NEW JERSEY STATE HOSPITAL AT GREYSTONE PARK; A BALANCED REPORT OF THE CONDITIONS AND PROBLEMS, AND A POSSIBLE SOLUTION

by

William L. Barclay III

WILLIAM L. BARCLAY III
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Dear Dr. Crandell,

Here finally is the finished product of the many profitable and interesting days which I spent at Greystone. I can assure you that I have thoroughly enjoyed all the work which I did on my thesis, and especially the time I spent at Greystone. I want to thank you very much for your very kind and wonderful cooperation which made it possible to gather much of my information and write this paper.

When you have finished with this copy, I would appreciate it if you would pass it on to the below mentioned people who all expressed an interest in the paper and in reading it.

Mre. Eads Johnson
Mrs. Dorothy Johnson
Mr. Keith Keidel
Miss. Laetitia Roe, R.N.
Mr. Richard Winans
Mr. George McGuinness
Mrs. Ruth H. Beam, R.N.

Thank you again,

Sincerely yours,

William L. Barclay II

NJ

New Jersey State Hospital at Keyestone Park; A Balanced Report of the Conditions and Problems, and a Possible Solution

by

William L. Dorelay III

Submitted to Princeton University
to the Department of Economics and Social Institutions
in partial fulfillment of the requirements for
an A.B. degree in the Woodrow Wilson School
of Public and International Affairs.
April 16, 1951

to Raymond F. Male

TABLE OF CONTENTS

LIST OF TABLES

Table

PREFACE

In writing this paper, I have depended to a large extent on primary sources of information: personal observation and direct contact with people involved in mental health. Although this paper is largely about the New Jersey State Hospital at Greystone Park, in gathering my material I have included many sources which are only indirectly concerned with the hospital. This is especially true of the last chapter on community education and action where I have spoken to many people involved in this aspect of mental health who had no connection with Greystone as such.

In gathering my information on the hospital, I made several daily trips to Greystone and also spent the first six days of Christmas vacation living on the grounds. During my stay at the hospital, I lived in the employees' quarters and ate in the employees' cafeteria. Over this six day period, I spent a total of eight hours on the wards, and the rest of my time was spent mostly interviewing people on the staff. My primary contact was through the personnel department, and specifically Mr. George McGuinness, the Personnel Assistant. Mr. McGuinness introduced me to many of the people at the hospital and orientated me to the general procedure. My interviews at the hospital were with:

Dr. Archie Crandell, Superintendent.

Mr. John T. Neal, Jr., Business Manager. Mr. Neal took me on a tour of some of the wards to point out the overcrowding problem.

Mr. Richard Winans, Primary Personnel Assistant.

Miss Laetitia Roe, R. N., Director of Nurses.

Mrs. Ruth H. Beam, R. N., Instructor of Nurses. Mrs. Beam is also

in charge of the Psychiatric Technician Course and the 40 Hour Planned Course for Attendants.

Mr. Harry B. Young, Psychiatric Technician. Mr. Young is also in charge of the orientation course for new attendants, and he took me on ward 34 in the Main Building during one of his shifts of duty.

Mrs. Margaret C. DeVries, Director of Occupational Therapy. Mrs. DeVries also arranged for me to go along to one of the Curative Workroom classes in the Main Building, and on a tour of the hospital, I went through the Men's and Women's Arts and Crafts Shops, the Laundry and the Plain sewing section.

Mrs. Dorothy D. Johnson, Recreation Supervisor. In connection with recreational therapy, Mrs. Johnson allowed me to sit in on a dress rehearsal of the Christmas Pantomine which was put on by the patients in December.

Mr. Keith W. Keidel, Resident Chaplain.

Miss Jeannie Berman, Supervisor of Psychiatric Social Workers.

Mr. Warren MacDonald, Psychiatric Technician. Mr. MacDonald is in charge of Ward 14 in the Clinic Building where I spent several hours.

Mr. Charles H. Acker, Institutional Fire Chief.

Mr. Gerald Meyer, Store Clerk.

Mr. Gerald Skillman, Food Service Worker.

To get a letter of introduction to the hospital, I first went down to the Department of Institutions and Agencies in Trenton, and it was through

this department that I gathered a great deal of information. Mr. Raymond Male, Director of the Personnel Division of the department, was very kind in devoting a tremendous amount of time in assisting me. He allowed me to tag along at any time when his work concerned my thesis. I was very fortunate in that during the time of my research, two outsiders came to study aspects of the mental health program of New Jersey, and it was Mr. Male's job to show these two people around. The first person was Mr. Jack Fenton from the Commonwealth of Kentucky who was here for a week to study the mental health program of New Jersey with an eye to how it is formulated and carried out. I spent two days with Mr. Male and Mr. Fenton, one when they went out to Greystone Mental Hospital and the other when they went to visit Marlboro Mental Hospital. My visit to Marlboro served as a contrast and gave me a view of state-wide significance of the problems which exist at Greystone. The week after Mr. Fenton's visit, Mr. James Ward, Administrative Assistant to the Director of Mental Health for the Province of Saskatchewan, Canada, came to study the Psychiatric Technician Program in New Jersey. To start off his visit, Mr. Male invited a number of people to his house on a Sunday afternoon to discuss this aspect of the New Jersey Program, and I was able to sit in on the discussion. This seminar lasted for about four hours and included:

Mr. Raymond Male, Director of Personnel Division, Department of Institutions and Agencies, State of New Jersey.

Mr. James Ward, Administrative Assistant to the Director of Mental Health for the Province of Saskatchewan, Canada.

Mr. Paul Harris, Coordinator of Psychiatric Aide Programs, National Association for Mental Health.

Dr. Edward Humpheries, Deputy Commissioner of Mental Hygiene and Hospitals, Department of Institutions and Agencies, State of New Jersey.

Mrs. Martha L. Trainer, R. N., Assistant Director, Division of Inspection, Department of Institutions and Agencies, State of New Jersey.

Mr. Edward Hofgesang, Senior Personnel Assistant, Division of Personnel, Department of Institutions and Agencies, State of New Jersey.

Mr. Clarence R. Beachell, R. N., Director of Nurses, New Jersey State Hospital at Marlboro. ? Skillman ?

Mr. Joseph Bocchetti, Primary Personnel Assistant, New Jersey State Hospital at Marlboro.

Mr. George McGuinness, Personnel Assistant, New Jersey State Hospital at Greystone Park.

Mr. Vincent J. Finaldi, Psychiatric Technician, New Jersey State Hospital at Greystone Park, past president of the Psychiatric Technician Association at Greystone, and 1949 Psychiatric Technician of the State.

Mr. Harry Young, Psychiatric Technician, New Jersey State Hospital at Greystone Park.

In addition to this seminar, I also went to Greystone Park with Mr. Ward for one day to talk with several of the personnel there who are connected with the technician program.

Other trips which I took with Mr. Male included a day in New York City during which we visited the Federal Security Agency and the National

Association for Mental Health. At the Federal Security Agency we talked with Dr. Robert Dysinger, M. D., Psychiatric Consultant, and Dr. Harry V. McNeill, Phd., Psychological Consultant. At the National Association for Mental Health we talked mostly with Mr. Paul Harris III, Coordinator of Psychiatric Aide Programs. In visiting both of these places I was chiefly concerned with the methods andproblems of community education.

One other trip with Mr. Male was to the Marlboro Hospital to interview candidates for the Psychiatric Technician Program. Aside from these trips and conferences, I also profited greatly from continual contact with Mr. Male on a friendly basis, and I have had dinner with him many times.

Other people with whom I had interviews at Trenton are Dr. Edward Humpheries, Deputy Commissioner of Mental Health, Mr. Harold R. Goldman and Mr. Louis Klein, Supervising Steward, all of the Department of Institutions and Agencies, State of New Jersey. I also sat in on a talk between Dr. Humpheries and two people from the Essex County Mental Health Association: Mrs. Friedlander, the President, and Mrs. Fall, her assistant.

Two other important trips summed up my personal contacts with people in mental health. I visited Mrs. Hads Johnson twice at her home in Morristown, New Jersey, where I talked mostly about the problems of community education and action. Mrs. Johnson is on the Board of Managers at Greystone Park Mental Hospital and is the organizer and past president of the Greystone Park Association, a volunteer organization of the interested citizen groups in the vicinity of the hospital. My other trip was out to Marlboro Hospital again, where I sat in on a meeting of the Monmouth County Mental Hygiene Association during which they drafted a plan of

action for citizen support of the wage bills up before the legislature of New Jersey. After this meeting, I had a chance to talk to Dr. George S. Stevenson, M. D., the Medical Director of the National Association for Mental Health, U. S. Delegate on the World Health Organization of the United Nations, 1949 president of the American Psychiatric Association, until 1949 Medical Director of the National Committee for Mental Hygiene, Inc., member of the Board of Managers of the New Jersey State Hospital at Marlboro, and a member of the Monmouth County Mental Hygiene Association.

These contacts were invaluable in gathering the research for my thesis, not only as a source of specific information but also as a way of learning the general feeling and trend of thinking of the mental health movement in this country. I am indebted to all the people mentioned above, and I wish to express my gratitude for the wonderful cooperation and assistance which they gave me.

CHAPTER I - INTRODUCTION

Dr. Karl Menninger has defined mental illness or insanity as "a state of mental disorder of such kind or degree as to render a person socially inefficient and to make it necessary to place him under some form of social control." ...But he goes on to qualify the use of the word insanity by saying, "We no longer regard the mentally sick as criminals, witches, or paupers. The term insane is fast becoming obsolete, it has no medical meaning. It is strictly a socio-legal term."[1]. Mental illness is the term which has replaced this outmoded term. It is now realized that mental illness is similar in many ways to the common physical maladies. Not only is everyone susceptible to mental illness, but it is also possible to completely cure it if treatment is started soon enough. The recognition of insanity as a disease has been a long time in developing. There was a time when it was believed that mentally ill people were possessed by evil spirits. Later, insanity was considered a sign of moral inferiority similar to that of a criminal.[2]. Hippocrates was the first man to state that insanity is a disease; however, he and those who followed him believed that the basis for this disease was to be found in the body; an outlook strictly in accord with the general outlook of medical science which constantly sought to establish the bodily conditions and tissue changes responsible for illness. This somatogenic hypothesis was later replaced by the ideas of men like Charcot, Janet and Freud who ushered in the psychogenic hypothesis which states that the basis for disordered personal reactions is not to be found in

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1. Albert Deutsch, Shame of the States, p. 9.

2. Albert Deutsch, The Mentally Ill in America, pp. 1 - 132.

bodily disturbances but should be attributed to the psychological processes.[1] This is the explanation of mental illness which is current now, and it has lead not only to an increasing understanding of the sickness but also to an increased recognition of mental illness where it does exist.

Originally forms of torture and punishment were employed to help the person who was mentally sick in accordance with the ideas that this sickness implied possession by evil spirits or moral weakness. At the end of the eighteenth century there was no real mental hospital in this country, but rather the mentally ill were allowed to run free. If they were put in an institution, it was a poorhouse, jail or almshouse.[2] With the inaugural of the hypothesis that insanity is a disease, hospitals were started to treat these sick people. Now there are between five and six thousand mental hospitals in this country.[3]

Not only has there been an evolution in the type of institutions for mental patients, but there has been an evolution in the mental hospitals themselves in the kinds of treatment used. This progression has been essentially from a custodial to a treatment orientation. The transition is far from completed, but at least the use of chains and other cruel forms of restraint as were once common are now rarely found. The result of this change in emphasis is seen in the functions of a state mental hospital system as they are envisioned today.

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1. Robert W. White, The Abnormal Personality, pp. 6 - 45.
2. Albert Deutsch, The Mentally Ill in America, pp. 89 - 132.
3. Robert W. White, Op. cit., p. 14.

> "A state hospital system has two main functions: (1) to provide curative treatment with the aim of restoring the patient as quickly as possible to his place in normal society; and (2) to provide custodial care for those not amenable to cure, in order to protect them and society against the harm of damage that might be done were they left at large. The first function is, of course, the more important."[1]

The difficulty today is that the custodial function is still too often emphasized. There is no economy in maintaining low-class hotels as is the case today in many state hospitals. Rather they should be hospitals in the true sense of the word with an active medical program using the latest in psychiatric knowledge and treatment.

This conception of a treatment centered hospital is the vision toward which it is hoped all the state mental hospitals are striving. Conversely, the picture of a snakepit where the entire orientation is custodial is the horror tale of the system. As I hope to show in this paper, Greystone lies in between these two opposite poles, and I further hope to show that its position is not entirely of its own volition but that there are many factors at work which tend to prevent the hospital from accomplishing all that the administration would like to see it accomplish. In writing this paper I want to stay clear of the sensational exposé type of story, which has been so popular in the magazines, newspapers, books and movies. Rather I am interested in presenting what I consider more of a balanced report of the hospital: one that weighs the good with the bad, and one that sees the good things that the hospital is trying to accomplish and the obstacles that are preventing it from reaching these goals. Only with such a true picture of the conditions which do exist, does it seem to me that a real understanding of mental

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1. Albert Deutsch, The Shame of the States, p. 137.

hospitals will result. The importance of this understanding which must be basic to any community interest and help is shown in the last chapter of this paper.

But before going on to an analysis of some of the aspects at Greystone, it is important not only to understand the basic ideas of mental illness and the principles behind the administration of a mental hospital as sketched in the last few paragraphs, but also to realize the scope and importance of the problem of mental illness in our society today.

As shown in Table I, there were 556,625 people in mental hospitals in 1948.

RESIDENT PATIENTS* IN MENTAL HOSPITALS† IN THE UNITED STATES: 1903–1948

Numbers, Percentages, and Rates: by Type of Control of Hospital

YEAR	RESIDENT PATIENTS AT END OF YEAR					PERCENTAGE OF TOTAL				RATE‡	
	Total	State Hospitals	Veterans' Hospitals	County and City Hospitals	Private Hospitals	State Hospitals	Veterans' Hospitals	County and City Hospitals	Private Hospitals	For Total Hospitals	For State Hospitals Only
1948	556,625	**469,500	54,790	††19,240	13,095	84.3	9.8	3.5	2.4	‡‡383.1	‡‡323.1
1947	540,987	**452,464	52,505	23,643	12,375	83.6	9.7	4.4	2.3	‡‡379.2	‡‡317.2
1946	529,247	**445,561	48,235	23,150	12,301	84.2	9.1	4.4	2.3	‡‡382.4	‡‡321.9
1945	518,018	438,864	42,204	23,850	13,100	84.7	8.1	4.6	2.5	371.1	‡‡344.5
1944	506,346	434,209	38,623	21,259	12,255	85.8	7.6	4.2	2.4	366.7	‡‡343.2
1943	500,564	430,958	35,953	21,297	12,356	86.1	7.2	4.3	2.5	366.7	‡‡338.2
1942	497,938	432,550	32,348	21,256	11,784	86.9	6.5	4.3	2.4	369.8	‡‡330.5
1941	490,506	417,315	30,443	31,812	10,936	85.1	6.2	6.5	2.2	368.2	‡‡317.2
1940	480,637	410,427	29,951	29,581	10,678	85.4	6.2	6.2	2.2	364.2	311.0
1939	472,385	400,017	28,653	32,463	11,252	84.7	6.1	6.9	2.4	360.9	305.6
1938	457,983	384,573	26,599	35,980	10,831	84.0	5.8	7.9	2.4	352.8	296.2
1937	445,031	374,043	24,483	34,829	11,676	84.0	5.5	7.8	2.6	345.5	290.4
1936	432,131	364,403	21,960	34,743	11,025	84.3	5.1	8.0	2.6	337.5	284.6
1935	416,926	353,305	18,276	34,703	10,642	84.7	4.4	8.3	2.6	327.6	277.6
1934	403,519	341,485	17,894	33,839	10,301	84.6	4.4	8.4	2.6	319.5	270.2
1933	389,500	332,517	13,946	32,936	10,101	85.4	3.6	8.5	2.6	310.2	264.8
1922	267,617	229,837	1,703	26,846	9,231	85.9	0.6	10.0	3.4	243.2	208.8
1909	187,791	159,096	.....	21,146	7,549	84.7	.....	11.3	4.0	207.5	175.8
1903	150,151	128,312	.....	16,341	5,498	85.5	.....	10.9	3.7	186.2	159.1

Source: National Institute of Mental Health, Public Health Service, Federal Security Agency, Washington, D.C.

* Patients in residence at end of year.

† Hospitals for prolonged care of psychiatric patients.

‡ Represents number of resident-patients per 100,000 estimated total population as of July 1, of the specified year. Since these rates are based on revised population estimates, they may differ slightly from corresponding rates previously published.

** Includes figures for Ohio receiving hospitals.

†† Excludes Iowa county homes in 1948.

‡‡ Based on estimated civilian population as of July 1.

Taking 8,943 as the average increase per year since 1938 and projecting it forward through 1950, the estimated population for all the mental hospitals in the United States is 673,611 today. This large figure becomes more understandable if it is reduced to readable size. Then we see that on an average three hundred patients are admitted to mental hospitals in the United States every day. Furthermore, it has been estimated that one out of every twenty people at some time will be committed to a mental hospital, while there will be an equal number of mentally ill people in the communities who will never receive treatment. Even with this large number of people not receiving treatment, 51.3% of the total number of hospital beds in this country are taken by mental patients.[1] The importance of this problem was especially brought home during the last war by the great number of discharges and rejections there were from the services for mental illness. Six out of every hundred men between eighteen and thirty-seven were rejected for this cause;[2] or 1,700,000 of the 4,800,000 draft registrants who were rejected as unfit for military service.[3] One million more men were admitted to army hospitals during the last war for neuropsychiatric disorders.[4] "The U. S. Public Health Service has estimated that 8,000,000 Americans - more than 6 percent of the population - are suffering from some sort of mental illness right now."[5]

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1. Albert Deutsch, The Shame of the States, p. 30.
2. Robert W. White, op. cit., p. 566.
3. Albert Deutsch, The Shame of the States, p. 31.
4. Robert W. White, op. cit., p. 567.
5. Albert Deutsch, The Shame of the States, p. 31.

Staticians have estimated that the annual loss due to this great amount of mental illness amounts to $1,000,000,000 if we include wage and service loss.[1] And this does not include the inestimable loss through unhappiness, misery, broken homes, shattered careers and inefficient people. The figures for maintenance alone can be seen in Table II.

Table II.

Maintenance Expenditures, State Hospitals for Mental Disease, 1937 to 1948.

Year	Total Amount
1937	$104,472,946
1938	112,812,589
1939	118,388,218
1940	119,778,170
1941	125,366,478
1942	136,762,165
1943	138,491,553
1944	156,038,428
1945	165,743,122
1946	189,001,358
1947	240,494,074
1948	301,294,901

This is the importance and significance of the problem of mental illness which exists today. Almost all of the responsibility for this problem has fallen on the states. Table I shows that over 80% of the mental patients are in state hospitals. But although the brunt of the treatment has been administered by the states, their facilities have never been sufficient to cover the need. In 1948, not one state mental hospital was able to meet the A.P.A. minimum standard in the major areas of care and treatment.[2] Table III illustrates the bed need which exists in the different states, and shows that the average percentage of acceptable beds to needed beds is 55%. Although New Jersey stands above this with a percentage of 61.8%, this still represents a large and serious deficiency.

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1. Ibid., p. 30.

