hospital encourages patients to develop relationships outside the hospital and decreases dependency of the mental hospital; it avoids the desocialization associated with long-term hospitalization; it permits the patient's family to participate in treatment; it relieves the family of the burden of caring for a disturbed person for an entire day; and it is more economical than hospital treatment.[6]

The night hospital is "a psychiatric unit offering treatment to patients after working hours."[7]

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[4] Ibid.

[5] Ibid., p. 181.

[6] Ibid.

[7] Ibid.

Function is to "make treatment possible for persons who work without interrupting their employment or interfering with their day-time responsibilities."[8]

Advantages:

1. The treatment is at night, therefore patient status is known only to intimates--more numbers of disturbed people seek help.
2. Treatment does not interfere with work of patient or social life.
3. It provides an "over-night service for the psychiatric emergency case,"[9] (thus eliminating the necessity of using the jail.)
4. "Emotional support can be provided for ex-patients in the early stages of employment."[10]

"There are as yet so few psychiatric halfway houses that no typical one exists."[11]

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[8] Ibid.

[9] Ibid., p. 182.

[10] Ibid.

[11] Doniger, Rothwell and Cohen, "Case Study of a Halfway House," Mental Hospitals, American Psychiatric Association, Washington 9, D. C., (April, 1963), p. 20.

The halfway house is the most recently developed intermediary hospice. In general it is a transitional residence, "based on the assumption that experience in a protected setting can significantly increase the ex-patient's chance of remaining out of the mental hospital, as well as prepare him for more independent living."[12]

There are three types:

1. The cooperative urban house--limited residence of ex-patients of same sex who have demonstrated the ability to get along with minimum supervision, and have the potential for, or have employment.
2. The rural work-oriented halfway house--sometimes a farm, ranch or homestead. Both sexes are accepted as well as those who need care but have not as yet been hospitalized for mental illness.[13]
3. The treatment-oriented halfway facility. This is halfway between the patient's home and the mental hospital. "Residents are still patients and are not required to assume any large degree of personal or domestic responsibility,

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[12] Joint Commission on Mental Illness and Health, Action for Mental Health (New York: Science Editions, Inc., 1961), p. 183.

[13] Ibid.

or to participate in community life."[14]

Problem

The objective of modern treatment of persons with major mental illness is to enable the patient to maintain himself in the community in an acceptable and normal manner.

Are there numbers of mentally ill patients confined for an indefinite stay in a psychiatric hospital because of lack of an intermediary hospice or shelter in which to complete full, or socially acceptable recovery? Is the lack of such facility the only reason these patients remain in this institution?

The problem was dealt with by attempting to answer the following questions:

1. Does a lack of funds and visible means of support mean the patient must stay at the Montana State Hospital?
2. Does lack of a suitable place to return to mean permanent residence at the Montana State Hospital in Warm Springs?
3. Does the geographical isolation of this institution for treatment of the mentally ill mean that the patient is also isolated from friends and family?

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[14] Ibid.

Assumptions

1. In most cases, if patients have the ability to perform tasks at the Montana State Hospital they have the same ability to work and live in an "after-care" abode, other things being equal, i.e., stress and strain of being independent.
2. Patients might be able to work outside an institution if they had a place of residence which provided the support and guidance needed to complete their recovery from mental illness.

Hypothesis

1. Mentally ill patients who can be identified do remain in the state mental hospital longer than it would be necessary were intermediary facilities available.
2. A need for intermediary facilities exists among the patients in the hospital for the mentally ill at Warm Springs, Montana.

Methodology of the Study

A survey of the hospital patients was made by:

1. Checking records in Montana State Hospital at Warm Springs.
2. Checking the opinion of hospital personnel as to agreement and disagreement. (Hospital personnel being, in this case,

the person on duty at the time of the interview, and the social service worker for that particular unit.)

3. Interviewing the patients included in the random sample.

To obtain the required data for this study, every patient of the sample was contacted. Those with the ability to respond were interviewed; those unable to respond because of mental retardation or reasons of extreme mental illness were considered within the category of permanent institutional cases.

Because it was thought that the patient might react unfavorably to their responses being checked on a questionnaire form, the interviewer used an informal approach--a small stenographer's notebook and a pencil were used to jot down the responses. Many patients watched what was being written down. Later, the questions and answers were tabulated in structured form.

