

For nearly three years now, we the men in Civilian Public Service Unit # 85, now sixty-five in number, have worked in the State Mental Hospital at Howard. As employees there we have recognized that certain inadequacies exist at this institution. When we sought the causes for the low standard of care for the patients, we were frequently reminded that these were unusual and critical times. "You can't do anything about it, there's a war on!", was the answer generally given. We believe his statement contains a great deal of truth, but not the whole truth. We found that the war was largely responsible for the acute condition that existed. But we also found that there were many conditions on which the war had little bearing which could be improved. While the war was consuming the energies of the people, little could be done other than maintain the best standard of care possible in such a system.

The war is over. Reconversion is the key note. But, in certain respects, the hospital needs more than reconversion, it needs revision. To help accomplish this revision we are turning to the public. For the public is, in the final analysis, responsible for the inadequacies of the State Hospital. It must now concern itself with the care of those who are in its institution.

The hospital administration, generally, has been aware of the fact that improvements were needed and that many changes were practicable. It has tried to remedy the situation but has been unable to do so, largely because of public apathy and ignorance, and more directly because of inadequate help. For we have found that the main bulk of poor conditions for patient care has been due either directly or indirectly to inadequate personnel, both quantitatively and qualitatively.

The public must now awaken and inform itself. It must lend all possible aid to these civil servants. We live in an age in which educational institutions are provided for everyone, in which churches acknowledge a social conscience, and civic organizations are concerned with problems of the community. To these we must turn as the proper vehicles for carrying this program to the public.

There are three factors with which these organizations must concern themselves if they are to raise the standard of patient care. (1) They must educate the public as to the nature and proper treatment of mental diseases. (2) They must arouse an interest in seeking such employment in those persons who have the moral stamina to render proper care. (3) They must demand that conditions of employment be raised so as to attract employees who can be trained to give the patients proper care.

A more detailed analysis of these three points may be necessary to demonstrate the relationship between these points and the raising of the standards of patient



care.

The mental hospital is constantly hampered by the misconception in the public mind concerning it. Such terminology as "Crazy-House", "Insane Asylum", and "Bug-House" in the popular idiom are evidences of the medieval misconceptions carried into our modern life. The stereotyped conception of an insane person still consists of a raving maniac ready to commit mayhem on anyone encountered -- An animal nearer to a beast than a man. Consequently fear and ridicule are the common reactions to anyone labeled crazy or insane. The main therapies recommended are the strait-jacket and the padded cell. Such conceptions prevent the best use of the Mental Hospital.

If the public is to remedy the situation in the mental hospital it is basic that it have a proper understanding of the nature of mental disease. Many old habits of thought need to be changed and prevalent notions corrected. The public must learn to recognize insanity as the symptom of an inner conflict or disorder which causes a personality disturbance. It is the person trying to come to terms with himself and his environment in his own way. The actual term mental disease is often misleading since it usually is a mental disorder instead of a disease. Mental disorders can come to any family and are neither hereditary nor a disgrace. The majority of mentally ill persons can be restored to useful lives in the community provided they are given prompt and adequate treatment. Neglect of such cases is costly in the long run, both in terms of economics and in terms of human suffering.

As basic as an understanding of the nature of mental illness is a knowledge of the purposes of a mental hospital. It is neither possible nor necessary to send all "peculiar" persons to institutions. However, commitment is usually deferred until these persons become so unreasonable that they are a menace to themselves and others. The proper care of the mental patient is no longer purely custodial. The institution is not a place of last resort in which the burden of overwrought relatives and neighbors is eased. It exists primarily to help the individual patient re-discover himself and learn to make readjustments even before the outbreak of frankly psychotic symptoms. Medical science has made the well directed institution a modern hospital for disordered minds. The care of the mentally ill should be raised to the standards found in the general hospital, adjusted to the type of patients for which it must function.

