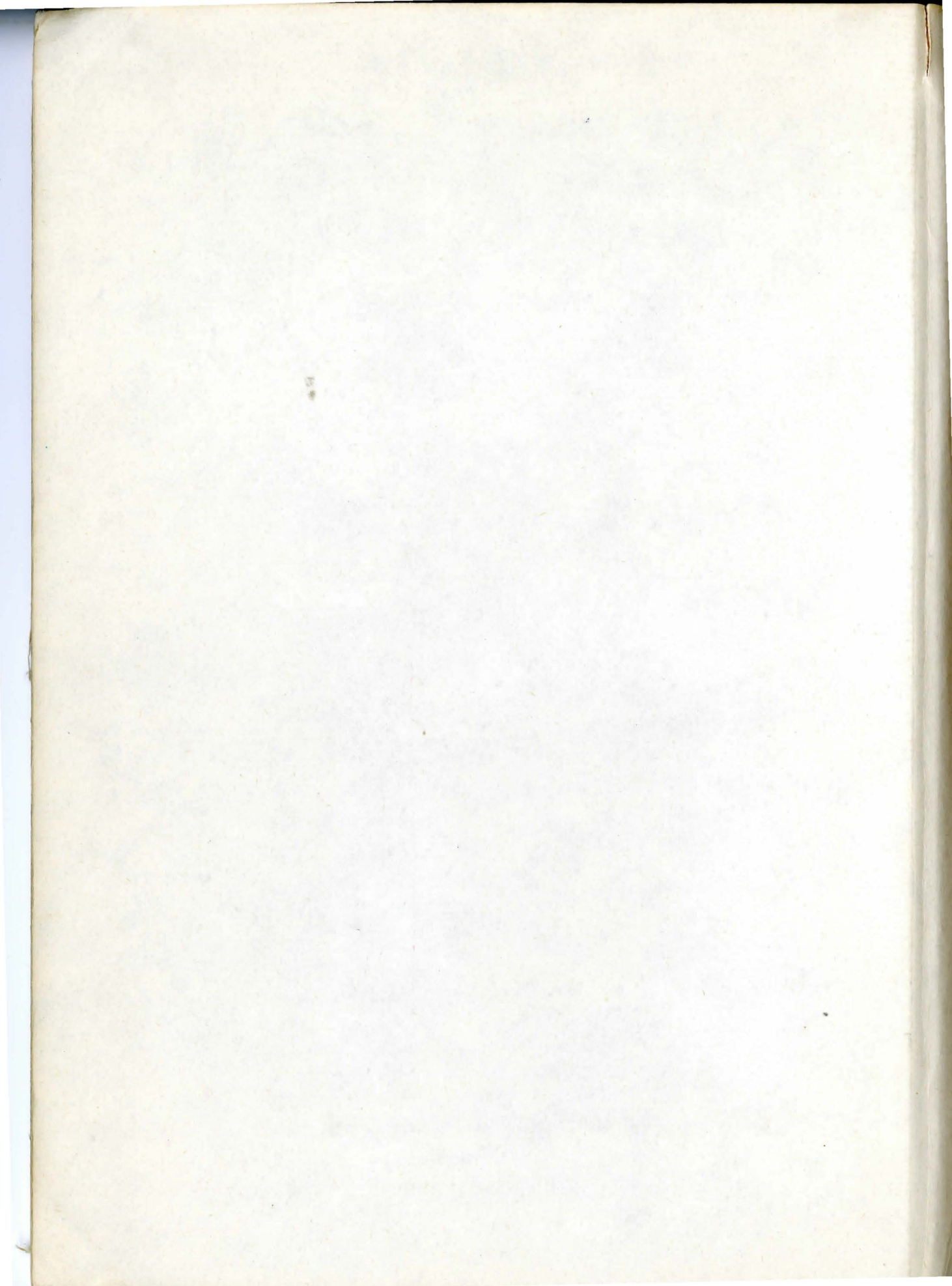


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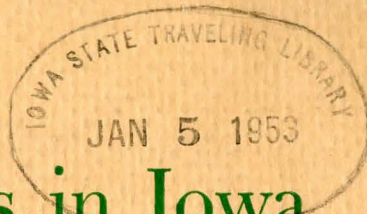
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A Descriptive Handbook

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Foreword

THIS pamphlet on mental health facilities in Iowa was undertaken to meet the need for certain factual and practical information which the Iowa Mental Health Authority, the Board of Control of State Institutions, the State Department of Social Welfare and the State University of Iowa School of Social Work felt would be helpful to workers in the field. The material was prepared by Donald Bixler Johnson, a graduate student in the School of Social Work and an Intern of the Institute of Public Affairs. Mr. Johnson has here brought together detailed information on the institutions, clinics and centers, both public and private, which treat individuals for mental or emotional disturbances and illnesses. The agencies concerned are those listed in the *Directory of Psychiatric Facilities in Iowa* published by the Iowa Mental Health Authority, except for certain known changes which have occurred since the publication of the directory. The data represent conditions as they existed in the spring of 1952. All the hospitals included are licensed by the State Department of Health.

The material presented includes such information as the functions of each facility, eligibility, application and admission procedures, treatments offered, costs and discharge procedures.

The work is intended as a reference and the author makes no evaluation of the services and no recommendations concerning them. It presents the information gathered from the institutions themselves and from the supervising state department officials or reports. The author visited a majority of the agencies involved and interviewed either the head of the organization or a member of the staff designated by him. In the few cases where a visit was not possible, the necessary information was secured by questionnaire and correspondence. In every case, the draft prepared about the agency was submitted to it for criticism. A section is devoted to some of the technical words used in mental health work. Also included is a summary of Iowa law governing admission, discharge and payment procedures.

Mr. Johnson prepared this booklet as part of the requirements for the Master's degree. His work was done under the supervision of Professor Edith T. Baikie, chief of research at the Institute of Public Affairs, and Professor Lola Reppert, his research adviser in the School of Social Work.

We wish to express our appreciation to the many officials in the agencies and institutions of Iowa who cooperated: the United States Veterans Administration, the Mental Health Institutes, the Mental Health Centers, the church supported and other private hospitals. Particular thanks for consultation, criticism and suggestion go to Dr. Wilbur R. Miller, Director,

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and Mrs. M. Opal Fore, Executive Director of the Iowa Mental Health Authority; Dr. Charles C. Graves, Director of Mental Institutions of the Board of Control of State Institutions, and the several directors of divisions of the State Department of Social Welfare—D. A. Peacock, Personnel Officer; Ed Wieland, Division of Public Assistance; R. T. Wilbur, Division of Child Welfare; W. F. Rauscher, Division of Research and Statistics; T. J. Wisgerhof, Division of Accounts and Audits; and Arthur Downing, Division of Field Staff. Johnson County Attorney William Meardon reviewed the legal sections and made valuable contributions.

It is quite obvious that a great amount of cooperative effort has gone into this work from the time when it was first suggested by Professor Wayne Vasey, director of the School of Social Work, until the time its final editing was completed. For such cooperation we are genuinely grateful. It is our hope that the work will be useful not only to those who deal directly with the problems of the mentally ill; we hope that others, such as lawyers, clergymen and teachers, who are likely to be asked for assistance will find this work useful in directing those who seek help to the proper available resources in our state.

ROBERT F. RAY, *Director*
Institute of Public Affairs
State University of Iowa

June, 1952

Contents

Foreword

THE MENTAL HEALTH PROBLEM	7
---------------------------	---

MENTAL HEALTH SERVICES IN IOWA	9
--------------------------------	---

STATE SERVICES

State Psychopathic Hospital, Iowa City	13
----------------------------------------	----

Mental Health Institute, Cherokee	17
-----------------------------------	----

Mental Health Institute, Clarinda	20 ✓
-----------------------------------	------

Mental Health Institute, Independence	23
---------------------------------------	----

Mental Health Institute, Mount Pleasant	26
-----------------------------------------	----

Glenwood State School	29 ✓
-----------------------	------

Woodward State Hospital and School	32
------------------------------------	----

State Psychological Services of the Department of Social Welfare, Des Moines	35
---------------------------------------------------------------------------------	----

COUNTY SERVICES

Psychiatric Unit of Broadlawns, Polk County Hospital, Des Moines	37
------------------------------------------------------------------	----

MENTAL HEALTH CENTERS

Black Hawk County Mental Health Center, Waterloo	38
--------------------------------------------------	----

Des Moines Child Guidance Center (Polk County)	40
------------------------------------------------	----

Des Moines County Mental Health Center, Burlington	42
----------------------------------------------------	----

Linn County Mental Health Center, Cedar Rapids	43
------------------------------------------------	----

Scott County Mental Health Center, Davenport	45
----------------------------------------------	----

VETERANS SERVICES

Veterans Administration Hospital (Neuro-psychiatric), Knoxville	47
-----------------------------------------------------------------	----

Psychiatric Unit of the V.A. Hospital, Des Moines	51
---------------------------------------------------	----

Psychiatric Unit of the V.A. Hospital, Iowa City	53
--------------------------------------------------	----

Veterans Administration Mental Hygiene Clinic, Des Moines	56
-----------------------------------------------------------	----

PRIVATE SERVICES

Davenport Psychiatric Hospital	58
The Retreat, Des Moines	60
St. Bernard's Hospital, Council Bluffs	62
St. Joseph Sanitarium, Dubuque	64
Psychiatric Unit of Allen Memorial Hospital, Waterloo	66
Psychiatric Unit of St. Luke's Hospital, Cedar Rapids	67
Psychiatric Unit of Iowa Methodist Hospital, Des Moines	69
Psychiatric Unit of St. Joseph Mercy Hospital, Sioux City	71
Psychiatric Unit of St. Vincent's Hospital, Sioux City	74
Psychiatric Unit of St. Joseph Mercy Hospital, Clinton	76

LEGAL PROCEDURES

Admission and Discharge of Mentally Ill	78
Admission and Discharge of Feeble-minded	81
Responsibility for Costs	83

SOME FREQUENTLY USED MENTAL HEALTH TERMS 84

SUGGESTED READING LIST 88

MAPS

1. Location of Mental Health Facilities in Iowa	10
2. Districts for Acceptance of Committed Patients to the State Mental Health Institutes	17
3. Districts for Acceptance of Committed Feeble-minded Persons to Glenwood and Woodward State Schools	30

The Mental Health Problem

AMERICANS in recent years have become increasingly aware of the problems of developing and preserving good mental health. Reports of the Public Health Service of the Federal Security Agency have revealed startling evidence of a serious situation. Over 2,000,000 men were rejected or discharged from the army during World War II because of emotional disorders; at least half of all patients in our private and public hospitals suffer from mental illness; from 30 to 60 percent of all patients consulting all doctors do so primarily for complaints due to emotional disorders. These facts make the need for mental health treatment services all too apparent. It is estimated that eight and one-half million persons in the United States are suffering from mental disorders, and that one in every 20 persons in our country will need some kind of psychiatric care at some time during his life unless constructive measures are taken. Thus, the need for out-patient or clinical services and prevention programs becomes evident.

In Iowa approximately 11,000 persons suffering from nervous or emotional disorders are cared for each day in public and private institutions. Many other persons are receiving out-patient and clinical services with the demand for such services far exceeding the available trained personnel. The shortage of qualified personnel for hospitals and clinics throughout the country is critical and Iowa shares in this nationwide problem.

