THE ROLE OF THE SOCIAL WORKER
AT THE ARIZONA STATE HOSPITAL

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A Thesis
submitted to the faculty of the
Department of Sociology
in partial fulfillment of
the requirements for the degree of
Master of Arts
in the Graduate College
University of Arizona

1942

Approved: Frederick A. Conrad, Director of Thesis
May 7, 1942
A thesis submitted to the faculty of the
Graduate College of the University of Arizona
in partial fulfillment of the requirements for
the degree of Master of Science
ACKNOWLEDGMENT

The writer wishes to express her sincere appreciation to Dr. F.A. Conrad, Professor of Sociology, for his kind supervision and assistance in writing this thesis; to J. Fuller, Case Supervisor, Pima County Welfare Board, and teacher of social work, for her helpful suggestions; to Dr. O.L. Bendheim, superintendent, Arizona State Hospital, for his kind cooperation; to Mrs. M.J. Mercer, psychiatric social worker, and Mrs. A. Bland, assistant social worker, for their assistance; and to Miss I. Baldwin, Case Supervisor, Maricopa County Welfare Board, for her supervision in field work in social work.
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CHAPTER I
INTRODUCTION

The writer's close association as an attendant with the mentally ill at the Arizona State Hospital inspired the writing of this thesis. From the date of their commitment to the date of their probable release, these unfortunate persons are confronted with the difficult task of: (1) adjusting themselves to the realization of their mental condition and loss of status; (2) adjusting themselves to institutional life; and (3) trudging their way back to mental health. Their traditional conception of mental illness as being disgraceful and stigmatic obstructs their adjustment to institutional life and increases their mental conflicts, suffering, and misery. How to ward off these disintegrating forces is the problem the mentally ill must face. In their groping for mental relief, they may follow one of four ways: (1) eventual adjustment, (2) complete flight from reality, (3) violent behavior, or (4) suicide. If they are to adjust themselves, they must have a helping hand. What is the role of the social worker in this capacity?
According to Groves and Blanchard, the task of a social worker, broadly interpreted, is to assist in the amelioration of failures in social adjustment and to prevent the occurrence of maladjustment. To Warner, Queen, and Harper, social case work is the art of adjusting personal relationships and reorganizing social groups. To Mary Richmond, "social case work consists of those processes which develop personality through adjustments consciously effected, individual by individual, between men and their social environment."

The developmental history of social work in state hospitals is of recent origin, for the medical profession had been too absorbed in effecting discoveries dealing with causes and cures of physical illness and applying

these discoveries.

The patient all too often was treated like a mechanical device, such as a motor whose functions had been deranged, the idea being that all that was necessary was to replace a part here or straighten out a part there.

About 1900 the importance of social work was being recognized in general in the field of psychiatric treatment. This stressed the life history of the patient, the importance of environment, family relationships, school and work adjustments as causative factors.

After 1900 social workers secured a recognized status in the field of psychiatry. The Boston Psychopathic Hospital is credited with having named this type of social work "psychiatric," with being the first hospital that provided a well-organized program for giving service to patients, and for establishing community education for the prevention of mental disease. The Manhattan State Hospital, New York City, employed the first trained social worker to deal with the after-care

1. Social Service Department, an unpublished manuscript by Arizona State Hospital; December, 1941; p. 1.
2. Ibid.
4. Ibid.
5. Ibid.
of patients discharged from the hospital. Social service in general hospital clinics for nervous diseases was also developing at this time. The use of social work in connection with mental illness was thrown into full swing by the World War of 1914-1918. The Social Service Department at the Arizona State Hospital, however, was not established until 1937. What are the functions that this department has assumed since its establishment, and how do these functions compare with those in the social service departments of other state hospitals in the United States?

Method of Study

The contents of this thesis were compiled by six methods of study: (1) participant observation at the Arizona State Hospital, (2) questionnaires mailed to state hospitals throughout the United States (see appendix A), (3) social data forms or face sheets which

1. French, op. cit.; p. 412.
2. Ibid.
3. Ibid.
4. M. J. Mercer, psychiatric social worker, Arizona State Hospital; Letter to the writer.
are filled out upon the admittance of patients to the hospital and upon their release from the hospital, and pamphlets obtained from state hospitals throughout the United States, (4) personal interviews with different persons and agencies, (5) letters to different persons and agencies, and (6) library work.

The writer had to resort to the use of personal interviews or write letters to different persons and agencies to bring to light phases of social work at the Arizona State Hospital which were not brought out through participant observation. Out of the 76 state hospitals to which questionnaires were sent 78 per cent (59) replied. This 78 per cent includes a few which did not fill out the questionnaires, but replied that they had no social service department. It also includes hospitals which have no social service, but which filled out parts of the questionnaire. It also includes hospitals which have social service, but did not fill out all the blanks on the questionnaires. In addition to the 59 hospitals which replied, data on 2 other hospitals are included. Out of the 59 hospitals which replied, 49 per cent (37) sent either social data forms which are filled out upon the admittance of patients to the hospital, or forms which are filled out upon the release of patients from the hospital, or pamphlets. The personalities and agencies
interviewed or written to cooperated fully with the writer. Library work was used as a basis for general information on social work.

In every case the questionnaires were sent to the largest and second largest state hospitals in every state. In some cases, however, these larger hospitals did not reply. Questionnaires were then sent to smaller state hospitals.

The writer recognizes the inherent weakness in the use of participant observation and questionnaires together, or even, of each alone. There is the possibility of either judging too severely, or too leniently, the social worker observed in action. The very nature of questionnaires invites the infiltration of the personal element when they are filled out. This tends to color the replies with an element of personal bias, and, to some extent, group esprit de corps with the desire to make the most favorable report of an institution. When due allowance is made for these probable errors, the data give a fairly accurate picture of the functions of social workers in state hospitals throughout the nation.
CHAPTER II

ROLE OF THE SOCIAL WORKER AT
THE ARIZONA STATE HOSPITAL

A. Admittance of Patients

The scope of the functions of the social worker at the Arizona State Hospital can best be appreciated with a brief discussion on the facilities and regulations in effect at the hospital.

At present the population of the hospital is about 950, and its capacity is about 900. Patients of all races are accepted, and are not segregated. Non-resident patients are accepted temporarily until arrangements can be made for their return to their own state. If they are able, they are required to pay for their stay at the hospital, but their respective states are not required to pay. The only time a state contributes any financial assistance is when it authorizes the return of patients who are its residents. Then it pays one-half of the costs of transportation and the state of Arizona, the other half.

1. Interview with J. Metzger, former superintendent of Arizona State Hospital.
2. Interview with J.P. Gross, attorney at the Veterans Administration Hospital, Tucson, Arizona.
United States veterans are admitted to the hospital, but if they qualify for hospitalization in government hospitals, they are later transferred to the nearest facility by the Veterans Administration Hospital.

Veterans who go insane while hospitalized at the Veterans Hospital will be committed to the State Hospital only if they are dangerous and destructive, and thus cannot be held at the Veterans Hospital which lacks facilities for this type of patient. Non-dangerous and non-destructive insane patients are kept at the Veterans Hospital until facilities are available in government insane hospitals. The transfer is then made directly.

Whether a veteran was a civilian or a hospitalized patient at the Veterans Hospital at the time of his commitment to the State Hospital, the Veterans Hospital assumes the responsibility for arranging for facilities for his detention in government hospitals for the mentally ill.

Patients may volunteer for admittance to the State Hospital, and if they are able, they are required to pay for their hospitalization. Since out-clinic services are

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1. Interview with J.P. Gross.
2. Interview with S.H. James, superintendent of Veterans Administration Hospital; Tucson, Arizona.
3. Ibid.
4. Interview with J.P. Gross.
not available either for the indigent or for those able to pay, the provision for volunteer commitment and treatment of mental disease at its incipient stage is one weapon of defense against the increasing rate of insanity.

The task of the social worker at the State Hospital begins upon the commitment of a patient. There are two social workers employed at the hospital, one of whom is a psychiatric social worker; the other, an assistant social worker, who works both in the capacity of an assistant social worker and as a typist. The merit system of employment was not in effect when they were employed.

The procedures followed by the social worker in the admittance of all patients are similar. The case histories of all patients are compiled; but special forms must be filled out for veterans and volunteer patients. Arrangements must be made for the transfer of non-resident patients to their respective states.

The social worker at the Arizona State Hospital sets the scene for the psychiatric and medical treatments of patients. She obtains the personal and family history of every committed patient. This facilitates the patient's diagnosis and prognosis, and offers a foundation for possible constructive personalized treatment for the patient's eventual absorption back into community life.
Different sources are tapped for information in compiling a case history, but the most common sources used are the patient's immediate family and next of kin, and the patient himself.

A case history embodies information on the patient's onset of mental illness, other types of disease the patient has had, and his hereditary history of mental illness and mental deficiency. An idea of the detailed information sought is given in the sample questionnaire, shown in appendix B. The social worker supplements the above information with whatever additional information she believes is pertinent to the case in hand.

If a committed patient is a veteran, special application blanks for hospital treatment or domiciliary care are filled out and sent to the Veterans Administration where it is ascertained whether the patient qualifies for treatment in a federal facility. The questions asked in these application blanks have reference to the patient's service in the army or navy of the United States, the patient's property possessions, type of illness, and his dependents. For complete information sought on the veterans' application blanks see appendix B.

Patients volunteering for admittance must fill out special application blanks which are addressed to the
superintendent. Questions asked are similar to those asked in the general information blanks, but are not so detailed. See appendix B for comparison. After the social worker has obtained the information she needs, she dictates it to the assistant social worker who types it on a blue social service sheet. With the completion of the case history, the social worker is ready to interpret the patient's background to the doctors.

Some relative usually accompanies the patient to the hospital upon admittance, and contributes most of the necessary information. If the patient is unaccompanied, information blanks and letters must be mailed to relatives or friends, but the patient himself furnishes much information.

 Relatives accompanying patients are in many cases themselves embroiled in an emotional upheaval. Grief, over-anxiety, and pity; a feeling of blame, shame, or disgrace; anger (rarely), and fear, rooted by ignorance in the nature of hospitalization, all play their part at one time or another in obstructing a free flow of information. The social worker must drive a salient into such barriers.

She sympathetically questions a relative, or whoever accompanied the patient, about the patient's onset of mental illness, and allows him (or her) to express his
feelings and attitudes. This relieves his pent-up feelings and paves the way for the acquisition of information. The informant is then asked to fill out information blanks the best he can, and is told to go into an inner office where he fills the blanks alone. After he completes these blanks, the social worker confers with him in her office. Blanks he left vacant are filled. He is questioned further on whatever she feels is of importance. If the informant is closely related to the patient, she tells him to look after the interests of the patient during the latter's stay at the hospital. Finally, the informant is taken into the business office to ascertain the patient's financial status, or that of his immediate family or guardian.

Other persons or agencies well acquainted with the patient may be contacted by the social worker for information about the patient. She may contact a family doctor or any other doctor who has had close association with the patient, and inquire of him what type of physical diseases the patient has had, and the probable effect those diseases have had on the patient's mental health. She may inquire of him if he has known the patient to have behavior problems rooted in mental conflicts, complexes, mechanisms, or any other maladjustments which
have contributed to the disintegration of the patient's personality. Of a former employer of the patient she may inquire about the patient's adjustability to his work. From schools, she may find out about the patient's learning ability and adjustability. Ministers may be asked about the patient's spiritual life and general character. Of neighbors she may inquire about the general behavior of the patient amidst family relationships, the general behavior of other members of the family toward the patient, the patient's tidiness, habits, idiosyncrasies, neighborliness, etc. If the patient has been a delinquent, the social worker may request of juvenile probation officers a summary of the case history of the patient.

The agencies which contribute the most assistance in compiling the case history of the patient are the county welfare boards. Upon request from the social worker, they verify residence of committed patients, submit summaries of case histories of patients who were recipients of relief, visit the homes of patients (if the latter are not accompanied to the hospital by relatives, who usually furnish most of the required information), and inquire about the patient's onset of mental illness and any additional information requested. The Veterans Administration Hospital and other hospitals the patient may have
been in are also contacted. Immigration officers are contacted if the patients are aliens.

The social worker does not, as a general rule, on account of financial limitations, visit the home, neighborhood, or community of a patient to get first-hand information on the patient's plane and standards of living, agreeableness of family relationships, economic security, vocational adjustments, educational and recreational facilities, and other stressing factors in the patient's environmental background which may have contributed to his mental disintegration.

The social worker takes an active part in the commitment of patients who have been held at the hospital for observation and are diagnosed as being mentally ill. She compiles their case histories, and takes them with her when she is a witness to their commitment. The following is a description of such a commitment.

About 12:45 P.M. one day two hospital employees took two patients, a young woman and a young man, to the "witness room" of the superior court in Phoenix. The social worker and two doctors, the superintendent and another doctor, from the hospital were present. After the commitment papers were filled out about 1:30 P.M., the hospital party, with the exception of the superintendent,
went into the court room to await the judge. The doctor soon became absorbed in conversation with the man patient who spoke freely about his mental illness and seemed much at ease. The social worker took a small magazine which she read and only interrupted her reading to cast frequent glances at the woman patient. Time seemed to weigh heavily on the latter. She crossed her legs first one way and then another. Beads of perspiration streamed down her face. She frequently flapped the lapels of her coat indicating how warm she was, slightly tilted her head each time to one side, and wrinkled her nose as if annoyed by the stench of perspiration. Her restlessness increased with time. The social worker noted her condition. She asked the attendants to exchange places, for the attendant who had been sitting by the male patient is experienced in dealing with patients who "go off." The woman patient began to perspire more profusely and to cast frequent and rapid glances of apparent utter despair and mental anguish toward the attendant sitting by her. Suddenly she jerked her coat off, exposing her clothes wet with perspiration, and started toward the door.

