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OFFICE OF COUNSELOR IN MENTAL HEALTH
ANNUAL REPORT FISCAL YEAR 1954-55

December 28, 1955

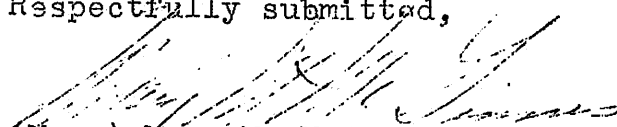
Subject: Annual Report
1954-55

Honorable Board of Supervisors,
501 Hall of Records,
Los Angeles, California

Gentlemen:

The Office of Counselor in Mental Health
of the County of Los Angeles submits herewith
its annual report for the fiscal year 1954-55.

Respectfully submitted,


(Mrs.) Mary M. McGinnis
Counselor in Mental Health

I N T R O D U C T I O N

The Office of Counselor in Mental Health was established as an independent Department on June 4, 1954 upon amendment of the Administrative Code, Ordinance 4099, Sections 371 and 372. Funds were allocated to this Department for the payment of salaries for 37.1 budgeted positions, and for the expenditure of funds necessary for the care of persons under the supervision of the Office of Counselor in Mental Health.

This Department has a three-fold program.

- (1) To act as administrative arm of the Superior Court, Department 54.
- (2) To protect the rights of such persons as are alleged mentally ill and hospitalized involuntarily.
- (3) To facilitate the hospitalization of persons who may need such care.

The formalization of this program influenced the activities of the various divisions in the Office of Counselor in Mental Health, as to improve service to the community and to the Court.

The following effects of this program were apparent during the fiscal year 1954-55:

- (1) More intensive screening before the filing of a petition resulted in the decrease of the number of petitions filed particularly for certain age groups.
- (2) To avoid unnecessary hospitalization more referrals were made to other agencies in the community.
- (3) A larger number of patients have been discharged from sanitarium.
- (4) There has been greater emphasis on the protection of the patient's civil rights.
- (5) The improved services and contacts with sanitarium have resulted in fewer rehearings by the Court.

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COUNSELOR PARTICIPATES IN THE PREPARATION OF LEGISLATION
(AB 3300)

During the fiscal year 1954-55, Counselor in Mental Health actively participated in the preparation of legislation AB 3300 to the State Legislature. The proposed bill was formulated in cooperation with the Chief Administrative Officer; Superintendent of Charities, Sheriff, Public Guardian and County Counsel.

The recommended program placed emphasis on the following:

- (1) Simplification of voluntary admissions procedures.
- (2) Emphasized methods of admission to hospitals without recourse to the Court.
- (3) Improvement in the method of involuntary admissions.
- (4) That persons coming under the authority of the Court because of involuntary hospitalization, be permitted to remain in a public institution for observation and treatment for a period not to exceed 90 days without the necessity of formal commitment.
- (5) Simplification of procedure for the restoration to full capacity of a person recovered from mental illness.
- (6) That additional steps be taken for the protection of the property of a person receiving mental treatment in a public or private institution.

- (7) Simplification and more equitable procedure to determine the financial liability of a spouse, adult child, or other legally responsible persons involved in arranging institutional care for a person requiring mental treatment.
- (8) More equitable division of financial responsibility between the County of Los Angeles and the State of California in the care of mentally ill persons.
- (9) Changes in procedures for the transportation of mentally ill persons from their homes to an appropriate public institution so that no criminal implication is attached.

The proposed legislation was not passed.

FUNCTIONS OF THE PETITIONS OFFICE

The Petition's Office has the function of interviewing the majority of persons who apply to Department 54 seeking legal action to detain and/or enforce psychiatric observation and treatment of persons presumed to be mentally ill. The counselor's responsibility is to obtain information about the person who is to be hospitalized and the social conditions within which he finds himself.

Petitions can be filed for mental illness, epilepsy, mental retardation and sexual deviation. Almost all petitions accepted in behalf of persons addicted to alcohol, narcotic drugs and habit forming drugs, are on a voluntary basis.

Office of Counselor in Mental Health has become increasingly aware of the emotional injury experienced by many persons as a result of the involuntary hospitalization. Acting on the premise that involuntary hospitalization should be avoided if a more suitable plan enlisting the patient's cooperation can be made, the Petitions Office concentrated on a project of pre-petition investigations. A greater percentage of applicants were referred to other community resources during the fiscal year 1954-55 than in previous years, as a result of these studies. This spared the County and the persons affected, the high cost of hospitalization and spared the Court's time in having needless hearings.

We submit that these pre-filing studies caused a decrease in the number of petitions filed for certain groups of persons, particularly the aged group.

EVALUATION OF TABLES 1, 2, 3, 4, 5, 6, 7, RELATING
TO ACTIVITIES OF THE PETITIONS OFFICE

The statistical material in Tables 1 through 7 are self-explanatory, however, there are observations which must be made. We note from Table 2 that there were 6383 petitions issued during the fiscal year 1953-54 as compared to 6207 petitions issued during the fiscal year 1954-55. Further study of this table reveals a 17% decrease in the number of inebriate petitions and a 26% decrease in the number of narcotic petitions issued this last fiscal year. Referral of applicants for inebriate petitions- whenever possible- to Alcoholics Anonymous, may explain a decrease in the number of such petitions filed. More careful screening of narcotic drug addicts, applying for state hospital care, is reflected in the decrease in the number of such petitions denied.

