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REPORT OF THE
PSYCHOPATHIC PROBATION DEPARTMENT
COUNTY OF LOS ANGELES
1943 - 1944

Whether mental illness increases during the stress of war is a matter of keen public interest and concern. While accurate statistics would involve intensive study with figures yet unobtainable, the number passing through this Court and placed on probation shows a slight decrease in the past year. Locally, we find this is largely due to the fact that present conditions enable even the relatively unstable to be employed, and permit families to place patients directly under psychiatric care.

The tension of another year of war, however, and the problems inherent in population changes have necessitated the development of new avenues of service. Some difficulties faced have been the inability of private sanitarium to build or expand; the increased number of aged requiring both mental and physical care, and the dearth of professional personnel to meet private and public institutional needs. There have also been the matter of returning ex-service men, care for numbers of service men's wives, many of whom were nonresident, and the problems resulting from disorganization of family life.

Despite these factors, our rehabilitation program has produced gratifying results, both in the numbers who have regained mental health and the service value returned to the community. A high percentage of improvements is attributable to progress in electro-shock treatment.

REHABILITATION PROGRAM

This rehabilitation group comprises those who, with a period of sanitarium care averaging approximately three months, recover sufficiently to return to their homes and community. The treatment involved varies from rest, freedom from responsibility and change of environment, to shock therapy under a psychiatrist's care.

One group of patients requires rest home care to counteract the tensions brought about by one or a combination of any of the following: marital difficulties; increasing demands of defense work; accelerated pace of daily life due to war conditions; inadequate housing; worry over relatives in the armed forces, et cetera. These patients can recover their mental stability, or establish new thought patterns and attitudes which give them a better perspective on daily problems and supply them with resistance to combat the battering ram of everyday stimuli. Rest, complete change of environment, guided daily activities under the supervision of psychiatrists and trained nursing staff, provide this opportunity. This group usually does not require extensive medical treatment. It is comprised of those who flounder under certain difficult living conditions, yet have the innate capabilities to recover in a short time when specialized assistance is administered at the opportune time. Such care often halts the progress of mental illness which may become disabling and chronic.

An important and growing phase in our rehabilitation program is shock therapy. Comparatively few sanitariums in Los Angeles County offer insulin shock therapy at present because of the complicated administration of this treatment and the lack of available trained personnel. Metrazol shock therapy has been almost entirely displaced by electro-shock therapy, and this portion of our report deals mainly with electro-shock. Recoveries and improvements in certain types of mental illness are attributed to this therapy, whereas formerly, without shock treatments, chronic cases would have developed, necessitat-

ing years of institutionalization.

One of the sanitarium in Los Angeles County has been exceedingly generous in giving electro-shock therapy to treatable cases placed at minimum County rates. This was made possible by the cooperation of the management, staff, and attending physician in the establishment of this program.

A general study has been made of seventy-one women patients treated with electro-shock at this sanitarium during 1943 and the first half of 1944. It is to be noted that the group was diversified as to age, ranging from seventeen years to sixty-two years. Three patients were in their late teens; twenty-one in their twenties; thirteen in their thirties; nineteen in their forties; thirteen in their fifties, and two in their sixties. The following table portrays a general picture of the study:

<u>Patients Treated</u>	<u>Diagnosis</u>	<u>Home</u>	<u>Home but Not Well</u>	<u>Sanitarium</u>	<u>State Hospital</u>
10	Post Partum	10			
20	Dementia Praecox	14	1	2	3
4	Paranoid	2			2
23	Involuntional Melancholia	21			2
8	Schizophrenia	5	1	1	1
1	Acute Depression	1			
1	Manic				
2	Manic-Depressive	2			
1	Feeble-minded with Psychosis	1			
1	Constitutional Psycho- pathic Inferior- ity Hypochondriac	1			
<u>71</u>		<u>58</u>	<u>2</u>	<u>3</u>	<u>8</u>

In the foregoing table, the figures under "Home" indicate the patients who showed marked improvement, returned to their homes, and adjusted satisfactorily. Those under "Home but not Well" indicate

the number of patients who improved sufficiently to reside in their own homes, but were handicapped to a certain degree by the retention of one or several symptoms of mental illness. The figures under "Sanitarium" and "State Hospital" indicate the number of patients who did not recover after the course of treatments was completed, but required continued institutional care. Payments for the care of patients remaining in "Sanitarium" are made by relatives who do not wish the patient committed to a State Hospital.