As the institution advances from the "asylum" type to the "hospital" type, it is evident that the personnel must change. The "guards" must be replaced by trained attendants. As patients in general hospitals are attended by well trained nurses, so must these patients receive the care of the well trained attendant. We are



especially aware of this, since we came as untrained personnel when the situation was so acute that time was not available to train us. We soon came to a realization of our inadequacies and our inability to cope with the situation. At present, mental hospitals are forced to employ people of lower character and ability than is desirable. There are two reasons for this: (1) The poor conditions of employment which exist. (2) The lack of interest and concern among those persons who have the moral stamina to do this job.

The present situation has tended to drain off those undesirables who were here mainly for the remuneration received or because they were unable to compete for jobs elsewhere in normal times. They have sought other employment while conditions in mental hospitals required so much work for so little return. The best have remained. The task is to replace C.P.S. men and their wives as they are released with personnel of good quality and to hire additional help of high calibre to fill the many vacancies now existing. Medicine for the mentally ill consists of love, kindness, and sympathetic treatment rather than the chemical compounds used in treating physical illness. The future attendant must be made to realize his responsibility toward the mentally ill as nurses have arisen to their responsibility toward the physically ill.

If the standard of patient care is to be raised the other factor must receive attention — improving the conditions of employment. It is perhaps the most obvious fault of the system and the one upon which immediate action can bring the quickest result. Even the superficial observer of the mental hospital system is able to note the poor conditions of employment. Hours are long — a twelve hour day (meals included) and a six day week are, obviously, too strenuous. Wages are far below par — fifty-five dollars plus maintenance as a minimum cannot provide an adequate return for such work. These conditions are the easiest to compare by means of statistics, but there are other conditions which must be improved.

More difficult to understand perhaps, is the relationship between the improvement of conditions of employment and the raising of standards for the patient. Few of the more able, highly trained and experienced people choose state institutions as sites for their careers. In a competitive society they need not accept the low wages, poor housing and inadequate work facilities offered. Nor are they attracted by the low prestige which work with mental patients today commands — for both work and worker suffer from the unfortunate history of fear, superstition, and ignorance.

The professions are subjected to legal controls which insure a minimum standard of competence before one can practice. The attendant, however, has a non-professional status and is liable to no such controls. The quality of service required of him is determined almost entirely by the law of supply and demand in the



labor market. Intelligent, trained and reliable workers in anything approaching adequate numbers even during periods of depression can only be secured if sufficiently attractive conditions of employment are offered to compensate for the unpleasant, often repugnant, nature of most of the work.

On wards which are seriously understaffed, very little individual attention can be given to each patient. The personal hygiene of patients, many of whom are "untidy", cannot be adequately supervised. Their needs, much less their legitimate desires, must of necessity be overlooked frequently where such shortages of help occur. And if the time is available, healthy behavior patterns of work and play cannot be inculcated by untrained attendants.

On wards, for instance, where 250 patients are cared for by three or four, often two, day attendants, and one night attendant, it is easy to visualize the breakdown of routine which must inevitably occur. Patients who work on the institutional farm and need daily baths get weekly ones instead. Many of them who are neglectful of their clothing, shaving and the like, are allowed to go for weeks in an unkempt, untidy condition. The few attendants whose duty it is to care for these patients cannot possibly give individual attention to 250 patients. Meanwhile, the self-respect which the mentally ill person particularly needs, disappears entirely.

An attendant's duties are not limited to caring for the patient's physical needs. He is also supposed to be a counselor, to help guide the patient through the labyrinth, real or imagined, which confronts the mental patient disturbed by problems of all sorts. Provided he is a qualified guide, which unfortunately is not too frequently the case, how can he possibly lend an ear, sympathetic or otherwise, to the troubles of fifty or a hundred patients in addition to all his other more urgent duties. The consequence is everywhere apparent — the attendant either develops a hard protective shell which enables him to callously ignore the everyday troubles and spiritual needs of these patients who are not competent to help themselves in such matters — or, he reacts aggressively to their continual barrage of pleas and complaints, and by angry abuse and occasionally physical violence further contributes to the mental deterioration of the patient. This is the normal pattern of adjustment. Rare is the individual who has command of the vast resources of patience and good will needed to cope with this situation.