Table 6 is a comparative study of total actions by the Petitions Office during the fiscal years 1954-55. This reflects all of the activities in the Petitions Department. Despite the fact that there was a decrease in the number of petitions issued and denied during this last fiscal year, there was an increase of 232 actions over that of the fiscal year 1953-54. We must, therefore, consider Table 5, which indicates that the Petitions Office gave informational service to 1,572 persons during this last fiscal year, where the filing of a petition was not indicated. Perhaps the most important activity is reflected in Table 7 which is a comparative study of referrals made to other

community resources during the fiscal year 1954-55 and 1953-54. There were 107 more referrals to other community resources this last fiscal year, including referrals to County and State facilities, such as psychiatric clinics, medical hospitals, public health services, legal aid, child counseling services, Juvenile Probation Department, Adult Probation Department, Bureau of Public Assistance, other courts, police departments, sheriff's department, state hospitals, and private agencies, such as private medical hospitals, welfare agencies and Alcoholics Anonymous. On occasion, out of state agencies are contacted if a matter involves a non-resident.

The statistics for the number of referrals made each month during the fiscal year 1953-54 show an uneven distribution. However, in the reports of referrals made each month during the fiscal year 1954-55, there is an increase each month beginning November, 1954. This is indicative of the effectiveness of pre-petition evaluation supported by established policy.

MONTHLY REPORT OF PETITIONS ISSUED 1945-55

TABLE 1

Type of Petition	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTAL
Mental	436	478	458	390	408	394	417	373	487	407	447	438	5133
Inebriate	68	93	63	70	56	52	62	66	60	71	58	63	782
Narcotic	23	10	11	8	16	10	15	10	12	11	14	16	156
Habit Forming Drug	0	1	2	2	0	1	2	1	1	0	2	2	14
Mental Defective	3	6	6	4	0	3	3	7	12	18	6	9	77
Mentally Abnormal Sex Offender	0	0	2	0	0	0	0	0	0	0	1	3	6
Sexual Psychopath	0	0	0	0	0	0	0	0	0	0	0	0	0
Epileptic	11	0	2	2	2	4	1	4	4	5	2	2	39
Total Petitions Issued													6207

COMPARATIVE STUDY OF PETITIONS ISSUED FISCAL YEARS 1953 to 55

TABLE 2

Type of Petition	1953-54	1954-55
Mental	5101	5133
Inebriate	946	782
Narcotic	216	156
Habit Forming Drug	10	14
Mental Defective	63	77
Mentally Abnormal Sex Offender	13	6
Sexual Psychopath	0	0
Epileptic	37	39
Totals	6383	6207

MONTHLY REPORT OF PETITIONS DENIED 1954-55

TABLE 3

Type of Petition	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTAL
Mental	54	51	39	60	52	34	33	30	42	40	38	37	510
Inebriate	23	35	22	37	35	43	30	39	37	26	26	28	381
Narcotic	3	4	1	2	5	3	5	3	4	3	2	1	36
Habit Forming Drug	0	0	0	0	0	0	0	1	0	1	0	0	2
Mental Defective	0	2	1	1	0	1	0	3	0	0	6	2	16
Mentally Abnormal Sex Offender	0	0	0	0	1	0	0	0	0	0	0	0	1
Sexual Psychopath													0
Epileptic	0	0	0	0	0	0	0	1	0	0	0	0	1
Total Petitions Denied												947	

COMPARATIVE STUDY OF PETITIONS DENIED FISCAL YEARS 1953 to 55

TABLE 4

Type of Petition	1953-54	1954-55
Mental	612	510
Inebriate	374	381
Narcotic	28	30
Habit Forming Drug	2	2
Mental Defective	15	16
Mentally Abnormal Sex Offender	3	1
Sexual Psychopath	1	1
Epileptic	0	0
Totals	1035	947

MONTHLY REPORT OF OFFICE INTERVIEWS FOR
INFORMATION SERVICE FISCAL YEAR 1954-55

TABLE 5

	July	Aug.	Sept	Oct	Nov	Dec	Jan	Feb	March	Apr.	May	June	TOTAL
Persons Interviewed	69	76	81	92	96	103	135	146	142	103	152	135	1330
Persons seen by Receptionist for Appt.	6	21	19	1	19	11	34	12	9	52	44	14	242
Total Interviews													1572

STUDY OF TOTAL ACTIONS BY PETITIONS OFFICE,
COMPARING FISCAL YEARS 1953-54, and 1954-55

TABLE 6

	July	Aug	Sept	Oct	Nov	Dec.	Jan.	Feb	March	Apr.	May	June	TOTAL
1953-54	822	781	763	728	701	302	831	763	842	814	785	860	9492
1954-55	765	835	774	747	737	727	822	788	916	842	924	847	9724

REFERRALS TO OTHER COMMUNITY RESOURCES,
COMPARING FISCAL YEARS 1953-54, and 1954-55

TABLE 7

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	Apr	May	June	TOTAL
1953-54	89	93	87	69	79	81	68	64	72	44	64	87	891
1954-55	69	58	67	73	47	68	85	92	106	105	126	147	998

PLANNING WITH THE PATIENT
ADMITTED ON EMERGENCY BASIS

A person admitted to the Psychiatric Unit, Los Angeles County General Hospital on an emergency basis, can remain only for a period of 72 hours for diagnostic evaluation. At the conclusion of this period, the medical staff determines if treatment is necessary, whether this can be accomplished with the patient's cooperation, or if Court action is required by the filing of an appropriate petition.