If a return to the home and community with a satisfactory social adjustment by the patient, following completion of treatment, is accepted as the criterion for recovery, the electro-shock therapy study in this one sanitarium signifies that eighty-one per cent of the treated patients recovered. The "recoveries" have returned to their employment or have been able to resume their household management and duties. The study further reveals that young people, whose onset of mental illness was recent, could be rehabilitated in a period of about three months, even though the disturbance at the inception of the illness was acute. The sanitarium in question has admitted violently disturbed and noisy patients who became less disturbed and quieter after several treatments.

Prior to the advent of shock treatment, commitment to a State hospital was necessary for all disturbed patients who could not afford to pay a high rate for a private sound-proof room in a sanitarium. Although the general public is beginning to discard prejudices against State hospital care, the majority of the younger patients, treated and rehabilitated in sanitarium, expressed the opinion that they felt they would have more favorable opportunities to secure employment if they had no record of commitment to a State hospital. Although this attitude is regrettable, its importance from a mental hygiene point of view cannot be overlooked. The

effect of treatment and institutional care and the patient's reaction to them is of vital importance in his rehabilitation and must be given consideration in line with the present status of the attitude of the general public toward this problem.

Because of a shortage of trained personnel in the psychiatric field, due to the present war conditions, extensive individual case work is impossible. We have found group therapy in the form of round-table discussion to be highly successful in two sanitariums caring for the younger age-level patients. In the study and open forum type of discussion of mental hygiene, each person is afforded an opportunity to develop new thought patterns and attitudes toward the situations which may have contributed directly or indirectly to his mental illness. This group therapy tends to assist patients to cope successfully with their problems with the new understanding that they can seldom change their environment, but they can change their attitude toward it.

Resthaven, a non-profit sanitarium for the care of the mentally ill, has an outstanding occupational therapy program, in addition to other treatment facilities. A course in leather work is taught by a patient who formerly received care at Resthaven. Other classes, such as typing, home nursing, dancing, pottery work, sewing, et cetera, are given.

The recovery of highly trained persons from mental illness and their return to various occupations is an important contribution to the economic and social structure of the community. Significant in the past year were graduate nurses, now in the service, teachers, an attorney, a dentist, a construction engineer, an accountant, and

others with professional background. Also, a number have been able to return to defense work and maintain consistent employment records therein.

Although the success of our work is measured by the recovery of the individual patient treated, his recovery affects his entire family and community group. Following are a few illustrations of the far-reaching benefits resulting from the recovery and rehabilitation of individuals returned to useful living, through early care and treatment:

Woman forty-six years of age, with background of culture, mother of two children attending college, wife of a man prominent in public life, suffered an acute depression and attempted suicide. Placement in a sanitarium, under the supervision of this Department and prompt electro-shock therapy resulted in her rapid improvement, and excellent prognosis. After a two month period of care, she was able to resume her home duties; in addition to this, has completed a university course in Occupational Therapy, and now, after a year without recurrence of illness, is a teacher of handcrafts and volunteers her services to a local Army Hospital.

Forty-three year old married woman suffered a depressed agitation following the induction of her fourth and youngest son into the Service. This family was outstanding in the devotion of its members to each other and its useful contribution to the community as a stable well-adjusted family group. While her initial episode was one of acute disturbance, she responded quickly to sanitarium routine care and shock therapy. In two months her recovery was complete and she returned home, resuming her place in the family and community group.

Woman physician, husband interned in the Philippines, had the full responsibility and care of four minor children, in addition to her professional duties. Suffered with an acute mental disturbance, exhibited fears, deep depression, suicidal tendencies, and was unsafe to remain with her children. After a two month period of sanitarium care and treatment, she recovered, returned home and has made a satisfactory adjustment.

Young married woman, left alone since her husband's enlistment in the Navy. Although a cultured, well educated girl, due to her mental disturbance she showed poor judgment in the choice of her companions. This culminated in an

extremely disturbed mental episode, endangering her relationship with her husband. She is happily re-established with her husband following a three month period of sanitarium care and shock treatment.