2. Albert Deutsch, The Mentally Ill in America, p. 183.

MENTAL HOSPITAL BEDS*

Number of Existing Beds and Number of Beds Needed, By States, January 1, 1950

STATE	EXISTING BEDS				NEEDED BEDS		PERCENTAGE ACCEPTABLE BEDS TO NEEDED BEDS
	Total	Acceptable		Non-Acceptable‡	Net Add'l Beds Needed	Total Beds Needed**	
		Number	Per 1,000 Population†				
United States††	462,859	399,138	2.7	63,721	326,065	725,203	55.0
Alabama	5,340	3,828	1.3	1,512	10,367	14,195	27.0
Arizona	1,510	1,510	2.3	.....	1,760	3,270	46.2
Arkansas	4,796	2,206	1.2	2,590	7,181	9,387	23.5
California	29,408	28,310	2.9	1,098	13,386	41,696	67.9
Colorado	5,268	5,204	4.9	64	96	5,300	98.2
Connecticut	8,057	8,057	4.0	.....	1,998	10,055	80.1
Delaware	1,154	704	2.4	450	781	1,485	47.4
Florida	5,882	5,836	2.5	46	5,894	11,730	49.8
Georgia	9,327	9,327	3.0	.....	6,313	15,640	59.6
Idaho	921	921	1.6	.....	2,009	2,930	31.4
Illinois	23,979	16,102	2.0	7,877	25,003	41,105	39.2
Indiana	8,756	8,634	2.3	122	10,541	19,175	45.0
Iowa	7,114	4,305	1.7	2,809	8,390	12,695	33.9
Kansas	4,486	4,486	2.4	.....	4,884	9,370	47.9
Kentucky	7,383	7,286	2.7	97	6,442	13,728	53.1
Louisiana	8,288	5,805	2.3	2,483	7,025	12,830	45.2
Maine	3,856	3,856	4.4	.....	514	4,370	88.2
Maryland	6,101	5,908	2.8	193	4,682	10,590	55.8
Massachusetts	21,123	21,102	4.6	21	2,070	23,172	91.1
Michigan	18,489	11,351	1.9	7,138	18,994	30,345	37.4
Minnesota	8,246	7,789	2.7	457	6,651	14,440	53.9
Mississippi	4,696	3,879	1.8	817	6,681	10,560	36.7
Missouri	11,885	11,885	3.1	.....	6,995	18,880	63.0
Montana	1,800	1,800	3.7	.....	584	2,384	75.5
Nebraska	6,210	6,210	4.9	.....	168	6,378	97.4
Nevada	290	290	2.1	.....	415	705	41.1
New Hampshire	1,985	1,985	3.9	.....	580	2,565	77.4
New Jersey	14,441	14,307	3.1	134	8,828	23,135	61.8
New Mexico	1,085	1,085	1.9	.....	1,770	2,855	38.0
New York	74,108	61,599	4.2	12,509	12,147	73,746	83.5
North Carolina	10,610	9,933	2.7	677	8,442	18,375	54.1
North Dakota	2,160	2,160	4.0	.....	545	2,705	79.9
Ohio	21,033	18,827	2.5	2,206	19,511	38,338	49.1
Oklahoma	6,059	6,059	2.7	.....	5,316	11,375	53.3
Oregon	4,006	4,006	2.5	.....	4,119	8,125	49.3
Pennsylvania	35,749	30,313	2.8	5,436	23,067	53,380	56.8
Rhode Island	3,418	2,988	4.0	430	707	3,695	80.9
South Carolina	3,631	3,496	1.8	135	6,304	9,800	35.7
South Dakota	1,888	1,888	3.5	.....	836	2,724	69.3
Tennessee	7,432	7,432	2.4	.....	8,321	15,753	47.2
Texas	14,004	14,004	2.0	.....	21,761	35,765	39.2
Utah	1,120	1,120	1.8	.....	2,070	3,190	35.1
Vermont	1,810	1,200	3.3	610	620	1,820	65.9
Virginia	10,134	5,888	2.0	4,246	8,987	14,875	39.6
Washington	6,545	6,065	2.5	480	6,200	12,265	49.4
West Virginia	3,252	2,201	1.3	1,051	6,384	8,585	25.6
Wisconsin	14,814	9,426	2.9	5,388	6,804	16,230	58.1
Wyoming	706	706	2.6	.....	669	1,375	51.3

Source: Federal Security Agency, Public Health Service.

* Includes beds in hospitals for the diagnosis and treatment of nervous and mental illness, but excludes beds in institutions for the feeble-minded and epileptics.

† Calculated on the basis of the state population reported in state plans under the Hospital Survey and Construction Program.

‡ Represents beds classified as "nonacceptable" by the State Agencies on the basis of fire and health hazards, obsolete construction, etc.

** Based on 5 beds per 1,000 population as prescribed by Title VI, Public Health Service Act.

†† Total U.S. figures include territories and District of Columbia, which are not shown in detail.

This deficiency becomes progressively worse each year due to the continual increase in the population of the mental hospitals. In New Jersey, the populations of all the state institutions has risen almost three thousand during the last ten years, and of this increase, over one thousand, eight hundred and fifty of it has been in the mental hospitals. Thus while the resident population of most of the other institutions is remaining almost constant, that of the mental hospitals is continually rising and shows no signs of leveling off in the near future.[1]

This yearly increase in population has meant a great amount of overcrowding at the New Jersey State Hospital at Greystone Park, the hospital which I am going to cover in this paper. Greystone Park is about four miles north of Morristown, New Jersey, and is really more like a separate community than just a hospital. Greystone Park has its own post office, police force, fire department, farm land and housing, aside from the hospital buildings for the patients. The hospital is able to generate its own power, and it has its own water supply.

Before going into a more detailed account of the hospital, it is interesting for comparison to look at an account of my first visit to the hospital. This description, and especially that part of it which deals with the wards, tends to be somewhat similar to the exposé type of literature which is so common today. In the rest of this paper, I have tried to steer away from this style of writing. The value of the exposé is described in the last chapter of this thesis, and as is shown

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1. Division of Statistics and Research, New Jersey, Trend in Population, Admissions and Discharges - New Jersey State Institutions and Agencies, pp. 5 - 8.

there, it should be followed up by an indication of the direction in which constructive action can take. Part of the necessity for constructive action is an accurate picture of the situation and the specific problems which do exist at the hospital. These problems should be seen in their true perspective rather than in the emotional light which an expose' tends to put them. The account of my first visit does not give this accurate picture.

"As you drive into Greystone Park, all of which is dedicated to the hospital, you can't help but be impressed by the pleasant, peaceful atmosphere which seems to pervade the whole surroundings. The buildings are all pleasantly distributed behind long expanses of green lawns and neat walks, and to a person who did not know any better, this might seem like a very nice place. Then began my tour of the hospital, and I was not long in learning that first impressions are often deceiving.

"First we went through the dormitories, and after passing through one, I was left mentally numb from the shock caused by what I saw. I had heard the stories of the terrible conditions in the mental hospitals and seen the pictures showing patients who were thin, pale and had blank looks on their faces, but I had always considered these as exaggerated propaganda in an attempt to secure public aid; now I consider them to be toned down. Words and pictures can not convey the terrible scene which unfolds before your eyes as you walk through one of the dormitories or the terrible stench which is always present.

"Let me take you through a typical dormitory at Greystone and let you judge for yourself. Unlocking the metal door which closes off every room, we enter into what might be called a sitting room --

a drab room containing about 100 patients, one or two windows, no decorations whatsoever, and a few straight back wooden benches. The room is very gloomy, and the light from the windows is not nearly sufficient; the sight of the patients only accentuates this atmosphere. Some of the patients are sitting on the benches, and a few are curled up on them, but there is not room for nearly everyone. The rest are either standing or sitting and lying on the floor. All the patients are dressed in only greyish bathrobes which come to about their knees. What strikes you most about the room, though, is that no one is doing anything. Many of the patients who are sitting have their knees drawn up close to their body and their head buried in their hands in a grievous and dejected pose; others merely sit there unmoving, looking off into space with expressionless faces. Of those standing, many are against the wall staring at its blankness, or resting their heads against it, again as if racked by some terrible grief; others are walking aimlessly around. The only smile to be found is on the face of a babbling idiot, and that only seems to add to the atmosphere of despair. As we walk through, many of the patients do not even look up and those that do only show large, sunken eyes and expressionless faces; a few even try to hide their faces as we come near. Some of the patients mumble a hello, but for the most part, the room is quiet.

"Several of the patients have on very queer looking shirts which have long extensions from the sleeves which are tied behind the person's back. It is necessary to tie down the arms of an "ever-active" patient in this way since they do not have enough personnel to keep tabs on them. If a patient is especially vigorous, he or she is put in a solitary cell. Both these practices are considered poor from the stand-

point of curing the patient, but they are necessary to protect the others.

"In a separate closed off room are the beds, which are placed so close together that it is necessary to climb over the backs of some of them in order to get in. This terrific overcrowding is bad not only from a health aspect but also in that it gives the patient unpleasant surroundings.

"By now the terrible smell which seems to exist in all the dormitories is not quite so over-powering as it was at first. This smell is due to the fact that several of the patients are occasionally sick and a few of them can not control their urine. It is impossible to get this out of the wooden floors since it soaks in, and so there is a continual stench. Another bad aspect of these wooden floors is that they constitute a fire hazard. There is a very great need to fire proof all the buildings since they are now all fire traps.

"And now as we leave the dormitory, we are left with a picture of overcrowding and inadequacies, but far more vivid is the memory of human despair, hopelessness and misery which filled the room.

"Other parts of the institution, however, are more encouraging, especially the industry section. Here the principle of occupational therapy is applied with the purpose of getting the patient interested in some sort of useful work or activity. The patients turn out a lot of good work, take their jobs very seriously and work industriously. The only trouble with this section of the hospital is that it is very inadequate and can not handle nearly all the patients. Many of the idle people we saw in the dormitory are suitable for industry work, but there is not room for them. Recreation facilities, likewise, are far from

adequate, especially since some of the space originally used for recreation is now dormitory space....

"An area of crying need is in the line of personnel. There are approximately 6,000 patients in the institution, 80% more than it was originally built to handle, and each year there is an increase of about 100 more. To take care of these people there are only 165 attendants, 66 nurses where alone there should be 160, and only 22 doctors. Not only does this terrible shortage exist, but also the caliber of the personnel is insufficient since the salaries are not high enough to attract the good men. The attendants, for example, are mostly men who were unable to get jobs elsewhere, and some of them have even been mental patients in the past. An illustration of the shortage is that often at night only 1 doctor and 2 attendants will be in charge of 3 dormitories containing over 400 patients. Also not only are there inadequate funds for personnel, but also at the salaries now offered, there are not even enough people available to fill the vacancies that exist. Even if the hospital could hire more personnel, it would be unable to at the present rates.

"From this it can be seen that the most important needs of Greystone are of three types: 1. capital improvements or repairs, 2. capital additions, 3. personnel. For many years now the present buildings have been neglected, and consequently, there now exists a great backlog of repairs and replacements which are necessary. This would include conversion to A. C. current and fire proofing of the present buildings. Also in order to take care of the overload of patients who are now in the institution, more room is needed either in the form of a new wing or a new building, and also there is a need

for enlarging the capacity of the industries. But just as important as the buildings are the personnel. Higher salaries should be paid so that personnel of a high enough caliber can be hired, and also the size of the staff should be greatly increased.

"It should be remembered that the people in Greystone are ill, not mentally deficit. They are there to be cured and made back into useful citizens, not just for custodial purposes. With the present facilities and personnel it is impossible for the hospital to accomplish this task adequately and efficiently."[1].

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1. William L. Barclay III, "Expenditures andNeed in Welfare and Health in New Jersey", pp. 36 - 39. A Junior paper for a conference on "Balancing the New Jersey State Budget" in the Woodrow Wilson School in the fall of 1949.

CHAPTER II - PATIENT CARE

In this chapter I am going to consider the factors which are important in the every-day life of the patients at the hospital. In this category, then, will be included the atmosphere and appearance of the wards, the food served the patients, the use of restraints for over-active patients, and the importance of occupational and recreational therapy. Except for the therapies, all these topics have only an indirect bearing on the treatment of the patients. Nevertheless, the importance of such factors as decent surroundings and good food can not be underestimated. In a good mental hospital everything that is done for or with the patient should be directed toward his immediate improvement and eventual recovery.[1]. Just as these factors are important in our own life, so they are also significant in the life of the mental patient. The advantages of scientific treatment can be lost if the patient must spend most of his time in unpleasant wards with nothing to do but think about the terrible conditions in which he is living. Thus cheery wards, good food and daily activity in occupational and recreational therapy are factors to be considered in any appraisal of a mental hospital.

THE ATMOSPHERE AND APPEARANCE OF THE WARDS.

The wards differ in each building and between buildings quite a bit so that it is hard to make generalizations here. Thus a senile or infirmary ward will be different from one where all the patients are ambulatory, and the wards in the clinic and reception buildings where most of the active treatment is given differ from those in the main

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1. Council of State Governments, op. cit., p. 178

building and the dorm where most of the patients are under custodial care. One generalization that is possible, though, is that in every ward conditions have been made worse by the overcrowding that exists throughout the hospital. Overcrowding not only means more people within a limited space, but also makes it necessary to put beds in the day rooms and sun rooms. The patients are not only denied the use of these spaces during the day, but they are also crowded into an area during the day which is smaller than that which was originally intended for fewer patients. In many of the day rooms there are not even enough benches or chairs for everyone to sit down at once. This means that many of the patients have to either stand or sit on the floor.

There are generally no decorations of any sort on the wards in the way of pictures, rugs or curtains. In addition, the lighting is often very poor. Set in these bleak surroundings, the patient is left with almost nothing to do while on the wards except to contemplate this bleakness. Of course many of the patients work off the wards during the day and this keeps them active, and occupational and recreational therapy is able to get to a good many of the others. However, many of the patients have contact with the occupational or recreational personnel only a few hours a week, and some are not even included at all. This means that these patients must sit and stare all day, and for those who are working or are included in the occupational or recreational therapy projects, there is still a large portion of every day when they also must be on the wards.[1]

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1. See the sections on occupational and recreational therapy for a more detailed analysis of the percentages included in these therapies.

But the picture is not completely grim. On many of the wards, patients can be seen playing cards or checkers and others writing letters. Many of the wards have tables which may be used for these purposes. Then also a few lucky wards have television sets which have been donated by patients' families or the Greystone Park Association. Right now five of the ninety-eight wards have television sets. It can also be said in favor of the wards, that they are kept very clean, even though this house work is generally done by the patients themselves. Attempts are being made to liven up the appearance of the wards. The Greystone Park Association[1]. has given draperies for many of the wards, other wards are being repainted bright colors in contrast to the usual dirty cream or buff. Thus although the basic plant generally leaves much to be desired, especially in the older buildings, the administration and ward personnel are trying to make it pleasanter for the patients in many ways. But proof that much more is possible is shown once a year during the Christmas season. At this time an all-out effort is made by the ward personnel in conjunction with the patients and the Greystone Park Association to really decorate the wards. Christmas trees are put up and decorated, boughs and streamers are hung about the rooms, and in many of the wards talented patients paint Christmas scenes on the walls. The transformation is wonderful. Due to the fire hazard, however, the trees, streamers and boughs must be removed soon after Christmas day, and the pictures washed off for fear that they may mar the walls.

Any visitor to the wards, if he stops to think about it, realizes that if he had to live under these conditions he would soon become very depressed and sullen, but many do not realize that these

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1. The Greystone Park Association is a volunteer organization of the citizens in the communities in the vicinity of the hospital.

conditions also adversely affect the patients. The effect of the environment upon the patients was graphically demonstrated just recently on one of the back wards in the women's section of the main building. The patients in this ward are all classified as disturbed and over-active and most of them are among the worst in the hospital. Feeding used to be a very difficult problem with these patients since they would throw their food around and generally make a mess. There were no plates, silverware or tables provided for these patients, and some who were in straight jackets had to lap their food up from their trays like a dog. It was worth a clean uniform to walk through this ward during a meal hour. Then a radical change was made. A small room adjoining the ward was converted into a dining room. It was painted by the patients, and furnished with tables and chairs. Silverware was provided, including knives and forks, each patient was given a napkin, and the food was served on pleasant looking individual plates. The effect was wonderful. Immediately the feeding problem was remedied: all the patients became well-behaved, and the meals orderly. This would seem to indicate that the original behavior of the patients was a reaction to their treatment, and a rebellion against the conditions that existed. Once treated like human beings, they acted like human beings.[1]

Aside from this one instance, it is hard to make any definite statements about the correlation between the ward conditions and the attitudes of the patients. It is true that on the better wards, the patients do seem happier, but there are many other factors which enter into the

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1. As told to me by Miss Laetitia Roe, R. N., Director of Nurses, Greystone Park Mental Hospital.

situation. Here the patients are usually better dressed and their lives are generally similar to normal community life. But most important, the patients on these wards are also the best ones; those who are about to return to their community or those who have been partially cured and have become good institutionalized citizens. As one moves back into the wards where some of the worst cases are kept and where many of the patients are purely custodial, the countenances of the patients become grimmer and less cheerful. Again it is impossible to determine just why this is. It is probably a combination of factors: the more serious nature of the sickness of these people, a realization on the part of the patients that they may never leave the hospital, and the glum surroundings in which they are forced to live.

Most of what has been said about the appearance of the wards so far has been fairly depressing. But just to show that this is not true of the whole hospital, perhaps it would be a good idea now to describe one of the best wards. I spent two mornings on ward 14 in the clinic building, so I will describe this one. The Clinic Building and the Reception Building are the two places at the hospital where the patients receive intensified treatment. Unfortunately, the overcrowding has also hit these two buildings so that they are not able to do the kind of job which it was originally hoped they would, but nevertheless, it is here that the most intensified treatment at the hospital is given. In ward 14, most of the patients were receiving electric shock treatments, and most of them were almost ready to leave the hospital and return to their communities as cured or sufficiently improved. The census of this ward is usually about 60 patients, and the ward personnel during the day include one psychiatric technician and three attendants. Most

of these patients stay in the ward all day since they are receiving treatment which would make it hard to schedule them for any other activity. However, sometimes they are included in work details, and often one of the attendants will take some for a walk so that they can get some fresh air. Since these patients are almost ready to go home, an attempt is made to make their life as similar to normal life routine as is possible so that the transition back to the community will be easier than it might otherwise be.

The ward itself consists of five main rooms and a hall. There is one large dormitory room where all the patients sleep. In this room there is enough space so that it is not necessary to crowd the beds together as close as in many of the other wards. The room itself is also well lighted by the many windows which cover two of the walls. The beds are all in good condition and appeared to be comfortable, and the room itself is kept very neat and clean. Leading off of this dorm is a large day room. One wall of this room is lined with windows, seven in all, which look out on a large lawn, and in the morning the sun streams in through these windows. The room itself is furnished with wooden chairs, benches and a few tables. In this case, however, some of the chairs are rocking chairs and many have wicker rather than hard seats. There is also a piano in the day room and a large supply of magazines which the patients are free to use. A separate dining room is included on this ward and adjoining it a kitchen where the food is kept warm, served, and the dishes washed. In the dining room, the tables are all small round ones which seat only four people, and these are always set with silver, napkins and dishes. The patients are waited on by a special group from the ward who have volunteered to work in the kitchen and dining room,

and the whole atmosphere here is much like that at a restaurant. The fifth main room on this ward is the head. This room is equipped with two showers, three basins and seven toilets, and is adequate to take care of all the patients on the ward. There are several lesser important rooms on the ward including a nurses' office, a linen closet which one of the patients takes care of, a cleaning closet and a locker room where each patient has his own locker. The existence of these lockers where the patients can safely keep their possessions is something special. In some of the other wards, patients can be seen carrying paper bags in which they keep all their belongings which they can't put on.

In general the patients in Ward 14 are cheerful and at ease. This is in keeping with what has already been said about the patients in the better wards. The patients also seem to have confidence in the personnel who are working with them, especially in the psychiatric technician. And in turn the technician seemed to understand the patients as he combined efficiency and sympathy in his contact with them. A ward such as this is a credit to the hospital.

USE OF RESTRAINTS AND SECLUSION

Despite the fact that the problems of restraint and seclusion have been the subject of many expose' articles resulting in very adverse publicity, Greystone still finds it necessary to use these methods with some of the patients. Actually seclusion is desirable and should be prescribed for patients with extreme destructive or homicidal tendencies. At Greystone, seclusion is recognized as being undesirable, and every effort is made to keep it down to a bare minimum. The only place where it is used is in the back wards or "sections" where the over-active and disturbed patients are kept. Patients are placed in the seclusion rooms

on the "sections" when it is necessary for their own safety or that of the other people on the ward.