During these 72 hours, the Deputy Counselor in Mental Health, in close liaison with, and under the supervision of the medical staff renders the following services:

- (1) Aid in locating and contacting relatives and persons interested in the patient.
- (2) Obtains the assistance of interested persons, whenever possible or necessary, in filing a petition if involuntary care is indicated.
- (3) Assists in making arrangements for the patient's transfer to another medical setting where private arrangements can be made, when it is decided that the patient should not remain at the Psychiatric Unit.
- (4) Refers the patient to an appropriate psychiatric clinic if out-patient care is recommended, or to a family agency if social problems are considered to be paramount.
- (5) Works with members of patient's family toward a better understanding of his problem in order that they assume responsibility for care or further planning, if this is appropriate.

EVALUATION OF TABLE 8 and 9
DISPOSITIONS MADE IN EMERGENCY CASES

During the fiscal year 1954-55 more accurate statistics were kept of the patients admitted on emergency or 72 hour basis to the Psychiatric Unit, Los Angeles County General Hospital than the previous fiscal year.

Table 8 is a statistical report on the dispositions made of such cases during the fiscal year 1954-55. The table shows that emergency (72 hour) matters were disposed of as follows:

- (1) Petitions of Mental Illness were signed to arrange involuntary care if the patient was unwilling to accept psychiatric care voluntarily.
- (2) If the patient was willing to accept psychiatric care, he was admitted to the Psychiatric Unit, Los Angeles County General Hospital on a voluntary basis.
- (3) Patients were discharged from the hospital if found to be improved and institutional care was no longer indicated at that time.
- (4) Patients were referred to other community resources if some form of assistance or protection was necessary, other than hospitalization.
- (5) Patients were discharged against medical advice. These patients were not dangerous to themselves or to the community.
- (6) Patients on leave from state hospitals admitted on emergency basis were returned to the state hospital without further legal action.
- (7) Patients whose disturbance was caused by excessive alcoholism were assisted in filing a voluntary inebriate petition whenever this was recommended by medical staff and desired by the patient.

During the fiscal year 1953-54 statistics on dispositions of emergency cases were kept from February to June, 1954. For this reason the study in Table 9 compares the foregoing period with that of February to June, 1955 to determine possible trends.

In 1955 there were a total of 1213 emergency cases during this five month period as compared with 871 in 1954 during the same period. During the last fiscal year, of 1213 cases, 29% of the total emergency admissions, were then voluntarily admitted to the Psychiatric Unit, Los Angeles County General Hospital; were discharged as not mentally ill, or referred to other resources, thus averting involuntary hospitalization.

These figures assume importance because the direct efforts of the Office of Counselor in Mental Health and the Medical Staff of the Psychiatric Unit, Los Angeles County General Hospital were responsible for a 95% increase in the numbers of persons who were spared involuntary hospitalization during the fiscal period February to June, 1955, as compared with February to June 1954.

TABLE 8

DISPOSITIONS MADE IN EMERGENCY CASES FISCAL YEAR 1954-1955

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
Petitions Signed Upon Medical Recommendation	78	126	112	126	126	137	155	142	177	159	171	160	1669
Patients Admitted to Psychiatric Unit Voluntarily	8	7	17	17	11	13	14	17	25	15	14	21	179
Patients Discharged Against Medical Advice	3	2	1	0	7	5	4	6	8	6	7	4	53
Patients Discharged Not Mentally Ill	32	38	54	42	34	46	37	53	47	38	43	37	501
Patients Found to be on Leave From a State Hospital	4	7	3	3	7	1	5	5	1	2	3	0	41
Patients Signed a Voluntary Alcoholic Petition	3	6	1	2	1	3	3	5	1	0	0	0	25
Patients Referred to Other Resources	6	10	9	11	6	6	9	8	10	8	10	10	103
T O T A L S	134	196	197	201	193	211	227	236	269	228	248	232	2571

TABLE 9

COMPARISON OF DISPOSITIONS MADE
IN EMERGENCY CASES (72 HOUR HOLD)-
PERIODS FEB. 1954 - JUNE 1954 AND
FEB. 1955 - JUNE 1955

DISPOSITIONS OF EMERGENCY CASES (72 HOUR HOLDS)	FEB.-JUNE 1954	FEB.-JUNE 1955
Petitions signed upon medical recommendation for patients to appear in Department 54.	643	809
Patients admitted to Psychiatric Unit voluntarily after 72 hour emergency.	38	92
Patients discharged as not mentally ill after 72 hour emergency.	125	218
Patients referred to other resources (Medical Units, Public Health, Private Care, Veterans Hospitals, and Police).	19	46
Patients discharged against medical advice after 72 hour period.	25	31
Patients found to be on leave from State Hospitals and returned to the jurisdiction of the State Department of Mental Hygiene.	10	11
Patients who signed voluntary Inebriate Petitions.	16	6
TOTAL	871	1213

GERIATRICS PROGRAM

During the fiscal year 1954-55, Office of Counselor in Mental Health integrated a program for the care of elderly and senile patients placed under their supervision, based on information gathered over a period of several years. There was improved liaison with the medical examiners, hospital staff, the Court, and Office of Counselor in Mental Health, in order that the elderly or senile patient may have a better diagnostic evaluation, and a better plan can be made for him at the time of Court-hearing.

This program places emphasis on more careful supervision of such patients during their stay in the sanitarium, in order that transfer to a medical setting, a non-mental rest home, or to private care can be arranged when the patients condition warrants such a change. The theory that "custodial" planning is "permanent" planning is gradually being replaced by this newer concept. There is, as a consequence a decrease in the cost of care per patient day, which is reflected in the fact that our total expenditures increased but the cost per patient day decreased. (See Table 21 which shows that during the fiscal year 1954-55 the average daily cost of care per patient was \$2.11 as compared to \$2.21 per day spent during the physical year 1953-54, particularly since there was an increase in the number of patients placed in sanitarium.)