It is recognized that good mental health is something which may be developed and preserved and that many serious nervous and emotional disorders may be prevented. Many individuals, agencies and groups, such as the mental health societies, have pledged themselves to the prevention of mental illness. The family, the school, the church, the family service society, the welfare service, the recreation center and community house also play important roles in the prevention of nervous and emotional illnesses. In fact almost every individual may have a part in the development and sustenance of mental health.

However, when emotional and nervous disturbances do develop, treatment is needed. It was with this in mind that this handbook was prepared. It provides information on the public and private treatment services in Iowa and presents such facts as: the location of each service, who is eligible

¹See the *Mental Health Series* of Public Health Service, Federal Security Agency: No. 3, "The National Mental Health Act and Your Community," June, 1948; No. 4, "The National Mental Health Program, U.S.A.," June 1948; No. 4, "National Institute of Mental Health," Revised 1950.

²Iowa Mental Health Authority, Biennial Report, 1950, p. 12

for service, what specific treatment is available, how the service may be obtained and used, and what some of the experiences and obligations of the patient and his relatives are in the process of obtaining service. It enumerates the treatment staff of each mental health facility and presents regulations related to admission and discharge procedures, clothing requirements, visiting regulations and a listing of routine activities for patients in each institution.

This handbook is intended to be helpful particularly to public welfare workers in their daily contacts with persons wanting to learn about and obtain service from a mental health treatment facility. Social workers in general, physicians (who refer a great many persons for psychiatric service), lawyers, ministers, public health personnel and various other public officials may find the data interesting and useful in their work. A more general understanding by citizens of Iowa's mental health treatment services is also needed, and it is hoped this handbook will help to meet that need.

Mental Health Services in Iowa

THE mental health treatment services in Iowa are provided by a variety of public and private facilities. They include state services, county mental health centers, federal services, a county hospital with a psychiatric unit, private hospitals for the mentally ill and private hospitals with psychiatric units.

The state services included in this ^{PAPER} handbook are performed by several different state agencies. The four mental health institutes (formerly called state hospitals), the Glenwood State School (for the feeble-minded) and the Woodward State Hospital and School (for the feeble-minded and epileptics), all provide custodial care and treatment or training. They are under the management and full control of the Board of Control of State Institutions. This board of three members also supervises the state's penal and correctional institutions, orphanages and the soldiers' home. The members of the board are appointed by the Governor, with the approval of the Senate by a two thirds vote, for six-year terms. The board appoints a director of mental institutions and the heads of each separate institution. The board, or a person designated by it, is required by law to examine each of the state institutions monthly and to make special examinations at least once every six months.

The State Psychopathic Hospital, under the control of the State Board of Education, is designated as a special state hospital for the care and treatment of mentally abnormal persons and is integrated with the hospital and medical college of the State University of Iowa. The director of the hospital is appointed by the Board of Education and serves as professor of psychiatry in the college of medicine of the University. He may serve as a consultant to the staffs of the mental health institutes and is responsible for the development and continuation of cooperation between the psychopathic hospital and the mental health institutes. He is also designated as the director of the Iowa Mental Health Authority.

One other state-wide service is included in the handbook—the Section of Psychological Services of the Division of Child Welfare of the State Department of Social Welfare.

Mention is made here of a new potential treatment service for children. Currently being developed at University Hospitals in Iowa City, this is the child development clinic of the pediatrics out-patient department which has been operating for the past year through the voluntary cooperation of various medical and non-medical divisions of the University. The clinic is designed to study problems related to the growth and develop-

ment of children in Iowa with special attention to children having organic medical complaints which may have been caused or aggravated by emotional disturbances. The mental health services for children comprise only a part of the clearing house services which the clinic offers and these are carried on in conjunction with the psychiatric department of the University college of medicine. The clinic is expected to continue and should, in the near future, be able to care for a reasonable volume of child clients.

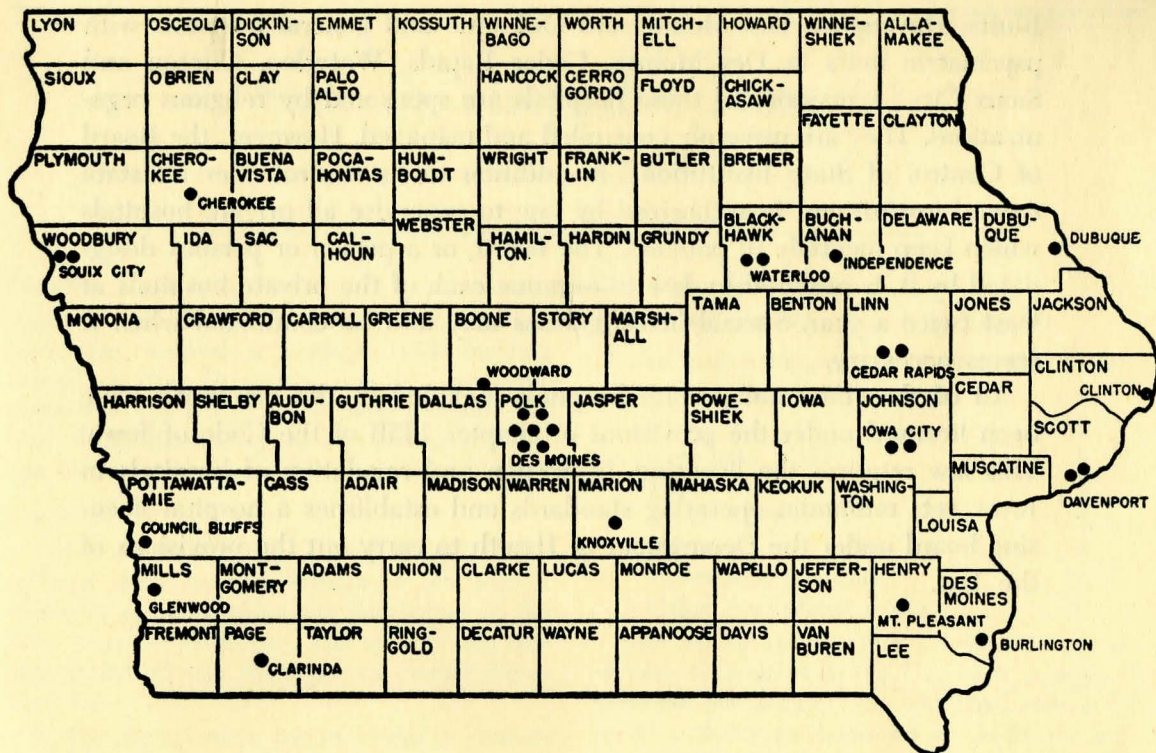
The mental health centers in Burlington, Cedar Rapids, Davenport and Waterloo were initially made possible by and continue to receive financial support from the Iowa Mental Health Authority. The Des Moines Child Guidance Center is similar in function to the mental health centers but limits its work to children. It also receives funds from the Iowa Mental Health Authority. These centers offer psychiatric, diagnostic and treatment services and serve as a source of education on mental health for the community. The Iowa Mental Health Authority was established in 1947 by the Iowa General Assembly. It is the agency which receives and directs the benefits accruing to the state of Iowa under the National Mental Health Act (Public Law 487 of the United States 79th Congress). The authority directs its program and distributes its funds with the advice, consent and approval of an advisory committee made up of the director of the State Psychopathic Hospital, the director of mental institutions of the Board of Control of State Institutions, the Commissioner of Health, one member of the Board of Control and one practicing psychiatrist appointed by the Governor to represent the private mental hospitals.

The federal services covered in the handbook include the neuropsychiatric hospital at Knoxville, the general medical and surgical hospitals with psychiatric units at Iowa City and Des Moines and the mental hygiene clinic in Des Moines. These are agencies of the Veterans Administration and operate under the regulations established by that agency. The Iowa Veterans Administration services are supervised by the Veterans Administration Area Office in Minneapolis and St. Paul, Minnesota, with ultimate direction and control from the Veterans Administration Central Office in Washington, D. C.

The county hospital service included is the psychiatric unit of Broadlawns, Polk County Hospital. It is under the direction and control of Polk county and subject to supervision by the Board of Control of State Institutions. There is a sizable number of chronically mentally ill persons, considered harmless to themselves and others, receiving care in county homes and other county facilities.¹ These facilities are not included in the handbook. They are under the direction of the various county boards of supervisors and are also supervised by the Board of Control of State Institutions.

There are a variety of private services in the mental health field covered in the handbook. They include hospitals for the mentally ill at Council

¹The *Biennial Report of the Board of Control of State Institutions* for the period ending June 30, 1950 lists a total of 2,308 insane patients in 73 county homes.



Location of Mental Health Facilities in Iowa

BURLINGTON

Des Moines County Mental Health Center

CEDAR RAPIDS

Linn County Mental Health Center
Psychiatric Unit of St. Luke's Hospital

CHEROKEE

State Mental Health Institute

CLARINDA

State Mental Health Institute

CLINTON

Psychiatric Unit of St. Joseph Mercy Hospital

COUNCIL BLUFFS

St. Bernard's Hospital

DAVENPORT

Scott County Mental Health Center
Davenport Psychiatric Hospital

DES MOINES

State Psychological Services, Department of
Social Welfare
Psychiatric Unit of Broadlawns, Polk County
Hospital
Des Moines Child Guidance Center
Psychiatric Unit of the V. A. Hospital
Veterans Administration Mental Hygiene Clinic

The Retreat

Psychiatric Unit of Iowa Methodist Hospital

DUBUQUE

St. Joseph Sanitarium

GLENWOOD

Glenwood State School

INDEPENDENCE

State Mental Health Institute

IOWA CITY

State Psychopathic Hospital
Psychiatric Unit of the V. A. Hospital

KNOXVILLE

Veterans Administration Hospital (Neuro-
psychiatric)

MOUNT PLESAANT

State Mental Health Institute

SIOUX CITY

Psychiatric Unit of St. Joseph Mercy Hospital
Psychiatric Unit of St. Vincent's Hospital

WATERLOO

Black Hawk County Mental Health Center
Psychiatric Unit of Allen Memorial Hospital

WOODWARD

Woodward State Hospital and School

Bluffs, Davenport, Des Moines and Dubuque and general hospitals with psychiatric units in Des Moines, Cedar Rapids, Waterloo, Clinton and Sioux City. A majority of these hospitals are sponsored by religious organizations. They are privately controlled and managed. However, the Board of Control of State Institutions, in addition to its control over all state mental institutions, is authorized by law to supervise all private hospitals which keep mentally ill patients. The board, or a person or persons designated by it, is required by law to examine each of the private hospitals at least twice a year. Special investigations may also be conducted when it seems necessary.

All of the state and private hospitals included in the handbook have been licensed under the provisions of chapter 135B of the Code of Iowa. This law requires the licensing, inspection and regulation of hospitals in Iowa, sets minimum operating standards and establishes a hospital licensing board under the Department of Health to carry out the provisions of the law.

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State Psychopathic Hospital

IOWA CITY

Location

500 Newton Road, Iowa City, Johnson county, Iowa. The hospital is a single brick building located on the University campus across the street from the University General Hospital and west of Children's Hospital. It is southeast of the new Veterans Administration Hospital.