The use of restraints, however, is much more prevalent, and can be seen on almost all of the wards. The forms of restraint, however, are much milder than they once were. The use of irons or chains has long ago been abolished as has many other inhumane means such as the lock chair, dry packs, muffs and belts. But camisoles and sheet restraints are still relied upon heavily. A camisole seems to be nothing more than a dignified name for a straight jacket and consists of a shirt in which the sleeves are sewn shut at the end. It is laced up the back and the sleeves are crossed and tied behind the back so that the arms are held tightly against the body making it impossible to move them even enough to scratch an itch. Often the patient is tied in a chair in addition. Sheet restraints are even more inhibitive and consist of a complicated system of straps which effectively keep a patient flat on his back in bed and make it impossible for him to move.

Before a patient can be put in seclusion or restraints at Greystone, a written prescription has to be made out by one of the physicians. Also, a report must be made every day of any patients who are in seclusion or restraint to the physician and superintendent. This serves as a check on the use of these methods in caring for the patients. Seclusion is only used in extreme cases, and patients are put in restraints only when it is necessary for their own safety and welfare or that of the other patients or personnel on the ward. In the case of a patient who has become excited and has hit other patients or broken something such as a window, for example, it would be necessary to put him in restraints. The same is true of any patients who try to hurt or kill themselves. Then

on the senile wards it is often necessary to use restraints to keep the patients from falling out of their chairs or bed, for many of these people are very feeble. Even though the use of restraints may seem justified under the circumstances, the hospital realizes that their use has a bad effect on the mind and personality of the patient. But many more ward personnel are needed first before it will be possible to eliminate their use. With the personnel situation at Greystone getting worse as is now true, it looks as if the staff will have to resort to even more extensive use of restraint and seclusion in the immediate future. Here the hospital is being forced to employ methods which it does not approve of because of circumstances which are largely beyond its control.

FOOD.

In considering the problem of food from the standpoint of the mental patient, there are several factors which must be considered. Of first importance is the food itself. The diet which is offered the patients should be properly balanced to include all the necessary vitamins in sufficient quantities. A basic diet has been made up at Trenton which shows the proportions of meat, flour, vegetable, milk, etc., which each patient should have. This is the minimum diet which is considered healthy.

TABLE IV

The Basic Diet as Set Up and as Accomplished, July 1950 - Dec. 1950. [1.]

Items	Standard Ration Ounces Per Day	Average Weight Per Person Per Day Consumed*
1. Meat-Fish-Fowl & Cheese	7	6.80
2. Milk	16	19.68
3. Eggs	2	1.32
4. Fats and Oils	1½	1.12
5. Sugars & Syrups	4	2.15
6. Cereal	3	1.95
7. Flour	6	7.33
8. Potatoes	12	13.95
9. Root Vegetables	4	4.46
10. Green & Leafy Vegetables	12	10.47
11. Fruits, Fresh & Canned	4	4.39
12. Fruits, Dried	2	.69
13. Dried Peas-Beans & Nuts	1	1.27
14. Beverages	1	.74
15. Miscellaneous	2	1.43
Total food consumed	77½	77.75

* Average is for July through December 1950.

Then there is a dietician at Greystone who plans each individual meal. She is responsible for specifically what meats, vegetables and other foods are used to meet this basic diet. The menus for each week are sent to the central office at Trenton where they are checked to make sure that the patients are receiving properly balanced meals.[2.] Thus the control on this aspect of the hospital is quite rigid. There are only two flaws. First of all, just because these people are sick, they should receive more than a basic or minimum diet. Good food is more important to the general welfare of these people than is true for

1. Figures are from the files of the Supervising Steward, Department of Institutions and Agencies, State of New Jersey.

2. See the copy of a week's menu at the end of this section.

others. Secondly, with the appropriation for this year of $.4062[1] per patient per day for food, it is impossible to even provide this minimum diet.[2] As is shown in Table IV, the total number of ounces consumed corresponds to the minimum; however, there are deficiencies in important categories such as dried fruits, green and leafy vegetables and meat which are made up in the starchy foods such as flour and potatoes, and this unbalances the diet. With the present inflation in food prices, the quality of the meals which can be provided at this cost is becoming even worse. Governor Driscoll in his budget for the 1952 fiscal year has raised the appropriation to $.4566 per patient per day,[3] and this increase should compensate for the inflation in prices, but it is doubtful if it will mean better quality food.

Next in importance to the basic diet is the preparation of the food. I sampled several of the meals for the patients, and I would say that considering what the cooks have to start off with in raw materials, the food is well prepared. It is still not very good, and I didn't see any meals I thought I could look forward to unless I was awfully hungry; however, except for this general observation, I am in no position to pass judgment on the cooking.

Equally important with the preparation of the food, though, is the way it is served. Good food which has been cooked well is

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1. Division of Administration and Accounts, Department of Institutions and Agencies, New Jersey, "Comparative Statement of Daily Per Capita Costs", revised Feb. 8, 1951.

2. Louis W. Klein, Supervising Steward. Interview April 5, 1951.

3. Division of Administration and Accounts, op. cit.

wasted if it comes to the patient cold and in poor condition or if it is served in unpleasant surroundings. The meals ought to be "an event of pleasant anticipation and enjoyment for the patient."[1] It can generally be said, though, that the meals do reach the patients still warm and fresh, even though it is often necessary to bring the food by cart from a central kitchen.

The best eating facilities are similar to the set-up in Ward 14 which I have already described. Here there is a small dining room with tables for four. It is well lighted and brightly painted. Silverware, napkins, glasses and plates are provided so that the whole meal is very similar to a meal in any house. Dining rooms such as this one exist on all the wards in the Clinic and Reception Buildings; however, up on the hill in the Main and Dormitory Buildings, the conditions are not as nice. There are small, dingy dining rooms on some of the wards in the Main Building, but most of the patients eat in a central dining room. In order for the men to get to this dining room, they must go outside and walk around the main building. Twelve hundred patients are fed in one sitting in this room. In the Dormitory Building most of the patients also eat in great dining halls which are furnished with long tables and benches. There is a separate hall for the women and another for the men, and it is necessary to serve two sittings in each hall every meal to feed everyone. Five hundred patients are served at one sitting in these halls, which means that there is a large noisy mob present at every meal. Neither of these dining

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1. Council of State Governments, op. cit., p. 175.

halls are conducive to the type of individualized and personal attention which the mental patient often needs. The food is put on the tables before the patients come into the dining room, and the patients eat from tin trays, factors tending to further depersonalize each meal. Essentially the fault is not in the feeding system but is due to the tremendous overcrowding.

MENU for PATIENTS From March 3rd, 1950 to March 9th, 1951.[1]

BREAKFAST	DINNER	SUPPER
Saturday March 3rd.		
Stewed apples Oatmeal and milk Fried potatoes & Onions (all) Coffee	Frankfurters Sauer Kraut Steamed potato Molasses raisin cake Tea Mashed potatoes- T.B.'s & Infirmary cases	Minestrone soup Baked macaroni & cheese Pickled beets Stewed prunes Tea Milk
Sunday March 4th.		
Cornflakes & Milk 1/6 hse. Pancakes & Sausage 5/6 house Boiled eggs 1/4 house Coffee Cake Syrup Raisin Bread Coffee Canned Pears T.B.'s only	Baked Ham Mashed Potatoes Canned Spinach Cranberrie sauce Chocolate Ice Cream Milk Tea	Vegetable barley soup Spanish rice & Hamburg steak Waldorf Salad Syrup Bread Pudding Milk Tea
Monday March 5th.		
Canned Applesauce Maltex & Milk Onions & Potatoes(Male) Coffee	Fried Scrapple Canned corn-steamed potato Butterscotch pudding Milk - Mashed Potatoes- T.B. & Infirmary cases	Rice & Vegetable soup Beef stew & vegetables Waldorf salad Doughnuts - Milk - Tea Chocolate pudding- Main Building

1. From the files of the Supervising Steward, Department of Institutions and Agencies, State of New Jersey.

MENU for PATIENTS (cont.)

BREAKFAST	DINNER	SUPPER
Tuesday March 6th.		
Canned Plums Wheatena and Milk Onions and Potatoes (all) Coffee	Baked Pork & Beans Pickles Mashed Turnips Creamed Tapioca Tea Hamburg Roast & Mashed Potatoes T.B.'s and Infirmary cases.	Barley & Vegetable Soup Cold Cuts Steamed Potato Milk - Tea Baked potatoes-T.B.'s & Inf's. Chocolate pudding-Dormitory, Reception Building & Clinic Doughnuts-Main Building
Wednesday March 7th.		
Canned Pears Whole wheat & milk Boiled egg Coffee	Bean Chowder Fish cakes & sauce Canned Peas Waldorf Salad Lemon cornstarch Milk	Julienne soup Spanish Omelet Roast potato Cherry Jello Milk - Tea
Thursday March 8th.		
Grapefruit Juice Oatmeal and Milk Onions and Potatoes (all) Coffee	3/4 house-beef stew & Veg. 1/4 house Swiss steak Mixed vegetables Canned Beets Chocolate pie Milk Tea	Split Pea soup Creamed Onions Baked Potato Stewed Nectarines Milk Tea
Friday March 9th.		
Canned applesauce Cornmeal & milk 5/6 house Boiled egg 1/6 house Fried egg 1/6 house Toast Coffee	Baked fish & sauce Canned corn Steamed potatoes Spiced pumpkin Milk Mashed potatoes - T.B. & Infirmary cases	Onion and Potato soup Mashed potatoes Sliced cheese Stewed prunes Milk Tea

OCCUPATIONAL THERAPY

Along with the recreational therapy program, the occupational therapy program is very important in the daily life of the patients. On the average a total of 2,688 patients per month are included in this program. The following table shows a break-down of the activities:

TABLE V

Coverage of the Occupational Therapy Department[1].

Unit	Number of Patients Included
Men's Arts and Crafts	78
Women's Arts and Crafts	200
Printing and Bookbinding	12
Curative Workrooms	509
Outworking Patients	1889
Total - - -	2688

Shops

The Men's Arts and Crafts section is housed in a separate building and here the men make such articles as rugs, brushes, brooms, pieces of pottery, copper articles and small pieces of furniture made of wood and reeds. Also a lot of repair work is done for the hospital.[2] In the Women's Arts and Crafts building a great variety of useful and beautiful household articles are made: articles embroidered, knitted and crocheted. They include quilts, rugs, lunch and dinner sets and other pieces of needlework.[3] The Plain Sewing section is also included in this building. In this section articles are made on power machines in quantity in an almost factory manner. Articles made include sheets, pillow cases, towels, dresses, men's pants and other similar pieces. The total work production for this section in 1949 was 62,372

1. "Monthly Report for the New Jersey State Hospital at Greystone Park, November, 1950", from the files of the hospital.

2. Annual Report of the Managers and Officers of the New State Hospital at Greystone Park, 1949, p. 60.

3. See Table VI at the end of this section for a more detailed list.

pieces which was done by about seventy-five patients.[1.]

One very fine achievement is a monthly magazine called the Psychogram, which is put out by the patients. This is printed in the print shop along with other jobs of this shop such as printing and binding the annual report, and printing all the forms, report sheets and charts which are used in the hospital.

These three sections might be considered the shops for the patients. These shops are orderly, and the atmosphere is easy and cheerful. An indication that the work is patient orientated and not work orientated is in the fact that many of the patients are idle. There is no compulsion to work, it is left completely up to the volition of the patients. The part that is filled by these shops is vital, and it is regrettable that there are not more facilities and personnel so that more of the patients could be included. It is in these shops and in the curative workrooms where all the real occupational therapy exists, and yet it is possible to include only approximately seven hundred of the six thousand patients in the hospital in these programs. Even admitting that many of the patients do not need, or should not have, occupational therapy, this is a very small percentage.

Curative Workrooms.

An important part of the work in occupational therapy is done in each building with patients who are unable to go to the outside shops or work outside the building, either because they are under extensive treatment and examination, or because of their physical or mental condition. There are rooms in all the buildings, called

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1. See Table VI at the end of this section for a more detailed list.

"curative workrooms", where the patients are taken for classes. Unfortunately, there are not nearly enough rooms available off the different wards for use as classrooms, and it has been necessary to improvise in many cases: converting unused storerooms and hydrotherapy rooms for this use. Ideally, this department would like to have a separate room adjacent to every ward for occupational therapy. As it is now, it is necessary to gather the patients from the wards and herd them to what is often a remote part of the building. This is not always good for the patients, and it is a time consuming job, taking up some of the valuable time of the occupational therapists. Also, since there are not more rooms, not as many of the patients can participate in the occupational therapy program as might be desirable. Coupled with this problem of lack of space, there is still the same problem of insufficient personnel. Working in the curative workrooms there are only ten assistant teachers. Ideally, every patient should be treated separately as an individual since no two patients are alike. The department would prefer it if they did not have to work with the patients as a group saying that everyone shall now do this or that, but rather could attend to every patient individually so that the work would better fit in with his individual needs. An attempt is made to mould the therapy to the needs of each patient with the requirement of a doctor's prescription before a patient can be sent to occupational therapy, but still a lack of personnel in the department does hinder the effectiveness of the program.

But despite the limitations of space and personnel, this department is still able to do a very wonderful job. The following description of one of the classes for women which I attended should help

to give a true picture of their work. Going with the occupational therapist, we first went to about ten different wards to collect the different patients who were in the class. In any case where a patient did not want to come, no undue pressure or persuasion was applied. Most of the patients, however, seemed glad to go and some mentioned that they had been waiting for the therapist to come. It took about thirty minutes to gather all the patients together and take them to the classroom. The room, or rather rooms, was a converted storeroom which had been fixed up very nicely. There were four sections: in the first and second sections there were several long tables with chairs where the patients did sewing, embroidery and other similar projects; another section had several looms for making rugs, mats, curtains and other similar things; and in the fourth section there was a kiln for pottery. All the work was very good and appeared better than anything in the stores today. Each section was painted a cheerful color, and in one section there was a piano which some musically talented patients were allowed to play, adding a more informal atmosphere to the room. Perhaps the most distinctive feature was the four or five cages of canaries about the room. These birds were the contribution of one of the volunteer organizations in nearby communities.

There were thirty patients in this class under the supervision of one occupational therapist. Usually there are forty-five patients under two therapists. All the patients seemed very interested in their work, proud of what they were doing, and conscientious in their tasks. The therapist supervised the work and gave individual help wherever necessary.

There are other classrooms similar to this one in all the buildings where patients are kept, and an average of five hundred and ten patients are included every month in this aspect of the occupational therapy program.[1]

General.

Many of the articles which are made in these shops and the curative workrooms are used in the hospital and others are sold to the public through the showroom at the hospital and the many exhibitions which are held at the fairs in the vicinity. The money received from these articles is put in to a patient amusement fund. The only return which the patients receive is extra privileges and sometimes candy and cigarettes.

The personnel situation for the whole department is inadequate for the needs of the hospital, as has already been shown in the case of the curative workrooms. There are only thirty-one workers in the occupational therapy department which means the ratio is one worker for every two hundred. The minimum ratio recommended by the American Psychiatric Association is one occupational therapist for every fifty patients.[2]

The seriousness of this situation can be better understood if we first see what the department is trying to do at the hospital. The department sees its work as both a negative and positive factor in the life of the patients. Negative in the sense that it rescues the patients

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1. See Table V, page 28.

2. "Standards for psychiatric hospitals and out-patient clinics approved by the American Psychiatric Association 1945-1946", reprinted from American Journal of Psychiatry, Vol. 102 No. 2, September 1945, page 265.

from inactivity on the wards and gives them a change in environment. A change from ward life and a chance to keep busy are often very important factors to a patient. On the positive side, the department also sees their role as contributing to the treatment of the patient. Occupational therapy gives the patients a chance at self expression and creative activity which in turn serves as a normal means of emotional release and as a contact with reality. All these factors are important to the mental health of the patients. If a patient is allowed to remain idle at all times between active medical treatments, the benefits of these treatments may be lost during the lax periods. It is mainly through occupational and recreational therapy that the hospital can keep the patient active. In addition to this, both of these programs also have therapeutic value of their own which is often enough to cure the patient. A shortage of personnel here, then, reduces the coverage of the department and cuts down on its effectiveness. In an area so important to the health and happiness of the patients, this is a serious situation.

Outworking Patients.

By far the largest number of patients who come in contact with the occupational therapy program are in the category of outworking patients. This includes patients who work on the wards, in the laundry, kitchens, the cafeteria and dining room for the employees, the employees' quarters where they make the beds and clean up, on the farm, grounds, and on detail work which includes such tasks as shovelling snow. The hospital is very dependent on the work of these patients in the maintenance of the hospital. This is especially true on the wards where the patients do most of the cleaning and help care for some of the

other patients. It would generally be impossible for the employees on duty in the wards to carry on without the help of these patients. This is also true in many other parts of the hospital such as the farms, the kitchens and grounds. Without the patients, it would be necessary to hire a tremendous number of additional employees to keep the hospital operating at the same level.

There is a difference of opinion in the hospital concerning the value to the patient of this type of work. Although it is generally agreed that it is good to get the patients off the wards, the difference is over whether the present system is patient orientated or work orientated. The official view of the hospital seems to be that the work is patient orientated. This view is very well expressed in the 1948 annual report:

> As in previous years a consistent effort has been made to prevent any exploitation of patients in the general work of the institution. No patient is forced to work against his will. The inducements offered have been limited to various small extras in the way of food, clothing, parties and so on. Many of the patients work from a desire to be active and to accomplish something; others because they wish to help, either the employees with whom they are associated or the other patients who need attention. [1]

The other view is that it is impossible to orientate the job to the patient when there is a definite amount of work which must be done, and especially when this work is done with only minimal supervision. The willingness of the patients to work on these jobs is interpreted here as a choice between two evils, with the prospect of remaining on the ward being by far the worser evil. For this reason the patients are willing to do almost anything if it means that they can get off the wards.

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1. Annual Report of the Managers and Officers of the New Jersey State Hospital at Greystone Park, 1948, p. 63.

An illustration of the nature of this form of occupational therapy is given by the patients who work in the store rooms.[1] These patients work eight hours a day five days a week under the supervision of the store room personnel. These personnel have had no training in occupational therapy; in fact they are not given any education about mental health and mental patients, such as the orientation course for attendants. Thus they are likely to have very little understanding of mental illness and of the problems and needs of the patients under their supervision. Their main concern is with running an efficient store room, which is what they have been hired for by the hospital. In this connection, the patients are used as manual labor in any moving of stores which is required. Some of the patients who are working in the store room have been there as long as 15 years without ever having been changed to a different job: fifteen years of moving boxes as occupational therapy.

Some of the staff at Greystone realize that this is a very peculiar sort of occupational therapy. These people realize that as long as the hospital is dependent upon patients for part of the operation of the hospital, it is hard to have their work be patient orientated. To remedy this situation, the Director of Nurses had two suggestions. First of all she would hire employees to fill many of the jobs now filled by patients, and secondly, she would assure that there is adequate supervision of all patients who are working. If a person trained in occupational therapy were to be in charge of every patient who is working, then it would be possible to assure that the patients

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1. As told by Gerald Meyer, Store Clerk, New Jersey State Hospital, Greystone Park.

are not exploited but that their best interests are kept in view. To fill these supervisory positions, it was suggested that the psychiatric technicians might be given additional training in occupational therapy which would qualify them for the position. It would seem that some such plan is necessary. At present it is far beyond the capacity of the occupational therapy department itself to assume this task, and the psychiatric technicians are a logical choice.[1.]

TABLE VI

Articles Made By Patients In Occupational Therapy.[2.]