Office of Counselor in Mental Health made available information regarding developments in the field of Geriatrics to the personnel of various sanitarium. Six sanitarium introduced programs of occupational therapy and more concentrated activity with older patients, which assisted in rehabilitating some of them for earlier discharge. Due to this program twenty elderly persons were removed from sanitarium to non-mental settings.

EVALUATION OF TABLES 10, 10-A, 11, 11-A, 12, and 13

Table 10 shows the number of men and women, ages 60 to 65, appearing on Petitions of Mental Illness and other types of petitions during the last ten years. During the fiscal year, 1954-55, statistics for this age group were more carefully defined so that Table 10-A includes persons aged 60 to 64. Work with this age group has disclosed that involuntary hospitalization or custodial care in sanitarium can be averted for greater numbers, if assistance is given to arrange adequate care and supervision for such persons by private families, agencies, or in proper medical facilities. Table 10 shows that during the fiscal year 1953-54 there was a total of 478 such persons who appeared before the Superior Court, Department 54 for the first time. The number of persons in this age category has been steadily increasing until the fiscal year 1954-55 when there was a 30% decrease. The fact that the 65 year old person is no longer included in this category as he was in prior years, and pre-petition screening may both be contributing factors in causing the decrease. This age group will require further study during this coming fiscal year.

Table 11 is a statistical report on the number of patients 66 years of age and over who had appeared before the Court during a nine year period. During the fiscal year 1954-55 as Table 11-A shows, the age group included persons 65 years of age. There was an increase in the number of such persons appearing before the Court. Persons 65 years of age and over, who are American Citizens and have resided in the state five years, are eligible for Old Age Security Benefits. For the purpose of keeping financial records clear the 65 year old was included with the older patients who are generally recipients of these benefits.

Table 12 is a study of the dispositions made by the Superior Court, Department 54, in cases involving persons 60 years of age and over, during the past five years. In the fiscal year 1954-55 we note that

despite the increase in the number of such cases, there was a slight decrease in the number placed under the supervision of the Counselor in Mental Health as well as the number committed to state hospitals. However, there was an increase in the number of cases dismissed by the Court because involuntary custodial care was deemed unnecessary. Although the trend is still new, the Office of Counselor in Mental Health and the Medical Examiners are dedicated to the policy of avoiding involuntary custodial care whenever possible. If the diagnosis warranted, the elderly or senile patient was placed in a custodial sanitarium where special care for such a patient is available, and state hospitalization was avoided, unless the senile patient could not adjust in the sanitarium.

Table 13 is a statistical report on the dispositions made in Superior Court Dept. 54, of cases involving patients who were returned to the Court for rehearing. Such patients had been under the supervision of the Office of Counselor in Mental Health, and either could not adjust in sanitarium, or had been in sanitarium for some time and required reevaluation by the Court to determine if continued care was necessary. We note that there was an approximate 45% decrease in the number of cases reheard by the Court as compared with the previous fiscal year. We also note that 7.3% of the cases reheard were dismissed by the Court, in comparison with 3.5% dismissed in the previous fiscal year. We attribute this to careful placement of patients, and more cautious supervision during their stay in the sanitarium, so that greater adjustment was possible.

TABLE 10

NUMBER OF PATIENTS APPEARING THE FIRST TIME BEFORE THE SUPERIOR COURT DEPARTMENT 54, AGES 60 to 65. (FISCAL YEARS 1945-46 through 1953-54)

CATEGORY		FISCAL YEARS								
		1945 1946	1946 1947	1947 1948	1948 1949	1949 1950	1950 1951	1951 1952	1952 1953	1953 1954
MEN	Mental	96	112	123	156	200	205	182	180	190
	Other	16	29	31	25	35	43	42	57	39
WOMEN	Mental	92	118	150	152	166	181	197	190	243
	Other	2	4	3	10	13	5	14	6	6
TOTALS		206	263	307	343	414	434	435	433	478

TABLE 10-A

NUMBER OF PATIENTS AGES 60-64 WHO APPEARED FOR THE FIRST TIME IN SUPERIOR COURT DEPARTMENT 54 FISCAL YEAR 1954-55

CATEGORY		FISCAL YEAR 1954-55
MEN	Mental	151
	Other	15
WOMEN	Mental	162
	Other	5
TOTAL		333

In the fiscal year 1954-55 statistics were kept for ages 60-64. Persons 65 years of age were included in second category of elderly or senile patients.

OFFICE OF COUNSELOR IN MENTAL HEALTH
ANNUAL REPORT FISCAL YEAR 1954 - 55

TABLE 11

NUMBER OF PATIENTS APPEARING THE FIRST TIME BEFORE
THE SUPERIOR COURT DEPARTMENT 54, AGES 66 AND OVER
(FISCAL YEARS 1945-46 THROUGH 1953-54)

		CATEGORY					FISCAL YEARS				
		1945- 46	1946- 47	1947- 48	1948- 49	1949- 50	1950- 51	1951- 52	1952- 53	1953- 54	
MEN	MENTAL	500	556	658	798	854	911	909	746	731	
	OTHER	17	19	8	11	9	16	24	17	13	
WOMEN	MENTAL	627	692	837	890	904	977	1101	1098	998	
	OTHER	2	5	3	3	5	4	2	0	0	
Totals		1146	1272	1506	1702	1771	1908	2036	1861	1742	