Young single woman, who suffered a mental breakdown after her enlistment in the Waves. She was returned to her family and her prognosis was considered poor. However, she was brought to the hospital for examination after she had been given a short period of unsuccessful treatment under private care, and was immediately placed in a sanitarium where a full course of electro-shock treatment was given. This resulted in an excellent recovery and shortly after her return to her parents' home, she was re-employed in the office position she had held for several years prior to joining the Waves. Her efficiency in this responsible position did not decrease despite her inability to adjust in the Service and the mental illness which followed.

Although statistics for the past year are not available for the percentages of mental illness of men in the armed forces or in civilian life, one trend is apparent. Young men, not inducted into the Army because of physical or mental handicaps, have greater opportunity to secure employment during the current labor shortage. This group, owing to financial security and other factors, probably require fewer admittances to mental hospitals, under existing social and financial conditions, than would be required if jobs were less plentiful.

McCracken Home, a non-profit sanitarium for men, is equipped to care for patients and administer electro-shock therapy at minimum County rates whenever necessary. Credit is due to the Board, the staff, and the psychiatrist at McCracken Home for making this possible.

Prior to July, 1944, discharged service men, suffering from mental illness, were committed to a State hospital or placed in sanitarium. Since that time, however, the Veterans' Facility at

Sawtelle has made their neuropsychiatric unit available to all recently discharged service men as well as to any other veteran requiring psychiatric care.

ELECTRONARCOSIS

Electronarcosis is a type of shock therapy which has been developed for the purpose of increasing the benefits obtained by electro-shock. A scientific study of the results of electronarcosis was conducted on the Psychopathic Ward of the Los Angeles County General Hospital, by Drs. Esther Bogen Tietz, George N. Thompson, A. Van Harreveld, and C. A. G. Wiersman. The results of their study were given in a paper, "Electronarcosis - A Therapy in Schizophrenia," which was presented in May and June, 1944, by Dr. Thompson, Chief Psychiatrist of the Psychopathic Division of Los Angeles County General Hospital, to convention meetings of the American Psychiatric Association in Philadelphia, Pennsylvania, and the American Medical Association in Chicago, Illinois. Great interest was shown by doctors from all parts of the United States and from foreign countries. Some of the doctors indicated their belief that electronarcosis is a therapeutic development of historic importance.

The study was an evaluation of electronarcosis based on the treatment of forty-seven cases of schizophrenia. The Psychopathic Probation Department assisted in securing social histories, one of the many preliminary steps, and in making a suitable plan for placement in a sanitarium or with relatives, when these patients were released from the hospital.

Twenty men and twenty-seven women patients, with an average age of twenty-four years and with typical schizophrenia of a duration

less than two years, were selected and treated. The results were as follows:

"Of the forty-seven patients, nineteen were A recoveries -- complete remissions with insight; seventeen were rated B -- a social adjustment but with retention of some personality defects; five were rated C -- showing improvement, and the six remaining patients, D, were not improved. Of the six failures, three were subsequently revealed to have had history of previous attacks more than two years before treatment, in spite of efforts made to select patients with recent onset. The three others showed marked hebephrenic features."

CARE OF THE AGED

The proportion of aged persons in the population has increased more rapidly in California than in the nation as a whole. The 1940 Census revealed the fact that a fifty per cent increase in the number of persons in California, 65 years of age and over, took place between 1930 and 1940, as compared with a thirty-five per cent increase in aged persons throughout the United States.

There is no data available for Los Angeles County indicating the percentage of the aged requiring psychiatric care. Old Age Security records would not include the number of aged residing in public institutions for the mentally ill. Our Department is concerned only with the group of elderly or aged persons, regardless of the financial status of the individual, in need of psychiatric care - in their own homes, in the homes of relatives or friends, in licensed boarding homes, in private sanitarium, on the psychopathic ward of Rancho Los Amigos, or in State hospitals.

There is evidence of an increasing rate of mental disease among old people. The proportion of admissions to mental institutions because of senile psychoses, cerebral arteriosclerosis, simple deterioration, et cetera, is already high, and such cases may be

expected to increase in number as the population becomes older. Not all persons who show deterioration due to senility, or other symptoms of mental illness, are in need of supervised care by an agency. The following factors are determinants in the referral of mental patients to our Department:

1. The patient has no person available, willing or able to give proper care or supervision;
2. The patient requires intensive medical treatment or hospitalization;
3. The patient constitutes a traffic or fire hazard;
4. The patient is a police problem because of (a) reporting imaginary complaints, (b) wandering away from home and becoming lost, (c) being a nuisance in the neighborhood, (d) manifesting belligerent, combative, threatening attitudes and being considered dangerous to others.