1. This commitment occurred on a winter day in the latter part of February, and the temperature of the room was not uncomfortable.
of the court room. The attendant followed her and the social worker, who had begun to pace the court room after she had asked the attendants to exchange places, asked her in sympathetic tone to go back to her seat. The patient blurted out in loud voice that she was not insane, made her way toward the windows of the court room and sat on a chair near them. The attendant followed her and sat near her. The social worker lifted her magazine to her mouth and whispered to the doctor that the patient had headed straight toward those windows. The patient saw her. The social worker walked toward the patient, asking her in a kind voice to come back to her first seat. The patient refused to comply with her request until the social worker told the attendant to "leave her alone." Then the patient walked back to her seat, and the social worker told her that they had not much longer to wait and that it was not their fault they had been detained so long. The social worker resumed her floor pacing and the attendant sat near the patient again.

It was about 2:30 P.M. when the hospital party was called into the judge's office. The two patients sat on chairs close together, and an attendant stood at each side of them. After all the hospital employees, including the superintendent and other witnesses present, had taken the oath, the judge first questioned the doctors and then
the social worker on the sanity of the patients. All testified that the patients were mentally ill. The patients witnessed this with bowed heads. The testimony over, the social worker and one doctor walked out. The attendants and patients followed later. These two cases indicate obvious differences in the effect of commitment upon patients.

B. Representation of Patients' Outside Interests

The social worker attends to the patient's outside interests during his hospitalization in an effort to channelize his whole attention on mental recovery, or to prevent the exploitation of his property or other possessions by overly-ambitious relatives or "friends." She represents the patient's interests in guardianship procedures, contracts, property, divorce procedures, and is supposed to maintain contacts with the patient's family during his hospitalization. Outside interests of United States veterans or their widows or children are attended to usually by the attorney at the Veterans Administration Hospital. The American Legion and American Red Cross are called upon by the social worker to obtain pensions for

1. Social Service Department, op. cit., p. 3.
2. Interview with J.P. Gross.
veterans' widows or to give financial assistance to their children under eighteen years of age if they are hospitalized.

C. Treatment of Patients

The social worker begins her psychiatric treatment of patients when she first interviews them to establish rapport and obtain information. Her interviews with patients thereafter are limited and she only contacts them to convey to them some message from relatives or friends; to arrange for some of their special needs, such as eyeglasses, dental sets, special shoes and braces, etc.; to try to find employment for needy patients ready for parole; and to inform them of staff meetings at which they are scheduled to appear for a sanity hearing and probable release. A few of the patients with ground parole go to the social worker's office and request her to read their mail to them, or to answer it. She willingly complies.

Relatives or friends of patients are contacted for financial assistance when the latter have special needs as those mentioned above; to obtain permission for shock

1. Interview with J.P. Gross.
treatments of patients; to inform them of serious illness or death of patients; and to inform them when patients are ready for parole.

Relatives or friends of patients often write to the superintendent pertaining to patients. The social worker has access to this mail from which she obtains information for case histories, and she has a variety of odd jobs to do, such as informing a patient of money or anything else sent him in care of the superintendent, and answering letters inquiring about patient's tidiness, habits, etc. Thus, the social worker, in a limited way, acts as the mediary between patients and their relatives or friends.

The role of the social worker in the treatment of patients is of more importance in the recreational field. She arranges for the acquisition and return of moving pictures from distributors who lend their films once a week without cost to the hospital. The latter, however, must assume the costs of transportation and see that the films are returned intact to the distributors.

Other types of recreation the social worker arranges for are: dances once a week with music furnished.

1. Social Service Department, op. cit.; p. 3.
2. Ibid., p. 4.
by a W.P.A. orchestra, and musical entertainment provided by two W.P.A. musicians for six hours each day, five times a week. These two musicians lead a glee club composed of men and women patients who present musical shows to the rest of the patients and hospital employees once a month. Religious services are also arranged for every Sunday by the social service department.

In the literary, radio, and gardening type of recreation, the role of the social worker is of secondary importance. She cooperates with the Gray Ladies' Organization of the American Red Cross in their efforts to supply enough reading material "to busy idle minds and twiddling thumbs." This organization also supplies radios and other types of furniture. Another organization giving its assistance to bolster the recreational facilities at the hospital is the Phoenix Garden Club. This Club consists of a group of women who work with about 12 patients twice a week planting flowers. Their objective is to give patients who like gardening an opportunity of self-expression. At the same time it helps to beautify the hospital campus with flowers.

1. Social Service Department, op. cit.; p. 4.
2. Ibid., p. 5.
In the field of occupational therapy, the social service department supervises the Men's Occupational Therapy Shop where painting, woodwork, and leatherwork are participated in. The assistant social worker obtains the raw materials for this shop from two stores in Phoenix, one of which donates wood, the other, leather.

Another form of occupational therapy is employment outside the hospital. The social worker tries to get employment, for the most part, for needy patients ready for parole who may or may not have families, relatives, or friends interested in taking them out on parole. She assumes the responsibility of taking out on parole a few of the latter type of patients and of placing them with families in the community where they are given an opportunity to work for their maintenance outside the hospital. She maintains contact with these patients.

Persons and agencies helping the social worker find employment for patients are: the United States Employment Agency, the Maricopa County Welfare Board for residents of Maricopa County, and former employers of

1. Social Service Department, op. cit., p. 5.
2. Interview with J. Metzger.
3. I. Baldwin, case supervisor, Maricopa County Welfare Board; Letter to the writer.
patients. When employment is found for any patient, the social worker must interpret the patient's personality characteristics to the prospective employer so as to pillar the patient's adjustment to employment and community life.

In most cases, patients are happy to be given employment in the outside world. In one particular case this did not hold. An over-sensitive young woman ready for release, abhorred to work with strange people. She had her reasons. She felt very keenly that the stigma of hospitalization in an "insane asylum" was ineffaceable; that she would be tagged as being "queer," and would be constantly hammered with abuse. The social worker secured housework for her at a residential home, and told her she needed clothes badly for her release. Her wages were to be $3.00 per week. At the end of three days the assistant social worker paid the patient a visit to see how she was getting along. The patient was sent back to the hospital with the assistant social worker, and was paid only 50¢ for the three days of work. The social worker had to intercede in the interest of the patient.

1. The writer's close association with this patient brought this out.
2. Interview with patient.
She contacted the patient's employer by telephone and requested her to pay the patient more. Such cases serve to illustrate the diverse types of problems that may come up for adjustment by the social worker.

D. Release of Patients and After-Care

When a doctor of the hospital staff feels that a patient has recovered mental health, the social worker is notified. She visits the patient at his or her ward to inform him to appear in the next staff meeting for a sanity examination and probable release. If the patient has ground parole, the social worker may have the patient come into her office.

Staff meetings are held every Tuesday morning at 10 o'clock in the matron's office. Those present are: the superintendent, who presides over the meeting; the other doctors; the matron; the social worker; and the patients, one at the time. The staff personnel sit in a semi-circle, and the patient more or less in the center. Before a patient is called in, the doctors discuss his or her illness, whether it be mental or physical, the types of treatments the patient has received at the hospital, or should receive before release, or should continue getting after release at outside facilities. The patient's general behavior and personality are discussed with emphasis upon unfavorable attitudes, ideas,
habits, and morals. The doctors call upon the social worker for her interpretation of family conditions, relationships, and behavior patterns or personality of the patient.

Upon the completion of this discussion, the matron calls in the patient and tells him or her kindly to sit down. The superintendent establishes rapport with the patient. The sanity examination then begins. The superintendent and the rest of the doctors question the patient on his mental and physical health, habits, attitudes toward commitment and release, and his future plans. The superintendent decides whether a patient is to be paroled or not, and informs the patient of his decision. The social worker jots down in her notebook the patient's name, the decision reached, and any recommendations made by the superintendent or any of the other doctors.

It is the social worker's duty to make arrangements for any type of release. She is supposed to inform the relatives or the friends of the patients when the patients are ready for release; contact county hospitals, clinics, and county dispensaries for patients who must continue medical treatments after their release and who cannot afford to pay for their treatments.

The social worker, as a general rule, does not personally study the environment and family conditions
under which the patient will live when he is paroled or discharged. The social worker frequently calls upon the Maricopa County Welfare Board to assist in making adjustments in the home of a patient from that county upon his release. The county welfare boards of five counties known to the writer are seldom, if at all, called upon for this purpose. If the members of the patient's family have any unfavorable attitudes either toward one another or toward the patient, and they go to the hospital after the released patient, the social worker tries to rid them of these unfavorable attitudes. However, she does not admonish the family, relatives, or friends on how they should react toward the paroled patient unless she is instructed to do so. She does admonish the patients themselves. This admonition is usually given in a sympathetic manner. In one instance known to the writer this was not the case.

The social worker had a male patient come into her office to inform him that he was to be paroled. The Salvation Army in Phoenix was to give him board and lodging for a few days until one of the patient's former

2. Interviews with case supervisors of Cochise, Pima, Pinal, Santa Cruz, and Yuma County Welfare Boards.
employers gave him employment. This patient had been a drunkard in the past. The social worker spoke to him in a straight-forward, unsympathetic tone and told him that he was going to be given a trial on parole, but that if he squandered his money and roomed in slophouses he was going to be picked up by police and placed in a "workshop." She informed two male employees in the patient's presence that the latter squandered all his money on liquor and stayed in slophouses. The patient laughed. The social worker told him that it was not funny; thereupon, the patient took the defensive and blurted out a series of rationalizations.

The social worker tries to find employment for paroled patients able to work. If patients are completely dependent when they are ready for parole, the social worker usually contacts their county welfare boards and requests that temporary relief be given them until they are able to provide for themselves. Categorical relief is not asked for. If patients are ready for parole but their relatives do not go after them, the social worker may contact the county welfare boards and request that they visit the families of these patients and make arrangements for the arrival of the latter.

1. Interview with J. Fuller, case supervisor, Pima County Welfare Board.
Outside of the Maricopa County Welfare Board, county welfare boards are not asked either to give or find employment for released patients. This is left up to the county welfare boards to work out. On several occasions the social worker has contacted the state supervisor of vocational rehabilitation to ask for assistance in the vocational rehabilitation of out-going patients who were suspected of having a permanent physical disability. A rehabilitation program is offered to persons with a permanent physical disability who can become self-dependent if they are trained in occupations in which their physical disabilities will not obstruct.

Contact is maintained once a month with the paroled patient. The person responsible for a patient out on parole must write to the hospital every thirty days, or come in person, to inform the superintendent of the parolee's condition. (See appendix C for a sample of parole blanks.) If a patient is out on parole for twelve months and no mental relapse has occurred during that time, he is discharged. If paroled patients cross state boundary lines they are discharged.

1. H.V. Bene, State Supervisor of Vocational Rehabilitation; Letter to writer.
2. Inspiration and Opportunity for the Physically Disabled, Offered by State Board for Vocational Education; p. 9.
3. Interview with J. Metzger.
4. Ibid.
CHAPTER III
THE ROLE OF SOCIAL WORKERS
IN OTHER STATE HOSPITALS

A. Admittance of Patients

Despite the progress that has been made in the treatment of mental disease, the attitude of the general public toward the mentally ill is still imbued with the old conception of insanity. This conception, which holds that mental disease is stigmatic, disgraceful, and incurable, hampers the advancement in caring for the mentally ill in state hospitals.

It is this conception which makes commitment to such institutions seem like a realistic pandemonium to committed patients. To fight off the stigma attached to hospitalization, a group of former patients in Illinois, who had recovered their mental health, formed an organization and called it "Recovery, the Association of Former Patients." This group directed its efforts toward dislodging the public's old conception of insanity and abolishing the court commitment procedure. They

described the commitment law as cruel and brutal because it did not treat the mentally ill as sick people.

If the present status of commitment laws cannot be modified, then measures should be adopted to protect the mentally ill from further mental injury. The mental condition of most mentally-ill persons on their committal has not degenerated so much that they cannot conceive and perceive what is going on around them. They are facing one of the worst crises that could befall anyone. Hospital employees and law officials should understand this.

Since the public recoils from hospitalization in mental institutions as something shameful and ignominious and yields to it only as one of the last resorts, treatment has been retarded in many state hospitals. The facilities available in state hospitals throughout the United States are not keeping pace with the increasing need for hospitalization. The population in most state hospitals throughout the nation tends to be greater than the capacity. Of the 61 state hospitals, 35 have larger populations than their capacity, 11 have less than their capacity, and 4 equal to their capacity. Information on this was not submitted by 11 hospitals.

The casual observer may wonder if nothing is being done in state hospitals to rehabilitate the mentally ill
and reestablish them in the community. To accomplish this, state hospitals must have sufficient funds and qualified personnel, among whom there should be at least one social worker to work in conjunction with the psychiatrist in connection with the treatment of personality disorders. Since the social worker interprets to the psychiatrist the behavior problems of the patient in terms of his environmental background, the social worker is indispensable in the psychiatric treatment of the patient.

Information on the personality background of the mentally ill is absolutely indispensable for the psychiatrist, who frequently deals with mental diseases caused by factors found just in that field of personality pattern.

Important as social workers are in institutions for the mentally ill, there are today many state hospitals without their services. Out of the 61 hospitals, 36 have social workers while 25 do not. The number of psychiatric social workers employed by each hospital varies from 1 to 12. (See appendix D.) Other types of social workers, excluding medical social workers, are employed by 11 state hospitals instead of or in addition to psychiatric social workers.

1. Social Service Department, op. cit.; p. 2.
In 14 state hospitals out of the 36 having social workers, the latter are employed by the merit system. Social workers are not employed by this system in 15 state hospitals; information on this point was not submitted by 7 state hospitals.