TABLE 11-A

NUMBER OF PATIENTS 65 YEARS OF AGE AND OVER WHO
APPEARED FOR THE FIRST TIME IN SUPERIOR COURT,
DEPARTMENT 54 (FISCAL YEAR 1954-55)

		Fiscal Year 1954 - 55
MEN	MENTAL	807
	OTHER	6
WOMEN	MENTAL	1138
	OTHER	2
TOTAL		1953

TABUE 12

DISPOSITION MADE BY SUPERIOR COURT DEPARTMENT 54 OF
 CASES HEARD FOR THE FIRST TIME FOR PATIENTS 60 YEARS
 OF AGE AND OVER, (FISCAL YEARS 1950-51 THRU 1954-55)

FISCAL YEARS	NUMBER OF CASES HEARD	PLACED SUPERVISION OCMH	DISMISSED	COMMITTED TO STATE HCSPH- TALS
1950 - 51	2257	79.6%	3.9%	16.5%
1951 - 52	2377	81.9%	2.8%	15.3%
1952 - 53	2206	70.8%	2.0%	27.2%
1953 - 54	2191	72.6%	3.2%	24.2%
1954 - 55	2258	71.4%	5.0%	23.6%

TABLE 13

DISPOSITION MADE BY SUPERIOR COURT DEPARTMENT 54 OF
 CASES REHEARD BY THE COURT, FOR PATIENTS 60 YEARS OF
 AGE AND OVER (FISCAL YEARS 1950-51 THRU 1954-55)

FISCAL YEARS	NUMBER OF CASES REHEARD	PLACED SUPERVISION OCMH	DISMISSED	COMMITTED TO STATE HOSPITALS.
1950 - 51	240	42.4%	1.7%	55.9%
1951 - 52	287	47.4%	4.8%	47.8%
1952 - 53	332	25.0%	0%	74.1 %
1953 - 54	226	27.0%	3.5%	69.5%
1954 - 55	137	26.3%	7.3%	66.4%

LEGAL REPRESENTATION FOR THE MENTALLY ILL PERSON

During the fiscal year 1954-55 the Office of Counselor in Mental Health changed procedures so as to insure stronger safe guards in the protection of the civil rights of patients hospitalized involuntarily. Each patient is informed by a Deputy Counselor of his right to representation by counsel, his response becoming a matter of record.

The Public Defender represents a patient requesting an attorney at the Court hearing. Heretofore, only a patient who had private funds to pay attorney's fees, had such representation. The Public Defender offered the services of his staff until such time as the Los Angeles Bar Association would assume this responsibility as a courtesy to the Court. The Public Defender will continue to represent patients at Jury Trials who have not the funds for a private attorney.

MENTALLY ILL PATIENTS AWAITING TRIAL BY JURY

The Welfare and Institutions Code Section 5125 et seq. permits a person who is committed to a state hospital for psychiatric care to appeal his case by requesting a trial by jury. The patient makes this request at the time of commitment and usually remains in the Psychiatric Unit, Los Angeles County General Hospital until the trial is held. During his stay in the hospital, the Deputy Counselor interviews the patient for discussion of his problem and is his liaison with the outside world.

The Deputy Counselor is responsible for communicating with members of the hospital personnel, the medical staff, the Public Defender's Office, and the District Attorney's Office, relative to the patients status and requests. The patient, in turn, is informed of the Counselor's activities in his behalf.

During the patient's stay in the hospital, he is re-examined by the medical staff and additional social investigation is made, when this is necessary. If he improves and willingly cooperates with new medical recommendations for care either in a sanitarium or on an out-patient basis; or if he is no longer in need of institutional care, the matter is reheard in Superior Court, Department 54 and the patient waives his request for Jury Trial. If there is no change in his mental status or if he wishes to continue with a Jury Trial, it is held in a Court assigned by Department 1. The final decision regarding his commitment is determined by the jury.

The procedure instituted by Department 54 resulted in fewer cases reaching the jury, more cases dismissed pending Jury Trial, and fewer patients dismissed by the jury as not mentally ill.

TABLE 14

DISPOSITION OF CASES RELATING TO JURY TRIAL PATIENTS
(FISCAL YEARS 1954-55 and 1953-54)

DISPOSITION	1953-54	1954-55
Patients released or found not mentally ill by a jury.	23	9
Patients committed to state hospitals, V. A.* Hospitals, or supervision of Counselor in Mental Health by a jury.	27	21
Cases taken off calendar after review by medical examiners and dismissed in Department 54.	6	17
Patients who waived jury trial after reconsidering such action.	14	14
T O T A L	70	61

*Veterans Administration

PROGRAM FOR MENTALLY RETARDED PERSONS

Policies relating to the care of mentally retarded persons were reformulated during the fiscal year 1954-55 based on our experiences in recent years. We learned that if properly supervised, a mentally retarded person can remain at home with his family and does not require institutional care.

Procedures for more careful evaluation of the mentally retarded were developed. Relatives wishing to file Petitions of Mental Deficiency are interviewed more extensively prior to the filing of the petition, to determine if placement at the Pacific State Hospital is necessary. If the relatives can accept the guidance and information regarding supervision which is offered to them, the filing of a petition can in some cases be avoided. If care and retraining at the hospital is necessary, a petition is filed after the mentally retarded person is giving psychological testing to determine his eligibility.

Prior to the fiscal year 1954-55 mentally retarded persons who were committed to the Pacific State Hospital, but had a waiting period before admission, were placed in custodial sanitarium essentially designed for the care of senile patients. Realizing that this was not advantageous to such patients, we have limited their placement in the sanitarium and are attempting to further curtail such placements by closer cooperation with the Pacific State Hospital and better planning with the relatives.