The tabulation was done for the ease of further analysis and for the convenience of determining agreement or disagreement among the social service department, the records, the patient's statements, the personnel attending the patient, and the interviewer.

Selection of the Sample

A random sample was taken of the entire patient population, with the exception of sixty-five patients who had not been in the hospital long enough to have their report in the files. The sample was determined by an

IBM sorting. There were approximately one hundred admissions a month. On the day the sampling was done there were 1,601 patients in the hospital; of these 1,536 had records on file. Every patient was assigned in sequence a five-digit case number. If the patient returns this same number is used. The fifth digit of the serial number was sorted. One-tenth of the population went into each slot. The final sample size was 150, slightly less than ten per cent of the patient population used.

While the study was being conducted, three of the 150 died and were therefore eliminated from a portion of the analyses. An effective sample of 147 was left, which included ten children who had been diagnosed as either mentally disturbed or mentally deficient.

Procedure

A survey method using a questionnaire interview provided the data for this investigation. After the sampling had been determined, the patients' numbers were taken from their IBM cards for the purpose of obtaining the name and ward location of the patient. Each one of the 150 patients named in the sampling was identified. Those patients unable to respond sufficiently for the purposes of this study were placed among those in the institutionalized category. Those who could and would respond were interviewed.

After this, the questions and answers were tabulated in structured form on cards for the social service department to examine for checking of

agreement or disagreement with findings. Each card was reviewed by the social service worker in direct contact with the person named. Each case was handled as though a referral had been made for a decision as to the care required should they be referred for release from the hospital.

Remainder of the Study

Chapter II presents the tabulated data from the questionnaire and the statistical analyses.

Chapter III contains the summary, conclusions and recommendations for further study.

CHAPTER II

ANALYSIS AND INTERPRETATION OF THE DATA

The data collected by patient interview of the population selected at Montana State Hospital, Warm Springs, were tabulated from the questions and answers in structured form for ease of further analysis and for determining agreement and disagreement between the interviewer and social service department, and the final decision from the social service department as to the number that could function with partial psychiatric care.

Questionnaire

The questionnaire was used to establish clues as to patient's ability to:

1. Function in the school or workshop type day hospital.
2. Integrate into the community.
3. Regain his lost place in family and society.
4. Function in school or workshop type day hospital where treatment is designed to help patients live more adequately in the community--jobs are secured and hobbies cultivated.
5. Work, if offered treatment after working hours, and a place where emotional support could be provided in early stages of employment.
6. Get along with minimum supervision, and if not employed,

determine if he has the potential for employment.

The questionnaire was also designed to seek clues which might show:

1. Lack of a suitable (comfortable, supportive) place to stay which could result in a return of the patient to the hospital or permanent residence at Montana State Hospital in Warm Springs.
2. Lack of funds and visible means of support are reasons patient must stay at the institution.

It was made up of ten items concerning:

1. Length of hospital stay (range was from 1 to over 30 years).
2. Work before hospitalization.
3. Means (if any) of support by employment outside of hospitalization.
4. Money as a source of income.
5. Relatives.
6. Friends.
7. Visitors.
8. Patient's time outside of hospital, such as passes, family visits, etc.
9. Patient's attitude during interview.
10. Opinion expressed by patient, interviewer, and person in

charge of ward as to whether or not this patient could function with partial psychiatric care.

Not all questions were responded to, especially from patients within the institutionalized category, but even those who could respond well sometimes ignored certain questions. The poorest response came from answers pertaining to personal questions such as money, friends, relatives.

After the one hundred fifty interview questionnaires had been checked by the social service department, their conclusion was that eighty-two patients could be taken care of within partial psychiatric hospices. Sixty-five were found to be in need of institutional care. Three had died during the time the Interview-Questionnaire was being conducted from March 20 to November 1. Included within the eighty-two category were three who had been transferred, four who were on leave, and two who had been discharged.

The question to be answered in Table I concerned the relationship between length of stay in the institution and the ability of a patient to leave. The data show that patients are most ready for release during the first two years of their stay. Ten of the fourteen within the sample came under the category for release. After the two year period the proportion of those who could go lessened. Only seventy-two out of the remaining 136 could be released, thus showing the chances for release had

decreased to approximately fifty per cent.