The functions of the social worker in a state hospital are affected by the regulations in effect and the facilities available for the admittance, treatment, or release of mentally-ill patients. If a state hospital accepts patients of all races, the question arises whether they should or should not be segregated if the facilities are available to do so. Colored patients may suffer discrimination and abuse at the hands of patients of other races if they are not segregated. Looking at the matter in another angle, colored patients may resent segregation and feel that it is discrimination. Whatever situation may exist, the social worker might be called upon to make adjustments and change unfavorable attitudes. Patients of all races are accepted in 44 state hospitals, but are not accepted in 10. Of the hospitals accepting patients of all races 31 do not segregate them, but 12 do. The rest of the hospitals did not submit this information.
Another regulation which affects the functions of the social worker in a state hospital is that permitting patients to volunteer for commitment. This gives the social worker a better chance to help the patient straighten out his maladjustments than if the patient waits to be committed. Mentally-ill patients may volunteer for admittance in 43 hospitals, and not in 5 hospitals. Information on this point from the remainder of the hospitals was not submitted. The functions of the social worker in a state hospital in reference to the admittance of non-resident and veteran patients are rather extensive. The social worker gives these types of patients the same treatment given the others, but must contact the respective states of non-resident patients to obtain authorization for their return to their own states; and must fill out special application blanks for veterans applying for their hospitalization at the nearest federal facilities.

Non-resident patients are accepted at 32 state hospitals, and are not accepted at 15. In 17 hospitals accepting non-resident patients the latter are required to pay if they are able, but are not required to pay in 11 hospitals. Only 3 attempt to make the respective states of non-resident patients pay for the hospitalization of the latter. United States' veterans are accepted
at 44 state hospitals, and are not accepted in 2. Transference of veterans to government facilities is undertaken by 25 state hospitals. In 3 transference is undertaken with the permission of the patient's family.

The degree of advancement of a state hospital in the treatment of mental disease can be roughly estimated by whether it makes provision for a social service department and for out-clinic services. Despite the fact that the importance of out-clinic services is recognized by the medical profession at large, this type of service is practically non-existent in most of the state hospitals throughout the United States. Out of the 61 state hospitals, 20 provide for out-clinic services to the indigent; 24 do not make this provision; and 3 make it limitedly. For mentally-ill patients able to pay for treatment, 17 state hospitals offer these services, but 30 do not offer them at all. Consultation service is given to doctors only in one hospital.

Out-clinic services are not available at the Arizona State Hospital, but the present superintendent has brought the importance of these services to the attention of the public. He advocates the launching of an offensive against the increasing rate of mental illness through the establishment of out-clinic services by the hospital staff. To supplement these services and strike
at the root of mental disease, he advocates the initiation of an active mental hygiene movement to educate the public on the causes and nature of mental illness. If sufficient funds were made available and these two proposals were put into effect, they would constitute a counter-attack to eradicate mental illness. Out-clinic services would catch mental illness in its early stages when recovery is more hopeful. An active mental hygiene movement would help prevent mental illness. It would acquaint the public with the modern conception of mental disease, which holds that mental illness is not any more disgraceful than any other disease; that it is not incurable; that it can be prevented in most cases by early medical attention; that it differs from "normal" behavior only by degree; that it is an accumulation of mental tensions, conflicts, and maladjustments which eventually, if not taken care of early, plunge their victim into the depths of mental disorganization; or else, that it is the result of an organic disease such as syphilis, a glandular disorder, etc. which has been neglected or purposely kept under cover.

With provision for out-clinic services, the functions of the social worker at the Arizona Hospital would undoubtedly increase. She not only would have to complete the case histories of hospitalized patients, but of out-patients as well. Her other functions likewise would apply to out-patient services.

One of the most important functions of a social worker is the gathering of information for the case histories of patients. The type of information embodied in case histories depends largely upon the information forms or questionnaires used in obtaining information from relatives, friends, or acquaintances of patients. Social workers may supplement this information with any other information they consider vital for the particular case in hand.

The general information questionnaire used by the Arizona State Hospital is obsolete and is one of the poorest. (See appendix B.) It gives too much emphasis to hereditary and organic factors to the almost complete exclusion of the social and physical environmental factors. "The fatalistic attitude which makes heredity all-powerful retards our understanding of mental disorders."

The best information questionnaire was submitted by the Hastings State Hospital, Ingleside, Nebraska. (See appendix B.) It covers the life history of the patient completely and only overlooks three important factors: (1) the degree of education of the patient's parents or his spouse, if married; (2) the sexual instruction of patient during his childhood; and (3) the type of punishment the patient received as a child.

The Mount Pleasant State Hospital, Mount Pleasant, Iowa, submitted the second best information questionnaire. (See appendix B.) Its table on family history is unique, and its page on the alcoholic and drug addict is very good. The Kalamazoo State Hospital, Kalamazoo, Michigan, submitted the third best questionnaire. The Central Islip State Hospital, Central Islip, New York, sent the best hereditary chart. (See appendix B.)

Social workers obtain the case histories of patients in 25 state hospitals, limitedly in 5, and not at all in 4. Implications or maladjustments, which may have precipitated a patient's mental disorder, can best be appreciated by the social worker if she visits the patient's home. This is done in 16 state hospitals, and limitedly in 10. Social workers in 9 state hospitals do not visit the patient's home. It is not a function of
Social workers to go after a new patient who is to be committed. In 1 state hospital, however, the social worker performs that function only if the patient's family is unable to take him to the hospital.

Social workers tap different sources for information on the personal and family history of an admitted patient. These sources usually are the family, the patient himself, relatives and friends, other hospitals the patient may have been in, county welfare boards, schools, former employers, and churches. This information may be obtained through personal interviews, forms or letters, or both. Both methods are used by 41 hospitals, 28 of which use mostly personal interviews. The investigation of the legal residence of patients is considered a function of the social worker in 13 hospitals, not at all in 16, but limitedly in 4. Social workers do not represent the interests of patients in legal procedures at 21 state hospitals, but do in 5, and limitedly so in 6.

B. Treatment of Patients

The role of social workers at state hospitals varies more in the treatment of patients than it does in the admittance, release, and after-care. One important

1. Spring Grove State Hospital (for colored); Catonsville, Maryland.
function of social workers in the treatment of patients is to help patients adjust themselves to institutional life. They should stave off as much as possible disintegrating mental tensions, conflicts, and bafflement, operating upon the patient's "peace of mind." Adjustment to institutional life need not be so painful. Some obstacles to this goal can be overcome. Any normal person finds adjustment to any situation difficult if he is away from his beloved ones and is not written to or otherwise contacted by them. If this situation holds for normal persons, it holds much more for mentally-ill persons who are behind locked doors and barred windows in an "insane asylum," and who are completely severed from outside contacts. Unless otherwise advised by the doctors, apathetic relatives and friends of patients must be awakened to their obligations to the mentally ill. If they are to overcome their mental disease, they must be given a helping hand. The greater majority of patients at the Arizona State Hospital go for weeks, months, and even years without a letter or a visit from unthoughtful relatives and friends. These patients not only have

1. Writer's observation as an attendant.
to fight off their mental disease; they must also fight off a disintegrating feeling of inexpressible loneliness and abandonment. It is hard to put up a good fight when one's own kindred and friends apparently are uninterested in the outcome of the struggle.

Patients are kept in contact with their families in 16 hospitals; limitedly in 4, and not at all in 10 hospitals. Most of the hospitals keeping patients in contact with their families also keep them in contact with other relatives and friends. This contact is kept through visits to patients in 16 hospitals, limitedly in 4, and not at all in 3. The mail is also used as a medium of contact, but the method of visiting predominates. The telephone is seldom used in this capacity. All three mediums of contact are used in some hospitals. The social worker in most of the hospitals which keep the patients, relatives, or friends in contact, encourage these ties and so pave the way for the patient's adjustment to institutional life and, perhaps, eventual recovery.

An important part of the treatment for mental illness is that relatives and friends of the patient understand the nature of the patient's illness. They should know how to react toward the patient's moral transgressions and bolster, instead of obstruct, his fight for mental health. Social workers in 14 hospitals assume
the obligation of imparting this information to the patient's family, 13 hospitals to relatives, and 9 hospitals to friends. A few social workers in other hospitals perform this function in a limited way.

The interpretation of the patient's environmental background to doctors is undertaken by social workers in 26 hospitals, limitedly in 5, and not at all in 5. The social worker's participation in the personality and mental examination of new patients is limited. Only in 12 hospitals is this considered their function. In 1 hospital the social worker gives all intelligence tests. They attempt to establish rapport with patients in 19 hospitals and do not interpret to the patient his illness in 26 hospitals. The latter is clearly not a function of social workers. However, in 13 hospitals social workers interpret the patient's illness to his family, and in 9 hospitals to his relatives. Friends of the patient are rarely advised in this respect.

An important form of treatment lies in the recreational field, but the functions of social workers in this capacity are limited. In 23 hospitals social workers do not play any role in recreation; they do in 7, and

1. Massillon State Hospital, Massillon, Ohio.
limitedly in 3. Types of recreation that social workers supervise are: dramatics, library and reading material, assistance in plays and outside recreation such as walks, games, and nature study. In one hospital, social workers do not supervise any recreation for inter-mural patients, but do for extra-mural patients. The type of recreation supervised here depends upon the physical and mental aptitude of patients. In a few hospitals, social workers arrange for recreation but do not supervise it. These types include: shows, orchestra for dances, schedules for W.P.A. musicians; special classes at the Y.M.C.A.; special recreation in the community, arranged through agency contacts; and shuffle board, cards, checkers, dominoes, and "programs."

The recreation available at the Arizona State Hospital compares poorly with that available in other state hospitals in one respect; namely, it does not provide for the participation of patients in community

1. Manhattan State Hospital, New York City.
2. Central Oklahoma State Hospital, Norman, Oklahoma.
3. Terrell State Hospital, Terrell, Texas.
4. Napa State Hospital, Imola, California.
5. Arizona State Hospital, Phoenix, Arizona.
6. Lincoln State Hospital, Lincoln, Nebraska.
7. Manhattan State Hospital, New York City.
8. Utah State Hospital, Provo, Utah.
recreation. If hospitalized patients were allowed to mix with normal individuals in the community, much would be done to keep outside contacts intact, to make them feel they are part of the community, and to efface the stigma attached to hospitalization. Furthermore, the public would better appreciate the fact that not all the mentally ill are destructive, "raving maniacs."

Some patients might see a form of recreation in occupational therapy. Only at the Arizona State Hospital does the Social Service Department take any part in the supervision of occupational therapy.

How much social workers can contribute in aiding patients to adjust themselves to institutional life and to uproot their diseased behavior-patterns depends upon the degree to which they maintain constant face-to-face contact. The latter depends upon the population of the institution in question and the number of social workers employed. The contacts between the social worker and the patients at the Arizona State Hospital are of necessity limited, because the social worker has too much on her hands. This same obstacle undoubtedly explains why social workers in other hospitals throughout the nation fail to maintain constant face-to-face contacts with patients. Only in 7 hospitals do social workers maintain this contact. In 18 hospitals this contact is not
maintained. Social workers in 8 hospitals read the patients' correspondence for them when they so desire, but social workers in 21 hospitals do not perform this function.

Many patients have special needs, such as eyeglasses, dental sets, special shoes, braces, and other special needs. Only in 5 hospitals, including the Arizona State Hospital, do social workers attend to such needs. This is not a function of social workers in 30 hospitals. Social workers in 3 hospitals attend to these matters only if patients are on parole.

C. Release and After-Care of Patients

The most important function of social workers in state hospitals is represented in the release and after-care of patients. The environment to which the latter are to be released must be wholesome and rid of outstanding factors which are known to have contributed to the precipitation of mental illness. The task of re-adjustment into community life is not an easy matter. Patients must fight for a recognition in the community as

1. Napa State Hospital, Imola, California; Central Islip State Hospital, Central Islip, New York; and Manhattan State Hospital, New York City.
2. Interviews with J. Metzger and J.P. Gross.
normal human beings. Until the stigma attached to hospitalization in hospitals for the mentally ill is uprooted, this readjustment will be a tedious process. In the release and after-care of patients, social workers are confronted with two tasks: (1) educating members of the community as to the nature of mental illness, and (2) helping patients effect readjustment. Until the public at large is educated on mental hygiene is it likely that released patients will have more than a fighting chance to reestablish themselves securely in community life.

The family-care program which was started at the Springfield State Hospital, Sykesville, Maryland, in 1935 represents one of the most effective and latest developments in readjusting released patients. This program was started with the aim of raising the level of family care from that of a modified extra-mural custody of mental patients to a more dynamic social therapy, utilizing the insights and methods of psychiatric social case work. Family care is: "all placements of mental patients, considered in need of social planning, in the homes of

2. Ibid.
persons; they are not related to by blood or marriage."  

The family-care homes are individually chosen to fit the "specific patient's presumable level of social adjustability." These homes are in rural communities in small towns and in the city of Baltimore. The patient enters the home in any one of the following statuses: (1) as a paying guest; (2) as a family member contributing his share of labor to the family group; (3) in the clearly-defined status of housekeeper, domestic, or farm hand, or (4) as a boarder occupied outside the home.

The aim is, in each case, to find the situation matching in emotional climate the patient's need, and in complexity his optimal tolerance, either in the first placement, or more frequently, in successive steps.

Family-care placement may be regarded as an intermediary period in individually-selected reality situations to aid him in arriving at a compromise between his deviating or diseased personality and the exigencies of life in a free community. If the patient adjusts himself to one particular level, he may move from there to more difficult

2. Ibid., p. 2.
3. Ibid., pp. 2-3.
4. Ibid., p. 3.
5. Ibid.
situations which demand more responsibility "until he
has found his optimum level." If the patient is placed
at first on what is for him a low level, this "is likely
to start an upward movement at the patient's own speed."
The psychiatric social worker interprets new steps or
situational incidents of conflicts to patients. However,
a different method may have to be used with chronic
patients who are considered to be
below the level of accessibility to direct
verbal psychotherapy, either because of their
intellectual, educational and social levels,
or because of the nature of their illness.

In this case, influences of selected environmental situations are reconditioned.