During the fiscal year 1954-55 the waiting period for patients committed to the Pacific State Hospital was shortened from one and one-half or two years, to one year or less. In addition, the administrative staff of that hospital agreed to accept immediately upon application all mentally retarded persons who are arrested by the police or become a problem to the community because they are unable to control their sexual impulses. These developments, together with a program of more intensive work with the families of mentally retarded persons, have lowered the numbers of such patients in the sanitarium.

There have been many advances in the field of mental retardation which we hope to incorporate in our program this coming year.

Legion

(The American Service Department works in conjunction with the Office of Counselor in Mental Health to represent the interests of veterans who are patients at the Psychiatric Unit, Los Angeles County General Hospital. The following report outlining their activities during the fiscal year 1954-55 is submitted by Mr. Frank Venable, their representative.)

ACTIVITIES OF AMERICAN LEGION SERVICE DEPARTMENT AT
PSYCHIATRIC UNIT, LOS ANGELES COUNTY GENERAL HOSPITAL

The primary function of the American Legion Service Department at the Los Angeles County General Hospital, Psychiatric Unit, is to protect the rights of all veterans on mental or epileptic petitions. The department does not process alcoholics, narcotics, habitual users of habit forming drugs, sexual psychopaths, or mentally abnormal sex offenders.

Cases are referred to the American Legion Service Department by the Office of Counselor in Mental Health. Contact is made with the records office of the Veterans Administration for determination of eligibility for hospitalization and the Court is advised where the veteran may be placed.

The department interviews families and friends of the veteran and takes any action necessary to apply for benefits which may be due him from the Veterans Administration. The months of April and May, 1955 show that awards of claims were granted to 43 patients in the Psychiatric Unit, Los Angeles County General Hospital and totaled \$45,672.00. These figures are based on the amount that will be paid to the veteran for the first year of entitlement.

In cases where veterans cannot or will not cooperate and are placed in state hospitals, recommendations are made to that hospital and they file all claims as directed, returning same to our main office for processing.

The American Legion Service Department is in constant contact with the various offices of the Los Angeles Police Department and out-lying cities as well as the Los Angeles County Sheriff's Office, regarding veterans in jail who may be mentally ill, assisting in having them brought before this Court in order that they may receive proper treatment.

The department also works in close relationship with the Bureau of Resources and Collections, which has resulted in payment of \$9,948.43 to the County of Los Angeles from the Veterans Administration, for the care of service connected veterans while in Unit III of this hospital.

Respectfully submitted,

Frank B. Unabke,

During the fiscal year 1954-55 the proportion of veterans committed directly to the Veterans Administration Hospital by the Superior Court, Department 54 was increased as compared with the number committed in the three fiscal years prior. The ratios listed below indicate the number of veterans committed to state hospitals for each veteran committed to a Veterans Administration Hospital.

<u>Fiscal Year</u>	<u>Ratio</u>
1950-51	1: 3.2
1951-52	1: 5.25
1952-53	1: 6.3
1953-54	1: 11.1
1954-55	1: 3.78

TABLE 15

SERVICES RENDERED BY AMERICAN LEGION SERVICE
DEPARTMENT AND DISPOSITIONS OF VETERANS CASES

DISPOSITION	CLAIMS FILED	*NO CLAIMS FILED	TOTAL
Committed to state hospitals	590	90	680
Committed to V. A. Hospital	130	50	180
Placed in sanitarium by Court Order	53	90	143
Placed in Rancho Los Amigos by Court Order	4	6	10
Discharged from Psychiatric Unit, LACGH, but remain under Court Order		19	19
Dismissed		228	228
Retained at LACGH for active treatment under Court Order		1	1
**Service-connected to sanitariums	2		2
**Service-connected to state hospitals	32		32
Died		8	8
TOTALS	811	492	1303

* No claims filed because patient refused to cooperate; prior Power of Attorney, Peace Time Service only, guardianship cases; existing receipt of compensation or pension, residence beyond jurisdiction of VA Regional Office in Los Angeles, etc.

** These veterans are service-connected for a mental condition and are the responsibility of the Veterans Administration. Owing to crowded conditions of the V. A. NP. Hospital, it was necessary that they be placed with the state or in sanitariums until transfer can be made.

EVALUATION OF CASES UNDER SUPERVISION OF OFFICE
OF COUNSELOR IN MENTAL HEALTH 1954-55

Table 16 shows that during the fiscal year beginning July 1, 1954 until June 30, 1955 there were a total of 7,258 persons heard for the first time in Superior Court, Department 54. (Petitions for these persons were filed by the Office of Counselor in Mental Health, the Georgia Street Police Department and the County Clerk's Office.) The Court dismissed 10% of this group, placed 33% under the supervision of the Office of Counselor in Mental Health and committed 57% to the state hospitals. Those patients placed under our supervision were composed of 61% women and 39% men.

In Table 17 we have a comparative study of dispositions made by the Court of new cases (first hearings) during the fiscal years 1954-55 and 1953-54. There was a 9% decrease in the number of cases heard during the fiscal year 1954-55 as compared to the previous fiscal year, and there were decreases in the number of patients committed both to state hospitals and sanitarium. However, there was a slight increase in the number of cases dismissed at the time of first hearing.