Functions

This is a state institution for the care of persons suffering from mental illnesses in the earliest stages. It operates under the jurisdiction of the State Board of Education. The work of the hospital is divided into three general classifications. They are:

1. The clinical study and treatment of patients in wards, out-patient department and through private consultations.
2. Research and the publication of reports as the result of such investigations, which may be helpful to other hospitals and physicians.
3. The clinical teaching of psychiatry to physicians and medical students, and of abnormal psychology to University students. Lectures are given, upon request, in various parts of the state by members of the hospital staff.

Examinations of patients are made and advice regarding them given to law courts and social agencies.

The out-patient department or clinic functions as an integral part of the hospital. However, some of its activities are different from those of the hospital itself. The clinic has five main responsibilities: (a) to determine suitability for admission to the hospital; (b) to give consultations requested by physicians, schools, social agencies, courts, and others for diagnosis, management and therapy of the patient; (c) to advise concerning the management of the patient before he is transported to the hospital; (d) to treat out-patient cases, and (e) to teach psychiatry to medical students and interns. Most of the cases treated in the out-patient department fall into two diagnostic groups: behavior problem children and psychoneurotic patients.

Bed Capacity and Staff

The bed capacity of the hospital is 60.

TREATMENT, TEACHING AND RESEARCH STAFF

Psychiatrists and physicians	5
Instructors	2
Residents	9
Psychologists	3
Social workers	6
Nurses	14
Attendants (full-time)	15
Other professional workers	10

The regular staff devotes a substantial portion of time to teaching in the University colleges of medicine and nursing. An additional staff of 50 to 60 students are employed on an hourly basis as relief attendants.

Who Is Eligible for Service

There are no specific requirements as to age or sex. Any person living in Iowa suffering from a mental abnormality which is curable by the methods used at this hospital is eligible for admission. Thus any child or adult who is having difficulty in getting along in the home or community because of an existing psychiatric condition, neurotic symptoms, personality defect, behavior difficulties, maladjustment, inability to get along in school, etc., may be eligible for out-patient or in-patient service. Because of the limited number of patients who can be treated at any one time not all applicants can be accepted. Selection is left to the discretion of the director. Chronically ill patients are not accepted as a rule.

Costs

In the Out-Patient Clinic—For a psychiatric and physical examination the usual fee varies from \$15 to \$25, depending on whether the patient is seen in the clinic or by one of the senior psychiatrists. The psychological test fee varies from \$10 to \$15 and the electroencephalographic test is \$20. Persons who are unable to pay any of the costs or only part of them should contact their county welfare office or overseer of the poor in order to secure the necessary "state papers" or "clinical-pay papers." These papers must be on file before a person may receive service.

In the Hospital—The cost of hospitalization is \$14 per day. This sum covers all the ordinary hospital expenses, including routine treatment procedures. Full payment in advance for the first 15 days is usually required before a patient may be received or continued in the hospital. If the patient is discharged before the end of the 15 day period, the appropriate sum is refunded. Special surgical operations, x-rays and certain other examinations may be arranged by the staff at the University Hospitals or in other hospitals at additional cost to the patient or his family.

Persons who are unable to pay the full costs of treatment may apply to the clerk of the district or superior court for assistance from the state. A family may ask the judge to write into the papers that it will pay a part of the expense, if it is able to, and the state will pay the balance. State patients having Blue Cross or other hospitalization insurance must see that these are applied toward part payment of their costs.

Private patients make arrangements for payment of costs directly with the hospital business office.

How To Apply for Service

Because of the large number of persons desiring service, all persons coming to the hospital must obtain an appointment in advance. This applies to both committed and voluntary patients as well as those seeking out-patient service. All arrangements for appointments are handled by the admission office.

There are two types of appointments: (1) "out-patient only" and (2) "admission if suitable." Persons with an "out-patient only" appointment are seen in the clinic and usually return home the same day. If an emergency situation is found to exist by the clinic staff, an individual may be admitted to the hospital, providing bed space is available. For the "admission if suitable" appointment a bed has been reserved, and the patient may be admitted the same day or given an appointment for admission at a later date if the staff feels he will benefit by treatment at the hospital.

Persons may apply for admission for in-patient treatment at Psychopathic Hospital under any one of four classifications: (1) committed public patients (2) committed private patients (3) voluntary public patients and (4) voluntary private patients.

In the case of a *committed public patient* and a *committed private patient* a physician authorized to practice in Iowa or some other Iowa citizen may file an information (State Psychopathic Hos-

pital Form A) with a district court indicating that the person in question is suffering from an abnormal mental condition that can probably be remedied by hospital care and treatment. It may also state that the person is or is not financially able to meet the cost of such care. The judge appoints a physician to examine the person and make a written report (Psychopathic Hospital Form D) of his mental condition. The county attorney or others appointed to act in his stead, investigate his ability to pay. On the basis of these findings and a hearing, it is determined whether or not the person is a suitable patient for Psychopathic Hospital. Then he may be committed as a private patient if he is able to pay the costs. Otherwise, he is committed as a public patient. State Psychopathic Hospital Form K is used.

A *voluntary public patient* is a person who willingly applies for service by means of State Psychopathic Hospital Form A. The subsequent procedure is the same as in (1) and (2) above. The patient or those responsible for him may waive the hearing.

Upon arrival at the hospital, each patient, whether under classifications (1), (2), or (3) above, is examined by the medical staff to determine again whether or not he is an appropriate patient for the hospital.

A *voluntary private patient* is a person who is sufficiently clear mentally to cooperate with the physicians of the hospital, who himself desires treatment, and who is able to pay the complete cost of hospitalization. In such cases the patient or his home physician contacts the hospital directly for an examination appointment. However, the voluntary private patient is required to sign a voluntary statement authorizing the physicians of the hospital to carry out such treatment as they think best before he can be legally admitted.

Unless the patient comes into the hospital on a voluntary private basis, it is necessary to have State Psychopathic Hospital papers (Forms D, K and N) at the hospital before he can be admitted. As indicated above, these forms may be secured through the clerk of the district or superior court in the county in which the patient resides. In some counties papers for Psychopathic Hospital may be obtained through the local social welfare office or the overseer of the poor. By contacting one of these offices, interested persons may learn which is the appropriate source of help in their county.

Admission Procedures

All patients are examined in the out-patient

clinic before admission. Children's cases are usually scheduled for 10 A.M. and other cases for 12:30 P.M. In both cases the remainder of the day is usually necessary for the examination. An "admission if suitable" appointment does not guarantee admission. If a person is not admitted on the day of his examination the hospital is not responsible for his transportation home or his expenses while he remains in Iowa City. It is therefore recommended that anyone who accompanies a patient keep in contact with the hospital until the person has been officially admitted. An out-patient examination routinely includes a psychiatric and a physical examination. It may also include an electroencephalographic test and psychological tests when indicated. County social workers may be particularly helpful in all cases by developing a social history from the community's point of view.

RELATIVES' PART: It is very important that parents or a close relative accompany the patient to the hospital in order to complete all necessary social history information. If a patient is examined in the out-patient clinic but is given an admission date for sometime in the future, a relative or relatives should return with the patient even though they may have already given some social history.

TRANSPORTATION: Psychopathic Hospital provides no transportation. It must be arranged by individuals or by the county. The ambulance service of the University Hospitals is not available for patients of this hospital.

Treatment Available

Psychotherapy	Occupational therapy
Electrotherapy	Recreational therapy
Insulin therapy	

Special medical problems are referred to the appropriate departments of the University Hospitals for consultation or control of some aspect of treatment. If an organic medical problem is found after a patient has been admitted to the Psychopathic Hospital (and needs to be treated before his psychiatric illness is treated) the patient may be transferred to General Hospital for such treatment and then returned to Psychopathic Hospital. In cases where the organic illness does not interfere with psychiatric treatment or is a part of it the patient may be treated at Psychopathic Hospital for his mental disturbance and then transferred to General Hospital.

Patients may go daily or weekly to departments of University Hospitals for special treat-

ment sessions. For example, a patient may receive physical therapy treatments or go to the eye department for eye exercises. Some patients may have sessions at the University speech clinic.

An attempt is made to get people who can communicate with patients who speak foreign languages, if only to visit or to interpret for the hospital staff. The staff also familiarizes itself with the cultural background of these patients.

Routine and Special Activities for Patients

The following activities are available for each patient but only upon recommendation of the physician in charge:

Swimming	Television
Occupational therapy	Card playing
Movies	Sewing

Ping-pong (tables in wards)

Coffee "hour" in afternoons during the winter, juices served in the summer

Programs by amateur and professional talent
Gymnasium, including opportunities for billiards, shuffleboard, volley ball and dances

Outdoor activities including softball, volley ball and picnics during warm months

Walks are the chief form of outdoor activity during the winter

Hymn sings on Sundays

Beauty shop appointments (shop maintained in hospital) on weekly basis for women

Barber shop maintained in hospital for men

Holidays are noted with special meals and decorations. Patients are encouraged to participate in planning and decorating

Birthdays are celebrated with individual cakes and other refreshments

Teas are occasionally held in the women's section with opportunities for patients to act as hostesses, serving to relatives, friends and patients.

University and civic music concerts and ball games are made possible by the donation of tickets for hospital's use.

Individual religious conferences are available upon consultation with patient's physician.

All patients eat in the same dining room with the exception of those who are seriously disturbed, who eat in their ward.

Usually no recreation is scheduled during visiting hours.

Patients are not required to work but are encouraged to participate in light work activities such as dusting, making beds, etc. Some patients

are given "kitchen privileges" on recommendation of their physician. They help prepare meals and assist in cleaning up.

General Information and Regulations

CLOTHING: The hospital distributes a mimeographed list of the recommended clothing for men and women patients with a special note of advice concerning personal valuables, funds for incidental needs of the patient and gifts for the patient. This may be obtained upon request. Each patient's clothing is marked when it arrives at the hospital. Laundry services are provided but dry cleaning must be arranged at patient's expense.

VISITING: Patients are not allowed to have visitors during the first two weeks of their hospitalization. After this period visitors may be admitted to the wards between the hours of 2 to 4 P.M. and 7 to 8 P.M. The duration of visits will be limited to 30 minutes during the day and 15 minutes during the evening hours. Not more than two adults will be admitted to the ward to visit the same patient at the same time. No children will be admitted to the wards as visitors.

Admission to the wards will be granted by the nurse in charge only on the presentation of a pass. Passes are secured from the secretary in the business office, or from the physician who is officer of the day.

Visitors are not permitted to post letters or packages on behalf of patients. All articles of any kind brought for a patient, including food and clothing, are to be given to the nurse in charge.

There are no lodging or dining facilities available at State Psychopathic Hospital for relatives of patients or for the patients themselves if they arrive before the specified day of their appointment.

PERSONAL FUNDS: Each patient needs some personal funds while at the hospital. They are deposited to individual accounts and are subject to written withdrawals by him for such items as

cigarettes, occupational therapy supplies, toiletry items, etc.

Discharge and Related Procedures

When a patient is ready to leave the hospital a close relative is notified and requested to come for the patient. If a relative is unable to come to the hospital he may go to the (patient's) county welfare office for help in making arrangements for the patient's return home. When the patient or his relatives are unable to pay the cost of transportation, it is the responsibility of the local welfare agency to do so.

State Psychopathic Hospital papers (see section on how to apply for service) expire when the patient is discharged; if the patient is paroled, papers are effective as long as the parole status lasts.