The majority of the aged cases supervised by this Department are in sanitarium. Since the beginning of the war, the scarcity of attendants, nurses, and other personnel, has been an acute and growing problem. However, the sanitarium have made earnest efforts to maintain high standards of care. Filled-to-capacity sanitarium, and a waiting list of private patients who can afford to pay high rates, have added to our difficulties in making adequate placements of "County-pay" patients. Most of the private sanitarium have not decreased the number of beds allotted for County patients, but they have been unable to increase this number to meet the growing need for additional beds. Private institutions do not have sound-proof rooms for noisy aged patients, and this leaves us with a group which must be committed to a State hospital because of a lack of facilities in the County private and public institutions.

The Rancho Los Amigos Psychopathic Ward is always filled to

capacity and has a long waiting list. This ward is used extensively for patients who require more medical care than can be administered in private sanitarium. This group includes those suffering with carcinoma and those requiring special diets or restraints because of destructive tendencies. No Los Angeles County Hospital ward is set aside for the care and treatment of mentally ill patients who require hospitalization because of physical illness, although the need for one is apparent. The psychopathic ward of the County Hospital is essentially an observation ward, and it is not equipped to treat long-term medical problems.

An expanding phase of our work with the aged is the placement of patients with relatives, friends, in boarding homes, or in their own homes, subsequent to sanitarium care resulting in improvement or recovery from the initial state which necessitated institutionalization. Relatives and friends are encouraged to provide a home and assume responsibility for aged patients. This not only relieves the congestion in sanitarium, but insures normal homelike surroundings for those able to make a satisfactory adjustment under supervised care.

There are a limited number of licensed boarding home managers desiring to provide care for patients who are on probation to this Department. A successful experiment conducted during the past three years, with the cooperation of a boarding home manager, reveals that so-called "mental cases" can adjust well in a small group with outside privileges consisting of walking unaccompanied to a nearby park, shopping center, movie, or taking the streetcar to visit clinics, relatives, friends, or to attend church. Careful selection of

patients placed in this home has contributed to the high rate of satisfactory adjustments, but an important factor, which cannot be overlooked, has been the personality of the manager. Her motives and willingness to work with psychopathic patients were effective in demonstrating that a boarding home, with firm, understanding supervision, can provide a comfortable, warm, friendly setting for a special group of aged persons who otherwise would necessarily remain institutionalized in a locked sanitarium, and, further, that it can operate at a rate within the means of the Old Age Security recipient. The need for more boarding homes of this calibre is acute. Wartime conditions and restrictions have hindered the greater expansion of this field.

The number of aged persons who are able to leave supervised homes to reside alone is small; yet, whenever possible, they are aided and encouraged to do so. A pertinent example of what can be accomplished in the rehabilitation of the aged patient follows:

Woman, eighty-one years of age, was living alone in a hotel; filed on by a relative in 1940 as she was disturbing her neighbors, the police and Health Department, by accusing people of "shooting gas" in her room, stealing her belongings, etc. These ideas, of course, were unfounded, and when examined on the mental ward of the hospital, the Commission recommended sanitarium care, giving a diagnosis of psychosis, senile type. From 1940 to September, 1941, it was necessary to transfer this patient five times at the request of the various sanitarium managements, because of her mental symptoms and inability to adjust. However, she gradually gained insight, with counseling by her probation worker, and conceded that many of her ideas might not be based on fact. In spite of her advanced age, her memory was good, her spirit was young, and her physical health fair. Her background was colorful; she had traveled extensively throughout the world; had been employed as a detective, actress and hotel manager. She made a definite attempt to control and change her thought habits, realizing she could be transferred to a boarding home if she made a satisfactory sanitarium adjustment. In September, 1941, after noticeable improvement, she was transferred to the boarding home mentioned above. She proved she was again able to live in a group without psychiatric supervision and

eventually secured her own apartment, where she has since made an excellent adjustment. Because of the therapeutic value involved, her case was officially dismissed, but she keeps us in mind, contacting us occasionally and, though at times she is suspicious of her neighbors, she discusses her ideas only with a member of this Department.