Women's Building

5-piece scarf sets	Embroidered sheets and pillow-cases
Knitted afghans	Room and hall decorations
Hooked and embroidered rugs	Appliqued and quilted quilts
Luncheon sets	Easter bunnies and toys
Banquet cloths	Mother and daughter aprons
Needle point pictures and pillows	Dinette sets-consisting of table-covers, four napkins, aprons, pot-holders and towels to match
Baby bibs and pinafores	
Dolls and other toys	
Carriage covers	Crocheted bed spreads

Men's Building

Basketry and willow-ware	Rowboats, (14 inch and 20 inch)
Metal candlestick holders	Wheelbarrows and carts
Knife and fork boxes	Ring-the-elephant games
Pottery (large variety)	Metal ash trays
Decorated foot stools	Shoe shine boxes
Windmills	Woven and hooked rugs
Birdhouses	Whisk and hearth brooms
Kiddies' chairs and carts	Other Novelties

Curative Workrooms

Hand-woven luncheon sets, runners	Tatted handkerchiefs, shell jewelry
Decorative household embroideries	Pictures and sketches to hang on the walls, animal and flower subjects
Crocheted doilies, pot holders	
Assorted novelty work bags	Woven shopping bags
Children's dresses, pinafores, toys	Crocheted doilies
Braided and knotted burlap rugs	Woven and cross stitch wool pillows
Carved soap figurines	Small pottery novelities-salt and pepper containers, containers for flowers, poodle dog ornaments
Woven string hot plate mats	
Leather belts, slippers, wallets	

1. See the chapter on personnel, section on promotion.

2. The Psychogram, November, 1950, Inside back cover.

RECREATIONAL THERAPY

"Recreational activity has an important place in the treatment of the mentally ill, and its supervision has become a highly specialized skill. Its primary purpose is just what it says it is -- re-creation -- and its first requirement therefore is that it be creative, spontaneous, and free. If it is to help the patient get better it must not be defined as, nor must it be entered upon as, another task that has to be done in order to get better. ... That it has other benefits can hardly be doubted and among them may be listed the following:

a. It breaks the monotony of the hospital routine.
b. It offers a release of tension.
c. It provides physiological benefits.
d. It provides opportunity for fellowship.
e. It provides direct emotional satisfaction.
f. It helps break old habits, attitudes, and behavior patterns and it helps establish new human relationships." [1.]

As envisioned by the recreation supervisor at Greystone,[2.] the recreational program, both as a preventive and a constructive measure, is an important part of the lives of the patients. Everyone has probably seen pictures of mental patients sitting in wards on cold wooden benches where they have nothing to do but sit and look off into space. This inactivity can only be harmful. For one thing it allows the patient to draw further within himself, and to build up a wall between himself and the outside world. Also physical deterioration will result if a patient does nothing but sit all day, and increased mental illness often follows such physical deterioration for the mind and the body seem to be interrelated here as in many other ways. Not only must the patients be prevented from withdrawing further within themselves, but it is necessary to draw them out and to create or maintain their interest in life and the outside world. The recreation program at the hospital tries to

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1. Council of State Governments, op. cit., p. 189.

2. This view is derived from several interviews with Mrs. Johnson, the recreation supervisor, New Jersey State Hospital, Greystone Park.

stimulate wholesome self expression, and individual responsibility, to create confidence, poise and individuality in each patient. Also through recreation, a normal outlet for many of the frustrations and pent-up emotions of the patients is provided. Thus Greystone's recreational program aims at the objective of relaxing the patient, diverting his attention from his illness and surroundings, and creating within him an interest in living and in the real life around him. In many cases this treatment alone is sufficient to cure the person, and in other cases it is important in preparing the patient for other treatments.

As is also true with occupational therapy, an attempt is made to use recreation as a follow-up of other treatment. If a patient is forced to sit idle all the time in a ward between treatments by a psychiatrist, any benefits derived may be lost in the interim between visits. But by keeping the person relaxed and mentally active the recreational therapists are able to supplement and complement the other more technical cures. These are the general functions and objectives of the recreational therapy program as seen by those at the hospital. Now to look at some of the definite things that are done and also some of the limitations and difficulties of the program.

The copies of the winter and summer programs give a very complete picture of all the activities of this division of the hospital.[1] To accomplish this very full program there are only twelve employees: four musical therapists, three graduate physical education teachers and five recreational aides. The five recreational aides have had no previous training in the field which means that the staff is actually very small to

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1. See the end of this section.

handle the job which they have. A great portion of the time of the aides is taken up collecting the patients, bringing them to the participation areas, organizing them into the proper groups and getting the equipment ready. This all cuts down on the time available for actual therapeutic activities and thus cuts down on the effectiveness of the program.

The recreation activity at Greystone is divided into three groups. The first of these groups includes all those who are allowed to go outside the buildings and consists mostly of the working patients. The second group includes those who are allowed to leave their ward but not the building, which means that they can be gathered together in a recreation hall within the building. The third group consists of the patients who are not allowed to leave the wards, and it is this group which is the biggest problem for the recreation personnel. For this group the personnel must go to the wards and try to stimulate a contact with the patients. Due to the limited personnel, this contact is not nearly as broad or extensive as it ideally should be. Movies are shown on each ward once a week, and these patients usually are involved in one other recreational function during a week: a party given on the ward, or a simple game such as bingo. Nevertheless, these patients do not get the individual attention which they should have, nor do they get very much attention at all, at least from this department. The first two groups are included in the movies, dances, classes and parties, and the first group in addition can participate in the outdoor activities such as softball, tennis and picnics. The coverage in these first two groups is good, and it is only the last group of patients that are neglected seriously. It is not the fault of the department, but due mostly to the

personnel shortage. In order to accomplish the sort of a job the recreation supervisor would like to see done, she estimates that it would be necessary to have one trained therapist and three assistants for each sex in each building. This would mean eight professional workers and twenty-four aides. Even this would be only half as many workers as are suggested by the American Psychiatric Association. The APA standards call for one recreational therapist for every one hundred patients.[1] The present ratio is one for every six hundred patients, and the staff desired by the supervisor would still only give a ratio of one for every one hundred and eighty-seven patients.

A recent addition at the hospital is the musical therapy part of the program. Although the supervisor has realized the value of music in treating the mentally ill patient for a long time, he has been unable to secure personnel until just recently. There are now four musical therapists on the staff, and the program has been rapidly expanding. In the case of severe sickness, it has been found that music is sometimes the only way in which contact can be made with the patient. Listening to music has also been found useful in quieting over-active patients, relaxing patients just before shock treatment and as entertainment for bed-ridden patients. Actual participation is also valuable, and the department has organized a patient glee club and choir, both of which are very good. For those patients who are specially talented, an attempt is made to give individual voice and piano lessons. This program has been a great success and is now considered one of the best in the country.

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1. "Standards of Psychiatric Hospitals", op. cit., p. 356.

The biggest single accomplishment of the recreational department is the Christmas play which is put on by the patients every year. Under the direction of the department, the patients put on a pantomine last Christmas. The choir provided the music, and the whole presentation was excellent. The auditorium was filled with as many of the patients as can be fitted in, and after the pantomine, presents which had been individually wrapped and marked for each patient by the Greystone Park Association were given out. For those patients who did not get to the auditorium, a party with presents is given on the wards.

The pressure on the recreation personnel is partly lessened by the activity of outside volunteer groups as noted in the schedules. This activity by outside groups is continually increasing, as the public is becoming more and more aware of the problem which exists and as they are coming to realize that mental illness is not something terrible to hide and keep away from. The fact that this outside activity is increasing is encouraging as it shows the great advancement in the public attitude over the last few years. These groups do such things as giving parties on the wards, collecting old clothes for the patients, and giving them little gifts. While I was talking to the recreation supervisor, the secretary of one of these groups came in with sixty corsages for patients which were donated by a local garden club. There is unlimited room for activities similar to this in the communities around Greystone.

This department is also hindered by a lack of adequate space. Each one of the buildings has a large hall which is used for the patients

who must stay in the buildings. These halls are used for movies, dances, card parties and similar activities. There is also a large auditorium which is used for movies for the patients of the first group who can leave the buildings, and there are four bowling alleys, four tennis courts, a softball diamond, a golf course, and other similar facilities which they can use. The one thing which is missing and which is fairly important is a gymnasium. Right now a small room with pillars in the middle has been converted into a makeshift gym. The best solution to this problem of space would be the construction of a separate building designed for recreation, exercise and entertaining. Such a building was recommended in the 1948 Annual Report of the hospital. As recommended, this building would include bowling alleys, a gymnasium large enough to play basketball in, with a gallery for spectators, and a roller skating rink around the edge of the playing floor. On the second floor there would be an auditorium for movies and theatricals designed to hold a capacity of at least twelve hundred.[1]

As already mentioned, the recreation program does not include all of the patients at the hospital. Table VII shows the coverage of the program for a six months period; however, these figures are a little misleading. A great deal of duplication exists in the total attendance at parties since the same patients may have been to several of the parties. Since there are no attendance records showing just which patients are included in each party, it is hard to estimate the coverage of this aspect of the recreation program. When it is considered, however, that this item of parties includes twenty-eight

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1. Annual Report of the Managers and Officers of the New Jersey State Hospital at Greystone Park, 1948, p.132.

different activities of which one patient may go to several, it must be realized that the coverage is considerably less than the total figure (perhaps around two thousand).[1]

TABLE VII

Coverage of the Recreation Program, New Jersey State Hospital at Greystone Park, July, 1950 - February, 1951.[2]

	Average daily attendance (classes, games & singing)	Total attendance at parties
July	388	8557
August	910	8898
September	931	8508
October	358	9057
November	377	11622
December	126	10095
January	303	11535
February	482	10736

For these two thousand patients, the parties would occupy no more than two afternoons a week. This would tend to indicate that no more than twenty-four hundred patients are included in any part of the recreational therapy program if we include those attending classes. The recreation supervisor believes that there are no patients who should be excluded from the recreation program, for play is even more important for the mentally ill than it is for anyone else. Looked at in this way, the approximate coverage of only a little more than one third of the patients seems very insufficient.

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1. The recreation supervisor believed that this rough estimate was a reasonable figure.

2. "Recreational Therapy, Monthly Report", July - December, 1950. Taken from the files of the New Jersey State Hospital, Greystone Park.

SUMMER PROGRAM - RECREATIONAL THERAPY[1].

Monday	A.M.	P.M.
	Movies, T. B. shut-ins-female	Movies T.B. shut-ins-male
	Class - Main Bldg. hall or yard Antagonistic-negativistic groups. Female patients resocialization program.	Dance - Main bldg. hall. Men and women Negativistics who do not participate in recreational program for working patients.
	Shock Girls - Tennis courts. Game play: tennis, volley ball, croquet, deck tennis, badminton, bocci, horseshoes, etc.	Picnic - T.B. arrested and active groups alternating. Held at the "Grove" picnic area - Dorm.
	Softball - Dormitory ward men. Patients long resident, regressed. Program to develop co-ordination, decrease deterioration.	

Tuesday	A.M.	P.M.
	Movies - Clinic shut-ins - male	Movies - Clinic shut-ins Female
	Class - Main Bldg. Hall or yard. as above	Card Party - Main bldg. hall. Older men and women patients.
	Softball - Shock groups - male Plus grandstand participation female groups from clinic and New Unit.	Class - Dormitory regressed men and women patients taken to softball diamond or hall for variety of game play.

Wednesday	A.M.	P.M.
	Movies - Main bldg. female shut-ins	Movies - Main bldg. female shut-ins.
	Shock Girls - Tennis courts, etc.	Picnic - At the "Grove" regressed men and women. Dormitory patients.
	Softball - Dorm, or Main working patients	

1. Summer Program. Taken from the files of the New Jersey State Hospital, Greystone Park.

Thursday	A.M.	P.M.
	Movies - Main bldg. male shut-ins	Movies - Main bldg. male shut-ins.
	Class - Main bldg. hall or yard.	Bingo - "The Dell" Working patients from all buildings men and women.
	Softball - At diamond for shock boys plus grandstand participation by shock girls, reception girls, New Unit girls.	Parties - Section wards 39 - 41 - 27 - 29 - 25

Friday	A.M.	P.M.
	Movies - Dormitory shut-ins	Movies - Dorm Infirmaries
	Class - Main bldg. hall or yard as above	Parties - section wards 39 - 41 - 27 - 29 - 25
	Shock Girls - Tennis courts	Picnic - "The Dell" Shock boys and girls
	Softball - Dorm. men (regressed)	Softball - Main bldg. men (regressed)

LARGE GROUP ACTIVITIES INSERTED INTO PROGRAM

Picnics - Red Cross Chapters - V.F.W. - American Legion Aux.

Softball - Evenings - Monday & Tuesday - 6:30 - 8:30
Grandstand - Patients - Men and women
1. Employees Team
2. Visiting teams
3. Patient Parolee teams

Band Concerts: 7-9:00 P.M. Patient attendance - 500 - 600
Newark Police Band
American Federal Musicians Local, Dover, N. J.

Musical Therapy (summer project)
Students from: Oberlin Conservatory - Ohio
Rollins " - Winter Park, Fla.
Jacksonville " - Jacksonville, Fla.
Eastman School of Music - Rochester, N. Y.
T.B. wards - Infirmaries - parties
Dor. Infirmaries 64 - 68
Reception Bldg. Wards 7 - 11
Clinic Surgical - 18 - 19 - 16

"Green Thumb Therapy - Monday, Wednesday and Friday
Main Bldg. Women's Classes: 9 - 11:00 A.M.
Taken to fields to help harvest the Hospital Crops - Fruit juice and sandwiches turn work into picnic.

Tennis - Club - Men Patients - Clinic, Reception - 6 - 8:30 P.M.

Four courts opened all summer for classes of patients, parole patients and employees."

"WINTER PROGRAM RECREATIONAL THERAPY [1].

Monday	A.M.	P.M.
	Movies - T.B. shut-ins- female	Movies - T.B. Shut-ins - Male
	Class - Main bldg. Hall Female patients resocialization program	Dance - Main Bldg. Hall Men and Women Negativistics who do not participate in recreational program for the working patients.
	Shock Girls, Psycho-Sugery, Recep. 3-5 Physical fitness program: Individual attention on appearance, posture correction, exercise for fitness, music appreciation.	Glee Club - Ward 14 - Individual patient instruction in voice and piano
	Bowling - Reception and Main Bldg. men	Party - T.B. arrested patients men and women - 100 patients - Dorm auditorium: remotivation program - no strenuous activity.
	Music Psychotherapy - Dorm. men - shut-ins	Bowling - Dorm men - shut-ins.

Tuesday	A.M.	
	Movies - Clinic 18 - shut-ins	Movies - Clinic 19 - shut-ins
	Class - Main bldg. Hall - shut-ins Female resocialization program	Dance - Dorm. Auditorium - Shut-in Dorm men & women
	Remotivation program - New Unit girls in the auditorium	Glee club - ward 15 - Individual patient instruction in voice and piano
	Bowling - Clinic shock and psychosurgery.	
	Sedative Music - Shock Treatment - Ward 7	

1. Winter Program. Taken from the files of the New Jersey State Hospital, Greystone Park.

"Wednesday

Movies - Shut-ins - Main Bldg.male

Square Dancing - Gym

Recep. girls	Dorm men
Clinic 15 "	Main men
New Unit "	parolees
Wards 17A-18	Clinic
	Recep. men

Psychotherapy Music Room
Dorm men - shut-ins

Bowling - Main Bldg. girls

Movies - Main bldg. South - Shut-ins

Glee club - Gym
New Unit women
Main bldg. men and women
Recep. men and women
Parolees

Bridge Keno - Ward 21 M.B.

Thursday

Movies - Shut-ins - Main Bldg. south

Class - Main Bldg. Hall - Shut-ins

Bowling - Clinic 14

Sedative Music - Shock
Treatment - ward 8

Movies - Shut-ins - M.B.South

Bingo - Gym - New Unit Girls; Dorm men; Main men and women; Reception

Music Appreciation -
Wards 11 - 12 R.B.

Party Program - Female
Main Bldg. Section wards

Friday

Movies - Shut-ins - Dorm. female

Class - Main Bldg. Hall shut-ins
Resocializing - Remotivating programs

Bowling - Clinic Shock Girls
Psycho - surgery; Recep. 3-5 girls

Dormitory Wards 66-68
Class on ward

Psychotherapy - Music Room
Dorm. men shut-ins

Movies - Shut-ins - Dorm male

Tea Dance - Gym - Shock boys & girls; Psycho-surgery 17A; R.B. Wards 3, 5,6,4; Parollees

Party Program - Females - Main Bldg. Section wards

LARGE GROUP ACTIVITIES INSERTED INTO PROGRAM

Five Red Cross Parties Monthly -
Wards Covered;
Dorm infirmaries; R.B. Wards 11-12; Clinic wards 16-18;
M.B. Wards men's wards;
T.B. Arrested Group

Morrison Chapter
Madison-Chatham chapter
Ridgewood Chapter
Rutherford and Branches
Wood Ridge-North Arlington-Lyndhurst
West Morris Chapter

"Weekly Evening Assignments:
Monday Auditorium - 7:30 - 9:30 P.M. - Social Dancing - working patients
Thursday - Afternoon, evening - working patients -
35 mm Moving pictures - auditorium
Canasta - Gym - Shock Boys; R.B. Boys; Parolees - Tues. eve - 6:30-8:30
Choir Practice - Chapel - 6:30 - 8:30 P.M. - Wednesday - Main bldg. men & women - Parolees

Special innovations:
Community entertainments - V.F.W. Auxiliaries; American Legion Bands; Social Dance Orchestras; Church Group Parties, Prestidigitators; Musical Entertainers."

CHAPTER III - OVERCROWDING

As has already been pointed out in other parts of this paper, one of the most serious problems at Greystone which directly affects the care and treatment of patients is overcrowding. On April 1, 1951, the resident population at Greystone totalled 6,152.[1] The normal capacity of the hospital is 4,290 patients,[2] which means that there was an excess of 1,862 over capacity, or 43% overcrowding. This overload has repercussions throughout the hospital which adversely affect the welfare of the patients.

> "Overcrowding means lots more than inconvenience and discomfort in a mental hospital. It means less chance for proper classification of patients, less chance of individual treatment. It means less occupational and recreational therapy. It means dayrooms and hydrotherapy rooms converted into sleeping quarters, increased tension and friction between patients and attendants, reduced chances of recovery."[3]

Due to the inadequacy of any of the records on mental illness, both for past years and present, it is difficult to make any statements concerning the relation between the incidence of mental illness and this overcrowding; however, the rise in hospitalization cannot be attributed wholly to an increase in the prevalence of mental illness.[4] There are several other factors which can be cited as definitely contributing to this overcrowding. One very important one is the change in the size and composition of our population. Not only has our population increased, but the percentage of middle and old-aged people is

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1. Official count of the hospital for that day.
2. Annual Report of the Managers and Officers of the New Jersey State Hospital at Greystone Park, Table I.
3. Albert Deutsch, Shame of the States, p. 59.
4. U.S.Public Health Service, "Mental Hygiene Statistics: Current Reports", February 1, 1949 as quoted in: National Committee for Mental Hygiene, Inc., Annual Report: An Accounting of Accomplishment by the National Committee for Mental Hygiene-1948 and 1949, p. 38.

greater due to the higher life expectancy of the modern citizen. It is in these older age groups that mental illness is highest. With the change from rural to urban concentration, it has also become increasingly difficult to care for mentally ill people in the home. A mentally sick person in a crowded urban center and/or city apartment would often be unbearable. In addition to this, the average housewife today is usually much more active in community affairs than was true of her counterpart of fifty years ago. This means that there is neither room nor time for a housewife to care for mentally ill people in her house. Further important factors come into this picture, which reflect the progress which has been made in mental health. The states now have better facilities for the care and treatment of mental patients, and it seems that the better the facilities are, the more overcrowding there is in the hospitals. This is probably due to an increased recognition of and confidence in the hospitals by the public resulting in greater use of them. Then also there is a growing public knowledge of mental illness as something needing psychiatric treatment and as something curable. This is a long cry from the old days when mentally ill people were thought to be possessed by evil spirits which could only be driven away by the use of punitive measures. There is now recognition of the need for care of mental patients rather than commitment to almhouses and jails. And one last factor contributing to this increase in mental hospital population is the earlier recognition of the disease by the medical profession.[1] These factors seem to be still effective, for the population at Greystone is increasing every year as can be seen in Table VIII

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1. Council of State Governments, op. cit., p. 33-34 and National Committee for Mental Hygiene, Inc., Annual Report: An Accounting of Accomplishment by the National Committee for Mental Hygiene - 1948 and 1949, p. 37-39.

below which shows an increase of over five hundred patients in the last ten years. The figures on the steadily rising number of admissions to the hospital are also indicative of this trend towards increasing use of the hospital facilities.