The hospital does not have funds for the physical care of patients who leave the hospital. Financial responsibility must then be assumed by the patient, his relatives, the county or a combination of these.

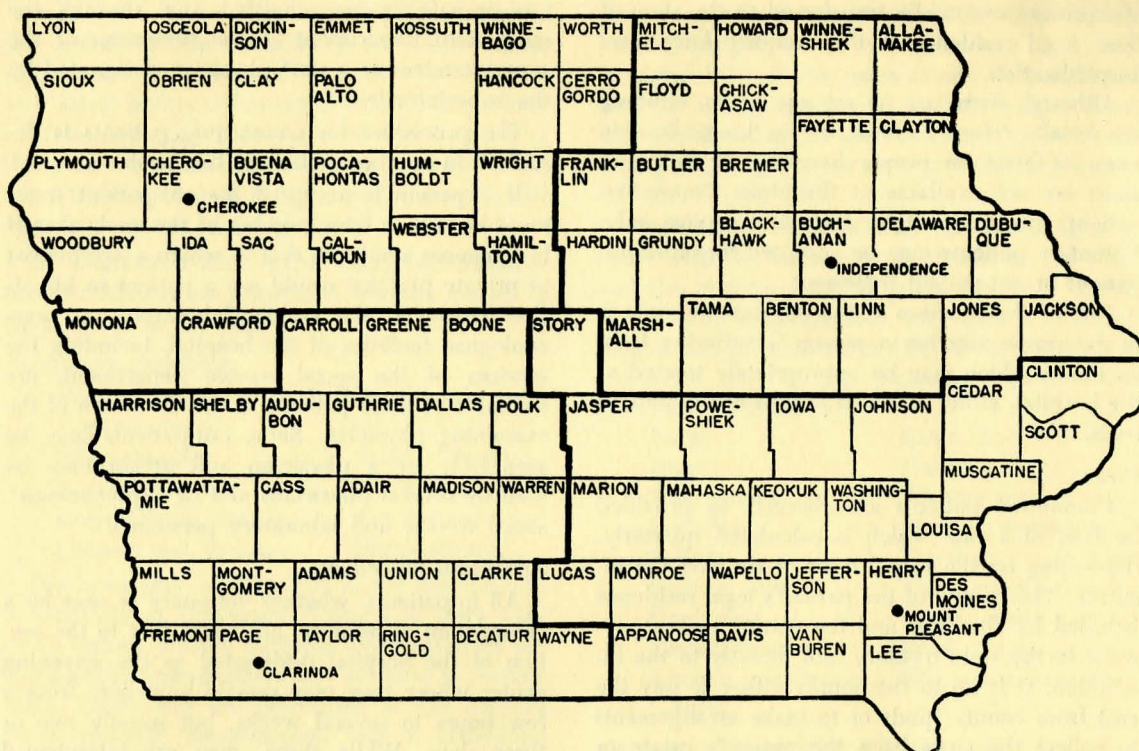
Release of Confidential Information

Only agencies which have been active in referring the patient to the hospital or are participating in treating him in collaboration with Psychopathic Hospital are eligible to receive confidential information about the patient. Evidence of this activity must be present in the patient's record in the form of correspondence. The amount and nature of the information given out will depend upon the extent of the outside agency's activities and whether or not it will continue to work with the patient after he leaves the hospital.

Other agencies and parties wishing information about a patient must submit to the hospital written permission of the patient or a responsible relative for release of the requested information.

For additional information write to

Head, Division of Social Service
Psychopathic Hospital
500 Newton Road
Iowa City, Iowa



*Districts for Acceptance of Committed Patients
to the State Mental Health Institutes*

Mental Health Institute, Cherokee

Location

Cherokee, Cherokee county, Iowa—phone 33. The institute consists of a group of brick buildings located within the city limits at 1200 West Cedar Street. Its main entrance is at the western end of Cedar Street.

Functions

This is a state hospital, under the supervision of the Iowa State Board of Control of State Institutions, for the care and treatment of persons with mental illnesses, alcoholism or drug addiction. Treatment services for both in-patient and out-patient cases are offered. The out-patient department also offers diagnostic and advisory services.

Bed Capacity and Staff

The normal bed capacity of the institute is

1,138. However, the average population recently has been approximately 1,444.

TREATMENT STAFF

Psychiatrists and physicians	11
Psychologists	2
Social workers	4
Nurses	9
Attendants	175
Occupational therapists	2
Dentists	3
Student psychologists	1
Medical consultants	5

Who Is Eligible for Service

Committed patients are accepted from 27 counties in the northwestern quarter of the state. Anyone who is suffering from a psychosis, psychoneurosis or any type of addiction is eligible for service. Patients who are not legal residents

of Iowa are eventually transferred to the state of their legal residence if they require long term hospitalization.

Although there are no set age limits, children are usually referred elsewhere for hospitalization since facilities for proper handling of children's cases are not available at this time. Committed patients are accepted for in-patient service only. Voluntary patients may be accepted for either in-patient or out-patient treatment.

Part of the function of the out-patient clinic is to determine whether a person is suffering from an illness which may be appropriately treated at the hospital, either on an in-patient or out-patient basis.

Costs

Committed patients are charged, as provided by law, at a rate which is calculated quarterly, depending on the actual costs of running the institute. The county of the patient's legal residence is billed for the costs and the county makes payment to the state treasury, not directly to the institution. It is up to the county either to pay the cost from county funds or to make arrangements to collect the costs from the patient's estate or his relatives. These arrangements are made on an ability-to-pay basis.

Voluntary in-patients are also charged according to their ability to pay. Many pay nothing, but those who are able to pay are charged on a sliding scale which varies from \$3 to \$12 per day. No additional charge is made for laboratory work or psychological testing. Additional charges may be made in a few cases when it is necessary to purchase special medications for a patient.

A fee is charged in the out-patient department to patients who are able to pay. Those who are not able to pay are treated without cost. The out-patient fee varies from \$3 to \$15 per visit, the amount depending on the patient's ability to pay.

By order of the Board of Control of State Institutions, based on an opinion of the Attorney General, Blue Cross funds are not accepted.

TRANSPORTATION: The institute does not provide for transportation to its premises. It will make arrangements for transportation away from the institute only in cases of indigent patients who have no relatives or friends to take care of this matter for them.

How To Apply for Service

Voluntary patients, both in-patient and out-patient cases, are seen by appointment. The appointment may be made through the patient's family physician by telephone or letter or the patient may contact the hospital directly. Volun-

tary in-patients are admitted only through the out-patient department at the discretion of the superintendent or a staff physician designated by the superintendent.

The procedure for committing patients is described in another section of this book.

If a person is accepted for out-patient treatment he is seen by a member of the medical staff in a manner similar to that in which a psychiatrist in private practice would see a patient in his office. However, the various laboratory and psychological facilities of the hospital, including the services of the social service department, are available to these patients at the discretion of the examining physician. Some out-patients may be seen only by a physician and others may be seen by several physicians and by a psychologist, social worker and laboratory personnel.

Admission Procedures

All in-patients, whether voluntary or sent by a commission of insanity, are taken first to the section of the hospital designated as the screening center where they may remain anywhere from a few hours to several weeks, but usually two or three days. While there, they are interviewed by social workers to obtain social history, by psychiatrists for a psychiatric examination, by another staff physician for a physical examination and usually by a psychologist for a psychometric evaluation. Routine blood and urine studies are done and each patient receives a chest x-ray. Other laboratory work may be ordered by the staff physician.

After these procedures are completed, the patient is transferred for treatment, if treatment is indicated, to another department of the screening center. If the patient is physically ill, he is transferred to a special department for treatment of his physical condition. If the patient is primarily a custodial case who will not respond to specific treatment, he is transferred to one of the wards provided for general care, and the social service department, under the direction of the medical staff, may begin making arrangements to place the patient in a nursing home or county hospital.

If the superintendent of the institute finds that a patient brought on an order of a county commission of insanity is properly committable, he notifies the county commission. Following this an official and final order of commitment is issued. If the superintendent finds that the patient is not committable, he must be discharged or, if suffering from a psychoneurosis, may be allowed to change his status to that of a voluntary patient and remain for treatment.

RELATIVES' PART: Relatives should accompany the patient to the hospital at the time of his examination and admission in order to give necessary social history information. In all cases where relatives are unable to come to the hospital at this time a questionnaire is mailed to them. When completely answered it will usually provide the necessary history of the patient.

In addition, a form letter asking for information is mailed to all physicians who are known to have cared for the patient.

Treatment Available

Psychotherapy on an individual and group basis

Electrotherapy	Music therapy
Insulin therapy	Physiotherapy
Occupational therapy	Art therapy
Recreational therapy	Psychosurgery

Psychosurgery is performed at the hospital and occasionally at University Hospital at Iowa City or at various private facilities when relatives desire specific arrangements and are able to finance them. Operations are performed at the hospital by a resident neurosurgeon and a consulting neurosurgeon from the city.

Special medical problems are usually handled by the staff physicians. However, referrals may be made to the University Hospital at Iowa City and medical consultants are available in the following specialties: general surgery, neurosurgery, eye, ear, nose and throat, and anaesthesia.

Routine and Special Activities for Patients

Movies	Barber shop
Ping-pong	Radio
Television	Birthday parties
Dances	Holidays
Religious services	Picnics

Beauty parlor

Table games, including cards

Outdoor games such as softball

Indoor games such as pool

Reading of periodicals and books

Programs presented by patients and staff

Programs presented by outside amateur and professional talent

Various outside groups, including those from churches, veterans organizations, etc., provide special parties, picnics and entertainment from time to time. Veterans organizations provide entertainment and dinners outside the hospitals for veterans. Alcoholics Anonymous provides somewhat similar activities for alcoholic patients. There is an organized program of taking patients out for rides, fishing trips, etc., when their rela-

tives or guardians are able to provide extra money for this purpose.

About half of the patients eat in a cafeteria and the others are served in their wards. Those who are served in the wards eat in a special ward dining room if they are able and, if not, they are served a tray in bed.

WORK ACTIVITIES: Patients are encouraged to assist with the housekeeping duties in the ward and also may be assigned to outside work around the hospital in accordance with their ability and mental and physical condition. Work assignments are made only by the patient's physician and they may include:

Farm	Paint shop
Dairy	Machine shop
Shoe shop	Printing shop
Laundry	Mattress factory
Bakery	Tin shop
Sewing room	Tailor room
Gardening	Mason shop
Carpentry shop	Janitor work
Kitchen and dining room	Ward housekeeping

General Information and Regulations

CLOTHING: The hospital furnishes clothing if it is not available from any other source. Patient's relatives or guardians are encouraged to furnish as much clothing as possible. Clothing ordinarily worn around home is suitable for wear in the hospital.

VISITING: Visiting hours are 9 to 11 A.M. and 1 to 4 P.M. every day, including Sundays and holidays.

Usually visitors are not allowed the first 10 days; exceptions are made when conditions warrant it.

Children under 12 are not permitted to visit in the wards but some patients are permitted, at the discretion of the ward physician, to leave the wards and visit their families, including children, elsewhere on the grounds. Visitors, other than members of the immediate family, must obtain written permission from the nearest relative to see a patient. Occasional exceptions to this rule may be made by the superintendent.