Table 18 reflects the effect of improved nursing and medical care given in sanitarium and the more careful placements made to sanitarium. There is an approximate 28% decrease in the total number of cases reheard during the fiscal year 1954-55 as compared to the previous year. There was a 50% increase in the number of patients who were dismissed when returned to the Court for another hearing. These figures may also reflect the policy of arranging rehearings for patients who have been in sanitarium for a number of years and may either be chronically ill (but of no danger to themselves or others and can be supervised at home) or had improved sufficiently to warrant discharge. Conversely, there was an approximate 35% decrease in the number of patients who were committed to state hospitals upon rehearing by the Court after receiving care in sanitarium.

TABLE 16

NUMBER OF NEW CASES IN SUPERIOR COURT, DEPARTMENT 54
AND DISPOSITIONS MADE DURING FISCAL YEAR 1954-55

DISPOSITIONS	CATEGORY OF PETITION	MEN	WOMEN	TOTALS
NEW CASES HEARD	MENTAL	2869	3396	6265
	INEBRIATE	691	115	806
	NARCOTIC	138	49	187
	TOTAL	3698	3560	7258
NEW CASES PLACED UNDER SUPERVISION OFFICE OF COUNSELOR IN MENTAL HEALTH	MENTAL	914	1469	2383
	INEBRIATE	20	3	23
	NARCOTIC	0	0	0
	TOTAL	934	1472	2406
NEW CASES DISMISSED AT COURT-HEARING	MENTAL	352	298	650
	INEBRIATE	45	11	56
	NARCOTIC	21	5	26
	TOTAL	418	314	732
PATIENTS COMMITTED TO STATE HOSPITALS	MENTAL	1603	1629	3232
	INEBRIATE	626	101	727
	NARCOTIC	117	44	161
	TOTAL	2346	1774	4120

TABLE 17

NUMBER OF NEW CASES IN SUPERIOR COURT, DEPARTMENT 54, AND DISPOSITIONS MADE, COMPARISON OF FISCAL YEAR 1953-54 AND 1954-55.

DISPOSITIONS	TYPE OF PETITION	1953 - 1954	1954 - 1955
NEW CASES HEARD	MENTAL	6609	6265
	INEBRIATE	1031	806
	NARCOTIC	280	187
	TOTAL	7920	7258
NEW CASES PLACED UNDER SUPERVISION OFFICE OF COUNSELOR IN MENTAL HEALTH	MENTAL	2401	2383
	INEBRIATE	51	23
	NARCOTIC	0	0
	TOTAL	2452	2406
NEW CASES DISMISSED AT HEARING	MENTAL	593	650
	INEBRIATE	96	56
	NARCOTIC	13	27
	TOTAL	702	732
COMMITTED TO STATE HOSPITALS AND VETERANS FACILITIES.	MENTAL	3655	3232
	INEBRIATE	844	727
	NARCOTIC	267	161
	TOTAL	4806	4120

TABLE 18

NUMBER OF CASES REHEARD IN SUPERIOR COURT, DEPARTMENT 54
WITH DISPOSITIONS MADE DURING FISCAL YEAR 1954-1955,
COMPARING TOTAL DISPOSITIONS ON CASES
REHEARD IN FISCAL YEAR 1953-1954.

DISPOSITIONS	TYPE OF PETITION	MEN	WOMEN	TOTALS FISCAL YEAR 1954-1955	TOTALS FISCAL YEAR 1953-1954
CASES REHEARD	MENTAL	123	195	318	437
	INEBRIATE	3	3	6	11
	NARCOTIC	0	0	0	0
	TOTAL	126	198	324	448
SUPERVISION OCMH	MENTAL	21	49	70	98
	INEBRIATE	0	0	0	4
	NARCOTIC	0	0	0	0
	TOTAL	21	49	70	102
DISMISSED	MENTAL	26	19	45	21
	INEBRIATE	1	1	2	5
	NARCOTIC	3	2	5	0
	TOTAL	30	22	52	26
COMMITTED TO STATE HOSPITALS AND VETERAN FACILITY	MENTAL	76	127	203	318
	INEBRIATE	2	2	4	5
	NARCOTIC	0	0	0	0
	TOTAL	78	129	207	323

EVALUATION OF PATIENT PLACEMENTS

Table 19 is a comparative study of the number of patients under the supervision of the Office of Counselor in Mental Health, who were placed in various county supervised medical facilities during the fiscal years 1953-54 and 1954-55. There was an increase of 161 patients placed in sanitarium during this last fiscal year over the previous fiscal year. County facilities such as Rancho Los Amigos and Harbor General Hospital were used less frequently. In fact, Harbor General Hospital which had been used as a facility for ambulatory senile patients is no longer so used. This policy was made after determining that such patients would be more appropriately placed elsewhere at a savings in funds.

The category Outside Supervision refers to patients who are under the supervision of the Counselor in Mental Health but are not in hospitals or sanitarium. A study of such cases has shown that a person well enough to remain at home is frequently hindered in his family and social adjustments because of this supervision order. It was also found that we have insufficient staff to give proper guidance and supervision to such patients living at home who may be quite ill. For these reasons, there was more careful evaluation by the Court and the Office of Counselor in Mental Health, in placing patients on an order of Outside Supervision during the fiscal year 1954-55, resulting in a 66% decrease in the number of such patients under our supervision. To a great extent, we relied on members of the medical staff and the Psychiatric Clinic of Los Angeles County General Hospital in determining which patients should continue on this type of order. Recommendations for dismissals were also submitted by private psychiatrists and physicians when the person was under private medical care.

Table 20, an evaluation of the case-load during the fiscal year 1954-55, shows that of 2,332 cases closed 1,060 were dismissals.