TABLE I

RELATIONSHIP BETWEEN LENGTH OF STAY IN THE PSYCHIATRIC HOSPITAL AND ABILITY OF PATIENT TO LEAVE

Years of Hospitalization	TOTAL NUMBER	
	Of the 82 patients who could go	Of the total 150 patients within the sample
1-2	10	14
2-5	13	27
5-10	11	21
10-20	13	27
20-30	11	20
Over 30	8	14
Unknown	16	24
Deceased	--	3
	82	150

With regard to the period of 1-2 years, what is the probability by chance alone of having ten or more patients of fourteen able to go in the first two years? In order to test this, it was necessary to state a null hypothesis and the alternative. They were as follows:

Null Hypothesis

There is no significant difference in the number of patients who were able to go as compared to the number who would stay other than would be expected by chance alone. In order to test the null hypothesis, a binom-

inal distribution was assumed. The significance level was set at the ten per cent level.

Alternative Hypothesis

Of those patients who were in residence in the 1-2 year category, more could go than could be expected by chance alone.

Decision on Basis of Statistics

Since the alternative hypothesis indicates the direction of difference, the test is one-tailed.

$$m \text{ (mean)} = n \text{ (number)} \; p \text{ (probability of going)}$$

$$m = 14 \times 1/2 = 7$$

$$\text{(standard deviation)} = \sqrt{n \; p \; q \text{ (probability of staying)}}$$

$$= \sqrt{14 \times 1/2 \times 1/2} = 1.87$$

$$Z \text{ (standard of Z score)} = \frac{X \text{ (possible outcomes)}}{}$$

$$Z = \frac{10-7}{1.87} = 1.604$$

Thus, the chances are 548 in 10,000 that ten or more out of fourteen can go by chance alone.

There is a significant difference at the 5.48 per cent level and therefore the null hypothesis was rejected and the alternative hypothesis was accepted.

Tables II to V (pp. 16, 17, 18 and 19) illustrate data taken from questions used concerning the possibility of a lack of funds, visible means

of support, and the loss of the patient's place in the family and society as reasons why the patient must stay at the institution.

TABLE II

THE ECONOMIC POSITION OF THE PATIENT

Money - Source of Income	82 (*)	65 (**)
None	49	18
Family	3	3
Adequate	3	2
(***)	9	

(*) The 82 out of the 147 samples who could function with partial psychiatric help.

(**) The 65 who must remain institutionalized.

(***) The 9 not interviewed.

Over one-half of these patients did not have any source of income. Response to questions concerning money sources was given by sixty-four out of eighty-two, and only twenty-three from the sixty-five.

TABLE III

FAMILY RELATIONSHIP STILL AVAILABLE TO THE PATIENT

Relatives	82 (*)	65 (**)
None	4	6
To go back to	14	8
To write to only	43	13
(***)	9	

(*) The 82 out of the 147 samples who could function with partial psychiatric care.

(**) The 65 who must remain institutionalized.

(***) The 9 not interviewed.

The response to questions concerning relatives was poor. Of those who did answer, only fourteen said they had relatives to go back to; forty-three claimed to have relatives to write to; more than half seemed to have lost their place in the family.

TABLE IV

THE PATIENT'S RELATIONSHIP WITH SOCIETY
OTHER THAN THE FAMILY

Friends	82 (*)	65 (**)
None	49	19
To go back to	1	0
To write to	13	5
(***)	9	

(*) The 82 out of the 147 samples who could function with partial psychiatric care.

(**) The 65 who must remain institutionalized.

(***) The 9 not interviewed.

Only one patient within the total sample interviewed had a friend he thought he could stay with if he left the hospital for mentally ill. Thirteen had friends to write to. The response to questions used to gather data for this table was given with reluctance.

Questions concerning visitors brought forth the most response. Most patients could remember the date of their last visitor. The accuracy of these remembered dates was verified by a check at the patient-visitor file in the administration office.

Table V shows the loss of the patient's place in society by data gathered concerning the lack of visitors among patients in the Psychiatric Hospital at Warm Springs.

TABLE V

FREQUENCY OF VISITORS AMONG PATIENTS
IN THE PSYCHIATRIC HOSPITAL

Visitors	82 (*)	65 (**)
Weekly	1	0
Monthly	6	6
Yearly	22	6
Never	23	19
Used to have	1	0
Not for a long time	18	10
(***)	9	

(*) The 82 out of the 147 samples who could function with partial psychiatric care.

(**) The 65 who must remain institutionalized.