The Danvers State Hospital, Danvers, Massachusetts,
also provides for family-care for released patients.
The Danville State Hospital, Danville, Pennsylvania, em­
phasizes the use of the boarding-home method. These
cases are given as examples of carefully-planned techniques
used in effecting the adjustment of released patients to
community life. The provision for the follow-up or

1. Stuber and Dewitt, op. cit.; p. 3.
2. Ibid.
3. Ibid.
after-care of released patients at the Arizona State Hospital is poorly developed.

The procedure followed in the release of patients and their after-care throughout the country is similar. Before patients are paroled, hospital staffs examine them on their sanity. The social workers in 16 hospitals participate in this examination, but in 14 do not. On a discharge, social workers in 14 hospitals participate in this examination, and in 14 they do not. Social workers arrange for this examination in 2 hospitals, including the Arizona State Hospital, but do not in 23. Families of patients are notified by social workers in 20 hospitals, and not in 7, when patients are ready for parole. Families are likewise notified when patients are ready to be discharged in 20 hospitals and not in 7. Many times patients are ready for parole but have no families to assume the responsibility of taking them out on parole. In some instances, families do not wish to assume this responsibility. Other relatives are then contacted. This occurs in 30 hospitals; friends are contacted in 25 hospitals. Other homes are found for mentally-cured patients in 27 hospitals when they have no one to take them out on parole.

1. Interview with J.P. Gross.
Social workers in 21 hospitals personally study the environmental and family conditions under which a paroled patient is expected to live. This is not done by social workers in 6 hospitals. Before a patient is discharged, social workers in 16 hospitals visit the environmental and family conditions, but do not in 7 hospitals.

If the family and environmental conditions are found to be unfavorable, social workers may attempt to modify these conditions before the patient is released. Social workers in 25 hospitals attempt this, but in 4 do not. This function is performed limitedly in 1. If the environment and family conditions are such that they can not be remedied, social workers in 22 hospitals attempt to place the patient elsewhere, and 2 do so limitedly. Social workers in 6 hospitals do not make the attempt at all. Not only must social workers fight unfavorable environmental conditions, but must attack wholesome attitudes in the family group. In 24 hospitals, social workers try to change unfavorable attitudes among the members of the patient's family either toward one another or toward the patient. This attempt is made in a limited way in 4 hospitals and not at all in 5.

In order to help released patients effect a more permanent readjustment to community life, social workers
must work toward this goal by destroying obstructions in their path. In many cases the readjustment of released patients is retarded as a consequence of their family's ignorance in respect to mental illness. Many times the families of mentally-ill persons need more admonition on how to react toward the latter than do the patients themselves need advice on how to react toward their families. In 15 hospitals, social workers admonish patients to be released on the regulations they are expected to follow upon release. Patients do not get this admonition in 16 hospitals. Out of the 15 hospitals giving this admonition to patients, 12 give it in a sympathetic tone, 2 give it according to the type of case; and 1 gives it in sympathetic tone (Arizona State Hospital). The family of the released patient is admonished on how to react toward the latter in 16 hospitals, and is not admonished in 11. This admonition is given to other relatives in 12 hospitals and not given in 12. Friends of the patient are advised in 11 hospitals, but not in 10.

One way of speeding the readjustment of released patients is through employment. This gives them an opportunity to establish relationships outside the family group, and assume a feeling of responsibility. In 22 hospitals the social workers find employment for paroled patients able to work; this is done in a limited way in
5 hospitals, and not at all in 4. Employment for discharged patients is found in 12 hospitals, but not in 16. Social workers in 3 hospitals perform this function in a limited way.

The efforts of the social worker at the Arizona State Hospital in seeking employment for paroled and discharged patients could be made more effective. More sources in the community could be tapped for assistance. "Want Ad" columns could help find employment or homes for patients to be released. Religious organizations could be called upon to render their assistance. The interest of women's clubs could be attracted. The hospital itself could establish an Employment and Placement Bureau. The greatest obstacle to the success of any of the above suggestions lies in the unfavorable attitude of the general public toward formerly mentally-ill persons. Community education in mental hygiene could do much to eradicate unfavorable attitudes toward released patients.

Special arrangements must be made for patients who have recovered their mental health, but are physically ill and unable to pay for medical services on the outside. Social workers in 21 hospitals arrange for the acceptance of such patients in their respective county or other types of hospitals. This is not done in 12 hospitals. If patients are unemployable for reasons other than
physical illness, such as old age or dependent children, social workers in 26 hospitals attempt to get categorical relief for them, but social workers in 5 hospitals do not. Some hospitals depend upon welfare boards to make this assistance available when patients themselves apply for relief.

During the adjustment period of paroled patients, social workers in most state hospitals keep in contact with them. In 8 hospitals this contact is made once a month; in 3, every 6 months; in 3, no contacts are maintained. In other hospitals the contact varies from twice a month to "just when advisable or when doctors advise it." The mediums of contact used, in their order of predominance are: visits; visits and mail; visits, mail, and telephone.
CHAPTER IV

CONCLUSION

The social worker is indispensable in a state hospital for the mentally ill. One of her principal functions is to obtain as much information as possible about the patient's environmental and hereditary background and to interpret this background to the psychiatrist. Only by finding out as completely as possible what unfavorable factors have been operating upon the integrity of the patient's personality since his birth can medical treatments be made more effective. With this information in hand, the psychiatrist can more successfully bring the patient back to solid ground. The psychiatrist can aid the patient to eradicate his mental conflicts and tensions, subliminations, and mechanisms, or other types of maladjustments. The patient can be helped to face reality and adjust himself normally.

Before the patient can face reality and adjust himself to his problems, he must first adjust himself to institutional life. In many cases, this adjustment can be speeded up by the social worker. Unless otherwise instructed by the psychiatrist, she can keep the patients in contact with their families, relatives, and friends. This contact is
indispensable for a speedy recovery of mental health. Additional worries must be staved off an already overburdened mind. Furthermore, the social worker can do much to make a state hospital for the mentally ill seem more like a hospital and less like a prison or an "insane asylum." She can arrange for the active or passive participation of patients in community recreation, providing that these patients are able to profit from this type of contact with the outside world. Talents in patients should not be allowed to lie fallow. They should be given an active outlet, for they possibly could be made the foundation for the patients' recovery. After adjustment to institutional life has been effected, the patient can focus his whole attention on reorganizing, re-weaving, and re-integrating his behavior-patterns. Upon completion of the task, he is ready for a trial in community life.

The social worker must again step in. She must assist him to adjust himself to community life by placing him in favorable environmental conditions, wholesome family relationships, and interpreting his behavior-patterns to the immediate persons concerned. She must supervise his adjustment by personal contact to prevent any relapse. This is the principal function of the social worker in a hospital for the mentally ill.
In summary, the functions of the social worker are:

1. To obtain as much information as possible about the patients' background and interpret this background to the psychiatrist.
2. To help patients adjust themselves to institutional life.
3. To help them adjust themselves to community life.

How completely these functions can be effected may depend upon three factors:

1. The capability and resourcefulness of the social worker in question.
2. The length of time the hospital has had the services of a social worker.
3. Funds available.
4. The amount of work that is required of her.

It is difficult to evaluate the capability and resourcefulness of the social worker at the Arizona State Hospital. The Social Service Department was recently established, there is an insufficiency of funds, and the social worker has more work on her hands than she can properly attend to. It may be for these reasons that the social worker at the Arizona State Hospital, unlike social workers in most other state hospitals, (1) does not, as a rule, personally visit the family and environmental conditions under which released patients are to live; (2) does not personally contact released patients to supervise their adjustment in the community; and (3) does not request categorical relief for released patients.
Functions which the social worker performs at the Arizona State Hospital which are not performed by social workers in most of the other state hospitals are:

(1) supervision of occupational therapy (for men), (2) protection of the patient's outside legal interests during the hospitalization period, (3) attending to special needs of patients, such as eyeglasses, dental sets, (4) investigation of the legal residence of patients, (5) arrangement for the sanity examination of patients before their release, and (6) participation in this sanity examination in the capacity of an interpreter of the patient's environmental and hereditary background.

Many of the above functions are clearly not those of a social worker. The supervision of the occupational therapy for men should be performed by a qualified teacher. The patients' outside legal interests could be attended to by a lawyer appointed for that purpose. Nurses could attend to the special needs of patients.

There is one function which social workers in most of the state hospitals, including the Arizona State Hospital, do not perform. They do not personally visit the patient's family and environmental conditions upon his commitment to obtain first-hand information on any unfavorable factors which may have contributed to the precipitation of the patient's mental illness. Were this
accomplished, social workers could help the patient's family overcome these unfavorable factors during the patient's hospitalization and prepare the home for his return. Fewer relapses would then occur.

The progress that has been made throughout the nation in the treatment of the mentally ill has been impeded by the unfavorable attitude of the general public toward the mentally ill. Until this attitude is uprooted, progress in the care of the mentally ill will continue to be slow. A nation-wide campaign should be launched to disintrench this obstacle.
APPENDIX A

Questionnaire Sent to State Hospitals
QUESTIONNAIRE

Please fill out the questions below. Most require only yes or no.

Part I. Admittance of Patients

1. What is the capacity of the hospital? Number of patients there now? 

2. How many psychiatric social workers are employed? Medical social workers? Other social workers? Are these social workers chosen through the merit system? 

3. Does the hospital accept patients of all races? If so, are they segregated? May patients volunteer for admittance to the hospital? Are out-clinic services made available free to indigents? To those able to pay? 

4. Are non-resident patients accepted at the hospital? If so, are they required to pay? Are their respective states? Are U.S. veterans accepted at the hospital if they are residents of the state? If not, are they sent to government hospitals? 

5. In compiling the case history of patients, is the information obtained from the family? Patients? Relatives? Other hospitals the patient may have been in? County Welfare Boards? Schools? Former employers? Churches? Is the case history obtained mostly through interviews? Through forms and letters? Through both? 

6. Does the social worker obtain the case history of patients? Does she visit the family of the new patient at his home to study family conditions? 

7. Does the social worker interpret the patient's environmental background, family conditions, etc. to the doctor? Does she participate in the personality analysis and mental examination of the new patient? Does she attempt to establish rapport with the new patient? Does she interpret to the patient his ailments? To his family? To other relatives? To his friends? Does she go after a new patient that is to be committed? Does she investigate the legal residence of committed patients?
Part II. Representation of Patients' Interests in Outside World and at Hospital

1. Does the social worker represent the interests of patients in legal procedures, such as guardianship procedures, contracts, divorce, property procedures?________

Does she keep the patients in contact with their families? _______ Relatives? _______ Friends? ______

If so, is this contact kept through visits to patients? _______ By mail? _______ By telephone? ______

Does she encourage the patient's family to visit patient? _______ The patient's relatives? ______

Friends? _______

Does she admonish the patient's family on how to react toward patient? _______ Does she admonish other relatives? _______ Friends? _______

Does she play any role in the recreation of patients? _______

Does she supervise the Occupational Therapy of patients? _______

2. Please list the types of recreation that the social worker supervises:


Types of recreation that social worker arranges for, but does not supervise:


3. Does the social worker keep in constant face-to-face contact with patients? _______

Does she read to them their correspondence when they so desire? _______

Is she the one who sees to it that they get eyeglasses, dental plates, etc. when they are needed? _______

Part III. Release of Patients

1. Does the social worker participate in the sanity examination of a patient before he is paroled? _______

Discharged? _______

Does she arrange for this examination? _______

Does she contact the patient's family when patient is ready to be paroled? _______

Discharged? _______

If a patient is ready to be paroled, but has no family to look after him, does the social worker try to contact other relatives who might be interested in patient? _______

Friends? _______
If a mentally-cured patient has no family, relatives, or friends, does the social worker try to find him a home? 

Does she study in person the environment and family conditions to which the patient is to go before he is paroled? Discharged? 

If the environment or family conditions are unfavorable, does she try to remedy such conditions? 

If such conditions are such that they cannot be remedied, is patient placed elsewhere by the social worker? 

2. How often does the social worker contact a paroled patient? How? 

How often does she contact a completely discharged patient? How? 

3. Does she admonish patients ready to be paroled or discharged what regulations they are to follow after they are released? 

Is this admonition given in a straight-forward, unsympathetic tone? In a sympathetic tone? 

Does she admonish the family of patient to be released on how they should react toward him? 

Does she admonish other relatives? Friends? 

4. Does she try to change any unfavorable attitudes among members of family either toward one another or toward patient before the latter is released? 

5. Does the social worker find employment for paroled patients able to work? For discharged patients? 

If a patient has recovered his sanity, but is physically ill and unable to pay for medical services, does the social worker arrange for his acceptance at the county hospital in his county? 

If a patient has recovered his sanity, but is unable to work for reasons other than physical illness, such as old age, dependent children, etc., does the social worker try to get him categorical relief such as Old Age Assistance, Aid to Dependent Children, etc.? 

THANK YOU VERY KINDLY

Please send me face sheets or social data forms which are filled out upon the admittance of patients to the hospital and upon their release; also any pamphlets which may help me.
APPENDIX B
Forms Filled On the Admittance of Patients
to State Hospitals
ARIZONA STATE HOSPITAL

The following information will aid materially in the treatment and restoration of:

Your kindness in supplying this promptly will be appreciated.

Birthplace of patient... Town... State... Country... Date of birth...

State habits concerning:
- Alcohol
- Opium
- Cocaine
- Chloral
- Tobacco

How long in school...
How long in Arizona...
How long in U.S. ...
First papers...
Second papers...

Single, Married, Widowed, Divorced, Separated (Underline correct word)

Number of children of patient... Number living... Ages...
Number of children of patient dead... Ages at death...

Supposed cause of present illness...

Give date of first symptom of insanity and description of all symptoms during present attack...

Any history of mental or physical over-exertion, or effect of extreme heat?

Number of previous attacks of mental disease, age at each, where treated, result...