Visitors are encouraged to bring gifts to patients. However, the gifts should be presented through a member of the hospital staff rather than directly to the patient. Liquor and drugs, of course, are prohibited. Lodging and dining facilities for visitors are limited. Occasionally visitors are allowed to stay in the hospital guest room and visitors often eat in the employees' cafeteria. There is a charge for these services.

PERSONAL FUNDS: It is desirable for patients to have a personal fund for canteen items such as cigarettes, confections, toilet articles, etc. Relatives and guardians are encouraged to furnish such funds. Individual accounts are maintained, subject to withdrawal by the patient through a system of canteen cards which are issued by the business office and punched at the canteen.

Discharge and Related Procedures

Voluntary patients may leave the hospital after giving seven days' notice with the exception of voluntary alcoholics who may be required to remain 30 days after giving notice. In each case notice may be waived at the discretion of the superintendent.

Committed alcoholics must stay a minimum of 70 days after their first commitment.

When a patient is ready to leave the hospital he is examined by members of the medical staff, including the superintendent or the clinical director, who make the final decision on whether or not the patient should be discharged directly from the hospital or placed on parole and discharged at a later date if his adjustment outside the hospital is satisfactory. A patient is placed on parole when the staff decides he is not fully recovered but is sufficiently well that he should be given an opportunity to make an adequate adjustment outside the hospital.

Before a committed patient may be paroled, the approval of the county insanity commission which committed him to the hospital must be

obtained. Notification of the commission's decision in each case is forwarded to the Board of Control in Des Moines which in turn issues official documents to the hospital and to the person who is assuming responsibility for the patient during his parole.

The parole period is normally one year, but this may be extended for another year in some cases, or if the patient recovers before the year is up, he may be discharged.

Patients who are ordered to the hospital by a county commission of insanity as mentally ill and are found not to be mentally ill, and those who are mentally ill on admission but who are found to have recovered, are discharged outright without the above formalities.

Release of Confidential Information

Complete information is always available to the nearest relative. Referring agencies do not get a routine report, but are given a report on request. Information is given on request to other hospitals and to physicians who are treating anyone who has been a patient at the institute.

A written release from the patient or his legal guardian is required before information will be given to anyone whose interests may not necessarily be in accord with the best interests of the patient.

For additional information write to

The Superintendent
Mental Health Institute
Cherokee, Iowa

Mental Health Institute, Clarinda

Location

Clarinda, Page county, Iowa—phone 540. The institute is located about two miles north of the city of Clarinda.

Functions

This is a state hospital, under the supervision of the Iowa Board of Control of State Institutions, for the care and treatment of persons suffering from mental illnesses, alcoholism or drug addiction. Treatment services for both in-patient and out-patient cases are offered. The out-patient department also offers diagnostic and advisory services.

Bed Capacity and Staff

Normal bed capacity is 1,170. The average population recently has been approximately 1,400.

STAFF

Psychiatrists and physicians	8
Psychologists	2
Social workers	2
Nurses	4
Attendants	205
Occupational therapists	5
Dentists (part-time)	1
Medical consultants	5

Who Is Eligible for Service

Committed patients are accepted from 25 counties in southwestern Iowa. Anyone who is suffering from a psychosis, psychoneurosis or any type of addiction, except to barbiturates, is eligible for service. Patients who are not legal residents of Iowa are eventually transferred to the state of their legal residence if they require long term hospitalization.

Although there are no set age limits to eligibility for admission, children are usually referred elsewhere for hospitalization since facilities for proper treatment of children's cases are not available at this time.

Part of the function of the out-patient clinic and screening center is to find out whether a person is suffering from an illness which may be appropriately treated at the hospital, either on an in-patient or an out-patient basis.

Costs

Committed patients are charged, as provided by law, at a rate which is calculated quarterly, depending on the actual cost of running the institute within the appropriation allotted it. The county of the patient's legal residence is billed for the costs and it is up to the county either to pay the costs from county funds or to make arrangements to collect the costs from the patient's estate or his relatives according to their ability to pay. Payment is made by the county to the state treasury and not to the institution itself.

Voluntary in-patients are charged according to their ability to pay. Many pay nothing, but those who are able to pay are charged on a sliding scale which varies from \$3 to \$12 per day. No additional charge is made for laboratory work or psychological testing. In a few cases additional charges may be made when it is necessary to purchase special medications.

A fee is charged in the out-patient department to patients who are able to pay. Service is given without cost to those who are not able to pay. The out-patient fee varies from \$3 to \$15 per visit, the amount depending on the patient's ability to pay.

By order of the Board of Control of State Institutions, based on an opinion of the Attorney General, Blue Cross funds are not accepted in payment of in-patient or out-patient costs.

TRANSPORTATION: The institute does not arrange for transportation. The only exception to this is in cases of indigent patients who are leaving the hospital and who have no relatives or friends who will take care of this matter for them.

How To Apply for Service

Voluntary patients, both in-patient and out-patient cases, are seen by appointment. The appointment may be arranged through the patient's family physician by telephone or letter or by the patient contacting the hospital directly. Voluntary in-patients are admitted only through the out-patient department at the discretion of the superintendent or a staff physician acting for him.

The procedure for committed patients is described in another section of this book.

OUT-PATIENT PROCEDURE: If a person is accepted for out-patient treatment he is seen by a member of the medical staff for regularly scheduled interviews and treatments. The various laboratory and psychological facilities of the hospital, including the services of the social service department, are available in out-patient cases at the discretion of the examining physician. Some out-patients may be seen only by a physician and others may be seen by several physicians and by a psychologist, social worker and laboratory personnel.

Admission Procedures

All in-patients, whether voluntary or sent by a commission of insanity, are taken first to the section of the hospital designated as the screening center. Here they are interviewed by social workers to obtain social history, by psychiatrists for a psychiatric examination, by another staff physician for a physical examination and usually by a psychologist for a psychometric evaluation. Routine blood and urine studies are done and each patient receives a chest x-ray. Additional laboratory work may be done at the direction of a physician.

After the diagnostic procedures are completed, special treatment procedures may be prescribed and begun. If the patient is found to be physically ill he is transferred to a special department for treatment of his physical condition. If the patient is primarily a custodial case who will not respond to specific treatment, he is transferred to one of the wards provided for general care, and if advisable, the social service department under the direction of the medical staff may begin plans to place the patient in a nursing home or county hospital.

If the superintendent of the institute finds that a patient brought to the institute on an order of a county commission of insanity is not committable, he must be discharged.

RELATIVES' PART: Relatives are encouraged to accompany the patient to the hospital at the

time of his examination and admission in order to give necessary social history information. When the relatives are unable to come to the hospital at these times, a questionnaire is mailed to them.

In addition, a form letter asking for information is mailed to all physicians or hospitals who are known to have cared for the patient.

X *Treatment Available*

Psychotherapy, on an individual and group basis	Electrotherapy
Insulin therapy	Music therapy
Occupational therapy	Physiotherapy
Recreational therapy	Psychosurgery

Psychosurgery is performed at the hospital. Occasionally a patient may be referred for psychosurgery to the University Hospitals at Iowa City or to one of various private facilities when relatives desire specific arrangements and are able to finance them. Operations at the institute are performed by a consulting neurosurgeon.

Special medical problems are usually treated by the staff physicians. However, referrals may be made to the University Hospitals at Iowa City. Medical consultants are available in the following specialties: general surgery, neurosurgery, eye, ear, nose and throat, and anesthesia.

X *Routine and Special Activities for Patients*

Movies	Religious services
Ping-pong	Radio
Television	Birthday parties
Dances	Holiday celebrations
Barber shop	Picnics
Beauty parlor	
Table games including cards	
Outdoor games, such as softball	
Outdoor lawn parties and musicals	
Indoor games, such as pool	
Reading of periodicals and books	
Programs presented by patients and staff	
Programs presented by outside amateur and professional talent	

Various outside groups, including those from churches, veterans organizations, the Red Cross, etc., provide special entertainments and assist with the general activity program.

X An Alcoholics Anonymous program is active at the institute.

X Many of the patients eat in the cafeteria and others are served in their wards, in a special ward dining room or in their rooms, depending upon the severity of their illnesses.

WORK ACTIVITIES: Patients are encouraged to

assist with the housekeeping duties in the ward and also may be assigned to outside work around the hospital in accordance with their abilities and needs as well as their mental and physical condition. Work assignments are made only by the patient's physician and they may include:

X Farm	Cannery
Dairy	Paint shop
Laundry	Machine shop
Bakery	Mattress factory
Sewing room	Mason shop
Gardening	Janitor work
Kitchen and dining room	Greenhouse
	Power house
Carpentry shop	Art department

General Information and Regulations

CLOTHING: The hospital furnishes clothing if it is not available from any other source. A patient's relatives or guardian are encouraged to furnish as much clothing as possible. Clothing ordinarily worn around home is suitable for wear in the hospital and washable items are preferred.

VISITING: Visiting hours are from 9 to 11 A.M. and 12:30 to 4 P.M. every day, including Sundays and holidays.

Usually visitors are not allowed the first 14 days of a patient's hospitalization; exceptions are made when conditions warrant.

Children under 12 are not permitted to visit in the wards. However, some patients are permitted, at the discretion of the ward physician, to leave the wards and visit their families, including children, elsewhere on the grounds or outside the hospital.

Visitors other than members of the immediate family must obtain written permission from the nearest relative to see a patient.

Visitors are encouraged to bring anything they wish to patients. However, the gifts should be presented through a member of the hospital staff rather than directly to the patient. Of course, liquor and drugs are prohibited.

Lodging and dining facilities for visitors are limited. Occasionally visitors are allowed to stay in the hospital guest room and they often eat in the employees' cafeteria. They are charged a small fee for these services.

PERSONAL FUNDS: It is desirable for patients to have a personal fund for canteen items such as cigarettes, confections, toilet articles, etc. Relatives and guardians are encouraged to furnish such funds. Individual accounts are maintained at the hospital, subject to withdrawal by the patient through a system of canteen cards. These

are issued by the business office and punched at the canteen at the time of each purchase.

Discharge and Related Procedures

Voluntary patients may leave the hospital after giving seven days' notice with the exception of voluntary alcoholics who may be required to remain 30 days after giving notice. In each case notice may be waived at the discretion of the superintendent.

Committed alcoholics must stay a minimum of 70 days after their first commitment.

When it is felt by a ward physician that a patient is ready to leave the hospital, the patient is examined by other members of the medical staff, including the superintendent or the clinical director, who make the final decision on whether or not the patient should be discharged directly from the hospital or placed on parole and discharged at a later date if his adjustment outside the hospital is satisfactory. A patient is placed on parole when the staff decides he is not fully recovered but is sufficiently well that he should be given an opportunity to make an adequate adjustment outside the hospital.

Before a committed patient can be paroled, the approval of the county insanity commission which ordered him to the hospital must be obtained. Notification of the commission's decision in each case is forwarded to the Board of Control in Des Moines which in turn issues official

documents to the hospital and to the person who is assuming responsibility for the patient during his parole.

The parole period is normally one year, but this may be extended for an additional year in some cases. Any time that a patient is found to have recovered sufficiently from his illness he may be discharged.

Patients who are ordered to the hospital by a county commission of insanity as mentally ill and are found not to be mentally ill, and those who are mentally ill on admission but who are found to have recovered, are discharged outright without the above formalities.