Such is the nature of the problem. These examples indicate the type of conditions which exist. However, they can be greatly improved if a sufficient number of trained attendants are available. But even when attendants are most abundant, very serious obstacles to a program of training arise under the present conditions. A working knowledge of methods of caring for the mentally ill is not easily acquir-



ed. A training course established by the hospital staff (the most feasible plan for providing training) and offered during work requires a fairly stable attendant personnel. The rapid turnover among attendants, which is the direct result of poor conditions of employment makes any fruitful course of training impossible.

Attendants constitute the largest single group of employees (classified by type of work) in mental hospitals. More important, though seldom acknowledged, is the fact that they are a vital influence in the progress of the patient back to mental health. This is due to the nature of their duties and the length of time each day that they are in intimate contact with him. The standards of care of patients, however, are not based solely upon the number of attendants, their training or their innate capabilities. Also to be considered is their ability and desire to put their best effort into the day's work. The long hours which are typical in state hospitals are hardly conducive of this. Irritability, emotional instability and other similar personality disorders among attendants which can be attributed to the length of the day's work are a disturbing influence on the patient and retard his recovery, often jeopardizing the slim balances that sometimes remain between progress to health and degeneration to a lifetime of illness. The not infrequent resort to alcohol by attendants results from the tensions and frustrations of month after month of work under such conditions. This is obviously a serious handicap to efficient and sympathetic patient care.

The State Civil Service Board and the State Legislature control such matters and must be convinced that only by raising wages and shortening hours can any program to raise the standards of patient care succeed. They must be also convinced of the economic gains to the community which result when persons who will otherwise become a burden to the community are returned as useful, healthy citizens. We are in no position to propose a definite wage or hour scale, but we would suggest that the minimum wage and hour standard for attendants must correspond with national standards. This would raise the current fifty-five dollars plus maintenance to at least seventy-five dollars plus maintenance; and shorten the hours of service from the present twelve (three meals included) to eight hours (meals excluded). We would suggest also that the work week be shortened from six days to five and one-half; and the cash equivalent for maintenance be raised from thirty dollars a month to forty dollars. This last proposal is designed to attract men and women with families to this type of work — a highly desirable shift from the present situation in which the attendant employees are predominantly single persons — and therefore unstable personnel. It must be understood that this is not a program designed primarily to benefit the attendants, but is aimed at improvement of patient care.



Any program designed to correct conditions, at least in so far as attendant personnel is concerned, must establish as its ultimate goal the elevation of standards to a professional level. Legal certification must eventually be required of attendants as is now demanded of nurses and doctors. But this cannot be accomplished immediately. Before such requirements can be effected suitable candidates for such careers must be found, trained, and certified in sufficient numbers to meet the demand. Consequently the first step in any progressive program for the professionalization of attendants must be an attempt to raise the conditions of employment. Without this first step nothing can be achieved. For only when positions of this sort are eagerly sought, and the number of persons seeking jobs as attendants is greater than the number of positions to be filled, will stabilization, training and certification of personnel be possible. Once this essential first step is accomplished, planning of a definite program of attendant professionalization will be possible.

Finally, let the object of our program be reiterated and re-emphasized — that the standard of care of the patients in the mental hospital be raised. We, as citizens or members of a civic, religious or educational organization, are accountable for the well-being of those unfortunates whose care we have undertaken. It is our responsibility to provide proper and adequate care in as far as it is possible for us to do so. And we can be certain that as long as unnecessary suffering is endured by some, so will society as a whole suffer. It is expedient that we inform ourselves and act in whatever capacity we are able. The program is broad enough for everyone to find an essential place in it. No part is too small for anyone to undertake — the success of the whole is dependant upon the success of each minor detail.

Committee for Improvement of Patient Care  
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