(***) The 9 not interviewed.

One patient out of all those interviewed had a weekly visitor. Twenty-three out of the eighty-two never had a visitor during their hospitalization; one out of the total used to have; eighteen out of the eighty-two had not had a visitor for a long time; and nineteen out of the sixty-five hadn't had a visitor.

Thus it may be seen the patient's place in society has become lost through lack of funds, relatives and friends. The removal from the normal stream of social existence is further shown by the lack of visitors to see the patient.

The school or workshop type day hospital "emphasizes prevocational, recreational and social activities designed to help patients live more adequately in the community. They secure jobs for patients and help them to cultivate hobbies."[15]

Table VI (p. 21) shows clues to patient's need for the school or workshop type day hospital, as shown by his occupation before and during hospitalization; also, by what he thought he might be able to do.

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[15] Joint Commission on Mental Illness and Health, Action for Mental Health (New York: Science Editions, Inc., 1961), p. 181.

TABLE VI

PATIENT NEED FOR SCHOOL OR WORKSHOP TYPE DAY HOSPITAL

Work before hospitalization at Warm Springs	82 (*)	65 (**)
Clerical	4	3
Domestic	20	3
Professional	10	3
Labor	24	8
Other	15	-
(***)	9	
Work now at Warm Springs		
Domestic Kitchen	7	2
Laborer	6	-
Clerical	2	2
Laundry	6	1
Grounds	4	1
None	12	-
(***)	9	
Could work as means of support outside of hospitalization		
Clerical	3	1
Domestic	8	1
Laundry	8	2
Professional	2	1
Laborer	12	-
Unable to work because of		
Age	15	6
Disability	14	7

(*) The 82 out of the 147 samples who could function with partial psychiatric treatment.

(**) The 65 who were categorized as Institutional patients.

(***) The 9 not interviewed.

Because of the nature of their legal commitment, six of those able to work would not be acceptable for partial psychiatric treatment.

Only one-half of the patients who worked before they came into the hospital now have any occupation; thirty-four believed they could do something as means of support. The fourteen disabilities were not total, but of the type which makes manual labor impossible. The fifteen who were unable to work because of age could be helped to cultivate hobbies.

Communication and response to questions were much poorer from the sixty-five under the Institutionalized category. Most of them had no means of support, did not have any present occupation, nor had any occupation previous to hospital admission.

The questionnaire regarding the patient's ability to function with partial psychiatric care included answers from the person in charge of the ward, the interviewer and the patient. However, not all patients answered this question. Each of the 150 cards was reviewed by the social service worker in direct contact with the patient named. Each case was handled by the social service worker as though a referral had been made for a decision as to care required should they be referred for release from the hospital.

TABLE VII

COMPARISON OF OPINIONS REGARDING PATIENT'S ABILITY TO FUNCTION WITH PARTIAL PSYCHIATRIC CARE

	82 (*)	Social Service Disagreement	65 (***)	Social Service Disagreement
Opinion of Person in Charge of Ward				
Yes	64		12	12
No	9	9	53	
(***)	9			
Opinion of Interviewer				
Yes	68		11	11
No	5	5	54	
(***)	9			
Opinion of Patient				
Yes	52		12	12
No	12	12	13	
No Response	9		40	
(***)	9			

(*) The 82 out of the 147 samples who could function with partial psychiatric treatment, as judged by the social service department.

(**) The 65 who were categorized as Institutional patients.

(***) The 9 not interviewed were included in 82 who could function with partial psychiatric treatment. Their ability was indicated by their transferral, pass and probationary discharge.

The decision of the social service worker was used for the final estimate of 82 who could function within an intermediary hospital. To facilitate the ease of handling of the questionnaire interview for the social worker, a place was designated for agreement or disagreement with the other answers. This check was also used for the final estimate.

Most patients within the category of the eighty-two who were agreed upon as being able to function in an intermediary hospital responded well to question number ten. This question concerned their ability to function in an intermediary hospital. However, not all of these felt they were capable of leaving Warm Springs.

Final tabulations of the questionnaire interview indicated that there was a total of eighty-two out of the 147 population considered, not including the three who had died, who could be cared for in partial psychiatric care facilities.

CHAPTER III

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

The problem investigated in this study, stated as a question, was: Are there numbers of mentally ill who are confined to an indefinite stay in a psychiatric hospital because of lack of an intermediary hospice or shelter to complete the role of their full recovery, or socially acceptable recovery?

