SUMMIT-TYPE MEETINGS are held periodically by Dr. Brooks and his Clinical Staff. On the left is Dr. Eleanor Gutman, Administrative Assistant, and to the right is Dr. Herbert L. Nelson, Assistant Superintendent. Here, clinical and administrative policies are formulated.

OREGON STATE HOSPITAL (Continued)

tenance expenditure, per capita, is about $3.50. Other facilities necessary to maintain and operate an institution of this size include engineering shops, garage, heating plant, laundry, commissary, property control, fuel storage buildings, printing shop and a morgue.

Primary treatment of psychiatric and emotional disorders is administered by the 35 physicians, 50 registered nurses and 545 psychiatric aides on the Hospital staff. Supporting services are offered in the five following areas: (1) Psychology Department . . . psychological tests of intelligence and personality contribute to diagnosis and group therapy in psychiatric treatment. (2) Social Service . . . the link between the patient and the hospital. The social workers help with problems related to admission, hospitalization and release. (3) Industrial Therapy . . . a definite part of the treatment program and, by a doctor's prescription, patients take a responsible part by assuming regular work details. (4) Occupational Therapy . . . prescribed for those who will gain the most from it and comprising the various kinds of manual and creative skills. (5) Recreational Therapy . . . includes ward-planned programs, swimming, sports, dancing, library services, movies, picnics, tours, art and music.

The well-organized efforts by everyone connected with the Hospital are directed toward improvements in services and results. Some gratification for this is the fact that the number of patients leaving is growing . . . so is the number who are voluntarily seeking help. Approximately 50 per cent of the admissions are voluntary. Primarily, all of the programs of the Hospital are aimed at achieving four principal objectives: (1) the increase in the number of patients discharged and able to resume a normal life. (2) The reduction of time each patient spends in the Hospital. (3) The reduction in the number of readmissions. (4) The decrease in the incidence of mental illness in the community.

New developments on the horizon are unlimited, but they are being closely studied and observed by the Staff as an aid in the furtherance of their objectives. As greater advances are made by specialists in mental health, the greater is the need of tools and services for accomplishment. And, to wield these tools and furnish these services, people are needed . . . people with skill and interested effort, together with knowledge and experience. It will take all of these for improvements necessary in the reconstitution of Oregon's mentally ill.

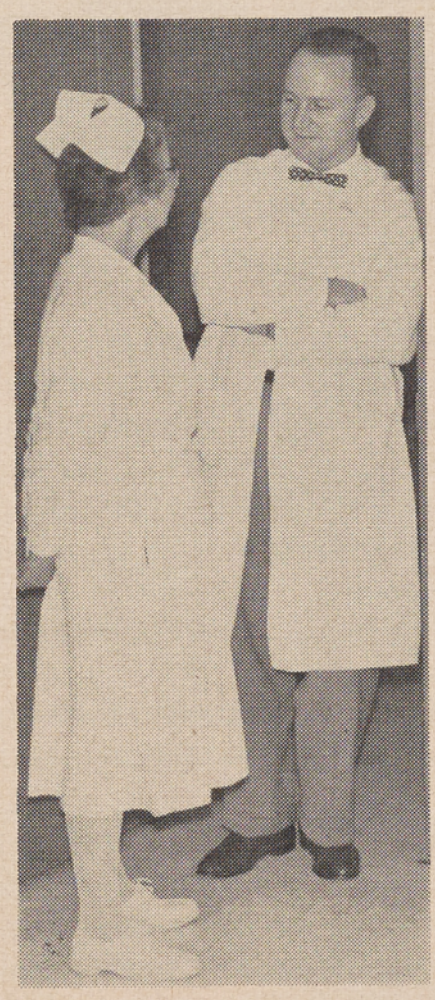
PERSONNEL NEEDS

An interview with Richard L. French, Director of Personnel, revealed that understaffing exists at the Hospital. However, every effort is made to recruit trained personnel within the budgetary structure to augment the present staff of competent doctors, nurses, psychologists and social workers. Though funds have been granted for the development of needed programs, the Hospital is experiencing difficulty in filling the needs for this professional personnel. At best, the salaries offered do not compare with those of professional people outside.

TRAINING PROGRAMS

The Hospital stands virtually alone in Oregon as a training center for psychiatric physicians. In 1954, a two-year psychiatric residency program was put into effect. In 1959 a three-year

(Story Continued on Page 11)



HELPFUL COUNSEL and advice is being offered a family of a patient by Miss June Kelder, a staff Social Service Worker. This is an essential service that is provided for discussions of family problems. The worker studies the background of patients for information about social, economic and cultural factors which are necessary for understanding each patient and his illness. During their hospitalization, many personal problems of the patients are referred to Social Service for handling.

CORRIDOR CONSULTATIONS are not uncommon. Shown here is Assistant Superintendent, Dr. Herbert L. Nelson, discussing a clinical problem with Muriel Young, Director of Nursing.