Release of Confidential Information

Complete information is always available to the nearest relative. Referring agencies do not get a routine report, but are given a report on request. Information is given on request to other hospitals and physicians who are treating anyone who has been a patient at this institute.

A written release from the patient or his legal guardian is required before information will be given to anyone whose interests may not necessarily be in accord with the best interests of the patient.

For additional information write to
The Superintendent
Mental Health Institute
Clarinda, Iowa

Mental Health Institute, Independence

Location

Independence, Buchanan county, Iowa—phone 359. The institute is a group of brick and stone buildings about three miles west of the heart of the city of Independence. It is about a mile south of U.S. highway 20.

Functions

This is a public hospital, under the supervision of the State Board of Control of State Institutions, for the care and treatment of persons suffering from mental illnesses, alcoholism and drug addiction. Treatment services for both in-patient and out-patient cases are offered. Out-patient clinics, offering diagnostic services, are held on Wednesdays and Saturdays.

Bed Capacity and Staff

The normal bed capacity of the hospital is

1,284. However, the recent average population has been approximately 1,500.

TREATMENT STAFF

Psychiatrists and physicians	10
Psychologists	2
Social workers	1
Assistant social workers	2
Registered nurses	8
Student nurses (affiliate)	22
Attendants	195
Occupational therapists	1
Occupational therapy aides	14
Recreational therapists	1
Pastoral psychiatrists	1
Art therapists	2
Dentists	1

Who Is Eligible for Service

Committed patients are accepted from counties in the northeastern quarter of Iowa. Voluntary patients may be admitted from any county in the state.

There are no age limitations specified for patients accepted for in-patient treatment. The age limits for patients accepted for out-patient treatment are 10 to 50 years.

There are no limitations as to the types of mental illnesses treated.

Persons desiring to receive treatment for alcoholism as voluntary patients are required to pay for hospitalization in advance or present a statement from their local commission of insanity to the effect that the county will assume the costs of hospitalization.

One of the functions of the out-patient clinic is to determine whether a person is suffering from an illness which may be appropriately treated at the hospital either on an in-patient or an out-patient basis.

Costs

The cost for out-patient examinations and recommendations is \$15. The cost for each out-patient treatment is \$5. In each case the patient is charged according to his ability to pay. Voluntary patients may make their payments directly to the hospital, in advance and at regular intervals prescribed in individual cases. However, no patient is refused treatment because of lack of finances.

The average total cost for each hospitalized patient is about \$150 for a four-month period. This amount varies according to the hospital population.

In the case of committed patients, the counties are billed for the costs and make payment to the state treasury, not to the institution. Each county in turn makes arrangements with the patient's relatives for payment of all or part of the costs, according to their ability to pay. If a patient is not a legal resident of any county he is maintained at the expense of the state.

How To Apply for Service

Committed patients are accepted for hospitalization under a procedure described in another section of this book.

A person wishing to go to the hospital voluntarily for in-patient or out-patient services should contact the hospital to arrange an examination appointment, or he may see his local doctor who may contact the hospital for him.

A person desiring diagnosis and recommendation services but not necessarily treatment should

make an appointment for a diagnostic examination in the out-patient clinic on Wednesdays.

In the case of voluntary patients, any forms which need to be filled out will be furnished by the hospital.

Admission Procedures

TRANSPORTATION: The hospital does not furnish transportation. The local county welfare office may be helpful in arranging transportation for persons who are unable to do so themselves.

ADMISSION ROUTINE: Voluntary patients desiring diagnostic services or seeking out-patient or in-patient treatment are seen first at the clinic in the main building of the hospital. The patient and his relatives are interviewed by a member of the social service staff to record social history and information. A staff physician gives the patient a mental and physical examination. The patient may also be given tests by a psychologist. Following this procedure a staff meeting is held during which the patient may be interviewed briefly and the diagnosis and recommendations are developed. If treatment is recommended, arrangements may be made for the patient's admission to the screening center then or at a later date, or appointments for out-patient treatment may be made.

Patients ordered to the hospital by their local commission of insanity are admitted directly whenever they arrive. They receive psychiatric, psychological, physical and dental examinations, laboratory tests and chest x-rays. If after a period of not more than three months and usually shorter, the medical staff decides that a patient needs continued care and treatment, but the patient because of his illness is unable to accept this decision, the staff recommends that the patient be committed. When the county of the patient's residence is notified of this, an official or final order of commitment is issued.

RELATIVES' PART: It is important that relatives or other persons well acquainted with a patient accompany him to the hospital at the time of his admission for examination in the out-patient clinic in order to give social history information. This is essential in voluntary cases when only diagnostic or out-patient services are sought.

Relatives who are unable to accompany the patient to the hospital on the day of his admission may give social history information on their first visit to the hospital. At the time they present their social history information they will also have an opportunity to ask questions about the hospital and the treatment procedures and to

discuss any problems they may have in relation to the patient's admission.

An information form is routinely submitted to a patient's family in order to gain a minimum of information needed in diagnosis or to supplement information gathered through interviews.

If treatment such as electrotherapy is to be used the patient's responsible relatives are notified in advance and one of them is requested to acknowledge this notification by signing a form supplied by the hospital.

Treatment Available

Psychotherapy on an individual and group basis

Electrotherapy Art therapy

Insulin therapy Occupational therapy

Case work Musical therapy

Special medical problems may be treated in the infirmary wards of the hospital. Consultation services from physicians in practice in nearby communities are available on request. Occasionally a patient may be referred to University Hospitals in Iowa City for diagnosis and treatment.

Psychosurgery is performed at the hospital by outside specialists usually from Iowa City.

Routine and Special Activities for Patients

Movies	Table games
Dances	Radio
Softball games	Beauty parlor
Ping pong	Barber shop

Pianos in most wards

Parties with games and refreshments

Variety shows under supervision of the occupational therapy department

Professional entertainment furnished by the Waterloo Federation of Musicians

Celebration of holidays and birthdays

Volunteer groups from neighboring communities participate in many of the activity programs. Weekly meetings of Alcoholics Anonymous are carried on at the hospital and patients who have suffered from alcoholism are encouraged to continue their participation in A.A. after leaving the hospital. Patients may take part in various work activities in the kitchens, industrial building, engine room, laundry, garden, butcher shop, dairy, farm, orchards, carpentry shop, paint shop, etc.

Patients may also do light work in the wards. Patients who do not work outside the wards are taken outside for exercise twice a day if weather permits.

Some patients are granted ground parole privileges on the recommendation of the medi-

cal staff and are able to spend time walking about the grounds and may participate in other activities such as croquet, shuffleboard and volley ball.

General Information and Regulations

CLOTHING: Whenever possible, the family of the patient is expected to provide the patient's clothing. If this is not possible, the patient will be provided with plain and serviceable garments by the hospital. The following minimum amount of clothing is suggested with appropriate selection to be made according to the patient's sex: two cotton nightgowns or pajamas, one bath robe, one pair of bedroom slippers, one pair of shoes, three sets of cotton underwear, two or three pairs of washable slacks and one good suit or three cotton dresses and one good dress. Each patient should also have at least one sweater and three pairs of hose. When clothing is received it will be marked with indelible ink with the patient's name.

VISITING: Visiting hours are from 9 to 11 A.M. and 1:30 to 4:30 P.M. any day of the week including Sundays and holidays. All visitors must be over 14 years of age. The privilege of visiting a patient may be suspended at any time by the physician in charge if the patient's condition makes it advisable. It is strongly urged that a patient not be visited for 30 days after admission, which is the customary period of observation.

If a patient becomes critically ill his family will be notified promptly by telegram. In this case he may be visited at any time.

No patient may be taken outside the ward or grounds without permission of the physician in charge.

Visiting usually occurs in the unit of the hospital in which the patient is residing.

Gifts and other items brought for the patient should be left at the supervisor's office to be recorded.

PERSONAL FUNDS: Each patient needs some personal funds while at the hospital. These funds are credited to individual accounts and are subject to withdrawal by the patient for such items as cigarettes, occupational therapy supplies, toiletry items, confections and other canteen commodities. If a person wishes to send money for a patient it should be in the form of a check or money order made payable to the Mental Health Institute, Independence, Iowa, with a letter stating for whom the money is intended.

The hospital does not supply funds with which to purchase such things as glasses, false teeth and artificial limbs unless the patient or his rela-

tives are totally without means. Such articles must be supplied by the patient or his relatives.

CORRESPONDENCE: A patient may receive mail at any time. Each patient is furnished sufficient stationery for one letter a week. Stationery for any additional letters must be provided at his own expense.

Discharge and Related Procedures

Voluntary patients are discharged directly from the hospital and are not supervised by the hospital after they leave.

Committed patients may be given ground parole privileges as the first step toward leaving the hospital. If this is successful a convalescent leave or parole may be recommended and the matter is discussed with his relatives and provisions for his supervision and care are made.

At the time a committed patient leaves the hospital, a relative or some other responsible person is requested to sign a slip acknowledging official responsibility for the patient until he is officially discharged from the hospital or returned to it. This person must also agree to return the patient to the hospital at any time, on request of the Board of Control or the superintendent of the hospital. Persons other than the relatives who may sign these slips are nursing home operators and representatives of business firms who plan to employ the patient.

Persons leaving the hospital on convalescent leave or parole are frequently referred to community agencies and professional persons for

help in adjusting outside the hospital. After a patient is officially discharged, he is eligible for service from a mental health center.

Patients on leave and those who have been discharged are encouraged to participate in out-patient group therapy sessions. For this purpose a group known as the On Leave Society has been formed. It is located in Waterloo and has approximately 50 members at this date. Similar groups are being formed in Cedar Rapids, Marshalltown and Dubuque.

Anyone over 65 years of age who leaves the hospital is automatically referred to his county welfare office for assistance. Information from his hospital records will usually be accepted as evidence of his eligibility for funds. Elderly patients may be placed in convalescent homes and nursing homes with initial costs being paid by the county general assistance fund until old age assistance is in effect.

Release of Confidential Information

Information concerning present or former patients of the mental health institute is released at the discretion of the superintendent. The general policy is that such information is released when it will be used in the patient's interests. Persons seeking information should always mention the patient's full name.

For additional information write to

The Superintendent
Mental Health Institute
Independence, Iowa

Mental Health Institute, Mount Pleasant

Location

Mount Pleasant, Henry county, Iowa—phone 353 and 342. The institute is a group of brick and stone buildings on the eastern edge of Mount Pleasant, one-half mile south of highway 34.

Functions

This is a public hospital for the care and treatment of the mentally ill, alcoholics and drug addicts. It is under the supervision of the Board of Control of State Institutions. An out-patient clinic and services for voluntary in-patients will be provided when suitable personnel have been obtained.

Bed Capacity and Staff

The present bed capacity is approximately 1,450.

TREATMENT STAFF

Psychiatrists and physicians	6
Pathologists	1
Registered nurses	3
Social workers	1
Psychologists	1
Attendants	160
Dentists	1
Occupational therapy staff	5
Art therapists	1
Musical therapists	1

Who Is Eligible for Service

Committed patients are accepted from 24 counties in southeastern Iowa. Persons considered to be residents of Iowa are eligible, but they do not need to have established legal residence. Although there are no age limitations, there are no special facilities for children now available.

At present, only alcoholics are being accepted for treatment on a voluntary basis.