TABLE 19

PLACEMENTS MADE OF PATIENTS UNDER SUPERVISION OF
OFFICE OF COUNSELOR IN MENTAL HEALTH
COMPARING FISCAL YEARS 1954-1955 AND 1953-1954

PLACEMENTS	1953- 1954	1954- 1955
SANITARIA	2326	2487
RANCHO LOS AMIGOS	599	547
HARBOR HOSPITAL	16	0
LOS ANGELES COUNTY GENERAL HOSPITAL	30	54
LOS ANGELES COUNTY GENERAL HOSPITAL TREATMENT PROGRAM	7	1
OUTSIDE SUPERVISION	346	116
WARM SPRINGS CAMP (VOLUNTARY)	6	18
WARM SPRINGS CAMP (OUTSIDE ORDERS)	0	0
WARM SPRINGS CAMP (SANITARIUM ORDERS)	7	9
TOTAL	3337	3204

TABLE 20

TOTAL CASES UNDER SUPERVISION OF OFFICE OF COUNSELOR
IN MENTAL HEALTH DURING FISCAL YEAR 1954-55

CASE LOAD	TOTAL
Cases under supervision of Counselor in Mental Health on July 1, 1954	3337
Total new cases placed under supervision of Counselor in Mental Health during fiscal year 1954-55	2406
Cases Closed: Deaths 1272 Dismissed 1060	2332
Cases reheard by Dept. 54 and committed to state hospitals from supervision of Counselor in Mental Health	207
Cases under supervision of Counselor in Mental Health on June 30, 1955	3204

EXPENDITURES FOR SALARIES AND OPERATING EXPENSES

The sums listed below were expended by the Office of Counselor in Mental Health for the operation of the department during the fiscal year 1954-55.

Salaries for 37.1 budgeted positions	\$168,188.56
Office expenses*	<u>5,784.49</u>
TOTAL	\$173,973.05

*Office expenses include; mechanical services, store services, Central Duplicating Bureau, automobile mileage and insurance.

EXPENDITURES MADE FOR BOARD AND CARE, AND OTHER ITEMS

Table 21 shows the mandatory expenditures made for the board and care as well as other items required for the care of patients under supervision of the Office of Counselor in Mental Health. These are departmental budgeted funds expended to provide all or part of the cost of care of patients. Funds used have been only to supplement the patients own assets and the contribution of financially responsible relatives.

The term "other items" as used here represents the total expenditures for items such as; communications, medical supplies, professional and expert services, ambulance rental, and items such as wearing apparel, etc.

During the fiscal period 1954-55, the sum of \$22,314.32 was received from various sources as reimbursement for public funds expended. This sum was deposited in the County General Fund. In addition the sum of \$15,088.56 was deducted from gross amounts paid to the various sanitarium to recover unexpended portions of patients' funds. These deductions maybe considered to represent reimbursement to the County as they reduced the gross amount paid to sanitarium for board and care to a net figure. On this basis, total reimbursement for the fiscal year would be \$37,902.88.

In Table 21-A a comparison of funds expended during the fiscal years 1953-54 and 1954-55 shows an increase in the number of patients in sanitarium during the fiscal year 1954-55. However, the cost of board and care per patient per day was reduced, as has already been indicated elsewhere in this report. (See Geriatrics Report)

TABLE 21

EXPENDITURES FROM BUDGETED FUNDS FOR BOARD AND CARE AND OTHER ITEMS FOR PATIENTS UNDER SUPERVISION OF THE COUNSELOR IN MENTAL HEALTH (FISCAL YEAR 1954-55)

<u>MONTH & YEAR</u>	<u>BOARD AND CARE</u>	<u>OTHER ITEMS</u>	<u>TOTALS</u>	<u>PATIENT DAYS</u>	<u>COST OF BOARD & CARE PER PATIENT PER DAY</u>
<u>1954</u>					
July	\$87,077.95	\$1,968.57	\$89,046.52	40,617	\$2.14
Aug.	88,036.53	1,665.06	89,701.59	42,008	2.10
Sept.	87,058.26	3,105.95	90,164.21	40,334	2.16
Oct.	88,474.96	5,383.66	93,858.62	42,598	2.08
Nov.	87,569.07	1,543.12	89,112.19	41,106	2.13
Dec.	88,465.94	2,575.01	91,040.95	42,837	2.07
<u>1955</u>					
Jan.	89,230.47	2,863.51	92,094.98	42,879	2.08
Feb.	91,238.35	2,105.97	93,344.32	40,348	2.26
Mar.	90,285.17	2,755.88	93,041.05	44,100	2.05
Apr.	89,992.37	3,120.61	93,112.98	42,575	2.11
May	91,157.10	3,706.13	94,863.23	45,157	2.02
June	94,006.54	4,699.36	98,705.90	44,842	2.10
TOTAL	\$1,072,592.71	\$35,493.83	\$1,108,086.54	509,401	2.11

TABLE 21-A

COMPARISON OF EXPENDITURES MADE FOR BOARD AND CARE AND OTHER ITEMS (FISCAL YEARS 1953-54 and 1954-55)

<u>FISCAL YEAR</u>	<u>BOARD AND CARE</u>	<u>OTHER ITEMS</u>	<u>TOTALS</u>	<u>PATIENT DAYS</u>	<u>COST OF BOARD & CARE OF PATIENT PER DAY</u>
1953 1954	\$1,048,480.54	\$25,049.16	\$1,073,529.70	474,483	\$2.21
1954 1955	\$1,072,592.71	\$35,493.83	\$1,108,086.54	509,401	\$2.11