1. Do lack of funds and visible means of support mean that the patient must stay at the state institution?
2. Does lack of a suitable place to which the patient can return mean permanent residence at Warm Springs?
3. Does geographical isolation of the mental institution (a facet of their "sorry history") mean that the patient is also isolated from friends and family?

It was hypothesized:

1. That mentally ill patients who can be identified do remain in the state mental hospital longer than it would be necessary were intermediary facilities available.
2. A need for intermediary facilities, because of his removal from the normal stream of society and subsequent loss of relatives, friends, funds and visitors, does exist among

the patients in the hospital for the mentally ill at Warm Springs, Montana.

The purpose of this paper was to show whether the need for intermediary hospices exists among the patients in the hospital for the mentally ill at Warm Springs, Montana.

One question to be answered concerned the relationship between the length of stay in the institution and the ability of a patient to leave for intermediary psychiatric care. The data show that more patients are likely to be ready for release during the first two years of their stay. Ten of the fourteen within the sample came under the category for release.

The selection of the population was determined by an IBM sorting for a random sampling of those patients hospitalized. Sixteen hundred and one patients were in the hospital the day the sampling was determined. Sixty-five of these patients were omitted from the sampling; they had not been in the hospital long enough to have their report in the files. One-tenth of the remaining 1,560 population was used. The final number reached as a sampling of the entire population was 150. Each one of the 150 patients named in the sampling was identified. During the course of the study, three died. The descriptive survey method employing interviewer-patient verbatim recording provided the data for this investigation.

The probability by chance alone of having ten or more patients

of fourteen able to go in the first two years was tested by stating a null hypothesis and the alternative. If the null hypothesis was rejected through statistical analysis of the data comparison, assuming the binominal distribution, then the alternative hypothesis was accepted. The alternative hypothesis was: Of those patients who were in residence in a 1-2 year category, more could go than could be expected by chance alone. Thus the hypothesis was supported that mentally ill patients do remain in the state mental hospital longer than it would be necessary for them to do so were intermediary facilities available. An analysis of the compiled data supports the hypothesis that the patients are more ready for release during the first two years of their stay. If they stay longer their chance of release decreases.

Conclusions

Patients are more likely to be ready for release to partial psychiatric care during the first two years of their hospitalization. If they stay longer their chance of release decreases.

Comparison of opinions regarding patients' ability to function with partial psychiatric care indicated there was a total of eighty-two out of the 150 population considered who could be cared for in partial psychiatric care facilities, thus showing the need for these hospitals does exist among the patients in the hospital for the mentally ill at Warm Springs, Montana.

Recommendations

Recommendations for areas of investigation, as evidenced by the results of the analysis of the data obtained, are as follows:

1. A possible further study of facilities available for the use of these other kinds of places for the care of the mentally ill. The cost per patient is $5.15 per day.[16]

   The number of patients was 1,601 on the day the sample of 150 was selected. Of this 150, eighty-two were considered able to leave and could get along with partial psychiatric treatment. Fifty-five per cent, or 880 of the total 1,601, would be eligible to leave the Montana State Hospital at Warm Springs.

   Approximately $4,000.00 per day would be saved and in the neighborhood of $1,000,000.00 per year. This saving could then be applied toward the maintenance of an intermediary hospice. This, along with the reduction and relocation of Warm Springs patients, seems to indicate that the establishment of intermediary hospices is well within the range of possibility.

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[16]See letter from Mr. Richard L. Watson, Department of Social Service, Montana State Hospital (Appendix, p. 32).

2. A follow-up study on the processes of patient deterioration as their time length of institutional care increases.

3. Mental retardation is a number one pediatric problem. A follow-up study on the foster family care needs of the ten mentally deficient or disturbed children found within this population tested. "Many mental hospital patients seem to make further improvement only when living outside the hospital in a normal social setting."[17]

4. A follow-up study on the effects of patient visitors--those who have few or never have a visitor as compared to those who do. (It often becomes virtually impossible for the patient to return to the community after contact with the home breaks down.)

5. A follow-up study on possible rehabilitation for the 65 patients who must remain in the Montana State Hospital at Warm Springs.

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[17] Joint Commission on Mental Illness and Health, Action for Mental Health (New York: Science Editions, Inc., 1961), p. 183.