Has patient ever had typhoid fever... diphtheria...
Did patient have syphilis... Gonorrhea...

Apoplexy... Epilepsy...

Specify any other disease from which patient has suffered...
Describe any accident or injury to patient.

Has patient shown any criminal tendency.

Has patient ever attempted suicide.

Name of father................................................. Birthplace.

Living................................................. Age

If dead, cause of death........................................ Age at death

Maiden name of mother............................... Birthplace

Living................................................. Age

If dead, cause of death........................................ Age at death

Number of brothers and sisters living........ Ages

Are any mentally or physically defective.

Give details

........................................................................
Number of brothers and sisters dead...................................... Causes of death and ages at death..............................

Name of paternal grandfather.......................................................... Living.......................... Age..............
          Cause of death........................................................................
Maiden name of paternal grandmother........................................ Living...... Age........
          Cause of death........................................................................
Name of maternal grandfather.......................................................... Living.................. Age........
          Maiden name of maternal grandmother........................................ Living...... Age........
          Cause of death........................................................................

IN THE FOLLOWING ANSWERS STATE WHICH RELATIVES WERE EFFECTED

Were parents or grandparents addicted to use of alcohol..............................

Any drugs..........................................................................................

Any insanity in father's family..........................................................

Any insanity in mother's family..........................................................

Any feeble-minded in father's family..................................................

Any feeble-minded in mother's family..................................................

Have any of the following appeared in father's or mother's families

Epilepsy, fits, dizzy spells.................................................................

Chorea (St. Vitus dance)......................................................................

Hysteria.............................................................................................

Eccentricity....................................................................................... 

Goitre.................................................................................................

Cancer.................................................................................................

Tuberculosis....................................................................................... 

Persistant Headache..........................................................................

Paralysis............................................................................................... 

Scrofula.................................................................................................
Syphilis

Any other information

Name and address of guardian or correspondent

Name of person giving above history and relationship to patient
ARIZONA STATE HOSPITAL FOR THE INSANE

APPLICATION

FOR VOLUNTARY ADMISSION

To the Superintendent: ____________________________

I hereby apply for admission as a voluntary patient in the State Hospital for the Insane. If I am admitted I promise to obey all the rules of the hospital. It is understood that I cannot according to law be detained more than ten (10) days after I make written application for release. I am a citizen of the United States and a legal resident of Arizona. I declare that I make this application of my own choice; free from undue influence of anyone.

Signed: ____________________________

Witness' Signature: ____________________________

The applicant should give the following information:

Age ________ Sex ________ Birthplace ____________________________

Residence ____________________________

Color ________ Married ________ Single ________ Divorced ________

Occupation ____________________________

Religion ________ Nearest Relative ____________________________

Address ____________________________

If ever before a patient in such an institution, state when, where, how long?

History and remarks:

______________________________

______________________________

______________________________

______________________________

______________________________

______________________________

______________________________

I hereby authorize the admission of ____________________________

to the State Hospital as a voluntary patient.

______________________________

Superintendent.
**APPLICATION FOR HOSPITAL TREATMENT OR DOMICILIARY CARE**

Pension Provisions Applicable to Title I, Public No. 2, 73d Congress

**SECTION 15.** Any person who shall knowingly make or cause to be made, or conspire, combine, aid or assist in, agree to, arrange for, or in any wise procure the making or presentation of a false or fraudulent affidavit, declaration certificate, statement, voucher, or paper, or writing purporting to be such, concerning any claim for benefits under this title, shall forfeit all rights, claims, and benefits under this title, and, in addition to any and all other penalties imposed by law, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not more than $1,000 or imprisonment for not more than one year, or both.

**REDUCTION OF PENSION, COMPENSATION, OR EMERGENCY OFFICERS' RETIREMENT PAY WHILE RECEIVING HOSPITAL OR DOMICILIARY CARE**

Where any disabled veteran having neither wife, child, nor dependent parent is being furnished hospital treatment, institutional or domiciliary care by the United States or any political subdivision thereof, the pension, compensation, or emergency officers' retirement pay shall not exceed $15 per month, provided that the amount payable for such disabled veteran entitled to pension for disability the result of injury or disease incurred after active military or naval service shall not exceed $6 per month, and provided further, that where a disabled veteran who is being furnished hospital treatment, institutional or domiciliary care by the United States or any political subdivision thereof, has a wife, child, or dependent parent the pension, compensation, or emergency officers' retirement pay may, in the discretion of the Administrator, be apportioned on behalf of such wife, child, or dependent parent, in accordance with instructions issued by the Administrator.

As to pension payable on account of service prior to the Spanish American War, the provisions of this paragraph shall apply only in cases where the disabled veteran is being furnished hospital treatment, institutional or domiciliary care by the Veterans Administration, provided, however, that the amount payable while the veteran is in the institution shall be $15 per month in all cases.

The applicant should forward this form, when fully executed, with a certified copy of his discharge from last period of service, to the Veterans Administration facility nearest his home, which is located at ________________________________ (Location of facility).

1. (Print) (Last name) (First name) (Middle name) C-No.

   hereby apply for admission to a Veterans Administration facility for (hospital treatment) (domiciliary care) ________________________________

   (Date of birth) (Color) (Race) (Place of birth) (Present place of residence)

2. My entire service in the active military or naval service of the United States has been as follows:

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<tr>
<th>ENLISTED</th>
<th>SELECTED</th>
<th>DISCHARGED</th>
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<tbody>
<tr>
<td>Date</td>
<td>Place</td>
<td>Date</td>
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</table>

   Note: If you served under a name other than the one used in this application, indicate the name under which you served and the period of service.

3. Have you filed claim for other benefits? If "Yes" at what Veterans Administration office?

   (Yes or no) (Location)

   What office has your case file?

4. (a) Do you receive pension? Amount per month, $__________ (b) Do you receive compensation? Amount per month, $__________

   (c) Do you receive retirement pay? Amount per month, $__________ (d) Do you receive Government Insurance pay? Amount per month, $__________

   (e) From what other source do you receive income? Amount per month, $__________

   (Source of income)

5. Value of all property, real and personal, including cash on hand and in bank:

<table>
<thead>
<tr>
<th>DESCRIPTION AND LOCATION OF PROPERTY</th>
<th>ENCUMBRANCE ON PROPERTY</th>
<th>MONTHLY INCOME FROM SUCH PROPERTY</th>
</tr>
</thead>
</table>

   * STRIKES OUT INAPPLICABLE WORDS OR PHRASES.

   16-0005

   Arizona State Hospital - Phoenix, Arizona

   Veterans Administration

   Form P-10-Rev. July 1950

(a) If married, are you living with your wife? (Yes or no)
(b) Have you any child or children under 18 years of age? (Yes or no) If "Yes," state number of children and their ages
(c) Have you other persons dependent upon you? (Yes or no)

7. Give the full name and address of your wife, or nearest relative, or guardian:

(Name) (Relationship) (Address)

8. Are you entitled to hospital care by membership in a lodge, society, community group, etc., or as a beneficiary of an insurance company, workmen's compensation commission, industrial accident board, etc.? If "Yes," give name of agency or organization

(Yes or no)

9. Are you financially able to pay the necessary expenses of hospital or domiciliary care?

(Yes or no)

10. Are you able to pay transportation to and from a Veterans Administration facility? (Yes or no)

11. (a) Have you received hospital care as a patient of the Veterans Administration? If "Yes," state when and where

(Name of hospital) (Name)

(b) Have you received domiciliary care in a Veterans Administration facility? If "Yes," state when and where

(Facility where care was rendered)

(c) Have you within the last 12 months, while hospitalized as a patient of the Veterans Administration, left the hospital: (1) Without official leave; (2) against medical advice; or; (3) been discharged for any disciplinary reason? If "Yes," give name of Veterans Administration facility

(d) Have you within the last 12 months, while under domiciliary care in any Veterans Administration facility, (1) been discharged without leave or demanding papers; or, (2) have you been given an enforced furlough; or, (3) requested and received your discharge while under sentence or on an enforced furlough?

(Yes or no)

12. I agree that, in the event of my death while under care, leaving no heirs at law nor next of kin, all personal property owned by me at the time of my death, including money or choses in action held by me and not disposed of by will, whether such property be the proceeds of pension, compensation, retirement pay, or life insurance, or otherwise derived, shall vest in and become the property of the Veterans Administration for the sole use and benefit of the post fund, and that all my personal property shall upon my death, while under care, at once pass to and vest in the Veterans Administration subject to be reclaimed by any legatee or person entitled to take the same by inheritance at any time within 5 years after my death.

I HEREBY CERTIFY that I have read and understand all questions and answers on this form; that the answers to all questions are true and complete to the best of my knowledge and belief; and that the foregoing questions and answers are made as a part hereof with full awareness of the penalty provided for making a false statement as to material fact in this application. The penal provisions appearing on page 1 hereof have been read to me, and are fully understood.

(Signature of applicant or representative)

1. (Signature)

(Address)

Subscribed and sworn to before me this day of , 19... by

[SEAL]

Witnesses to signature by mark (X)

Post office address

(Number)

(Signature)

Subscribed and sworn to before me this day of , 19... by

[SEAL]

I certify that the questions and answers thereto have, in my presence, been read to the claimant.

(read to)

(read by) the claimant.

Notary Public.
A careful physical (including mental) examination of the applicant discloses these findings and diagnosis:

(1) Brief history:

(2) Symptoms:

(3) Physical findings:

(4) Diagnosis:

(5) Strike the clauses not applicable: The applicant (is) (is not) ambulant. He (is) (is not) mentally competent. He (will) (will not) need an attendant during his travel. The proposed attendant's name is __________________________; address __________________________

(Date) __________________________ (Signature of examining physician) __________________________ (Street) __________________________ (City) __________________________ (State) __________________________
For Administrative Use Only

(Applicant is not to write on this page)

Referred to Veterans Administration facility at _________________________________ on _________________________________

1. Dates of enlistment and discharge, rank, organization, and character of discharge from each period

   (If service was other than wartime, and the claimant served in an occupation, expedition, or rebellion, give designation thereof and period of service thereto)

2. If the applicant's only active service was during peacetime, was he honorably discharged for disability incurred in line of duty?

   (Yes or no)

   If yes, name disease or injury

3. What diseases or injuries are service connected?

4. What diseases or injuries are not service connected?

5. Amount of pension or compensation being paid for disability due to service

   Not due to service

6. Information relative to infractions of facility discipline, as shown by Form 2593, Record of Hospitalization or Domiciliary Care, in the case file. If there is no such record, so state

7. Has applicant ever received domiciliary care? What years?

8. Applicant's most recent (hospital treatment) (domiciliary care), as shown by (his case file) (Form P−10 filed at this station) was at

   (Date)
   (Manager) or (Adjudication Officer) or (Director, Veterans Claims Service)

   * (Eligibility) (ineligibility) for *(hospital treatment) (domiciliary care), other than as to medical considerations, has been determined.

   (Signature of certifying officer)
   (Title)

   Medically *(eligible) (ineligible) for *(domiciliary) (hospital care for

   (Diseases or injuries)

   (Signature of medical officer)
   (Title)

   *(Approved) (disapproved) for admission for *(domiciliary) (hospital care for

   (Diseases or injuries)

   Applicant notified accordingly on _________________________________

   (Date)

   Admitted to Veterans Administration facility _________________________________ on _________________________________

   (Register number assigned)
   (Location)
   (Date)

   (Signature of manager or designate)

* Delete inapplicable word.

Note.—This completed form will be retained at the Veterans Administration facility to which the applicant is admitted, or at the facility or regional office authorizing admission to a contract hospital, Government or civilian. It will be filed in the applicant's correspondence folder at facilities and in the applicant's medical folder at regional office.
Hastings State Hospital
Ingleside, Nebraska

QUESTIONNAIRE

INSTRUCTIONS: Read the complete questionnaire before attempting to fill out. Be as complete as possible. Where the answer to any question is "yes," use space immediately below to describe in detail the point in question. If more space is needed, use the last page of the questionnaire referring to the question by number.

PERSONAL DATA FOR IDENTIFICATION OF PATIENT

Patient's Name __________________________ Age __________________________ Nationality __________________________
P. O. Address ___________________________ City ___________________________ County ___________________________ State ___________________________
Education ___________________________ Occupation ___________________________ Religion ___________________________
Resident of Nebraska ___________________________ years ___________________________ months. Environment: Rural ___________________________ Urban ___________________________
Economic Status: Dependent ___________________________ Marginal ___________________________ Comfortable ___________________________
Marital Status: Single ___________________________ Married ___________________________ Divorced ___________________________ Widowed ___________________________ Separated ___________________________

IDENTITY OF INFORMANT

Name ___________________________ Relation to patient ___________________________
P. O. Address ___________________________ City ___________________________ County ___________________________ State ___________________________

IN CASE OF ILLNESS OR DEATH OF PATIENT NOTIFY

Name ___________________________ Relation to patient ___________________________
P. O. Address ___________________________ City ___________________________ County ___________________________ State ___________________________

PRESENT ILLNESS

1. If the patient has ever before had attacks of mental illness, give the number of attacks, name of institutions where patient was treated, the dates of admissions and discharges, and whether improved or recovered:

____________________________________________________________________________________________________________________________________________________

2. In what ways, if any, were the previous attacks different from present one?

____________________________________________________________________________________________________________________________________________________

3. What is believed to be the cause (or causes) of the patient's illness?

____________________________________________________________________________________________________________________________________________________

4. Was the onset of the patient's illness gradual or sudden?

____________________________________________________________________________________________________________________________________________________

5. On what date exactly was the first sign of the present attack noticed?

____________________________________________________________________________________________________________________________________________________

6. Describe the very first sign which indicated the patient was mentally ill.

____________________________________________________________________________________________________________________________________________________


____________________________________________________________________________________________________________________________________________________

8. Regarding excretions, was patient tidy or untidy? Likely to soil self?

____________________________________________________________________________________________________________________________________________________


____________________________________________________________________________________________________________________________________________________

10. Describe change in APPETITE, noting dates: Did patient eat well or poorly? An unusual amount? Unusual things? Lose or gain weight? Other changes?