Voluntary patients suffering from mental illnesses (emotional disturbances) will be accepted for diagnosis and treatment when the personnel have been obtained. Voluntary patients may be accepted from any part of Iowa. There will be no rigid age limitations and no limitation as to sex.

Costs

The average cost of hospitalization per person is about \$60 per month. This sum varies. The cost of hospitalization in the case of committed patients is billed to the counties from which they come and the county makes payment to the State Treasury, not to the institution. The county in turn makes arrangements with the family of each patient for the payment of all or part of the costs. If the patient or his family is unable to pay any part of the cost of hospitalization, the county assumes the full payment. If a patient's legal county residence cannot be determined and he and his family are unable to pay the costs of hospitalization, the patient is maintained at the expense of the state of Iowa.

For patients admitted voluntarily for the treatment of alcoholism, the present charge is \$15 per week.

The fee schedule for treatment and hospitalization of voluntary patients with mental illnesses, when provided, will be similar to the other institutes. Voluntary patients who are able to do so will be expected to make regular payments for care and treatment in advance. These payments will be made directly to the hospital.

The hospital does not furnish transportation. Persons unable to provide transportation for themselves or a relative may receive help from their local county welfare office in arranging and paying for transportation.

How To Apply for Service

A person who believes he is suffering from alcoholism may apply directly to the hospital for admission. He is given an appointment for an examination. If, following this examination, the staff recommends that the patient be admitted for treatment he then may sign an application for voluntary admission as an alcoholic. Persons be-

lieved to be alcoholics may also be admitted as committed patients.

Until the clinical services are available, patients suffering from mental illness (nervous and emotional disturbances) will be accepted only on a committed basis. The procedures for commitment are described in another section of this book.

A person who has been recently exposed to a contagious disease will not be sent to the institute until it has been determined that he is not developing the disease. After being admitted to the hospital the patient is examined and observed by the staff for purposes of verifying the person's need for commitment. If, after a period of time, commitment is recommended by the hospital staff an official or final notice of commitment is issued by the county.

In the future, persons desiring voluntary admission for treatment of emotional disorders will first be required to contact the institute by telephone, letter or in person in order to arrange an appointment to be examined to determine suitability for hospitalization.

Admission Procedures

At the time the patient is being accepted into the hospital, he is interviewed in the admission office. The hospital chaplain meets with the patient and with the patient's relatives if they have accompanied him. The patient is given a psychiatric examination by the admitting officer and then is escorted to the receiving ward where he bathes and is put to bed. His clothing is marked and recorded. If the patient is admitted before late afternoon, he is seen by the ward physician for interviewing and mental examination. If admitted late in the day he is usually interviewed the following morning.

Each new patient is given a physical examination and laboratory tests are made.

RELATIVES' PART: It is preferred that one or more close relatives of the patient or some other person well acquainted with him come to the hospital at the time of his admission in order to give necessary social history information. Such persons are interviewed by the social worker for this purpose. If no relative or acquaintance is able to accompany the patient, they may be interviewed by the social worker on their first visit to the hospital. Since a certain amount of social history information is necessary in order to establish a diagnosis and a treatment program for a patient, it is desirable that relatives come to the hospital as soon as possible. In all cases where the needed social history information cannot be

obtained by personal interview, a questionnaire form is mailed to the patient's relatives for them to fill out and return to the hospital.

Voluntary patients examined at the hospital's clinic (soon to be opened) may or may not be admitted for care and treatment. In some cases out-patient treatment may be recommended. Referral to another agency for service may also be made.

Treatment Available

Psychotherapy through individual interview and group discussions

Electrotherapy	Music therapy
Occupational therapy	Psychosurgery

Routine medical problems are treated by the staff physicians in the institute's infirmary wards. Consultations on special problems may be given by physicians on the staff of the University Hospitals at Iowa City. Patients may also be referred to the University Hospitals for treatment.

Dental service is provided.

Routine and Special Activities for Patients

Movies	Religious services
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Dances	Band concerts
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Table games	Beauty parlor or barber shop
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During warm months, playground equipment is used. Also outdoor basketball, softball, croquet and other ground games. During the summer, movies are held out of doors and an occasional outdoor dance is held.

Birthday parties — one is held each month in the auditorium for all patients who had birthdays during that month. Refreshments are served and there are games and other entertainment.

Ground Parole Party for patients who have freedom of the grounds.

Holidays are celebrated with a carnival on the Fourth of July and a pageant and exchange of gifts at Christmas.

Some patients play in the hospital band.

Limited activities outside the hospital, which include picnics for particular groups, such as the laundry workers, the occupational therapy group or the choir. Approximately 300 patients under supervision attend the local county fair each year.

Patients are given work assignments according to their abilities and needs. These assignments may be in the laundry, bakery, kitchen, dining room, farm, cannery, shoe shop, mattress

shop, furniture repair and finishing room, sewing room, mending room and so forth.

A total of approximately 40 volunteer workers from the American Legion Auxiliary and the American Red Cross visit the hospital in small groups to help in recreational activities and programs for the patients. An Alcoholics Anonymous unit is sponsored by the Burlington A.A. group and regular meetings are held at the hospital.

About 500 patients eat in a main dining room. Other patients eat in dining rooms in the wards or in their rooms.

General Information and Regulations

CLOTHING: Whatever clothing a person brings with him to the hospital is accepted, recorded and marked. If and when additional clothing is needed the person's relatives are informed of what items are required. If they are unable to furnish any clothing for the patient the hospital provides the necessary garments.

VISITING: A patient may have visitors following the tenth day of his hospitalization. Visiting hours are from 9 to 10:45 A.M. and 1 to 4:45 P.M. daily, except holidays. Visiting on holidays is not permitted except in cases of urgent necessity and permission to visit on these days must be obtained in advance.

Persons not related to the patient are usually not permitted to visit him unless they present a written permit from a member of the immediate family or his legal guardian.

Visitors should not leave any gifts, such as money, checks, clothing or matches, with the patient. Anything that a visitor wishes the patient to receive should be left with the ward supervisor and the visitor will receive a receipt for these items.

CORRESPONDENCE: All communications inquiring about a patient should be addressed to the superintendent. Letters intended for a patient should be addressed with his name in care of the Mental Health Institute. Patients are permitted to write to their relatives but in sending out such letters the hospital assumes no responsibility for their content.

Routine reports on a patient's progress are not made. However, in case of any serious illness, accident or other unfavorable change, the correspondent is notified (by wire or phone if a situation is urgent).

PERSONAL FUNDS: Each patient will need some personal funds to purchase toilet articles, materials for occupational therapy, cigarettes, confections, etc. The hospital maintains individual accounts. The patient is issued a store card from

which the amounts of his purchases are punched. Men and women shoppers take orders from patients who are unable to go to the canteen themselves.

Money intended for a patient's personal fund should be mailed to the superintendent in the form of checks or money orders made payable to the superintendent or the institute. This will be acknowledged by receipt, and deposited to the patient's credit at the hospital business office.

As a matter of course, a letter covering these and other matters is mailed to relatives of a newly admitted patient.

Discharge and Related Procedures

Few patients are given direct discharge. Most leave on trial visit, parole or convalescent leave. They may be referred to a local chapter of Alcoholics Anonymous in the case of persons treated for alcoholism or to a social service agency or psychiatric clinic. A person who has been officially discharged by the hospital may obtain service from a mental health center.

Relatives are notified of the date a patient is scheduled to leave the hospital. The relatives usually come to the institute for the patient or designate some other person to do this.

The following procedure is usually followed in preparation for a committed patient's leaving the hospital:

His case is reviewed by the medical staff and he is interviewed. Following this, a decision is made as to whether or not it is advisable for the patient to go on leave. If the decision is in the affirmative, the hospital notifies the office of the Board of Control of its recommendation. The Board of Control then contacts the commission of insanity having jurisdiction in the patient's

home community and submits the hospital's recommendation for consideration and approval. (If the local commission does not approve the recommendation, the patient cannot be released from the hospital.) With the commission's approval the Board of Control may then issue official dismissal papers and the patient is ready to leave the institute approximately 10 days after the recommendation is made by the medical staff.

At the time the patient leaves, his relatives or their representative sign a form accepting responsibility for the patient's supervision during the time he is on parole or trial visit. This responsibility may terminate when the patient is officially discharged.

Release of Confidential Information

Information concerning a person who is or has been hospitalized at the mental health institute is available at the discretion of the superintendent. In giving out information about a currently hospitalized person the institute attempts to deal primarily with the nearest relative or person bearing the closest responsibility for the patient. Such a person is designated as the "correspondent." It is anticipated that the correspondent will pass on information received from the institute to other relatives and that they will look to the correspondent as their source of information rather than to contact the institute directly.

Requests for information from other hospitals, social agencies or private practitioners will usually be honored if in the patient's interests.

For further information write to
The Superintendent
Mental Health Institute
Mount Pleasant, Iowa

Glenwood State School

Location

Glenwood, Mills county, Iowa—phone 18. The school consists of a group of brick buildings located on a hill on the southeastern edge of the city of Glenwood.

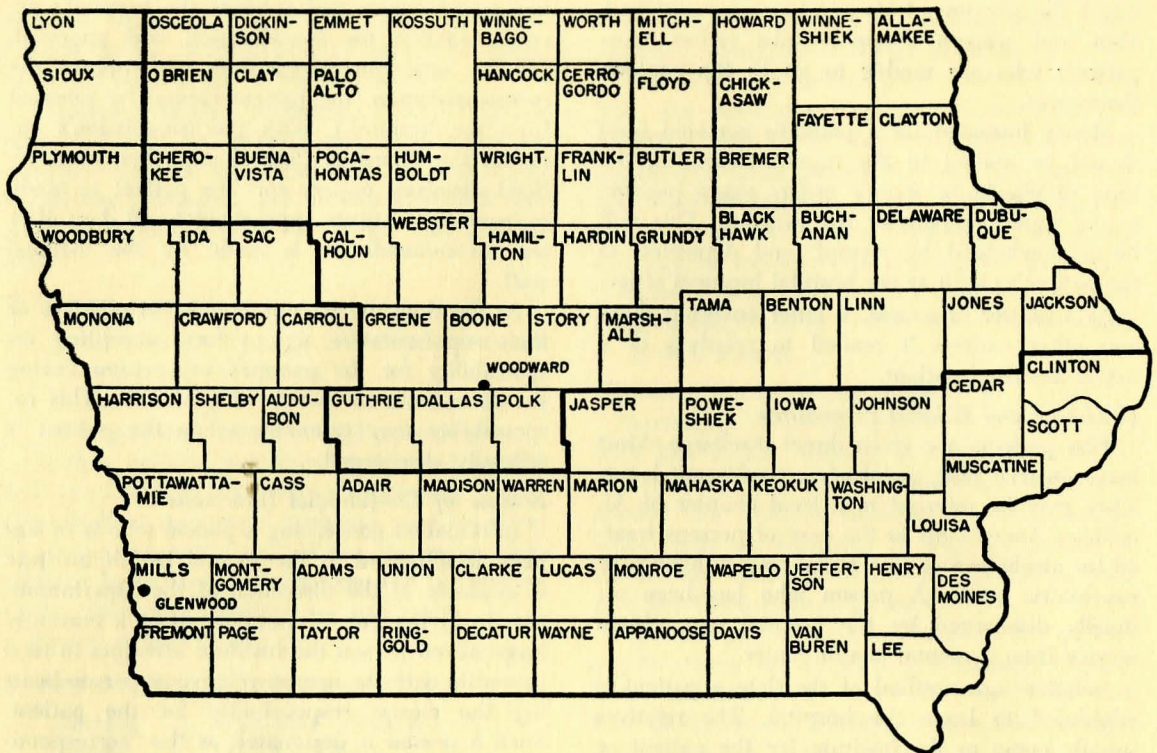
Functions

This is one of two public institutions under the

supervision of the Board of Control for the care and training of persons classified as feeble-minded who are not suffering from serious emotional or nervous disturbances.