In dealing with the aged, mention should be made of Grace Sanitarium, a pioneer in the field of providing care for aged, mentally ill, colored patients. This is the only State licensed sanitarium in southern California for this group. It opened on April 18, 1937, with fifteen women. In October, 1940, a new modern building was completed to house nineteen women and fifteen men. Plans for an additional building are being made so that psychiatric care may be provided for the young rehabilitative group also. This institution is a distinct contribution to a vital need in the community.

This Department was active on a sub-committee of the Council of Social Agencies, in a study of the "Care of the Aged." The Committee conducted an Institute for "Care of the Aged" at Hollenbeck Home on March 8, 1944. Organizations concerned with this problem, both public and private, were invited and three hundred forty persons attended. Resolutions were passed by the Institute recommending improvements in housing, medical care, social security benefits, and recreational program for the aged. It was recognized that facilities for the physically ill or bedridden, senile patients have not kept pace with the population growth, and that there is a grave need for the establishment of larger County facilities for these patients who are not insane or committable to a State hospital.

MENTAL DEFECTIVES

The number of mentally deficient patients under the supervi-

sion of this Department is comparatively small. Although special facilities for their care are not available, other than a few private institutions which admit high-grade defectives only, we must accept the cases which come to the attention of the Court as all other community resources have been exhausted. Because of this lack of adequate facilities, Rancho Los Amigos Psychopathic Ward receives all the cases which cannot be cared for in private sanitarium, regardless of the financial status of the family. Many of the mental defectives on probation are eligible for placement at Pacific Colony, but because of the fact that this State Hospital is filled to capacity, commitments cannot be made.

Whenever possible, patients are trained to earn all or part of their room and board in sanitarium.

ALCOHOLIC DIVISION

This Division continues to function on practically the same basis as heretofore. Every effort is made to select only those persons for admission who voluntarily seek the aid of the Court in overcoming their habit. Wherever possible, the person seeking assistance must sign his own petition and agree to follow the recommendation of the examining Commission. Exceptions to this plan are the persons who are suffering with the acute stages of alcoholism and in need of immediate hospital care. This Division is conducted by Mr. J. A. Sullivan, a Probation Officer, who interviews each alcoholic patient entering the ward, assists in working out a plan for his best interests and supervises each patient placed by the Court on probation.

Alcoholic School: This school is conducted for the benefit of those persons who are placed on outside probation, but considered

by the Court to be excessive users of alcohol and in need of help with this problem. The school is carried on by the members, under the direction of the Probation Officer. Subjects dealing with the problem of alcoholism are studied and discussed in open forum. Personal problems receive individual attention and older members of the group give generously of their time to assist with the work and the rehabilitation of new members. Close contact is kept with these persons for at least six months and approximately fifty per cent of the case load shows a record of continuous abstinence for this period. However, for a long period of time, these men require assistance to re-establish and maintain themselves as useful citizens.

Many former students of the school have associated themselves with the Alcoholic Anonymous group, which is nation-wide in its scope. Also, a number of patients have organized their own group on a self-help basis, and carry on their individual educational and rehabilitation programs.

Owing to the current labor shortage, patients on probation because of alcoholism, are able to secure and retain employment despite their lack of dependability. Some, however, are unable to live in their homes or community unsupervised, and are placed as workers in sanitarium during their rehabilitation period.

FINANCIAL DIVISION

This year shows a decrease in the number of aged patients on whom the County paid supplemental aid for sanitarium care. This is due to two factors, increase in the Old Age Security grant and present employment conditions which enabled the relatives to make such payments themselves. This, of course, does not reduce the amount the County paid on those who are entirely or partially indigent, nor those of the aged group not eligible for Old Age Security. Following are comparative figures:

FISCAL YEAR ENDING JUNE 30, 1943

<u>Month</u>	<u>Number</u>	<u>Patient Days</u>	<u>COST OF BOARD & CARE</u>	<u>Cost Per Patient Day</u>
July	1,016	27,470	\$ 13,315.86	\$0.49
August	912	26,353	12,480.36	.47
September	917	25,206	11,835.02	.46
October	877	25,088	11,318.87	.45
November	858	24,073	11,414.16	.47
December	888	24,877	11,834.68	.47
January	830	23,827	11,238.74	.47
February	814	21,269	11,356.78	.53
March	857	24,140	12,050.02	.49
April	840	23,102	11,572.09	.50
May	811	23,002	11,192.85	.48
June	785	21,776	11,285.70	.51
	<u>10,405</u>	<u>290,183</u>	<u>\$140,895.13</u>	