____________________________________________________________________________________________________________________________________________________
11. Describe change in HABITS OF SLEEP, noting dates: Did patient sleep well or poorly? Unusual amount? Unusual hours? Have nightmares? Require sedatives?

12. Describe changes in MOOD, noting dates and if mood is variable or constant:
   a. Was patient sad; tearful; anxious; apprehensive; agitated; fearful?
   b. Was patient dull; stupid; unresponsive; bewildered; perplexed?
   c. Was patient happy; elated; highly optimistic; excited?
   d. Was patient irritable; suspicious; angry; vicious; assaultive?

13. Describe threats or attempts at SUICIDE, stating: The number of attempts; how; when; where; what injury; reason; whether real or to attract attention?

14. Describe, if present, ABNORMAL IDEAS of any of the following types, or others, noting dates and patient's reaction to these trends of thought:
   a. Ideas of ruination; unforgivable sins; crimes; loss of home; friends?
   b. Ideas of bodily disease; loss of body organs; mind; sexual power?
   c. Ideas of destruction of the world; loss of hope for salvation; death?
   d. Ideas of jealousy; unfaithfulness; infidelity; disloyalty?
   e. Ideas of persecution by enemies; poisoning; murder; unfair treatment?
   f. Ideas of hypnotism; mind-reading; electrical influences; radio?
   g. Ideas of control by supernatural forces; spirits; demons?
   h. Ideas of great wealth; great power; unusual talents; unusual strength?
   i. Ideas of identity with God; president; or other famous personage?
   j. Ideas of unusual nature in regard to religion; politics; or love?

15. Describe the development of ABNORMAL EXPERIENCES of any of the following types, or others, noting dates and patient's reaction to these experiences:
   a. Did patient hear imaginary voices? What did they say? Were they pleasant or unpleasant? Did they tell the patient what to do? Did patient obey them? Did they call patient vile names? Did patient identify them?
   b. Did patient see visions? What were they like? Were they friends of or enemies; animals; snakes; devils; angels; spirits; God; dead persons?
   c. Did patient smell imaginary odors? Gases; food; body odors; filth?
   d. Did patient taste imaginary things? Poison; spoiled food; filth?
   e. Did patient imagine sensations on skin or in body? Pains; prickings; stabs; crawling sensations; electric shocks; other peculiar sensations?


17. Describe any PHYSICAL SYMPTOMS giving date of onset: Has patient had any fainting spells, dizzy spells, headaches, paralytic strokes, or fits?
18. Date of patient's BIRTH Place of birth
19. If birth was abnormal, state in what way: Instruments; premature; twins?
21. Describe ABNORMAL HABITS in childhood: Sucking thumbs, biting nails, picking nose, wetting bed (to what age) stammering, sleep walking, day dreaming?
22. Describe patient's DISPOSITION in childhood: State if patient was sulky, irritable, stubborn, sensitive, timid, affectionate, distant or otherwise:
23. Describe patient's TEMPERAMENT in childhood: State if patient had temper, tantrums, crying spells, night terrors, spasms, or other abnormal traits:
24. Describe patient's CHARACTER in childhood: State if patient told lies, exaggerated, teased other children or animals, disobeyed, stole, or set fires:
25. Describe the patient's PLAY habits: Did patient have many playmates, few, any at all? Leader, take part freely in games? Follower, avoid attention, sit by self, have imaginary playmates? Prefer boys or girls as playmates? Prefer older or younger children? Was patient active or listless in play?
26. EDUCATION: At what age did patient start to school? Where?
27. Patient completed how many grades?
28. Patient repeated how many grades? Which ones? Why? Dull or bright student?
29. Did patient like or dislike school? Play truant? Study too much?
30. If patient did not get along well with schoolmates, state reason:
31. If patient did not get along well with teachers, state reason:
32. State age and reason patient quit school:
33. OCCUPATION: List various jobs or positions including military service:
<table>
<thead>
<tr>
<th>Type of Work</th>
<th>Years</th>
<th>Reason for Leaving</th>
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</table>
34. Did patient change jobs often? Run away from home? Wander over country?
35. At work was patient energetic and responsible or lazy and unreliable?
36. In what work was patient most successful or skillful?
37. If patient did not get along with fellow workers, state reason:
38. If patient did not get along with employers, state reason:

39. If patient was not successful according to opportunities, state reason:

40. At what was patient working at the time of onset of present illness?

41. SOCIAL ADJUSTMENT: Was patient closely attached to family? Any particular members, father, mother? Distant, jealous or resentful toward any member?

42. Describe patient's SOCIAL LIFE: Did patient have many friends, few, any at all? Leader, take part freely in social activities? Follower, lead a lonely life, avoid attention? Prefer men or women companions? Prefer older or younger associates, seek or avoid opposite sex?

43. Describe patient's chief RECREATIONS: Name patient's amusements, hobbies, interests, such as reading, sports, parties, dancing, theatres, hunting, etc.: 

44. What was patient's RELIGION? Was patient devout? Any religious conflict?

45. Describe patient's DISPOSITION as an adult: Was patient quiet, reserved, shy, timid, bashful, dependent on others? Conceited, "bigheaded," aggressive, forward, over-bearing, insistent on having own way, independent of others?

46. Describe patient's TEMPERAMENT as an adult: Was patient even-tempered, optimistic, cheerful, pessimistic, often sad or depressed, dissatisfied with self? At times lacking in energy? At times over energetic? At times lacking in interest? Changeable? Given to swings up and down? Childish or flighty?

47. Describe patient's CHARACTER as an adult: Was patient frank? Talkative? Free to discuss own personal affairs, confiding? Secretive, close-mouthed? Dependable, honest, kind? Cruel, suspicious, quarrelsome? Give other traits:

48. ANTI-SOCIAL BEHAVIOR: If patient was ever arrested, give number of times. List all offenses against law, stating nature of offense; date of arrest; sentence; name of institution if confined (reformatory, jail, penitentiary); and length of time served in each case:

49. Detail any other MISDEMEANORS or DELINQENCIES if such have occurred.

50. ALCOHOL: Has patient used intoxicants? If so, from what age? How often was patient drunk (times each week, month, year)? What did patient drink? How much did patient drink? What was the effect? Did patient become happy? Unusually quiet, sad, noisy, want to fight, get sick?
51. If patient has had delirium tremens (snakes) state number of times.

52. If patient was ever treated for alcoholism, give place and dates:

53. DRUGS: Has patient used narcotics? If so, state which ones, length of time used, amount used, effect on patient, and the reason used:

54. If patient was ever treated for drug addiction, give place and dates:

55. SEXUAL LIFE: If patient ever practiced self-abuse, state from what age, to what extent, and if patient worried about or thought it caused insanity:

56. If patient's sexual life was in any way irregular, describe plainly:

57. If patient practiced any form of sexual perversion, describe plainly:

58. Did patient have many love affairs? Any at all? Was he (or she) disappointed in love? Was he (or she) interested in opposite sex? Disinterested?

59. MARITAL: If patient married, at what age? Age of husband (or wife)? If husband and wife were unhappy give reason stating who was to blame:

60. If patient was divorced give cause and date:

61. If patient was separated give cause and date:

62. If patient was widowed give cause and date:

63. If patient remarried, state to whom and give dates:

64. List children of patient including miscarriages and stillbirths:

<table>
<thead>
<tr>
<th>First Name</th>
<th>Age and Health (if living)</th>
<th>Age and Cause of Death (if not living)</th>
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65. If patient is not married give reason.

66. In general has patient been healthy and strong, or sickly?

67. List serious ILLNESS, INJURIES and OPERATIONS (include childhood):

<table>
<thead>
<tr>
<th>Condition</th>
<th>Age</th>
<th>Outcome</th>
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68. If patient has had gonorrhea, state number of times.

69. If patient has had syphilis, or any kind of sore on privates, give the year of the infection and the method and amount of treatment:
FAMILY HISTORY

70. If living, what is paternal grandfather's age?________ Health? ____________________________
   If dead, what was his age at time of death?________ Cause of death? ______________________
   If he suffered from any nervous or mental trouble, describe:

71. If living, what is paternal grandmother's age?________ Health? ____________________________
   If dead, what was her age at time of death?________ Cause of death? ______________________
   If she suffered from any nervous or mental trouble, describe:

72. If living, what is maternal grandfather's age?________ Health? ____________________________
   If dead, what was his age at time of death?________ Cause of death? ______________________
   If he suffered from any nervous or mental trouble, describe:

73. If living, what is maternal grandmother's age?________ Health? ____________________________
   If dead, what was her age at time of death?________ Cause of death? ______________________
   If she suffered from any nervous or mental trouble, describe:

74. FATHER'S name ____________________________ Age ________ Occupation ____________________
   Address ____________________________________________________________________________
   Is (or was) he alcoholic? ________ Addicted to drugs? ________ Criminal? __________________
   If he suffers from any nervous or mental trouble, describe the disorder:

   If he is peculiar or eccentric in any way, describe:

   If he suffers from any physical disability, name and describe:

   If not living, give age and cause of death:

75. MOTHER'S name ____________________________ Age ________ Occupation ____________________
   Address ____________________________________________________________________________
   Is (or was) she alcoholic? ________ Addicted to drugs? ________ Criminal? __________________
   If she suffers from any nervous or mental trouble, describe the disorder:

   If she is peculiar or eccentric in any way, describe:

   If she suffers from any physical disability, name and describe:

   If not living, give age and cause of death:

76. List in regard to any of patient's uncles, aunts or cousins, any instances of nervous or mental disorder, physical disability, alcoholism, drug addiction, criminalism, peculiarities or eccentricities:

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<tr>
<th>Name</th>
<th>Relation</th>
<th>Abnormal Trait</th>
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9
77. List each of the patient's brothers and sisters in proper order, including both living and dead; include patient in his (or her), proper order:

<table>
<thead>
<tr>
<th>First Name</th>
<th>Age and Health (if living)</th>
<th>Age and Cause of Death (if not living)</th>
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78. List, also, in regard to any of patient's brothers and sisters any instances of nervous or mental trouble, physical disability, alcoholism, drug addiction, criminalism, peculiarities or eccentricities:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relation</th>
<th>Abnormal Traits</th>
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Note particularly in regard to any member of family instances of insanity, feeble-mindedness, idiocy, epilepsy, cancer, tuberculosis, syphilis, convulsions, paralysis, heart trouble, diabetes, kidney trouble, goiter, and other mental or physical disabilities

79. What persons actually made up the family group, of which patient was one at the time of the onset of the patient's mental illness? Include in group such persons as mother-in-law, father-in-law, step-mother, step-father, and if patient was orphan, foster father or mother, and brothers and sisters:

80. If any difficulty or trouble existed between any of these persons and patient, state which one, and give the reason for the conflict in detail:

81. Describe the attitude of the patient's father toward the patient:

82. Describe the attitude of the patient's mother toward the patient:

83. Describe the attitude of brothers and sisters toward the patient:

84. If any conflicts existed between patient and others of family, why?

85. Describe the social standing of the family in the community:

86. Describe the financial standing of the family, compared to rest of community:

87. If family was in poor financial circumstances, what was the reason?

88. If patient's home life was unpleasant or uncomfortable, state the reason:

89. Do you, as the informant, believe the patient is in need of hospital care?
USE THIS SPACE FOR ADDITIONS
In order that we may render the best possible service to the above named patient, who was recently admitted to this Hospital, it is desirable that we have additional information. We are enclosing herewith some questionnaire forms which we should like to have filled out as completely as possible and returned to us at your earliest convenience. If some other relative is in a better position to fill this questionnaire out, please turn it over to the proper person. Bear in mind that all information given on this questionnaire is considered entirely confidential and that the person giving same will be bound in no way by the statements contained therein. Please do not use check or cross marks as answers for questions. If you cannot answer a question simply leave it blank.

For your information this is to advise that you may write directly to the patient, addressing your letter to the patient by name and in care of Mt. Pleasant State Hospital. The patient is permitted to write directly to you.

Visiting is permitted from 9:00 to 11:00 a.m., and 1:00 to 5:00 p.m., on week days after the patient has been in the Hospital 10 days. Visiting is not permitted on Sundays and holidays.

Persons not related to the patient will not be permitted to visit unless they have a written permit from a member of the immediate family or legal guardian.

Money intended for extras for the patient should be addressed to the Superintendent. This will be deposited and credited to the patient's personal account and strict accounting kept of all withdrawals for use. A canteen store is maintained here from which extras can be obtained by the patient in accordance with his or her needs. Please do not send cash.

Additional clothing may be addressed to the patient in care of the State Hospital. The patient's clothing needs will be communicated to you as they arise.

On account of the large number of patients here, it is impossible for us to send out routine reports on cases. We always notify relatives, however, in case of any serious sickness or accident, or other unfavorable change in the case. We are glad to acknowledge at any time inquiry concerning the patient's condition.

Very truly yours,

L. P. Ristine, M.D.,
Superintendent.

Please return the enclosed blanks at your earliest convenience.
It is not necessary to have information regarding all patients social security status. For our records we would much appreciate your answering the following questions:

a. Does the patient have a social security number?

b. Was the patient or any member of the immediate family receiving a monthly check under the Federal Old Age and Survivors Insurance program of the Social Security Board?

c. Did the patient at any time since January 1, 1957 work for an employer?
HISTORY SHEET - MT. PLEASANT STATE HOSPITAL

Your relative has been placed in our care. In order that we may understand h... difficulty and give our best of care to h..., will you please fill out the following history sheet as fully as you can. If there are things that puzzle you, ask your family doctor to help you.