TABLE VIII

Patient Load and Movement for the New Jersey State Hospital, Greystone Park, 1940-1950.[1]

Year	Resident Pop.*	Admissions	Discharges	Transferred or Died	Increase in Pop.
1940	5449	1291	621	-	-
1941	5545	1352	778	478	96
1942	5613	1441	738	635	68
1943	5637	1346	805	516	24
1944	5626	1356	788	579	-11
1945	5696	1479	761	648	70
1946	5783	1604	818	699	87
1947	5765	1554	996	576	82
1948	5716	1741	965	825**	-49
1949	5889	1830	1020	637	173
1950	6059	1838	1031	637	170

* Figures include patients out on temporary visit
** Due to over 200 transfers to other hospitals for treatment

This problem of overcrowding would not exist if the hospital was able to cure and discharge all the mentally ill people it receives. But many of the patients are never curedand must stay at the hospital under custodial care or limited treatment. Approximately 55% of the patients who come to Greystone are discharged and sent back to their community as either cured or improved.[2] This still leaves 45% of the admissions at the hospital until they are transferred or die. Until the hospital is able to give

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1. Table VIII - Division of Statistics and Research, New Jersey, op. cit., pp. 4-5.

2. This figure is computed from Table VIII by dividing admissions by discharges for each year.

better treatment for mental illness and discharge a greater percentage of the patients, it looks as if this problem of increasing resident population and resulting overcrowding will not only continue but get worse.

But let's take a look at some of the specific repercussions of this overcrowding that can be seen around the hospital. On the south side of the Main Building, every available extra foot has been converted into bed space. To take care of the bad overload in this section it has been necessary to convert day rooms, ward dining rooms, occupational therapy and recreational therapy areas, and even part of the corridors into bedspace. This is necessary if all the patients are to have beds, but it has adverse effects on the treatment of these people. Besides the psychological effect on the patients themselves, this conversion means that meals must be served on trays in the day rooms where the dining rooms now hold only beds. It means that the day room space itself is smaller than what was originally provided for fewer patients, and that the patients are denied the use of the special rooms for activities such as occupational and recreational therapy. It means that more patients are left with less to do in a smaller area.

With the very high admission rate, the overcrowding problem has been especially serious in the reception building where every patient who enters the hospital is kept for preliminary observation and treatment. Overcrowding here is especially bad due to the psychological effect which it has on the in-coming patients. It also means that it is impossible to give these patients the intensive observation and treatment which was originally intended to be administered in this building. It is not only necessary to spread the services more thinly than is desirable but also to transfer patients to the other wards sooner than would otherwise be necessary.

The following table shows a breakdown of the overcrowding in the hospital by building.

TABLE IX

Overcrowding by Building at New Jersey State Hospital, Greystone Park.[1]

	Capacity	Population
Main Building	1580	2905
Dormitory Building	1324)	1728
New Units	350)	
Senile Building	160)	654
T. B. Building	251)	
Clinic Building	379	370
Reception Building	246	503
Totals	4290	6060

But perhaps an even better specific example is a description of one of the wards in the Dormitory Building, ward 66 for men. This ward consists of a hall with four small rooms off it for storage medical office, and any other use requiring some privacy, and the three main rooms at the end: the dormitory for beds, a day room and a smaller sun room built off the day room. This is the original plan of the dorm, but today the picture is far different. The four private little rooms now have two beds in each. The original dormitory room is used as a day room, and the patients sleep in the day room since there is room for more beds there. Even so, it has been necessary to set up twenty-four extra beds in the present day room, and the sun room is filled to the brim with twenty beds. The total census for this ward was one hundred and nineteen people. With crowding this serious it becomes almost impossible for the ward to be any more than an enclosure. Standards have been set up concerning the amount of space which there should be on a ward. This calls for seventy square feet per patient in dormitories and fifty square feet per patient in day rooms.[2] The proportions which actually exist are approximately fifteen square feet per patient in the dormitories and ten square feet per person in the day room.[3] This ward is typical of the conditions

1. Figures from the files of the New Jersey State Hospital, Greystone Park for December 17, 1950.

2. Ibid.

3. As measured by pacing off the length and width of each room.

throughout the hospital. These are some of the reasons why the patients are anxious to get off of the wards, even if it means to lift boxes all day for fifteen years. But even with some of the patients working off the wards and others engaged in occupational and recreational therapy projects, it is still crowded and congested.

When the plan to build a fourth mental hospital in New Jersey was decided upon, the administration at Greystone looked forward to some relief of the patient load. All expectations are gone now, however, as it has become obvious that by the time the hospital is completed[1.] the population at Greystone will have increased sufficiently so that only the increase that has accumulated while the new hospital is being constructed is expected to be transferred.[2.3.] This means that in the immediate future, there is no

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1. The bond issue was passed in November, 1949, and the foundations were not even laid as of March 1, 1951.

2. John T. Neal, Jr., Business Manager, New Jersey State Hospital, Greystone Park, Interview March 9, 1951.

3. Differences of opinion exist as to whether or not money should be put into construction such as the fourth mental hospital. Some people believe the money would be better spent on increased treatment and curative measures designed to increase the number of discharges from the hospital. On the other side of the picture, however, is the sort of interpretation which I got from the superintendent at Greystone. Dr.Crandell sees that as overcrowded conditions at Greystone get worse, the possibilities of administering adequate treatment become lessened. Therefore he believes that before it will be possible to give proper treatment, there must first be adequate facilites. At the present time, however, the rate of expenditure for construction is only enough to keep the patient load of the hospitals constant without providing any positive relief from the present overcrowding. This might mean that there will never be adequate facilities. Also, with the present shortage of funds for mental health in New Jersey, it is not a question of spending on construction and increased treatment, but a matter of spending for one or the other. If the choice is construction, this seems to be a pessimistic alternative for it implies more construction every few years to take care of the rise in hospital population which occurs each year. This accepts the problem without attempting to do anything about it.

relief of this overcrowding in sight. At best, the hospital can expect to remain in a static state, at worst, it can expect the population to continue to increase at its present rate.

CHAPTER IV - PERSONNEL

It has been seen throughout this report that one of the central problems in the hospital is insufficient personnel. This means that the patients do not get the kind of care they should be getting, and that some patients are kept in the hospital longer than would or should be necessary.

The shortage can be viewed from two different angles: the number of positions authorized and budgeted, or the number of vacancies existing among these authorized positions. Even if all the authorized positions were filled at Greystone, the hospital would still be far below the minimum standards set by the American Psychiatric Association. A comparison of these standards with the authorized positions at Greystone should make this deficiency evident.

TABLE X

Ratios of Personnel to Patients

	APA Recommended Ratio [1.]	Actual Ratio to Authorized Positions * [2.]
Physician	100	207
Nursing & Ward Personnel	5	10.9
Occupational Therapy	50	222.2
Recreational Therapy	90	666.6

*Based on a patient population of six thousand.

This great disparity between the minimum standards and the actual ratios budgeted in the hospital is a serious situation. These areas considered are all directly concerned with the care and treatment of the patient.

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1. "Standards for Psychiatric Hospitals and Out-Patient Clinics Approved by the American Psychiatric Association 1945 - 1946", reprinted from American Journal of Psychiatry, September, 1945.

2. Division of Personnel, Department of Institutions and Agencies, "Total Budgeted Personnel for Mental Hospitals as of July 1, 1950, Ratios Based on Average Resident Population 1949-1950". From the files of the Personnel Division.

No attempt has been made to consider some of the indirectly concerned areas such as food service and the business department, areas which are nevertheless indispensable to the operation of the hospital. A scarcity of workers in the areas considered means that the patient can not be given the type of individual attention which is so important for his welfare. It means that any treatment which he does receive cannot be as intensified and thorough as it should be and that often there can not be the sort of follow-up which is often important to the success of treatment.

But it is not the fault of the hospital that the number of positions which they have on their budget are insufficient. The hospital is very definitely aware of the shortage and deficiency, and every year in his budget requests, the superintendent requests a substantial increase in the number of these authorized positions. However, these requests are pared down by the budget director, the governor and the legislature. The superintendent of Greystone has the responsibility of trying to run a good hospital, but the budget director, the governor and the legislature have the responsibility of administering to all the needs of the state. With the size of the budget in New Jersey today, this means that the proportion of the budget which is apportioned to Greystone is insufficient to cover all the pressing needs.

And yet, serious though the situation may seem with respect to the number of positions which are authorized, it is made even more serious by the number of vacancies which exist.

TABLE XI

Vacancies in the Nursing Department
New Jersey State Hospital, Greystone Park [1].
April 1, 1951

	Authorized	Vacant	% Vacant
Total	1357	218	16
Nursing Department	667	191	29
Head Nurse	39	19	49
Graduate Nurse	67	30	45
Psychiatric Technician	58	14	24
Psychiatric Technician Trainees	51	14	27
Institutional Charge Attendants	85	4	5
Institutional Attendants	356	110	31

As can be seen, the greatest number of these vacancies are in the nursing department andprimarily among the attendant group. This is a situation which has been growing progressively worse each month due to the present crisis situation. During the second World War, the personnel at Greystone was very seriously depleted and it was only due to the availability of conscientious objectors that it was possible to keep the hospital running.[2] With the post-war period it was possible to build the labor force at the hospital back up until just before the Korean War started the hospital reached an all-time high with only twenty-seven vacancies. Since the beginning of the Korean War, the number of vacancies at the hospital have been continually increasing, and unless some preventive measures are initiated soon, there is no reason to believe that this trend will end.

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1. "Personnel Department Monthly Statistical Report of Employee Enrollment, April, 1951", from the files of the Personnel Department, New Jersey State Hospital, Greystone Park.

2. In December, 1940, there were 284 men attendants and 232 women attendants employed at the hospital, and by January, 1943 there were only 32 men attendants and 64 women attendants left. During this period there were over 5500 patients, and it was only due to the drafting of 125 conscientious objectors that the situation improved. (From a chart in the office of the Supervisor of Nursing.)

The state in acting to ease the situation has just passed a 40-hour Pay Plan, with overtime and broad revisions in salary scales.[1] This will go into effect July 1st, and it yet remains to be seen whether or not it will stem the tide of employees who are leaving Greystone.

By far the largest proportion of the nursing department consists of the attendant group. At present attendants are of necessity recruited from the marginal section of the labor market, and it is in this attendant group that almost all the vacancies exist. Perhaps the main reason that it is necessary to recruit the attendants from the marginal worker class is the low wage scale which is offered. The beginning salary rate is $1440, or approximately 70¢ an hour, as contrasted with the $1.70 an hour which was recently authorized by the state for Public Service bus drivers.

Another illustration of this disparity between the wages at Greystone and the wages in the surrounding communities is shown by the reasons given by one attendant as he handed in his resignation. He said that although he liked his job and thought it important, he had been offered a job washing dishes in a diner(the most menial of restaurant positions) at $70 a week or almost twice as much as he was making at Greystone[2]. It seems ironical that it should be worth so much more to drive a bus or wash dishes than to take on all the responsibility of caring for mentally sick people. The attendant is the one person who is in continual contact with the patient and who is responsible for the hour-to-hour care of the patients in the ward. He is important in their everyday life, and is the only person

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1. See section on remuneration for a more detailed discussion of this legislation.

2. As told to me by Mr. Raymond Male, Director of Personnel, Department of Institutions, State of New Jersey.

in a position to observe their actions. Yet despite his importance in the hospital and to the patient, he is generally a poorly paid, poorly trained and unrecognized employee. Other factors besides the pay scale which make it difficult to recruit and keep attendants at Greystone are:

1. The New Jersey State Employment Service has been reluctant to refer people for institutional employment. It has better paying positions in private employment.

2. The institutions have been located in remote places because of public pressure and inexpensive land.

3. Many persons believe that employment in a state hospital is undesirable. They consider the environment displeasing.

4. The institutions, although in remote location, lack employee housing facilities because of poor planning and inadequate funds.

5. Recreational facilities for employees are practically non-existent.

6. Many institutional employees work forty-eight hours a week--eight hours a day, six days a week. This includes Saturdays, Sundays and holidays.

7. Since the wards must be covered twenty-four hours every day, the working day is divided into three shifts. Many persons do not with to work evening and night shifts because it interrupts their home-life and social affairs.

8. The type of work and the duties, in many instances, involve intimate physical care of helpless individuals. Tasks may be arduous since some patients are mentally and physically ill.

9. Many persons are attracted to institutional employment who are misdemeanants, petty criminals, 'floaters' and alcoholics.[1]

It is easy to see why the hospital is unable to compete with industry under these circumstances. The result is that Greystone tends to get the employees who are unacceptable at any other job; an irresponsible and transient group

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1. Edward G. Hofgesang, A Method of the Recruitment and Training of Personnel to Staff Wards in Institutions for the Mentally Ill in New Jersey, p. xxvii.

of people from whom neither quality nor quantity of service can be expected. As soon as industry steps up its production and takes on more workers, Greystone loses more of its attendants and must lower its recruitment standards even further to fill any vacancies. This is what is happening now. And there is no reserve or untapped supply from which the hospital can hope to tap. During the last war the conscientious objectors were sent to the hospitals, but this time there will be no assignment of these people to Greystone since under the present Selective Service Law they are classified as 4-E and can remain exempt from the draft in their present employment. Some of these people may volunteer to work in the mental hospitals as an act of patriotism, but Greystone can not count on this to alleviate the personnel problem.[1] The use of volunteers from the surrounding communities is a possibility, but these people can not be expected to fill the need for continuous ward supervision and care of the patients.

In a recent edition of the business section of the Sunday New York Times, there was an article which cited ways in which industry might revamp its personnel policies to meet the current situation. In order to recruit workers for the increased production demanded by the present crisis, the article recommended that industry:

1. Employ old people.
2. Employ women.
3. Start training programs to provide skilled workers.
4. Employ the physically handicapped.
5. Employ a greater number of negroes.
6. Employ students as summer help.[2]

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1. From an Interview with Mr. Raymond Male, Director of Personnel, Department of Institutions and Agencies, New Jersey State Department, February 22, 1951.
2. "Industry Revamps Personnel Policy", New York Times, Jan.28, 1951.

These measures are recommended as emergency sources of workers for industry, and yet Greystone has utilized every one of them under so-called "normal" conditions.

In the attendant group there is also a large amount of turnover every year. Although attempts are continually being made to keep the rate of turnover down, it still represents a serious problem, being over 200% in April, 1951. Since the attendants generally do not have any previous experience, they must be trained at the hospital. A rapid turnover means a loss in the expense of this training besides the loss of an employee. "A vicious cycle exists: poor working conditions attract poor quality attendants, poor quality attendants are not worth training, incompetent persons deserve low wages and low wages attract poor quality employees."[1]

With the industries in northern New Jersey now stepping up production and adding night shifts, the workers at Greystone are being drawn away to better paying jobs, and it is becoming continually more difficult to hire new personnel. An indication of the seriousness of the shortage of ward personnel came to the surface just recently at Greystone when disciplinary action was taken by the hospital against one of the psychiatric technicians who refused to take the responsibility on the night shift for four wards with a census of over four hundred patients, two of which wards included patients with suicidal tendencies. With locked doors between each ward, this technician by himself was supposed to assume responsibility for the welfare and safety of all the patients in these wards. His duties were to include prevention of any escapes, suicides or accidents and the ministering of any medications which were called for (this included a medication for one

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1. Edward G. Hofgesang, op. cit., p. xxix.

senile patient which was supposed to be given every 15 minutes). Realizing that this was not humanly possible, the technician refused to take the responsibility.[1] A further illustration which shows the caliber of some of the attendants at Greystone is this story which I heard from one of the attendants while I was living at the hospital. This attendant had been living in a double room in the employee's residence, when his room mate, who was also an attendant, left without notice. It is not uncommon for an employee to leave without notifying anyone, but this one had also taken with him all his room mate's clothes and valuable belongings. This is an extreme example of the sort of thing which the hospital has to put up with.

The key position in the hospital today is the attendant. Without the attendant, the hospital would be unable to operate even as a purely custodial institution. The attendant is one of the few employees who is in continual contact with the patients, and he is responsible for the safety, welfare and life of the patient on the wards. Yet despite the importance of this position, it is filled by a largely irresponsible group of people who are untrained and often incompetent to handle mental patients. Plagued by the high turnover and vacancies which usually exist in the attendant group, this employee has generally been unsatisfactory. New Jersey, in recognizing this problem, was one of the first states to take any constructive action when four years ago the psychiatric technician program was started to provide qualified and trained ward personnel. The program is aimed at attracting a stable type of person who will be interested in making the job a career. This program has since taken hold in many of the other states and even in

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1. As told to me by Mr. Raymond Male, Director of Personnel, Department of Institutions and Agencies, New Jersey State Department.

Canada, and is considered a large step forward towards better care for patients in the state mental hospitals.[1] (other states having programs).

But let's look at this personnel problem more carefully from some of the different angles which affect the personnel situation. Here again I will deal only with the ward personnel: nurses, psychiatric technicians, and attendants. I will deal with the problems of selection, training, remuneration, promotional opportunities, working conditions and living conditions.

SELECTION:- A problem of selection exists only in the case of the psychiatric technicians and attendants. Physicians, nurses and therapists must receive their training before they come to Greystone, and the problem is not one of selection but rather of supply. On April 1, 1951 at Greystone there were forty-nine nurses positions which were vacant because there are no nurses even applying to fill the jobs[2]. The same is true in occupational and recreational therapy, although here they have managed to fill the gap partially with untrained persons -- five occupational therapy aides and five recreation aides.

The field from which the hospital may select psychiatric technicians and attendants, however, is much larger since no previous training is required for the job. In the case of the psychiatric technician program,

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1. New Jersey is the only state with a state-wide program; however, psychiatric technician or aid programs do exist in individual hospitals in California, Illinois, Kansas and Kentucky.
2. Until recently there has been very little opportunity for a nurse to train for psychiatric nursing. It is hoped that the number of vacancies among the nurses will decrease as more nurses become interested and trained in the field now that there are more schools giving the course. (Director of Nursing, New Jersey State Hospital, Greystone Park.)

the recruitment standards are quite high since the hospital is trying to recruit a stable, competent person who will be interested in making a career of his job; a high school diploma is required and references are gathered on each candidate. Also a comprehensive job of screening is attempted, and all applicants are given a written examination, and a ten to fifteen minute interview by personnel from the hospital and state department.[1] The final selection is made by a board which meets to decide which candidates will be taken into the program.[2]

In the case of the attendants, the personnel men at Greystone can not afford to be quite so choosey nor so thorough in their selection. Every applicant who applies at the hospital is given a brief interview by the personnel assistant and a quick decision must be made on the caliber of the applicant. The applicant's past record is checked, and if he is acceptable, he must first pass a physical before he can be hired. Finally a finger print check is made before he may get permanent status in the civil service.

Even though the hospital is now hiring people they would not have considered a year ago, the problem of recruitment and selection is still a major one as is indicated by the table below. This interviewing was almost completely for the jobs of attendant, food service workers, and maintenance personnel. All of these positions are recruited from the same general caliber of people, so this indicates the problem in filling attendant positions alone.

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1. See the sample Oral Interview Rating form at the end of the chapter.

2. This board is made up of men from the department and hospital Personnel Departments.

TABLE XII

Volume of Recruitment Interviewing - December 1950.[1]

Phone calls	87
Personal interviews	330
Sent for physical examinations	98
Physical examinations reject	32
Hired	66
Percent hired	20%

Thus either a deficiency in quantity or a deficiency in quality prevents the hospital from filling many of the vacancies which exist in the nursing department.