FISCAL YEAR ENDING JUNE 30, 1944

July	413	11,409	\$ 8,539.69	\$0.75
August	418	11,363	8,931.93	.78
September	412	11,027	9,100.86	.83
October	397	11,044	8,669.29	.78
November	395	10,440	8,771.83	.84
December	395	10,826	8,640.36	.80
January	383	10,716	8,125.32	.76
February	367	9,640	7,709.45	.79
March	396	10,708	8,597.78	.80
April	374	10,209	8,472.99	.83
May	374	10,524	8,332.83	.78
June	372	10,076	8,545.05	.85
	<u>4,696</u>	<u>127,982</u>	<u>\$102,437.38</u>	

The following breakdown of case load for June, 1944 shows the cost to this department for the various classifications:

<u>Number</u>	<u>Classification</u>	<u>Amount Paid</u>	<u>Patient Days</u>
211	Approved OAS cases	\$1,961.06	5,830
11	Blind	93.66	269
31	Pending OAS & ANB	1,320.48	794
11	Miscellaneous	324.03	289
14	Rehabilitation	513.98	312
78	Pending Rancho Place't	3,643.51	2,127
16	Pending Pacific Colony	688.33	455
<u>372</u>		<u>\$8,545.05</u>	<u>10,076</u>

The monthly average number of pending Old Age Security cases was reduced from thirty-three to thirty cases. If this could be reduced still further, it would reflect a substantial saving to this Department.

STATISTICS, 1943-44

PATIENTS PLACED ON PROBATION:

Women:	Mentally ill	-	779	
	Alcoholic	-	<u>63</u>	842 ✓
Men:	Mentally ill	-	573	
	Alcoholic	-	<u>138</u>	711 ✓

TOTAL CASES PLACED ON PROBATION 1553 ✓

CASES BROUGHT FORWARD, 7/1/43:

Women	-	1477	
Men	-	<u>1533</u>	3010

TOTAL CASES HANDLED ON PROBATION, 7/1/43 to 6/30/44 4563 ✓

FIRST DISPOSITION OF NEW CASES (1943-44):

Placed at Resthaven	37
Placed at McCracken Home	28
Other Homes and Sanitariums	1084
Home on Probation	194
Placed at Rancho Los Amigos	151
Left Jurisdiction of the Court	16
Returned to Jail	2
Transferred to Medical Wards	3
Cases Dismissed, Committed or Died before Leaving Psychopathic Ward	<u>38</u>
	1553

FINAL DISPOSITION OF ALL CASES:

Committed to Patton	46
Committed to Norwalk	81
Committed to Camarillo	104
Committed to Sawtelle	6
Died	778
Left Jurisdiction of the Court	65
Dismissed as Rehabilitated	222
Dismissed (Social Adjustment)	192
Dismissed on Commitment to Pacific Colony	6
Dismissed to Federal Government	5
Miscellaneous Dismissals	194
Cases Disposed of Before Leaving Ward	<u>38</u>
Cases Remaining on Probation, 6/30/44	2826
Total Cases Handled (women)	2319
Returned for Commitment	150 - 6.4%
Total Cases Handled (men)	2244
Returned for Commitment	88 - 3.9%

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STATISTICS - CONT'D

OFFICE ROUTINE AND FIELD WORK:

Visits to Patients at Home	527
Calls at Sanitariums	1264
Accompanying Patients to Rancho, Clinics, etc. ..	82
Office Callers	4145
Case Histories to Sanitariums	1246
Letters and Telegrams	1676
Court Orders Covering Placements	2216
New Cases Interviewed	3838

FINANCIAL DIVISION:

New Cases Investigated	421
Field Calls	618
Interviews at Office	771
Court Orders, Vouchers, Reports & Legal Forms ..	3148
Letters	5651
Guardianships Handled	489

PACIFIC COLONY CASES:

Commitments	13
New Applications	15
Pending Applications	24
On Waiting List	40