Full name of patient

Date of birth

County, state and town of which patient is a citizen

Occupation of patient

Church attended by patient

Lodges or clubs joined by patient

Army or Navy experience

Family History

<table>
<thead>
<tr>
<th>Name</th>
<th>Age (if living) or age at death</th>
<th>Cause of death (if not living)</th>
<th>Health</th>
<th>Where born</th>
<th>State or Country</th>
<th>Church</th>
<th>Occupation</th>
<th>Use of Alcohol</th>
<th>Married or single</th>
<th>Schooling</th>
<th>How did the patient get on with this relative</th>
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<tbody>
<tr>
<td>Father</td>
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Have any relatives been in a hospital for mental disease (if the answer is "yes" to any of the following, give name and relation to patient, name of hospital, dates and details of charges)?

for alcoholism

for any sort of nervous disease

in jail for any cause

Have any members of the family been looked on by neighbors as being "queer"?

If so, how?

Any had fainting spells or fits?

Any divorces in family?

Was the patients childhood home happy?

What were chief quarrels?

Is the patients present home happy?

What are chief quarrels?

Is the use of alcohol a custom in the home?

What is the family attitude toward church?

Are there parties in the home?

How many people live in the house with the patient?

What relation are they to the patient?

How many rooms?

Who supports the family group?

How many dependent on patient?

Has relief been necessary.

If so, for how long?

Has patient worried over finances?
Past History

Anything unusual about patient's birth?

Was patient breastfed? Hard to wean? a fussy eater?

How old when first talked? walked cut first tooth

How old when controlled bowels? stopped wetting self by day?

By night? was patient hard to train in toilet habits?

Did patient suck thumb? bite nails? handle privates?

How did patient get on with other children?

What childhood illness did patient have?

Did patient ever have fits of any kind? Any injuries to head?

Whom in family did patient like best as a child? Why?

How was patient punished as a child?

Underline terms that describe patient as a child: stubborn, meek, shy, forward, weak, strong, sociable, lonely, quiet, mischievous, quick, dull, troublesome, good, frightened, bold, favored, disliked, cruel, kind.

Of what was patient afraid of as a child?

When did patient start school? what type of school?

How did the patient get on with his studies? in conduct.

How did patient get on with teachers? with other pupils.

How far did patient go in school? stopped at what age? any grades repeated?

Subjects repeated? What did the patient want to be?

What kept patient from carrying out ambitions?

What games or sport has patient liked? played.

What kind of parties does patient like? Has patient been a good mixer?

What?

Does patient like radio? what programs?

Movies Does patient have close friends? many?

Underline words that describe patient before sickness: talkative, silent, cheerful, gloomy, industrious, lazy, skillful, clumsy, clever, dull, a "go getter", bashful, practical, imaginative.

What injuries has patient received? Any compensation insurance?

Any permanent injuries? Any operations (Dates by year.)

What illness (If sick, was doctor called, how long ill, dates?)

Any venereal infection? Wasserman tests? Results?

Any immunizations? X-rays [date and part]

For MEN: When did voice change? shaving begin? "wet dreams begin"?

What was first sex activity? any punishment? sex interest?

Is sex power normal? changing? sex interest?

For WOMEN: When did periods begin? regular? painful? last how long?

Date of first one first activity is desire normal?

For both sexes: When was interest in opposite sex first shown? how

Any "crushes" on members of same sex? Any unhappy love affairs?

is patient married? If so, when?

Any previous marriages? Chief marital difficulties?

Use of birth control? if not married, is patient engaged?

Sex relation outside marriage? Casual relations?

Unusual practices? Practices with same sex? with self?

Pregnancies and miscarriages, (if patient is a man, what sex pregnancies and miscarriages has he caused?)

[for women, answer last in detail.]

FILLED OUT BY

RELATIONSHIP

DATE
HISTORY OF MENTAL ILLNESS

When did you first see a change in the patient?

What was the first thing you noticed?

What and when was the next unusual act or speech?

Did the patient complain of any ill health? What complaints?

What changes in appetite occurred?

Was there any change in the amount of water, coffee, etc., used?

Was there any change in bowel movements? Was there any change in frequency or amount of urine? Was there any change in control of bowels or bladder?

Did the patient complain of headache? If so, what kind, where in head, what time of day?

When did the doctor first see the patient? Why?

When did you first think the patient might be mentally ill?

Did the patient sometimes sit "as if lost in thought"?

Did the patient sometimes stare at nothing?

Did the patient sometimes laugh without known reason?

Did the patient sometimes show stiffness of movements?

Did the patient speak more slowly?

Did the patient say things which did not make sense?

Did the patient show changes in memory? Give examples.

Has the patient failed in work or school? How?

Does the patient pay any attention to what goes on as well as before?

Has there been a change in religious interests? What?

Has the patient had any visions? What?

Has the patient heard any "voices"? What did they say?

Has the patient complained of smelling or feeling anything strange? What?

Does the patient think he has any enemies?

Does he think anyone is poisoning or otherwise injuring him?

Does the patient think anyone is influencing him?

Has there been a change in disposition? In what way?

Has the patient threatened to hurt anyone?

Has the patient ever attacked anyone? How?

Has the patient ever threatened to hurt himself? In what manner?

Has the patient ever attempted or threatened suicide? Explain.

Has the patient expressed any ideas of being guilty of any sin? If so, what?
Has the patient any false ideas about the property he has? If so, what?

Has the patient been more or less active than before? If so, in what way and how much.

Has the patient talked more or less than before?

Is the patient very sad, very happy, or normal?

Has the patient any false ideas about his power, ability, success, etc? If so, what?

Has the patient tended to wander or run away? Does the patient get lost?

Does the patient mistake one person for another?

Does the patient lose articles?

Has the patient turned against any of those formerly loved? How?

Does the patient use vulgar or profane language not used before?

Has the patient showed any change in sex behavior? What?

Has the patient showed any violent behavior? What?

What do you think caused the patient's illness?

Would you write in detail anything you think queer in the patient's life, incidents or personal relationships:

Describe in detail the recent incident or behavior of the patient which made confinement seem necessary:

Tell about previous mental illness: Give dates, treatment, possible causes:

Regarding his childhood home --

Did the patient have necessities, comforts or luxuries?

Report as to his general nutrition --

Adult - Throughout life, up to time of present sickness, had the patient had problems or worries?

What were they?

How did he adjust himself to them?

Signed ____________________________ Relationship ____________________________ Date ____________________________
Alcoholic History

When was patient first known to use alcohol?

Under what conditions?

Was patient urged to use alcohol by members of his family? by friends?

What did patient first drink?

How often was alcohol used at first?

If patient drank during prohibition, what did he drink?

Has he ever been known to use any of the following [underline those used and explain how much and when?]
- bay rum
- canned heat
- denatured alcohol
- flavoring extracts
- jamaica ginger
- "smoke"
- "moonshine"
- straight alcohol
- ether

How long will patient go without drinking? Did he use to go longer?

Does he ever drink alone? Does he drink in his home?

Does he go to taverns? if so does he meet friends there?

Does he drink at parties? in mixed company?

When he drinks does he get happy? ugly? sad?

When drunk does he pick a fight? fight when attacked?

Make advances to women? sing? cry?

Has he ever seen snakes or other animals when drunk? ever had D. T's?

Has he ever heard voices when drunk? after drinking?

If married, does he ever think his wife unfaithful?

Does he act jealous of anyone while drinking or afterward?

While or after drinking has he ever thought he was going to be shot or otherwise harmed by anyone?

What does patient drink now?[liquor, mixed drinks, etc.]

How much beer does patient drink? Does patient drink some daily?

If not, how long between drinks?

If patient goes on sprees, how long do they last?

Does patient eat while drinking?

Does patient take anything to help sober him up? If so, what?

How often does the patient miss work because of "hangovers"?

Has patient ever had any fits or convulsions while or after drinking?
Has patient ever showed loss of memory for what happens while drinking?

Is patient's memory worse than it used to be?

Is patient as steady of hand as he used to be? Is patient as reliable as he used to be?

How often has patient been arrested for intoxication?

Have there been arrests on any other charges?

What previous treatment for alcoholism has patient received?

Where? What result?

For Drug Cases

What drug does patient use? If more than one, which is most used?

What other drugs are sometimes used? How often?

How does patient get the drug? Where?

How was patient started on drug?

What is daily dosage of drug? How taken? (needle, mouth or sniffed)

How does patient get money to buy drug?

Is patient known to sell drug? Arrested for this?

How does drug change patient's behavior?

How long has patient taken drug? Previous treatment?

Does patient do without drug at times?

How long? How often?

How long has patient been taking drug before admission?

How many previous admissions here or elsewhere for drug?

Do others, family or friends, use drug? If so, is it with patient?

Has drug kept patient from work? Caused law breaking?

Date

Filled out by

Relationship
<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
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<tbody>
<tr>
<td>Sex</td>
<td>Race (Not Color)</td>
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<td>Civil Condition</td>
<td>Religion</td>
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<td>Date of Admission</td>
<td>Received by</td>
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<td>Accompanied by</td>
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<td>(City or Twp.)</td>
<td>(Of Patient)</td>
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<td>Birthplace</td>
<td>(S.S. Number)</td>
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<td>of Patient</td>
<td>(Of Husband)</td>
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<td>(Country)</td>
<td>(Of Father)</td>
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<tr>
<td>Citizenship of patient</td>
<td>How Long in County</td>
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<tr>
<td>(Foreign)</td>
<td>How Long in State</td>
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<tr>
<td>Date of Arrival of Patient in U.S.</td>
<td>If the Patient is Naturalized, When &amp; Where Did He Take Out Papers?</td>
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<tr>
<td>Residence: Town</td>
<td>County</td>
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<td>Education - Grade Attained</td>
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<td>(Male)</td>
<td>(Male)</td>
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<tr>
<td>Age at First Marriage</td>
<td>No. Children Living (Dead)</td>
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<td>(Female)</td>
<td>(Female)</td>
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<td>Name of Father</td>
<td>(City or Twp.)</td>
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<td>Birthplace</td>
<td>(State)</td>
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<td>(Country)</td>
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<td>Name of Spouse</td>
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<td>Citizenship of Father</td>
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<td>(American (By Birth)</td>
<td>By Naturalization)</td>
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<td>(Foreign)</td>
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<tr>
<td>If the Father of the Patient Is Naturalized, When &amp; Where Did He Take Out His Papers?</td>
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<tr>
<td>Maiden Name of Mother</td>
<td>(City or Twp.)</td>
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<td>Birthplace</td>
<td>(State)</td>
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<td>(Country)</td>
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<tr>
<td>Citizenship of Mother</td>
<td>(American)</td>
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<td>(Foreign)</td>
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<tr>
<td>Environment of Patient</td>
<td>(Urban)</td>
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<tr>
<td>Economic Condition</td>
<td>(Dependent)</td>
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<tr>
<td>(Rural)</td>
<td>(Marginal)</td>
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</tbody>
</table>
Description of Mental Disease

Date of Court Order

Description of Present Physical Condition

Correspondents, Address & Telephone No.
has been received here for care and treatment. It is essential
that the hospital secure as full a history as possible. Histories are most satisfactorily obtained through
personal interview with someone who has known the patient well, but in some instances, personal interviews
are not possible, and the use of a questionnaire is necessary. You may be able to contribute a full history,
or only a few details, but even the latter may prove to be helpful. You can undoubtedly give assistance that
will aid both the patient and the physician studying the case. Your cooperation will be received with
appreciation and treated as medically confidential.

GENERAL DATA

Name ____________________________________________ Age __________ Birthdate, if possible ___________

Birthplace (country, state, city or township) _______________________________________________________

Race (not color) Example: French, Irish, Mixed, etc. ________________________________________________

Religious preference ______________________________ Citizenship United States __________________________

If not born in United States, give year of entry __________________________ If naturalized, state where ______

Legal residence: (country other than U. S.) __________________________ State, city or twp. here ___________

Past military or naval service (give details) __________________________________________________________

Names and addresses of persons with whom we should correspond ________________________________

PERSONAL HISTORY

Birth and Early Development (underline or check wherever possible)

Mother's attitude toward pregnancy: Pleased Displeased Indifferent Hostile

Mother's age and health during pregnancy _________________________________________________________

Birth conditions: Premature Full term Labor long or short Natural or instrumental

Any birth injuries ____________________________________________________________

Any skin eruptions at birth _____________________________________________________________

Fed from breast or bottle Age at weaning Any feeding difficulties

Birth weight __________ Age at walking __________ Age at talking __________ Teething difficulties

In general, was patient as an infant and child healthy delicate sickly __________

Name illnesses occurring between birth and age of entering school ________________________________

Mother's reaction to these illnesses _____________________________________________________________

Any delirious conditions when patient was ill ____________________________________________________

Any convulsions (fits) If so, describe as to frequency, type, severity and state age when

convulsions ceased _________________________________________________________________

Check any of the following disturbances that may have occurred:

( ) Bedwetting beyond the usual age of acquiring control ( ) Thumb sucking

( ) Vomiting ( ) Temper tantrums ( ) Fears ( ) Toilet stubbornness

( ) Sleep disturbances, as ( ) frightening dreams ( ) crying in sleep ( ) walking in sleep

( ) Unusually docile and quiet, or ( ) too active ( ) too determined and obstinate

( ) Prolonged crying periods ( ) Unusually destructive ( ) Cruel to pets

( ) Readily played with others ( ) withdrew from others

Examples of parental affection or rejection shown to patient in childhood

(over)
Educational Development

Age entered school: School changes: none few many Public or private
Regular grades or special classes: Promotion: ( ) regular or ( ) grade repeats.
Grade or degree attained on leaving school:
General standing in school work: ( ) above average ( ) average ( ) below average
Why left school, if work not completed:
What part taken in athletic or school club activities:
Any special abilities or disabilities discovered in school:
Truancies ( ) or other disturbing interruptions in school:
If college trained, state name of school, degree and subject majored in:

Any special vocational training beyond regular schooling (e.g. business school, beauty culture, nursing, other trades, etc.)