TRAINING:- The problem of basic training for personnel is only present at Greystone on the psychiatric technician and attendant levels. All the other personnel who deal directly with the patient (doctors, nurses, occupational therapists and recreation assistants) receive their training outside the hospital. The year's course for the psychiatric technicians, though, is given at the hospital, as is also true of what training the attendants get. Most of the teaching of the technicians is done by two nurses who are in charge of the course, with other members of the staff of the hospital coming in to lecture on some of the more technical aspects of the course. These technicians are termed trainees during the duration of their year's course while they receive intensified training not only in the classroom but also in the form of supervised ward work.[2]

The objectives of the training program are:

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1. Letter from Richard Minans, Director of Personnel, New Jersey State Hospital, Greystone Park, to Raymond Male, director of Personnel, Department of Institutions and Agencies, New Jersey.

2. See the table of the curriculum for the Psychiatric Technician Course at the end of this chapter.

1. To provide a high level of ward care of the mental patient.

2. To establish a place for the technician on the psychiatric team and to insure him job satisfaction and a worthwhile life experience.

3. To motivate the psychiatric technician to a true attitude of service by means of planned instruction.

4. To teach the fundamental skills of nursing and to develop the ability in the technician to adapt these skills to the changing patterns of mental patients.[1]

The result is a person who is well qualified to work on the wards with the patient.

In the case of the attendants, it is not practical to expend very much time and money in training when these people are so transient a worker. However, upon arrival at the hospital, every attendant is given a twelve hour orientation course. This course lasts a week, during which the attendant spends half of his or her time in classes and the other half on the wards under supervision. The conferences or classes take up such subjects as the proper attitudes toward mental health, the correct approach to the patient, the general nature of the attendant job, the rules of the hospital, the location of all the facilities, desirable personality traits for attendants, prevention of accidents to patients, and the special problems of over-active and depressed patient care. The objectives of this course are:

1. To acquaint the new attendant with the organization, policies and lines of authority of the hospital.

2. To foster in the attendant a greater sense of responsibility in the care of the mentally ill.

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1. "Psychiatric Technician Course, Greystone Mental Hospital", p. 1. From the files at the hospital.

3. To introduce each new attendant to all services, thus enabling him to adjust more readily to future assignments.[1]

Although this program is too short to produce the ideal type of person which the hospital would like to have on all its wards, nevertheless, it is valuable in orientating the new attendant to his job and in preparing him to give more efficient service in a shorter period of time than would be true if he had to learn his job as he went along.[2]

INSERVICE TRAINING - A chance to learn more about your job and the general field in which you are working is considered very important to job satisfaction, especially on the professional level. Greystone is at a distinct disadvantage in this respect, since it is located in a fairly isolated area which keeps it out of contact with the universities and large hospitals where additional courses would be available for the nurses and doctors. The location also means that the staff at Greystone is not able to benefit from association with other members of their profession as would be true in a metropolitan area.

At the hospital, there is one in-service training program for the attendants, though, called the "40 Hour Planned Training Course for Attendants". This course is given by the nursing department at the hospital and consists of twenty to thirty hours of classroom work with the remainder in the form of ward demonstration.[3] The objectives of this course are:

1. To teach each attendant the fundamental principles in assisting with the care of the patients in Psychiatric hospitals.

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1. "Orientation Program for New Attendants", p. 1. From the files at the hospital.

2. Ibid., p. 7.

3. See the table of the curriculum for the 40 Hour Course at the end of this chapter.

2. To teach the principles of good hospital housekeeping.

3. To teach a program which will always be beneficial to the Attendant as an individual and one which will immediately increase his value as an attendant in any Psychiatric Hospital.[1]

REMUNERATION - The statement that the "salaries paid in state mental hospitals are still too low to attract or hold well qualified personnel" certainly holds for the problems of Greystone. Starting salaries of $4500 for resident physicians and $2400 for graduate nurses with maximums of $5700 and $3000 keep many qualified people away. In the case of the psychiatric technicians and the attendants where the training is received at the hospital, the low starting wages of $2280 and $1680 serve as a hindrance to people who might otherwise enter the field. At these wage levels, Greystone is unable to compete with industry or even the nearby Lyons Veteran Administration Hospital where wages are higher,[2] and the result is that Greystone is forced to employ its personnel to a large degree from those workers who are unable to find work elsewhere.

One factor, however, should be considered along with the wages, and that is maintenance. Many of the employees live on the grounds of the hospital in employee residences. The maintenance cost for these people is low. For instance for attendants the cost for room and board is only thirty dollars. Married couples living on the grounds may buy their food at the storehouse where the costs are considerably lower than on the outside. Also included in this maintenance cost are heat, light, maid service, laundry and medical and dental care. This makes the size of the pay check seem far more appealing, but unfortunately there are not sufficient facilities to house

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1. "40 Hour Planned Training Course for Attendants" p. 1. From the files at the hospital.

2. The starting wage for attendants at Lyons Veterans Administration Hospital is $2280 as compared with $1680 at Greystone.

all the employees on the grounds, and many of them must live in the surrounding communities where living costs are much higher, often prohibitively so.[1] A close look at the salaries listed below for the patient-care personnel should adequately illustrate this point.

TABLE XIII

Wage Scales at Greystone Park Hospital[2]

Title	Minimum	Maximum
Medical Director	$7500	$9000
Sr. Resident Physician	6000	7500
St. Attending Physician	6000	7500
Sr. Physician	4980	6180
Resident Physician	4500	5700
Director of Nurses	4200	5100
Supervisor of Nurses	3000	3600
Head Nurse	2640	3240
Graduate Nurse	2400	3000
Psychiatric Technician	2280	2880
Supervisor of Institutional Attendants	2400	3000
Institutional Charge Attendant	1920	2520
Institutional Attendant	1680	2280
Director of Occupational Therapy	3000	3600
Occupational Therapist	2280	2880
Occupational Therapist Aide	1920	2520
Supervisor of Recreation	2760	3360

Realizing the seriousness of this problem, the legislature passed two bills designed to improve the competitive position of state employees. One of these bills authorized a forty hour week for all employees with overtime for any extra work, and the other bill calls for salary revisions upward of two increments. Coupled with this increase of two increments, the governor has set aside $6,000 to be used to adjust sore spots in the state where salaries are badly out of line. A considerable amount of this $6,000,000 should go to the mental hospitals. Then the personnel department at Trenton

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1. See the section of this chapter on living conditions for a detailed comparison between food prices at the hospital and in the community.

2. From the files of the Personnel Dept., New Jersey State Hospital, Greystone Park.

wants to initiate a step to decrease the difference between the net salaries of the employees living on the grounds and those living in the nearby communities. Due to the present disparity between living costs for these two groups of employees, the department is going to raise the maintenance costs for those living on the grounds in an attempt to decrease this difference and to improve the relative position of those living in the communities. All of these measures will go into effect on July 1st, and it is hoped that they will result in improved personnel conditions at Greystone. With the present crisis situation, it is hoped that these measures will be sufficient to keep the present employees at the hospital and will keep them from going to the higher paying positions in industry.[1]

The feeling at the hospital differs, however, as to the effectiveness of these bills. The Director of Nurses told me that when the news was first announced to the employees many of them took back their resignation slips and there was general enthusiasm among them about the change. After the first few days, however, this enthusiasm died, and now the turnover seems to be just as high. The Director of Nurses said that now the people laugh when she mentions the increase, and that this promise is not sufficient to hold the employees at the hospital. The Personnel Assistant feels that even with this pay raise, which amounts to a 40% increase for the attendants, the rate of turnover will still be just as high as it is now. Another employee, however, felt that once the increase was in the pay checks, it would have a definitely positive effect on the turnover. Also on the positive side is the fact that during February three graduate

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1. As told to me by Raymond Male, Director of Personnel, Department of Institutions and Agencies, New Jersey.

nurses were secured due to the prospects of a forty hour week. The legislation doesnot seem to keep employees at the hospital now, - what the effect will be after July 1 remains to be seen.

PROMOTIONAL OPPORTUNITIES - On the professional level, there is very little problem in the way of promotion. Provisions have been set down by the Department of Institutions & Agencies for regular salary increases by definite increments, and there is also room for vertical advancement into administrative positions, with corresponding increases in the salary range. Thus the superintendent of the hospital is a doctor and the superintendent of nurses is a graduate nurse. On the non-professional level, there are also provisions for pay increases at regular intervals for the attendants and technicians. In addition, the attendant can advance to be a charge attendant or a psychiatric technician if he is qualified. For the psychiatric technicians, however, there is at present no provision for advancement in the form of increased pay, recognition or responsibility. This makes the technician's job somewhat of a dead-end one. A committee was set up to study just this problem consisting of Miss Laetitia Roe, Chairman, Director of Nurses, Greystone; Mr. Alvin B. Kern, Director of Nurses, Marlboro; Mr. Joseph W. Bocchetti, Personnel Director, Marlboro; Miss Eleanor Wilson, Instructor of Nurses, Trenton.

In studying this problem, the committee was concerned with the fact that some of the technicians are assuming extra responsibilities which go far beyond their original preparation and that others have the ability to continue with more advanced fields of study. It was felt that some basis should be set up for advanced training and promotion for these qualified technicians. Yet, while setting up this plan, the committee wanted to be sure that advancement did not mean taking the technicians off

the wards and away from the job for which they are trained, as is now true for nurses and doctors.[1] The plan which this committee finally suggested includes the establishment of a new position designated "Senior Psychiatric Technician" with a salary range immediately above the present range forthe psychiatric technicians.[2] Promotion to this position would be on the basis of a civil service examination and would be open to technicians with advance preparation. It was further suggested that qualified technicians would be made eligible for the advanced training leading to promotion after two years of psychiatric ward experience. The following areas were suggested in which the technicians might be trained and utilized:

1. Charge and supervisory positions.
2. Occupational therapy, as has already been discussed.
3. Physiotherapy.
4. Hydrotherapy.
5. Recreational and physical therapy.
6. Music therapy.

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1. Controversial opinions exist at present over whether or not it is good to have doctors and nurses in administrative positions. This argument has centered especially around the position of supervisor. It is the feeling of some members of the medical profession that only a doctor is capable of running a mental hospital since he is the only person who can be depended upon to keep the welfare of the patients foremost. Many of the doctors seem to feel that a nonmedical man would tend to subordinate the interests of the patients to the interests of business in running the hospital. On the other side of the fence are those who feel that the doctors, with their intensified training in medicine, are not capable administrators. It is felt by these people that the doctors should stay at the job for which they are trained, treating the patients, and that people trained in hospital administration should be given the position of supervisor.

2. $2880 to $3480.

7. Hospital housekeeping.
8. Institutions for the criminal insane.
9. Institutions for the psychiatric children.
10. Institutions for the correction of juvenile delinquency.
11. Mechanics of psychological testing.[1]

The committee hoped that this promotional plan would provide more and better service to the patient. It was also felt that such a plan would firmly establish the technician as a career person in the New Jersey hospitals by establishing the necessary room for future advancement. I have talked with several of the psychiatric technicians at Greystone, and they all felt that there was a definite need for such a plan as this which would provide promotional opportunities and advance training. So far, however, no definite action has been taken.

Not only is the basis laid for increased recognition of the psychiatric technician in New Jersey but also throughout the country and perhaps even someday all over the world. As already noted, several other states have programs similar to that in New Jersey, and many more are interested. Also the National Association For Mental Health is interested in the psychiatric technician, and during the week of May 2 to May 8, which is National Mental Health Week, the Association will present an award to the "psychiatric aide of the year". The winner of this award will receive nation-wide publicity in the press and magazines. Time magazine is planning a feature article on the winner, several television appearances have been arranged, and there will be shots in the news reels. This all points to the day when the technician will be recognized as an important member of the mental hospital staff, taking his position on the ward between the

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1. "Report of the Committee on Promotional Opportunities for the Qualified Psychiatric Technician", pp. 1 - 4.

graduate nurse and the attendant. So far, however, his role has been visionary, and only partly existent. The quote below shows vision:

> "The Psychiatric Technician does not harbor misconceptions about mental illness, understands the objectives of patient care, can effectively care for and develop activities for patients on the wards and is a trained worker assigned to an area where he is urgently neededto work with the patient who is mentally ill. In order for the patient to benefit from all phases of his care and treatment, the qualified Technician becomes associate nurse, ward manager, companion, advisor and instructor. His success depends not only on his training but also on his attitude."[1].

This is what the planners of the Psychiatric Technician Program had in mind when they originatedit, and this is what the Technicians have been trained for. Unfortunately, this is not the way they are used in the hospital. To utilize the maximum effectiveness of the technicians, the doctors and nurses must be made aware of their capabilities. So far most of the nurses and doctors have been unwilling to accept the technicians as a member of the psychiatric team who is qualified to report the condition and behavior of the patients under his care, or to assist in the treatment of the patient on the wards. The doctors and nurses have generally not taken the technician into their confidence concerning the patients in his ward nor allowed him to take over some of the simpler and more routine of their tasks. There are many tasks which he could take over which would relieve the doctors and nurses of some of the tremendous overload of routine work which is now keeping them away from their primary job, treating the patient. For fear that the technician will encroach upon the nursing field, the nurses and doctors have hamstrung him and left him an ineffective and silent member of the ward staff. The result is an obvious frustration

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1. Edward G. Hofgesang, Op. cit., p. x.

on the part of the technicians since they are unable to use the skills in which they have been trained. And so, although the technicians are doing an excellent job on the wards caring for the patients, they still represent a largely untapped source of talent.[1] I talked with several of the technicians, and they all seemed to feel that they were being held down and restricted on their ward duties. Luckily these technicians also felt that with time their duties would broaden as the nurses and doctors learned how to utilize their skill and learned that the technicians are not trying to encroach upon their jobs.

WORKING CONDITIONS - When civil service in New Jersey established such conditions as two weeks vacation with pay, sick leave and a retirement program, these were considered very progressive steps. Such things were then unheard of in industry and business, and for that reason it put the state in a competitively favorable position in the labor market. Since then, however, these provisions have become commonplace and no longer compensate for the low wages paid in the institutions of the state. Greystone provides a two weeks vacation with pay for its employees, fifteen days sick leave with pay which is cumulative year to year if not used, a state retirement plan, regular salary raises of one increment for each year of tenure, and job security. Except for the last item, all of these factors are common in industry, and thus security is the only factor which helps to balance the great difference in wages between industry and Greystone. Further disadvantages besides the low wage scale are the limited opportunity for additional in-service training, the isolated location of the hospital, the length of the working week and the necessity for night and holiday shifts.

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1. Paul Harris III, Coordinator of Psychiatric Aide Programs, National Association of Mental Health. Telephone conversation, April 5, 1951.

The conditions on the wards are also discouraging for the ward personnel. The shortage of personnel alone means that each ward employee is forced to take on more responsibility than one person is capable of doing. This leads in many cases to feelings of inadequacy. Then the shortage of equipment and supplies often leads to a feeling of resignation among the employees. On the wards where there are often shortages of clothes and bedding which result in some patients going around naked and in spoiled beds remaining unchanged, there is a tendency to develop a feeling of depression. Some of the attendants decide that when there is not anything to work with, they will not do anything at all. The result is a general apathy which is harmful to the morale of both the patient and the employee.

These working conditions are important to the employee, and they should not be underemphasized in any evaluation of the employment problems at the hospital. In a study which was recently made with respect to job satisfaction among attendants, good working conditions were rated third only behind job security and good wages.[1]

LIVING CONDITIONS - Closely related with working conditions, are living conditions. This factor mainly concerns only the employees who live on the grounds. Unfortunately the housing facilities are not adequate to house all the employees, and only 50% of the employees are able to live on the grounds. Houses are provided for the higher brass of the hospital varying in size as you move down the ladder. This includes the superintendent, the business manager and many of the resident doctors. These houses are comfortable and adequate, and the maintenance charge ranges from only $54 to $91 a month. As is the case for all the employees living on the grounds, this maintenance charge includes laundry, heat, light, medical treatment

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1. Sidney Selzer, "Studying Job Satisfaction Among Hospital Attendants", Public Personnel Review, January, 1950, pp. 26-28 as quoted in The Council of State Governments, op. cit., pp. 156-158.

and maid service; and for those living in the dorms it also includes meals. Married couples can buy their food at the hospital thereby making a considerable saving over outside food prices as shown in the table.

TABLE XIV

Comparative Food Prices

Item	Greystone Price	A & P Price
Eggs per dozen	$.44	$.67
Milk	.14	.24
Coffee per pound	.68	.79
Canned lima beans	.20	.26
Canned peas	.12	.20
Tuna fish, 7 oz.	.25	.39
Canned pears	.34	.43
Pork chops per pound	.68	.75
Bacon per pound	.33	.84
Roast beef per pound	.52-.65	.99-1.11

Additional facilities exist for married employees in sections of the ward buildings and in some converted army barracks. The quarters are generally cramped but adequate. These people are also able to buy their food at hospital storehouse and the maintenance charge is $28 a month. For single people there are several dormitory buildings for both male and female employees, and there are some rooms in the ward buildings. These quarters are also generally cramped and plain; however, the facilities are adequate. Here the maintenance charge is $30 for a single room per month and $28 for a double one. All the housing is cleaned and the beds made every day except Sunday by patients as part of the occupational therapy program of the hospital. Those employees who live in the dorms eat in either the Nurses Dining room or the employees' cafeteria. The Nurses Dining room is for the nurses, doctors and the heads of the different departments. The great majority of the employees eat in the employees'cafeteria. In both places the food is very good and is served in sufficient quantities. The main advantage of

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1. See the copy of a week's menu at the back of this chapter.

the Nurses Dining room is that the food is served by waitresses, the tables are set in individual alcoves, the food is fixed a little better than in the cafeteria, and there are seconds.

In the way of recreation for the employees, considerable improvement has been made in the last few years. During the winter there is a bowling league in which there are eight teams. During the summer months the sports activity includes a softball league, and the golf course and tennis courts are also available for use. Throughout the year movies are shown one night a week and occasional employee-sponsored dances are held. A store called the "New Unit" also exists on the grounds where the employees may order sandwiches and beverages. One further important factor with respect to recreation is the existence at the hospital of a large number of young, single males and females. A considerable amount of dating is done between employees, and by the student nurses who take their training at the hospital. Dates are usually taken to one of the many dives which are in the area or to one of the movies in Morristown, which can be easily reached by bus or car. There are also several bars in the vicinity of the hospital which a considerable number of the male employees frequent regularly. Unfortunately, Newark and New York City are not readily within reach for the employees, so that the greater amusement facilities of a large city are not easily available.

TABLE XV

Psychiatric Technician Course
Curriculum [1]

Topic	Hours
Orientation	14
Body Structure and Functions	40
Nursing Techniques (Elementary)	75
Principlesof Psychology	10
Principles of Sociology	10
Nutrition in Health and Disease	14
Introduction of Medical Nursing	18
Introduction to Surgical Nursing	18
Psychiatry	26
Psychiatric Nursing Techniques	15
Hydrotherapy	4
Occupational Therapy	10
Recreational Therapy	10
Group Therapy	2
Conference - pre-parole and diagnostic	20
	300

1. "Psychiatric Technician Course, Greystone Mental Hospital", p. 2. From the files at the hospital.

TABLE XVI

40 Hour Planned Training Course for Attendants - Content[1].

Content	Time Allotment
Orientation	2
Personal Hygiene	1
Hospital Housekeeping	2
Temperature, Pulse andRespiration	1
Baths	2
Admission of Patient	5
Soap Suds Enema	1
Restraints	3
Mortuary Care	1
Suicidal Precautions	3
First Aid	4
Sedative Pack	4
Nutrition	3
Medications	2
Isolation Technic	2
Simple Fire Prevention and Control	1
Final Examination	1
	40 hrs.

1. "40 Hour Planned Training Course for Attendants", pp. 2 - 4. From the files at the hospital.