APPENDIX

Montana State Hospital

WARM SPRINGS, MONTANA

June 18, 1963

Mrs. Madelon Sampson
Montana State College
Bozeman, Montana

Re: Need for Partial Psychiatric Care Facilities in Montana - (A Study)

Dear Mrs. Sampson:

Enclosed you will find one hundred fifty information cards which were given to the social workers for checking of disagreement with your findings on individual cases. Each card was reviewed by the worker, who would be directly in contact with the person named on that card and who would be responsible for making a decision regarding that person as to the kind of care needed, should they be referred for release from the hospital. Each case was handled as though a referral had been made and a decision would have had to have been reached by the social worker involved with the case. No special emphasis was placed in order that we would avoid skewing your findings.

Sincerely,

Richard L. Watson
Psychiatric Social Worker I

Approved:

Gregory Jacobs by R.L.W.
Gregory Jacobs, Director
Social Service Department

RLW:f

Encls.

Montana State Hospital

WARM SPRINGS, MONTANA

November 1, 1963

Mrs. M. Samsen
620 Floweree Street
Helena, Montana

Dear Mrs. Samsen:

In response to your request for the per diem rate charged against patients here at Montana State Hospital.

The per diem rate is arrived at in the cost of operation not including capitalization, not including the Mental Hygiene Program, and not including the interest. It is based on the yearly patient days divided into the cost of operation, and for the current period of 1962 and 1963 to date, cost per day per patient is $5.15.

I hope that this information will be of some assistance to you. If you want a fuller breakdown of this, I would suggest that you contact the Department of Institutions, in Helena, as I would expect them to have on hand the complete breakdown, as they receive it from us, to arrive at this.

It has been a great pleasure to be of some assistance to you in your efforts, and if there is anything further that I can do for you in any way, please feel free to call upon me.

Sincerely,

Richard L. Watson
Psychiatric Social Worker I

RLW:ch

PATIENT

NAME_____ AGE____ BIRTHDAY_____
WARD_____WHERE FROM_____
NUMBER_____WHERE BORN_____

PATIENT INTERVIEW	Social Service Department (Disagree)
1. HOW LONG HERE?	
1-2 yrs____2-5 yrs____5-10 yrs_____	_____
10-20 yrs____20-30 yrs____Over 30____	_____
Comments_____	
2. WORK BEFORE HOSPITALIZATION	
Clerical_____ Domestic_____	_____
Professional_____ Laborer_____	_____
WORK NOW	
Ward Work_____ Clerical_____	_____
Domestic Kitchen_____ Laundry _____	_____
Laborer_____ Grounds_____	_____
3. COULD AS MEANS OF SUPPORT OUTSIDE OF HOSPITALIZATION:	
Clerical_____Domestic_____Laundry____	_____
Professional_____Laborer_____	_____
Unable to work because of:	
age_____disability_____	
4. MONEY: SOURCE OF INCOME	
Outside_____Family_____None_____	_____
Small Amount_____Adequate_____	_____
5. RELATIVES: None_____	_____
To go back to_____	_____
To write to_____	_____
Comments:_____	
6. FRIENDS: None_____	_____
To go back to_____	_____
To write to_____	_____
Comments_____	

CHART

AGE_____BIRTHDAY_____
WHERE FROM_____
WHERE BORN_____

PATIENT INTERVIEW	Social Service Department (Disagree)
7. VISITORS:	
Wkly____Mthly____Yearly____	_____
Never____Used to have_____	_____
Where from_____	_____
Not for long time_____	_____
Comments_____	
8. OUTSIDE:	
Pass____Family Visit___Dischg.____	_____
Why back: Trouble at home_____	_____
Trouble w/relatives_____	_____
Trouble in community_____	_____
Scared-nervous_____	_____
No support (emotional)____	_____
No place to stay_____	_____
Comments:_____	
9. PATIENT'S ATTITUDE DURING INTERVIEW	
(a) Withdrawn _____ (b) Suspicious_____	
(c) Hostile_____ (d) No response_____	
(e) Friendly, talkative_____	
(f) Answered questions readily & well_____	
10. Could patient function with partial psychiatric treatment in an intermediary hospital?	
Person in charge of ward: Yes____No____	_____
Interviewer: Yes____No____	_____
Patient answer: Yes____No____	_____
I like it here_____	_____
Hard to get work alone after you have been here_____	_____
Comments:_____	

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