Occupational History

Earnings: Age began:-----------------Age ceased to earn: Any special trade:
Chief kinds of work done:
Positions held:
Latest type of work done and for whom:
Evaluation as a worker: ( ) steady ( ) irregular ( ) seasonal ( ) satisfactory ( ) inefficient
( ) dependable ( ) undependable Social Security Number:

Mental Characteristics

In infancy and childhood: (Underline) Even tempered irritable hard to manage timid fearful moody surly quiet active over-active heedless destructive dependent shy sensitive exclusive secretive bold daydreamer resentful of discipline
Any tendency toward petty pilfering?
In youth and adulthood: (Underline wherever possible)
Active—talkative Quiet—little to say. A leader or a follower. A ready or a reluctant mixer. Social—unsociable. Generally truthful—untruthful.
Any or no religious activity:
Hobbies:
Any travels or vacations:
Any unusual interest in personal appearance:
Any interest in civic affairs:
Any special friendships:
Attitude toward his or her children:
Attitude toward relatives:
Proud sensitive ambitious striving indifferent to future.
Use of alcohol, drugs or sedatives:
Age began: Steady or periodical user. Uses alcohol only—drugs only—uses both moderate or excessive. Uses them when alone—in company—both:
Behavior when under the influence:
What reason is given by patient for such use:
Any fines, arrests, jail or prison record:

Sexual Life

Sexual instruction in childhood and adolescence ( ) Yes ( ) No Remarks:
Sexual knowledge acquired from parents or companions:
Matured at about what age:
Is there knowledge of childhood or continued masturbatory habits:
Attitude toward opposite sex:
Is the patient ( ) single ( ) married ( ) separated ( ) divorced ( ) widowed
How many times married: Give name(s) of spouse(s):

(over)
Home and Financial Situation

Latest address _______________________________________________________________:

Property owner—Yes No. If 'yes', describe, as to what owned, estimated value, encumbrances, etc.

How many people in family home: _____________________________________________:

Sources of income ____________________________________________________________:

Any insurance carried or received Any compensation ____________________________________________:

Has it ever been necessary (because of ill health, industrial depression, etc.) to receive assistance from a public or private relief agency:

Describe _________________________________________________________________:

Physical health history

What illnesses and when _______________________________________________________:

What surgery and when _______________________________________________________

What accidents and when _____________________________________________________

Any crippled condition—describe _____________________________________________

Any history of convulsions—describe __________________________________________

Menstrual history ___________________________________________________________

Any infection of gonorrhoea or syphilis (If so, approximate date of infection, when and where treated and by whom) __________________ carpeting: ___________________________

HISTORY OF CONDITION CAUSING ADMISSION

(This is usually the history of a mental disease, but may be of drug addiction or alcoholism.)

Mental illnesses are often of long, slow onset. This is true of drug addiction and chronic alcoholism. Begin by describing the earliest changes, giving approximate date. Changes from the patient's usual or normal manner of behaving are significant. Describe such. Note any unusual or strange ideas that may have been expressed. Often these relate to the patient's idea that others are too critical of him, or are "persecuting" him. Does the patient realize he is mentally ill, and what explanation does he give for his behavior. Be detailed in your descriptions, using the space given below, and additional pages if needed.
# FAMILY HISTORY

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Name</th>
<th>Age</th>
<th>If deceased— Age and cause</th>
<th>Occupation</th>
<th>Physical health—Describe</th>
<th>Mental characteristics—Describe</th>
<th>Self-supporting (Check)</th>
<th>Dependent (Check)</th>
<th>What agencies have helped</th>
<th>Name of Spouse</th>
<th>Any unusual history</th>
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Kalamazoo State Hospital
Kalamazoo, Michigan
<table>
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<th>Relationship</th>
<th>Name</th>
<th>Age</th>
<th>If deceased—Age and cause</th>
<th>Residence</th>
<th>Occupation</th>
<th>Physical health—Describe</th>
<th>Mental characteristics—Describe</th>
<th>Self-supporting (Check)</th>
<th>Dependent (Check)</th>
<th>What agencies have helped</th>
<th>Name of Spouse</th>
<th>Any unusual history</th>
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<td>Patient's brothers-sisters</td>
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HEREDITY CHART

PATERNAL

M — Male
F — Female

PLACE OUTSIDE OF CIRCLE UPPER RIGHT SIDE

PLACE WITH DATE BELOW CIRCLE

M — Male
F — Female

PLACE OUTSIDE OF CIRCLE UPPER RIGHT SIDE

PLACE WITH DATE BELOW CIRCLE

Place following inside circle as required:

S — Syphilis
E — Epilepsy
Su — Suicide
T — Tuberculous
Dr — Drug-habit
P — Prostitute
C — Criminal

Remarks:

N — Normal
I — Inferior
X — No Data
F — Feebleminded
A — Alcoholic
D — Dumb
B — Born
D — Died
M — Married

Place with date below circle

Place following inside circle as required:

S — Syphilis
E — Epilepsy
Su — Suicide
T — Tuberculous
Dr — Drug-habit
P — Prostitute
C — Criminal

Remarks:

N — Normal
I — Inferior
X — No Data
F — Feebleminded
A — Alcoholic
D — Dumb
B — Born
D — Died
M — Married

Place with date below circle

Place following inside circle as required:

S — Syphilis
E — Epilepsy
Su — Suicide
T — Tuberculous
Dr — Drug-habit
P — Prostitute
C — Criminal

Remarks:
# State of New York—Department of Mental Hygiene

## Statistical Data

<table>
<thead>
<tr>
<th>Name</th>
<th>Identification No.</th>
<th>Committed</th>
<th>Physician's certificate</th>
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<tr>
<td>Age</td>
<td>Date of birth</td>
<td>Social security No.</td>
<td>Legal status—Voluntary</td>
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<table>
<thead>
<tr>
<th>Psychosis—No.</th>
<th>Group</th>
<th>Type</th>
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<tr>
<td>Birthplace of patient</td>
<td>Date of arrival in U. S.</td>
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<table>
<thead>
<tr>
<th>Name and birthplace of father</th>
<th>Maiden name and birthplace of mother</th>
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<td>Citizenship of patient</td>
<td>American</td>
</tr>
<tr>
<td>of father</td>
<td>American</td>
</tr>
<tr>
<td>Race</td>
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<table>
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<th>Marital condition</th>
<th>Single</th>
<th>married</th>
<th>widowed</th>
<th>divorced</th>
<th>separated</th>
<th>unascertained</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>If married, widowed or divorced, name of</th>
<th>(husband or wife)</th>
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<td>Education</td>
<td>None</td>
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<table>
<thead>
<tr>
<th>Occupation</th>
<th>of patient or of member of family on whom</th>
<th>(patient is dependent if not a wage earner)</th>
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<tr>
<td>Religion</td>
<td>Environment</td>
<td>Urban</td>
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<tr>
<td>Economic condition</td>
<td>Dependant</td>
<td>marginal</td>
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<table>
<thead>
<tr>
<th>Actual residence</th>
<th>County</th>
<th>P. O.</th>
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<table>
<thead>
<tr>
<th>Time in New York State</th>
<th>(Time of last residence)</th>
<th>(Total time)</th>
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</table>

<table>
<thead>
<tr>
<th>Etiological factors including heredity</th>
<th></th>
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<table>
<thead>
<tr>
<th>U. S. veteran</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Name of war</td>
<td></td>
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<table>
<thead>
<tr>
<th>Mental make-up</th>
<th>Temperamentally—No striking traits exclusive over-active depressive unstable suspicious egotistical irritable other traits (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectually—Idiot</td>
<td>imbecile</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Alcoholic habits of patient</th>
<th>Abstainer</th>
<th>Moderate (specify)</th>
<th>Intemperate (specify)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Drug habit (specify)</th>
<th></th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Accompanying physical diseases and defects not an integral part of the psychosis</th>
<th></th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Duration of present attack before admission</th>
<th>yrs.</th>
<th>mos.</th>
<th>das.</th>
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<tbody>
<tr>
<td>No. of previous attacks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of previous admissions</td>
<td>Date and duration of each previous hospital residence (exclusive of paroles)</td>
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</table>

<table>
<thead>
<tr>
<th>Condition at last discharge</th>
<th>Date</th>
<th>Hospital</th>
</tr>
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<table>
<thead>
<tr>
<th>Date of admission</th>
<th>19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presented at staff meeting</td>
<td>19</td>
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</table>

<table>
<thead>
<tr>
<th>Tendencies—Suicidal</th>
<th>homicidal</th>
<th>criminal</th>
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</table>

+ or X = facts not ascertained.
APPENDIX C

Form Filled on the
Parole of Patients
IN CONSIDERATION OF CONDITIONAL DISCHARGE FROM THE ARIZONA STATE HOSPITAL FOR THE INSANE, of ______________________, a patient in said hospital, by the Medical Superintendent therefor, I ___________________ , of said patient, having been fully acquainted with h___ mental condition, do hereby agree with the Medical Superintendent to maintain, provide and care for said patient, and I do expressly state that I have the means wherewith to do so; and I do further hereby assume all responsibility for h___ acts and welfare, and I do hereby agree to abide by the terms of h___ conditional discharge, to-wit: I shall inform the Arizona State Hospital for the Insane of any change in h___ condition at the end of each thirty days of conditional discharge and shall return h____ in person at the end of h___ conditional discharge period. I further agree that in case it becomes necessary that the above named patient be returned to this hospital I will either return said patient personally, or assume the expense of such procedure.

Signature________________________________

Address__________________________________

Witness:______________________________
APPENDIX D

Table Giving Statistics on Capacity, Population, and Number of Social Workers Employed in State Hospitals
<table>
<thead>
<tr>
<th>Name and Location of Hospital</th>
<th>Capacity</th>
<th>Population</th>
<th>No. of Psychiatric Workers</th>
<th>No. of Medical Workers</th>
<th>No. of Other Social Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Searcy Hospital (for colored) - Mt. Vernon, Alabama</td>
<td>1,636</td>
<td>1,636*</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>The Bryce Hospital, Tuscaloosa, Alabama</td>
<td>4,000</td>
<td>4,154*</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>The Arizona State Hospital Phoenix, Arizona</td>
<td>900**</td>
<td>950**</td>
<td>1</td>
<td>0</td>
<td>1</td>
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<tr>
<td>State Hospital for Mental Diseases; Little Rock, Ark.</td>
<td>3,500</td>
<td>4,648</td>
<td>2</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Napa State Hospital Imola, California</td>
<td>3,500</td>
<td>3,801</td>
<td>4</td>
<td>0</td>
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<tr>
<td>Stockton State Hospital Stockton, California</td>
<td>3,788</td>
<td>4,321</td>
<td>2</td>
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<tr>
<td>Colorado State Hospital Pueblo, Colorado</td>
<td>3,558</td>
<td>4,117</td>
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<tr>
<td>Connecticut State Hospital Middletown, Connecticut</td>
<td>2,596</td>
<td>2,970</td>
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<tr>
<td>Delaware State Hospital Farmhurst, Delaware</td>
<td>1,250</td>
<td>1,250</td>
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<td>Chicago State Hospital Chicago, Illinois</td>
<td>4,472</td>
<td>4,653</td>
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<td>Central State Hospital Indianapolis, Indiana</td>
<td>2,026</td>
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<td>Independence State Hospital Independence, Iowa</td>
<td>1,800</td>
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<td>Mount Pleasant State Hospital Mount Pleasant, Iowa</td>
<td>1,320</td>
<td>1,550</td>
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<td>Osawatomie State Hospital Osawatomie, Kansas</td>
<td>1,650</td>
<td>1,674</td>
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* For 1940 **Dr. Metzger
<table>
<thead>
<tr>
<th>Name and Location of Hospital</th>
<th>Capacity</th>
<th>Population</th>
<th>No. of Psychiatric Workers</th>
<th>No. of Medical Workers</th>
<th>No. of Other Social Workers</th>
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<tbody>
<tr>
<td>Topeka State Hospital</td>
<td>1,800</td>
<td>1,885</td>
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<td>Topeka, Kansas</td>
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<td>East Louisiana State Hospital</td>
<td>2,500</td>
<td>4,300</td>
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<td>Jackson, Louisiana</td>
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<td>Augusta State Hospital</td>
<td>1,270</td>
<td>1,480</td>
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<td>Augusta, Maine</td>
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<td>Bangor State Hospital</td>
<td>1,106</td>
<td>1,170</td>
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<td>Bangor, Maine</td>
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<td>Spring Grove State Hospital</td>
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<td>3,000</td>
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<td>Worcester State Hospital</td>
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<td>2,545</td>
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<td>Fergus Falls, Minnesota</td>
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<td>Nevada, Missouri</td>
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Table (continued)
<table>
<thead>
<tr>
<th>Name and Location of Hospital</th>
<th>Capacity</th>
<th>Population</th>
<th>No. of Psychiatric Workers</th>
<th>No. of Medical Workers</th>
<th>No. of Other Social Workers</th>
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<tbody>
<tr>
<td>State Hospital No. 2</td>
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<td>St. Joseph, Missouri</td>
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<td>2,621*</td>
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<td>Greystone Park, N.J.</td>
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BIBLIOGRAPHY


Pamphlets

1. Annual Report of the Trustees of the Danvers State Hospital for the Year Ending November 30, 1940, Occupational Printing Plant, Department of Mental Health, Gardner State Hospital, East Gardner, Massachusetts.


4. Report of the Trustees of the Alabama State Hospitals (for Mental and Nervous Diseases) to the Governor with Annual Report of the Superintendent, for the Year Ending September 30, 1940.


6. State of South Dakota Twenty-Sixth Biennial Report of the Superintendent of the Yankton State Hospital at Yankton, South Dakota. Made to the State Board of Charities and Corrections, for the Biennial Period Ending June 30, 1940.


8. Twenty-Eighth Biennial Report of the North Dakota State Hospital to the Board of Administration of State Institutions for the Biennial Period Ending June 30, 1940.