TABLE XVII

MENU for Staff and Employees From Mar. 3rd, 1951 to Mar. 9th, 1951.[1]

BREAKFAST	DINNER	SUPPER
Saturday Mar. 3rd. Grapefruit cup Oatmeal and milk or cold cereal Scrambled eggs Toast Jam Coffee Milk	Clam chowder Fried fresh fish & sauce or Pot roast & gravy Buttered beets Mashed potatoes Waldorf salad Jelly Pickles Cinnamon buns Ice cream & sauce Coffee-tea-milk	Fruit juice pea soup-croutons breaded veal chops sauer kraut roast potatoes Waldorf salad Jelly Mustard Cocoanut cornstarch Coffee-tea-milk
Sunday Mar. 4th Stewed prunes w/lemon & cinnamon Farina or cold cereal Boiled eggs Coffee cake Coffee Milk Jam	Fruit cup Julienne Soup Roast Veal & Dressing w/gravy Candied sweet potatoes Pickles Lettuce-Russian Dressing Peanut Butter- Fresh spinach Chocolate ice cream-fudge sauce Tea-Coffee-Milk	Bean chowder Creamed ham on toast Home fried potatoes & onions Fresh string beans Celery & carrot sticks Jelly Pickles Baked Apples Tea Cocoa
Monday Mar. 5th Canned apricots Maltex or cold cereal Bacon and egg Toast Jam Milk Coffee	Vegetable barley soup Breaded pork chops Mashed potato-stewed tomatoes Lettuce and dressing Pickles Hard rolls Canned cherries Doughnuts Coffee - tea - milk	Strained soup Hamburger steak French fried potatoes Creamed onions Mixed green salad Pickles Peanut Butter Cream tapioca Coffee tea milk

1. From the files ofLouis W. Klein, Supervising Steward, Department of Institutions and Agencies, State of New Jersey.

Tuesday Mar. 6th	Split pea soup	Grape juice
	Baked ham	Onion and potato soup
Canned Plums	Parsley potato-boiled	Baked pork & beans
Wheatena or cold cereal	cabbage	Corn fritters
Sausage Wheat cakes	Waldorf salad	Pickles Jelly
Jam Syrup	Catsup Pickles	
Coffee Milk	Peanut butter	
	Lemon filled layer	
	cake	
	Tea Coffee Milk	
Wednesday Mar. 7th	Bean Chowder	Tomato juice
	Pot roast or Herring	Vegetable soup
Canned Peaches	Mashed potatoes-carrots	Spanish omelet Pickles
Whole wheat or cold cereal	& peas	Baked Macaroni & cheese
Boiled eggs	Chef's salad	Peanut butter Ground
Toast Jam	Tea Biscuits	sour-sweet cabbage
Coffee Milk	Pickles Jelly	Jam
	Ice Cream-Tutti Frutti	Raspberry Jello-Lemon sauce
	sauce	Tea Coffee Milk
	Tea Coffee Milk	
Thursday Mar. 8th	Chicken Celery soup	Strained soup
	Chicken Fricassee	Meat pie
Stewed prunes w/lemon &	Mashed potatoes-canned	Buttered beets
Cinnamon	string beans	Macaroni salad Pickles Jelly
Oatmeal or cold cereal	Lettuce-Russian dressing	Baked rice pudding
French toast or dry toast	Pickles Peanut butter	Tea Coffee Milk
Fried potatoes & onions	Celery	
Jam	Pumpkin Pie	
Coffee Milk	Tea Coffee Milk	
Friday Mar. 9th	Clam Chowder	Bean Chowder
	Fresh fish broiled or	Tuna fish salad
Orange Cup	pot roast of beef	French fried potatoes
Oatmeal or cold cereal	Roast Potatoes	Creamed corn
Scrambled eggs	Cinnamon buns	Raw vegetable salad
Whole wheat muffins Jam	Sliced cheese	Peanut butter Pickles
Coffee Milk	Celery Jelly Pickles	Tea Coffee Milk
	Baked Apple	
	Tea Coffee Milk	

The following are excerpts from the last annual report and the monthly reports from July, 1950, through February, 1951, of the Personnel Department at Greystone.[1] They give an indication of the trend in employment at the hospital, starting in good times and carrying through into the crisis situation with Korea. Unfortunately, it is necessary to read between the lines to some extent to see the seriousness of the situation which is expressed by the figure of over 200 vacancies.

"ANNUAL REPORT OF THE PERSONNEL DEPARTMENT FOR THE YEAR 1949-1950

"From a recruitment standpoint the emphasis on the hiring of new employees during the year 1949-50 was placed on selectivity rather than on volume as was necessary in previous years. The number of persons hired in the year just ended, June 30, Totalled 854 against 1396 for the previous year. However, a greater amount of time and effort was used the last year in the interviewing of applicants. This was amply justified by the fact that only 879 employees were terminated during the year ending in June, 1950 in comparison with 1166 for the year before so that no appreciable decrease in enrollment occurred during the following year. The total enrollments as of the last day of the month are herewith supplied to illustrate the relative stability in employment which was attained: ....
The enrollment decrease for September 30 was occasioned by the severe loss of personnel due to the return to school during this month of approximately one hundred twenty-five summer workers. Also, recruitment was greatly restricted during the months of March, April and May because of the financial inability to use freely all of the budgeted positions so that about one hundred jobs had to be kept vacant due to ceilings which were established over the payroll accounts.

"To indicate to a certain extent the effort made toward selective placement by the Personnel Department, mention should be made of 896 rejected applications for employment for the period January 1 through June 30, 1950. During this time a great many more persons seeking employment were turned away without time being taken to make out an application blank when brief preliminary discussions with them by the personnel interviewer indicated beyond a doubt the applicants unfitness for any available work at this hospital. In addition to this, increased care was taken in the investigation of references and the checking of fingerprints so that new employees were hired with the knowledge that a reasonable amount of information would be obtained concerning their past. This fact deterred many persons from-

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1. From the files of the Personnel Department at the New Jersey State Hospital, Greystone Park.

"continuing further the personnel interview which contributed greatly to the decrease in employee turnover.

"A further important effort toward maintaining a stable working force is the employee recreational program that the Personnel Department fostered during the past year. To example a bowling league...., a softball league..., and two very successful dances. Plans are under way to enlarge the scope of the program by including activities which we were unable to organize this year. In this connection, it is hoped that greater recreational facilities may become available for employees' use in the future.

"During the year, 81 official reprimands and 20 suspensions without pay were given employees as the result of various infractions of the institution's rules, such as misconduct or neglect of duty. In all cases, disciplinary action was usedas an aid to promote greater conscientiousness by employees in the performance of their work. At the same time, great care was exercised to avoid impairing personnel relations between employee and supervisor. Intensive effort was made to educate employees whose service was unsatisfactory, but who showed promise of becoming satisfactory workers, so that wasteful turnover would be reduced as much as possible."

"PERSONNEL ACTIVITY REPORT FOR THE MONTH OF JULY, 1950.

"During the month of July, 1950, recruitment of personnel for the various departments of the hospital became very difficult due to the onset of the Korean War. The sudden activity by industrial plants in the early part of the month reduced the number of applicants for work materially. A number of employees who had been at the hospital for some time, left to take war jobs at much higher pay at Picatinny Arsenal in Dover and other war plants.

"The working force at the hospital was maintained through more extensive recruitment from employment agencies in Newark, New York and elsewhere. As a result, the final figures as of the last day of July, in comparison to those of the last day of June, will show only a very slight decrease in the total enrollment. It might be noted that when recruitment becomes difficult at times like this, it is necessary to become less selective although a wholesome standard will be maintained in any event."

"PERSONNEL ACTIVITY REPORT FOR THE MONTH OF AUGUST, 1950.

"During the month of August, the hospital experienced a further decrease in the number of employees enrolled. Coupled with this decrease, we have encountered extreme difficulty in recruiting a good quality of applicant. This is due to the tight labor market which is attributed to the expending war effort. Many of our employees have left for higher paying positions in nearby war industries and about this time most of the summer students are returning to college. It is unfortunate that both coincide

"because the result will be a temporary acute shortage of ward personnel.

"Anticipating this situation, the Personnel Department, during the early part of August, started a recruitment drive but this has not met with as much success as we expected. We have contacted the various employment agencies in and around New York City, and during the month made a few visits to local employment agencies explaining to them our present needs and future prospects.

"Of note during the monthw as the addition to the Nursing Staffof six graduate nurses and to the Medical Staff of one Resident Physician, Dr. Elizabeth Eken."

"PERSONNEL ACTIVITY REPORT FOR THE MONTH OF SEPTEMBER, 1950

"The month of September, 1950, may be characterized as a period of tremendous personnel turnover. Preliminary figures for the month indicate that 151 employees left the service of the hospital, while 80 persons were hired. This resulted in a turnover of 231 persons. Of these terminating, 80 were Institutional Attendants. About two-thirds of the loss in enrollment was of men.

"This unusually large labor turnover was occasioned by two principal causes. The first was a seasonal change-over which occurs at the end of each summer when many people hired during June and July leave either to return to school or because of increased industrial activity. The seasonal results from the war effort which reached new heights during September when many employees were hired by Picatinny Arsennal and other war industries close by. Another contributing factor is the increased recruitment by the Veterans Hospital at Lyons, which is paying $2200 per year for a forty hour week to Institutional Attendants and other basic hospital titles."

"PERSONNEL ACTIVITY REPORT FOR THE MONTH OF OCTOBER, 1950

"During the month of October, 1950, the loss of personnel continued, but because of extensive recruitment efforts, a gain in total enrollment was made so that as of October 31, fourteen more employees were on the payroll than at the same time the month previous. Classifiedads were run in the Newark Evening News; a display ad was purchased in the Morristown Daily Record; and various employment agencies were contacted including the New Jersey Employment Service. Some applicants were received through publicity in the Newark Evening News and the Morristown Daily Record. Recruitment assistance was also received from the Division of Personnel in Trenton. Because of the critical labor shortage, the standards have been slightly lower."

"PERSONNEL ACTIVITY REPORT FOR THE MONTH OF NOVEMBER 1950

"The month of November might be characterized as a continuation of the heavy turnover of personnel due to the War. The Personnel Department continues its extensive recruitment efforts which resulted in a greater number of employees being hired than were terminated. Thus, the final figures will show a slight increase in total enrollment which is reflected by approximately ten additional Institutional Attendants. The shortage of personnel at the hospital is primarily due to the lack of men. The number of employees leaving the hospital for military service was negligible during the month in sharp contrast to September and October.

"Preliminary figures on personnel turnover indicated that there were 92 accessions and 82 terminations. Considerable number of employees were promoted during November as follows: 22 promotions."

"PERSONNEL ACTIVITY REPORT FOR THE MONTH OF DECEMBER, 1950

"Personnel activity during the month included the accession of sixty-six new employees while ninety-eight terminations were processed, resulting in an over-all loss of thirty-two persons. This resulted in a decrease in the total enrollment from twelve hundred seven at the end of November to eleven hundred seventy-five as of December 31. Not indicated in the total enrollment, however, is the overtime work on the wards of approximately ninety persons which consists of one, two or three four hourly work units per week in addition to their regular weekly tour of duty. Such overtime work has been of tremendous help to the Nursing Department."

"PERSONNEL ACTIVITY REPORT FOR THE MONTH OF JANUARY, 1951

"Total enrollment at the end of January had increased by twenty persons due to one hundred and ten accessions against ninety terminations during the month. The increase was reflected largely in the recruitment of food service workers. The Food Service Department at the end of December had such a serious lack of workers that the operation of the department was being impaired. As a consequence, food jobs were filled with less than usual regard for the character and work background of applicants. This might be explained by the fact that the selectivity ratio of persons interviewed for jobs in the Food Service Department was about two hired out of three interviewed.

"Recruitment activity may be broken down as follows: One hundred and ninety-six inquiries regarding jobs were received by telephone and forty-five letters of job applications were received during January. During this period, three hundred and fifty-nine persons were given job interviews of which one hundred and fifty-one were sent to the employees' doctor for physical examination, and ofthese, twenty-four were rejected. It might be noted that almost all persons interviewed for jobs were obtained by means of direct referral from private employment agencies or newspaper advertisements rather than being referred by presently employed workers at the hospital or coming in of their accord.

"PERSONNEL ACTIVITY REPORT FOR THE MONTH OF FEBRUARY, 1951

"During the month of February, 1951, the total enrollment of personnel at this hospital decreased from 1194 as of January 31 to 1177 on February 28. During the latter month there were 53 persons hired while 70 terminated, which resulted in a decrease of 17 employees. In comparing balances at the end of January as against the same time in February the number of graduate nurses, including higher nursing titles, increased from 65 to 67; the amount of other nursing personnel such as Psychiatric Technicians, Institutional Charge Attendants and Institutional Attendants from 445 to 420. It is interesting to note that 3 new graduate nurses were secured upon report of the possibility of a forty hour week which was recommended in Governor Driscoll's budget message.

"Even though this phase of work is most discouraging, the Personnel Department is continuing to make every effort to keep employee enrollment at the Institution at a high level, but there continues to be over two hundred jobs vacant. Although funds for advertising are limited, recruitment advertisements were placed in the Newark Evening News and the American Journal of Nursing. Also various private and public employment agencies both in New Jersey and New York City were frequently contacted and applications were obtained from these sources. Referrals have also been received from the Division of Personnel of the Department of Institutions and Agencies. However, salaries of $120, $130 and $140 per month less maintenance still constitute the pay for a large part of the available positions at the hospital. Regardless of the fact that we look for a minimum of intelligence and practically no skill, it is difficult to obtain even normal stable personalities at present salary levels especially when a forty-eight hour week is involved.

"A total of 323 persons were interviewed relative to employment of which 65 were sent for physical examinations. Five applications were rejected and seven people were not hired after passing the physical which resulted in the fifty-three hirings during the month."

CHAPTER V - A COST ANALYSIS

So far we have seen that two basic problems at Greystone are overcrowding and the shortage of qualifiedpersonnel. There is another problem, however, which may be considered more basic than these two, the problem of money. To a large extent it can be said that due to insufficient funds it is impossible to build the needed facilities to relieve the overcrowding and to raise the wages and working conditions sufficiently to hire and keep qualified personnel. I say to a large extent because money is not the whole answer to the problem. Other factors such as management, community education and similar less tangible items must be considered in improving the conditions of the hospital. It is also important to consider how the money is spent and the follow-up to any such expenditures. In this chapter I will deal only with the problem of money, and in the next chapter, I will take up the problem of community education and action.

Table XVIII gives a very complete analysis of the cost situation at the hospital, not only showing the total figures, but also breaking them down into per capita figures. These columns on per capita costs are the most important ones, since they graphically show in terms easily understandable the great deficiency of adequate funds which the hospital must work with.

If we now go down the line and look at each one of the items it may make the table more understandable and significant. In the figure which has been requested by the hospital for the 1952 fiscal year, it should be noticed that this request is considerably higher than the previous appropriation. This request figure represents the minimum at which the hospital believes it should operate if it is to give good care and treatment to its

TABLE XVIII

A Comparison of Costs for New Jersey State Hospital at Greystone Park of Selected Items Affecting Patient Care[1].

Item			Comparative Statement of Total Costs	Comparative Statement of Yearly Per Capita Costs	Comparative Statement of Daily Per Capita Costs
Total Appropriation					
	Consumed	1950	$4,592,514		
	Appropriation	1951	4,821,044	--	--
	Requested	1952	11,988,319		
	Budget	1952	5,159,756		
Salaries & Wages	Consumed	1950	2,806,208	$476.44	$1.30
	Appropriation	1951	3,170,024	532.78	1.45
	Requested	1952	6,671,612	1,042.44	2.85
	Budget	1952	3,303,903	524.43	1.43
Food	Consumed	1950	924,174	156.91	0.43
	Appropriation	1951	865,540	145.47	0.40
	Requested	1952	1,171,200	183.00	0.50
	Budget	1952	1,052,939	167.13	0.46
Clothing	Consumed	1950	141,011	23.94	0.066
	Appropriation	1951	125,000	21.01	0.058
	Requested	1952	145,000	22.66	0.062
	Budget	1952	135,000	21.43	0.059
Drugs & Medical & Surgical Supplies	Consumed	1950	66,000	11.21	0.031
	Appropriation	1951	50,000	8.40	0.023
	Requested	1952	115,000	17.97	0.049
	Budget	1952	75,000	11.91	0.033
Fuel, Light & Power	Consumed	1950	328,539	55.78	0.153
	Appropriation	1951	250,000	42.02	0.115
	Requested	1952	330,000	51.56	0.141
	Budget	1952	297,000	47.14	0.129
Total Current Maintenance	Consumed	1950	4,554,660	773.29	2.12
	Appropriation	1951	4,768,172	801.39	2.20
	Requested	1952	8,922,575	1,394.15	3.81
	Budgeted	1952	5,107,469	810.71	2.22
			Inmates	Employees	
Population	Consumed	1950	5,890	1,359	
	Appropriation	1951	5,950	1,356	
	Requested	1952	6,400	2,776	
	Budgeted	1952	6,300	1,405	

1. Figures are from the files of the Division of Administration, Department of Institutions and Agencies, State of New Jersey.

patients. The great discrepancy between the requested and budgeted figures for 1952 points immediately to a very strong reason why many of the poor conditions at the hospital exist. As long as the budget of New Jersey does not allow the appropriation for Greystone to increase, the conditions at the hospital can be expected to remain below standard.

In looking at some of the items which make up this total appropriation, it is significant to see that salaries and wages for each year represent over one-half of the total. This is even true of the appropriation which was requested for 1952, and it illustrates the very great importance of personnel in the care and treatment of the patient. Despite the very great importance of this item, the budget for 1952 calls for less than half the figure requested by the hospital for that year.

Salaries and wages are not the only important item. In the case of food, the hospital must try to feed the patients at a cost of only $0.40 a day. A vivid, though perhaps unfair, comparison is the cost of $1.93 per student per day to eat in Commons at the University. Mentally ill patients should receive good food - this is of great importance. At $1.93 a day the students complain bitterly about their food, at $0.40 a day it is impossible to serve the decent quality of food to the patients which they need.

The results of the low figure of $21 a year per person for clothing can be seen on the wards in the apparel which many of the patients wear. Good-looking and neat clothes are just as important to the sense of dignity and well-being of a mentally ill patient as they are to any other person, and yet many of the patients are supplied only with rough, drab and ill-fitting garments. At the amount appropriated, it is impossible to do better.

An area much moreimportant to the welfare of the patients is that of drugs and medical and surgical supplies. Many of the patients at Greystone are both physically and mentally ill, and mentally ill people are more

susceptible to these physical ailments than might otherwise be true. $0.03 a day is hardly adequate to supply a patient with all the drugs and medical and surgical supplies he needs. This is especially true when it is considered that this category also includes such items as tooth paste, tooth brushes, bed pans, rubber sheets and similar items which are not directly curative in nature. Due to the inadequacy of the appropriation here, many of the patients never get a chance to brush their teeth, others are without bed pans when they need them, and many of the physically ill are denied proper drugs and medications.

The figure for fuel, light and power is only of interest to show the relative importance of this item in the budget. There is little demand for an increase in this part of the appropriation. The figure of $2.22 per day for total current maintenance is also self-explanatory although very low. It would be impossible to stay at the cheapest hotel for this figure, and yet Greystone is supposed to be providing not only room and board but also active medical treatment. It is easy to see why the hospital with these budget limitations is unable to render the kind of service to the community which is needed. Money then seems to be a basic cause for many of the problems and obstacles already pointed out which are handicapping the hospital; a basic cause for the poor personnel situation and the serious overcrowding, for the poor food and clothes which the hospital supplies, and many of the other obstacles which exist.

CHAPTER VI - A SOLUTION TO THE PROBLEMS

Now that we have looked at many of the aspects of the hospital and have seen some of the problems and obstacles which it is faced with, the questions should be asked: why do these conditions exist, and what can be done to alleviate them. I have tried to show already that the hospital is not responsible for the basic problems but that the cause is primarily a shortage of funds. The hospital can do little to relieve the overcrowding which now exists, and in so far as the low wages are a cause of the personnel problems, it can also do little to remedy the employment situation. Within limits, however, there are certain progressive measures which the hospital can initiate to improve the situation. The Psychiatric Technician Program and the new musical therapy program are illustrations. If the basic problem, however, is money, perhaps the responsibility should be placed on those who control the purse strings, the state legislators. Here again, however, the blame seems to be misplaced. As the elected representatives of the people of the state, the legislators vote as their constituents lead them - the legislators - to believe they are supposed to vote. The blame then must be placed with the people. Citizen interest is the heart of any state program such as this, and until this interest exists, the legislators can not be expected to appropriate the money which is needed by the hospitals to correct many of the problems which are now handicapping their service.

A prerequisite to such interest, however, is an understanding of the work the hospital is trying to accomplish and the problems it is facing. This is a task of community education. Many of the attitudes which people now have must be replaced by a more realistic and constructive picture of

mental illness and mental hospitals. The following quote shows some of the preconceptions which many people wrongly have:

> "To the average citizen, the mental institution, with its isolated surroundings and jail-like appearance, is wrapped in mystery. He hears weird stories of harsh treatment and of sane people unlawfully held. He believes that most of the inmates are 'wild maniacs', and he would be afraid to walk through the grounds alone. The patients whom he sees strolling about seem as different from him as people from Mars. He does not see them as sick people who may recover and return to the community." [1].

In place of these misconceptions the people must consider mental institutions as hospitals and health centers where people can get skilled treatment with recovery as the goal. It should be emphasized that over 50% of all mental patients leave the mental hospitals as either recovered or improved, and most of these within 18 months.[2] The ideas and conceptions which are a carry-over from the days when insane people were put in jail, chained to the wall and made a public spectacle must be eliminated if the state is to be expected to carry out the progressive and dynamic type of program which modern science and medicine have made possible.

The means of achieving this educational goal are many and diversified. One form of education which has been before the public eye quite a lot lately is the expose', the sensational type of story such as seen in Albert Maisel's article "Bedlam", in the May 6, 1946 issue of Life. The following quite shows one point of view:

> "But I differ with the expose' methods now in vogue, because I cannot see that a shock and a shiver add up to education. The morbid devouring of gruesome details of abuses does but

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1. Henrietta B. DeWitt, "Hospitalization and the Mental Patient", Mental Hygiene, XXXI (April, 1947), 266-278.

2. Edith M. Stern, Mental Illness: A Guide for the Family, p. 16.

> little, I feel, to alter the average person's basic revulsion against the mentally ill, and hence his indifference to their plight. ...Not until the taxpayers feel in their minds and in their hearts and in their bones that the mentally ill are simply sick people, who have as good a chance of being cured as most other sick people, will we get sufficient appropriations to give them the kind of care and treatment they need."[1].

Albert Deutsch on the other hand, who has written several exposés on mental hospitals himself, disagrees somewhat with this viewpoint. Mr. Deutsch realizes that the exposé is capable of many destructive results; however, he believes that if utilized correctly, it can be of great value. To be effective, Mr. Deutsch believes that the exposé must be made only a part of a general campaign of which the exposé is the first stage, the "agitational phase". This should be followed by an "organizational phase" to mobilize public interest toward certain worthwhile goals. Without this organizational follow-through, Mr. Deutsch believes that an exposé must fail in its primary and ultimate purpose of constructive action. The "organizational phase" should be furthered by a "consolidation phase" to cement the gains already achieved and finally by a regrouping and advance to higher goals. Conceived in this context, Mr. Deutsch believes that there is considerable positive value to be derived from the use of the exposé. If ill-timed, he agrees that it can be harmful.[2]. Wishing this paper to have more than just agitational value, I have tried to steer clear of this approach to the problems at Greystone.

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1. Edith M. Stern, "Mental Hospitals, 1946", Mental Hygiene, XXXI, (April, 1947), 191-192.

2. Albert Deutsch, "The Press Expose: A Spur to Public Interest in Mental Health", reprinted from Mental Hygiene, XXXIV, (January, 1950), 80-89.

Other means do exist, however, of disseminating information to the public which do not rely on this sensational approach. There are many forces at work educating the public about the hospital and mental health in general. Starting at the hospital level, there is contact with everyone who comes to the hospital to visit. Such contact can be especially instructive since Greystone follows an open-door policy and does not try to conceal any part of the hospital from the public. Further contact between the hospital and the public is made by the employees who live in the surrounding communities and the patients who return to live at home. The hospital also sends speakers to any group in the community which desires to hear about the hospital. And perhaps the most important contact is established by those key members of the communities who are included on the Board of Managers of the hospital. Aside from overseeing the policies of the hospital, these people are very useful in interpreting the hospital policies and problems to the public.

If we now move up to the community level, the organization which is most active is the Greystone Park Association. As already mentioned, this is a volunteer organization of interested citizens and groups in the five counties which Greystone Hospital serves. Its main purpose is to act as a public relations group, "'to assist Greystone Park State Hospital in keeping other organizations and the general public informed of the excellent therapeutic work being done at the hospital and by telling them of the specific needs of the Hospital and its patients"'.[1] In addition the Association tries to utilize the interest which it is

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1. By-Laws of the Greystone Park Association, as quoted in a mimeographed new sheet sent out by the Association, February, 1951, p. 1.

able to arouse to assist the hospital and staff in all ways possible, "'such as providing entertainment, decoration, sewing assistance and any other assistance that the hospital may wish the Association to give.'"[1] The Association feels that the best way to promote interest in the hospital is to get the people active in some project. An illustration is the 18,331 volunteer women who worked a total of 1,618 hours wrapping and sewing identification tapes on the 5,814 Christmas gifts, one for every patient, which were distributed on Christmas day.[2] Other projects through which the Association has been able to increase public interest in the hospital include a committee which is making gay chintz and fabric curtains to brighten up the hospital rooms, a television fund which is trying to supply many of the wards with sets, and other groups and organizations which bring some gaiety and relief to the patients by giving parties and supplying refreshments.[3] By working with the newspapers and radio stations, the Association also tries to reach much of the general public which has not taken a direct interest in the activities of the Association.[4]

Another important force in educating the public is the state and local mental hygiene organizations. These organizations depend entirely

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1. Ibid.
2. Ibid.
3. Ibid, p. 2.
4. See the copy of a radio script at the end of this chapter.

upon interested citizens in the communities for their operation and support. Their major functions include:

"1. Educating the public to a broader understanding of the true nature and extent of mental illness.

"2. securing and disseminating accurate information on mental health and mental illness, and on the mental and emotional factors involved in related problems.

"3. awakening the public to the fact that positive measures must be taken to foster good mental health.

"4. insuring that the best available scientific knowledge and methods are applied to the care and treatment of sufferers and potential sufferers from mental disorders.

"5. organizing citizens for active support of necessary governmental appropriations and legislation in the interest of mental health.

"6. encouraging the training of qualified personnel for the mental health field."[1]

Working in close harmony with these state and local associations is the National Association for Mental Health in New York City. At present the number one goal of this association is to create a functioning net-work between themselves and the state and local organisations.[2] The Association has been very active in helping many of the state and local organizations get started, and it also gives information and advisory assistance to established associations. In this connection, the Association prints up a large number of educational leaflets and pamphlets which can be used for distribution to the public during any educational program by a state or local association.

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1. Annual Report of the National Mental Health Foundation, 1949, pp. 16-17.

2. Mr. Paul Harris III, National Association for Mental Health, interview March 6, 1951.

This organization would like to eventually see a coordination of all the different organizations involved in the mental health field, so that they might be able to better work toward the common goal of better mental health. This means not only integration between local, state, national and international associations, but also coordination between citizen, professional, and bureaucratic groups.[1]

Moving into the governmental sphere, the Department of Institutions and Agencies also contributes to the efforts to educate the public about mental health and mental illness. A Public Relations section exists in the department which is kept busy distributing news releases to the papers and publishing the monthly magazine of the department called The Welfare Reporter. This section is able to get some coverage over local radio stations and make up some printed matter for general distribution. The department also maintains a speaker's bureau consisting of many of the heads of divisions who talk to organizations and citizen groups upon request. The Greystone Park Association and the state and local mental hygiene associations also provide speakers for such groups, and it is felt that this is a very effective means of disseminating information since the initial interest is already present as indicated by the request for a speaker. It is felt that by contacting these groups such as the P.T.A., scouts, Kiwanis Clubs, Rotary Clubs, Women's Clubs and other similarly active community groups, the most effective rapport with the community is made, and it is hoped that the knowledge may filter down from these groups and become common knowledge.

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1. Dr. George S. Stevenson, Medical Director of the National Association for Mental Health, interview March 21, 1951.

On the federal level, the Federal Security Agency is active in community education. Although this organization does work on the state and local levels, it does so only with the voluntary consent and request of the state or local organization involved. Educative projects which the mental health division undertakes include supplying exhibits at fairs and conventions, giving speeches and lectures when requested, and organizing and running workshops and institutes. Workshops and institutes are group education projects which last for several days. The participants are generally from interested groups such as the health, welfare or teaching professions.[1]

These are the main channels which are available for educating the public in the principles of mental health and mental illness. Such knowledge by itself, however, is largely ineffective, and only leaves the problems unsolved. The typical response from people who have been informed of the facts of mental illness is a desire to know just what they can do to help the situation. Organization is needed then to turn this desire into concrete action. Not only can the citizens be helpful by contributing their services to projects in the communities and at the state hospitals, but their interest can be channeled to effectively influence the legislators to ensure the passage of legislation favorable to the mental health program of the state. The best means of directing and organizing this action is through the state and local mental hygiene associations with the cooperation of the Department of Institutions and

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1. Dr. Robert Dysinger, M.D. and Dr. Harry V. McNeill, Phd., Federal Security Agency, interview March 6, 1951.

Agencies andthe National Association for Mental Health. I have already indicated that this should be one of the major functions of such a local association.

During the beginning of this year, 1951, there has been a very graphic example of the effectiveness of such community action on the legislators of the state. The bills allowing for a forty-hour week with payment for overtime and for general revisions of all salaries have already been mentioned. The successful passage of these bills can largely be attributed to the interest and support which the citizens gave them. An illustration of the way this support was initiated is both heartening andinteresting. I was lucky enough to sit in on a meeting of the executive committee of the Monmouth County Mental Health Association at Marlboro State Mental Hospital, from which some of this support originated. The meeting was called at the hospital so that the Association might be informed of some of the facts of the hospital employment. It was shown that the personnel situation at the hospital has been getting progressively worse since the beginning of the Korean War due to the competition from industry and other businesses in the area. After pointing out that if this trend of qualified personnel away from the hospital is not halted, the hospital may be forced to close down, the bills which were then up before the Appropriations Committee were explained to the group. Once presented with these facts, the reaction was a desire and willingness to help. Before the evening was over, a plan of action had been formulated. A resolution was drawn up to be sent to the Chairman of the Appropriations Committee of the Legislature and to each of the representatives from Monmouth County.[1]

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1. See the copy of this resolution on the next page.

"RESOLUTION OF THE MONMOUTH COUNTY MENTAL HYGIENE SOCIETY:[1]

WHEREAS the high rate of turnover of personnel at Marlboro State Hospital is dangerous and is becoming desperate; and

WHEREAS this situation is caused by the extraordinarily low entrance (starting) wages; and

WHEREAS it has been reported in the press that the Legislative Appropriations Committee has acted favorably upon proposals looking toward the establishment of a uniform forty-hour work-week throughout the State service in New Jersey; to provide for overtime compensation for institutional and other employees who may be called upon to work in excess of forty hours; and to provide for certain increases in salaries and wages of State employees in the face of higher living costs; and

WHEREAS it has not been reported that similar action was recommended to affect starting employees, which means that many present employees of Marlboro State Hospital would not qualify, and it would adversely affect the possibility of obtaining vital replacements, and

WHEREAS unless this measure be adopted, it will become impossible to retain the already insufficient number of personnel at the State Hospital at Marlboro, or to replace those who leave; and

WHEREAS, the Mental Hygiene Society of Monmouth County, with an active membership of over 600 Monmouth County residents, is interested in the public welfare;

NOW THEREFORE BE IT RESOLVED THAT the Mental Hygiene Society of Monmouth County place itself on record as being strongly in favor of the report of the Legislative Appropriations Committee as reported in the press relative to employees of mental hospitals, and to request the Legislature to act further in regard to the situation regarding the replacements as above mentioned, and that this Legislature be urged to extend its interest in accordance with these suggestions and to guide its recommendations into law in this legislative session.

BE IT FURTHER RESOLVED that a copy of this resolution be forwarded to the Chairman of the Appropriations Committee of the Legislature and to each representative in the Legislature from Monmouth County."

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1. From the files of the New Jersey State Hospital at Marlboro.

All the people decided to write to their Senator and Assemblymen, emphasizing the importance of the bill and asking their support, and the final pressure was brought to bear by some of the members of the committee who later went to visit their representatives or lobby them at the State House. The field of action was widened by the decision to get the other members of the Association to also write letters and to try to enlist the cooperation of some of the other county hygiene associations.

The result of this activity and of similar support by many other citizens was very heartening. The bills in their final form were made favorable to the mental institutions and were passed overwhelmingly in both houses. Due to the pressure which has been applied on these representatives, the whole legislature was in favor of any measures to help the mental institutions, and the only dissenting votes were from representatives who feltthat the bills should be made even more favorable to these institutions.[1]

This is proof of the sort of action which the public can bring about in behalf of the mental hospitals in New Jersey. The general willingness of the citizenry to help once they are given the facts is certainly very heartening, and it seems to be a clue to the answer to the problems and obstacles which are preventing Greystone Park Mental Hospital from accomplishing the job which it should. Just as this support will help relieve the personnel problems of the hospital, similar citizen interest and support was rallied in 1949 in an attempt

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1. From the original from the files of Mrs. Eads Johnson, past president of the Greystone Park Association.

to improve the physical facilities of the hospital. A $25,000,000 bond issue was put up before the voters to approve or turn down. Before election day, however, the facts of the conditions were taken to the public, and as a result of this educational program, there was tremendous support for the bond issue. These gains must now be followed up. There is still much which needs to be done. Some of this can be accomplished by the hospital administration, but much of it will depend on continued community interest and support. If citizen interest is maintained and utilized, its force can be great, and as has already been illustrated, this force can be used to initiate many needed and important improvements.

Radio Script for Interview February 11, 1949 Over WMTR[1].

"1. What is the Greystone Park Association?

A volunteer organization whose main purpose is to act as a liason between the Hospital and the Public, interesting them in conditions and needs in their State Hospital. A Public Relations group.

"2. Can anyone join the Greystone Park Association?

Anyone -- but primarily it is for the residents of the five counties from which the majority of our patients come. That is Bergen, Essex, Hudson, Morris and Passaic.

"3. Do you try to raise money?

We are a public relations group; we charge a membership fee of $1.00, but naturally we are thrilled and delighted to receive any gifts.

"4. What are the Membership fees needed for?

The money is used to cover the cost of running this volunteer Association, and for various projects for the patients.

"5. What are contributions of money used for?

a. Purchasing wrapping materials for patients' presents at Christmas time.

b. For decorating day rooms.

c. For our award to the Attendant of the Year.

"6. What is the Attendant of the year?

The best man attendant and best woman attendant were selected by popular vote of the patients and hospital personnel, and each was given an award. It is hoped that a man and woman from each of the five buildings may receive an award this year.

"7. What other contributions can the general public make to the Greystone Park Association?

We have a list of acceptable gifts, either new articles or used, such as books and magazines, games of all kinds, usable clothing for adults, pianos, radios, phonograph records, costume jewelry to be used for prizes, athletic equipment, musical instruments. We have already received a television set, a radio-phonograph combination, tools and equipment for leather-craft, and many other wonderful gifts which have brought many hours of pleasure to our shut-in patients.

"8. What typesof services have been rendered so far?

a. 239 women from 17 organizations have given 13,000 hours of their time to wrap about 5,772 Christmas packages for the patients.

b. Entertainment has been obtained, such as singers, organists, bands, orchestras, minstrel shows, and other entertainers.

c. Refreshments have been served for ward parties by the Red Cross Canteens.

d. Curtain and drapery material is to be made up into drapes for the ward dayrooms."

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1. From the original from the files of Mrs. Eads Johnson, past president of the Greystone Park Association.

BIBLIOGRAPHY

1. Books and pamphlets:

Annual Report: An Accounting of Accomplishment by the National Committee for Mental Hygiene - 1948 and 1949. New York, National Committee for Mental Hygiene, Inc., 1949.

Annual Report - 1949. Philadelphia, National Mental Health Foundation, 1949.

Deutsch, Albert, The Mentally Ill in America. 2nd ed., revised and enlarged. New York, Columbia University Press, 1949.

Deutsch, Albert, "The Press Expose: A Spur to Public Interest in Mental Health." (Reprint from Mental Hygiene, January, 1950).

Deutsch, Albert, The Shame of the States. New York, Harcourt, Brace and company, 1948.

Hofgesang, Edward G., A Method for the Recruitment and Training of Personnel to Staff Wards in Institutions for the Mentally Ill In America. (Thesis for the degree of Master of Government Administration, Graduate Division of the Wharton School, University of Pennsylvania, 1950).

The Mental Health Programs of the Forty-Eight States. Chicago, The Council of State Governments, 1950.

"Standards for Psychiatric Hospitals and Out-Patient Clinics Approved by the American Psychiatric Association, 1945 - 1946." (Reprint from American Journal of Psychiatry, September, 1945).

A Report and Handbook, 1924 - 1943. State of New Jersey, Department of Institutions and Agencies.

State of New Jersey, Department of Institutions and Agencies, Publication 254. (Reprint from Summary Report 1923 - 1933 and Handbook).

Stern, Edith M. Mental Illness: A Guide for the Family. New York, The Commonwealth Fund, 1942.

Stevenson, Dr. George S. "Ideals and Principles for Proper Management of the Mentally Ill." (Reprinted from Mental Hygiene, April, 1942).

Trend in Population, Admissions and Discharges - New Jersey State Institutions and Agencies, 1940 - 1950. Trenton, Division of Statistics and Research, 1950.

Ward, Mary Jane. The Snake Pit. New York, Random House, 1946.

White, Robert W. The Abnormal Personality. New York, the Ronald Press Company, 1948.

Wright, Frank I., Jr. Out of Sight, Out of Mind. Philadelphia, National Mental Health Foundation, Inc., 1947.

2. Periodicals and Newspapers:

Bigelow, Dr. Newton. "Opening the Doors of the Mental Hospital to the Public". Mental Hygiene, XXXIII: 372-378. July, 1949.

Davis, John Eisele. "Recreation in the Mental Hospital". Mental Hygiene, XXVI: 85-91. January, 1942.

DeWitt, Henrietta B. "Hospitalization and the Mental Patient". Mental Hygiene, XXXI: 266-278. April, 1947.

Eichert, Arnold H. M.D. "Morale and the Attendant". Mental Hygiene, XXVIII: 632-638. October, 1944.

Frank, Marjorie H. "Volunteers in Mental Hospitals". Mental Hygiene, XXXII: 459-464. July, 1948.

Fremont-Smith, Frank, M.D. "New Opportunities for the Improvement of Mental Hospitals". Mental Hygiene, XXXI: 354-362. July, 1947.

Greystone Park Association, mimeographed news sheet, February, 1951.

"Industry Revamps Personnel Policy." New York Times, January 28, 1951.

Maisel, Albert Q. "Bedlam 1946." Life, 20: 76-81. May 6, 1946.

"Occupational Therapy." The Psychogram, 35: inside back cover. November, 1950.

Stern, Edith M. "Mental Hospitals, 1946." Mental Hygiene, XXXI: 185-195. April, 1947.

Wise, Carroll A. "The Relation of the Mental Hospital to the Community." Mental Hygiene, XXIX: 412-422. July, 1945.

3. Miscellaneous:

"Forty Hour Planned Training Course for Attendants." New Jersey State Hospital at Greystone Park, 1946 (revised, 1947).

"Orientation Program for New Attendants." New Jersey State Hospital at Greystone Park, 1946 (revised, 1948).

"Psychiatric Technician Course." New Jersey State Hospital at Greystone Park, 1948.

"Report of the Committee on Promotional Opportunities for the Qualified Psychiatric Technician." October 9, 1950.