School Capacity and Staff

The average daily enrollment is 1,846. Normal capacity is 1,745.



*Districts for Acceptance of Committed Feeble-minded Persons
to Glenwood and Woodward State Schools*

SCHOOL TREATMENT AND TRAINING STAFF

Staff physicians	4
Psychologists	1
Dentists (part-time)	1
Social workers	2
Teachers	17
Registered nurses	3
Practical nurses	8
Attendants	114
Consultant physicians (from Glenwood)	2

Who Is Eligible for Service

Any adult or child who is a resident of Iowa is eligible for admission to the school if his intelligence is at the moron level or lower as measured by psychological tests or observation. The younger a person is upon entering the school the better are his chances for benefiting from training. There are no age limits.

Involuntary admissions (persons sent to the school on court order) are usually accepted only from the southern and western counties in Iowa. Voluntary applicants from other counties may be admitted.

Persons otherwise eligible who are suffering

from serious emotional or nervous disturbances are not admitted. If application is made for such persons they may be referred to a mental health institute.

Costs

The present cost per person at the school is approximately \$44 a month. This amount may vary during the year. Routine medical care and examinations are provided without extra charge.

In all cases the school bills the county of the admitted person's residence and the county makes payment to the state treasury, not to the school. Then the county makes the collection of payments from the relatives according to their ability to pay. Thus the county may assume part or all of the costs involved.

How To Apply for Service

Anyone wishing to have a person admitted to the school should write to the superintendent of the school or go to his local county welfare office for the necessary application blanks. Information requested on these forms must be furnished as completely as possible and signed by both parents, if living, or by guardians or nearest relatives if parents are dead. The forms must

also be countersigned either by the county attorney or one member of the county board of supervisors of the county in which the applicant resides. Applicants are usually admitted in the order of the filing of their applications unless an emergency situation is shown to exist.

No applicant may come or be brought to the school until notified to do so by the superintendent. An appointment will usually not be given until the completed application form has been returned to the school.

If there is some doubt as to whether a person is feeble-minded, arrangements may be made for psychological testing through the local welfare office, superintendent of schools or perhaps a local physician may arrange for testing. The outpatient department of the State Psychopathic Hospital offers the necessary examination services. Persons are often referred to that department when it is thought they may appear to be feeble-minded but are not actually mentally retarded. For example, severely emotionally disturbed children sometimes appear feeble-minded.

Persons entering the school may do so either on a voluntary or involuntary basis. The procedure in court cases (involuntary admissions) is described in another section of this book.

Admission Procedures

If the eligibility of a person has been established and there is room at the school he will be admitted. He is received at the registration office where the date of his admission, the names of persons bringing him to the school and other pertinent information are recorded. He is also given a physical examination.

Following this he is placed in the school hospital for a period of 10 days to two weeks where he receives inoculations and is examined and observed further by the school staff. On the basis of this study his mental character is established and he is assigned to an appropriate building for permanent residence.

TRANSPORTATION: The school itself provides no transportation. However, local county welfare offices may be helpful in making the necessary arrangements.

RELATIVES' PART: The relatives of a person being admitted to the school are interviewed by members of the staff to obtain social history information and to give the relatives an opportunity to ask questions about the school. The local county welfare workers may be able to help in providing medical and social history about an individual when he is first admitted to the school.

Services Available

The primary services offered are:

- Academic and vocational education
- Social training
- Medical care

The academic program is carried out mainly through an elementary school which operates on a basis similar to a public school. The main difference is that it functions at a slower tempo. Facilities for vocational training include a wood-working shop, farm, garden, orchard, dairy, sewing room and shoe repair shop. Although social training is incorporated in the total training program, it is a particularly important aspect of the recreational activities.

The school hospital has facilities for housing 65 patients. There is also a tuberculosis annex with 40 beds. The hospital is serviced by staff physicians, nurses and regular consultants from the city of Glenwood. In addition, members of the staff of the State University Hospitals at Iowa City are available as consultants and persons from the school may be referred to Iowa City for treatment.

Routine and Special Activities and Policies

There are five central dining rooms in the school. Some persons may eat in their wards when it seems advisable.

Activities in addition to the regular training program include:

- Movies
- Dances
- Band and orchestra concerts
- Programs by children in conjunction with their school work
- Programs such as plays, concerts and magic are presented by amateur and professional talent visiting the school
- Indoor games
- Supervised outdoor activities such as sledging in the winter and softball in the summer
- Holidays and birthdays are celebrated
- Some children are privileged to go downtown to shows on Saturdays
- Parades, ballgames, etc., outside the school grounds may be attended under supervision, providing a person's record is good at the school
- Barber shops are maintained in each building
- A beauty parlor is maintained with an instructor who does the work and teaches some of the girls to help in wards with the smaller children

The academic department frequently takes classes on short trips to see facilities or activities which are being studied

General Information and Regulations

CLOTHING: Relatives are expected to provide sufficient clothing for a person's trip to the school and to make available all the usable clothing he has at the time of admission. The school will provide additional clothing needed during residence there; however, relatives who are able may continue to provide clothing if they desire. Laundry services are provided.

VISITING: A person may be visited any day of the week, preferably between the hours of 9:30 and 11 A.M. and 2 to 4 P.M. However, exceptions are made to these hours as warranted in individual cases by such factors as illness or difficult travel arrangements.

Visiting is encouraged by the school. This includes not only visiting by relatives but also by groups and individuals who are interested in the school and its activities. Tours may be arranged by contacting the superintendent.

When a person attending the school becomes ill his family or guardian is notified immediately.

No housing, hotel or dining room facilities are available at the school for relatives or other visitors.

PERSONAL FUNDS: It is desirable for a person to have some personal funds at the school. Individual accounts are kept and are subject to withdrawals for such items as craft materials, toiletry articles, confections, etc. The school has some funds available for persons whose families are unable to supply any money. In addition, some persons are able to earn small amounts of money by doing some part-time work in the school.

Two canteens are maintained. No cigarettes are sold at the canteens but smoking materials are available.

Discharge and Related Procedures

A person may leave the school under several

conditions. He may be transferred to another agency for permanent or temporary treatment; he may leave on vacation; he may be placed on a supervised job outside the school and eventually discharged, or he may receive a direct discharge to his family, for example.

When the school staff decides that a person can be self-maintaining in society his discharge is recommended to the state Board of Control which makes the official decision in each case. The social service department of the school finds outside living placements and jobs for such persons and supervises their adjustment. Often a person may be supervised at a work placement for from 30 to 90 days before being officially discharged or returned to the school. The social service department works in collaboration with the local county welfare workers who frequently secure job placements and do supervision.

Persons from the school frequently go on summer vacations (from June to September) and vacations of varied lengths during the remainder of the year. These vacations are usually spent with relatives, at their request and with the approval of the staff in cases of persons admitted on an involuntary basis. After the first 10 days of the vacation, the individual is dropped from the school rolls and is reinstated upon his return.

Anyone who is found to be suffering from serious emotional or nervous disturbances while attending the school may be referred to a mental health institute for care and treatment.

Release of Confidential Information

Information concerning a person currently at the school or who has formerly been there is released at the discretion of the superintendent. When asking about a person his full name should be given.

For additional information write to

The Superintendent
Glenwood State School
Glenwood, Iowa

Woodward State Hospital and School

Location

The state hospital and school is located in Boone county, one mile north of the town of Woodward and approximately 32 miles northwest

of Des Moines. The main street of Woodward leads directly toward the hospital. It consists of a group of brick buildings in a large campus and farm area. Phone 333, 332 and 600.

Functions

This is a state institution with a two-fold function — the care and treatment of epileptics and the care and training of the mentally deficient. It is under the control and direction of the Board of Control of State Institutions.

Bed Capacity and Staff

The normal capacity of the institution is 1,280. However, recently the population has averaged around 1,700.

TREATMENT AND TRAINING STAFF	
Physicians	6
Nurses	5
Social workers	3
Dentists	1
Vocational staff	3
Academic staff	12
Psychologists	1
Chaplains	5
Attendants	106

Who Is Eligible for Service

In general, any person who is an epileptic or so designated by a doctor's certificate and any person whose mentality is at the moron level or lower as determined by psychological tests is eligible for admission, providing he has resided in the state of Iowa at least one year preceding the date of application for admission. In the case of children, their parents or guardians must have lived in Iowa for at least one year. There are no age limitations and persons at this institution range in age from a few months to around 80 years old. However, anyone suffering from a psychosis is not eligible for service.

Epileptics are accepted from all over the state. However, feeble-minded persons are accepted only from the northern part of Iowa. See the map on page 30 for a presentation of the counties included.

Costs

The average monthly cost per patient, whether voluntary or committed, ranges from about \$45 to \$55. This includes all costs, housing, food, clothing, medical care and training. This charge is made quarterly to the county auditor of the county of the patient's residence, who makes payment to the state treasury from county funds. The county may make arrangements for reimbursement to the county treasury from the patient, his estate or responsible relatives or any other party that may be legally responsible for the patient, according to their ability to pay.

Blue Cross or other hospital insurance plans cannot be applied toward payment by relatives.

How to Apply for Service

Persons may enter the hospital and school either on a voluntary or involuntary (committed) basis. A description of the legal commitment procedure in the involuntary cases is given in another section of this book.

Voluntary applicants must use a standard application blank which may be obtained from the superintendent of the hospital and school or they may consult their county welfare worker for assistance in making application. The form must be filled in as completely as possible and signed by both of the parents of the person who is to be admitted, if they are living, or his guardian or nearest relative. They must be countersigned by either the county attorney or one member of the board of county supervisors of the county in which the applicant resides.

All persons, whether acting on a voluntary or involuntary basis, are admitted in the order of their applications. No applicant may come or be brought to the institution until notified to do so by the superintendent. An exception may be made to this rule when an emergency is shown to exist.

If there is some doubt as to whether a person is mentally deficient or not, arrangements may be made for psychological testing through a county welfare office, superintendent of schools or local physician. Occasionally persons are referred to the out-patient department of the State Psychopathic Hospital at Iowa City, particularly when it is thought that a person who appears to be feeble-minded actually may not be mentally retarded. For example, severely emotionally disturbed children sometimes function as if they were feeble-minded.

Admission Procedures

Whenever a patient has been notified that he can be received on a specified date, he is brought to the administration building where he is received by the receptionist who fills in an admission form and interviews him for any social history information which has not been previously received. The receptionist also discusses information about visiting, vacations, sick notices, etc., with the relatives who have accompanied the person to be admitted. The patient is then met by the supervisor who takes charge of his personal belongings and places him in the receiving ward where he remains until all examinations are completed. These examinations include medical examination, laboratory tests and psychological tests.

Through the process of mental examination,

observation and the psychological tests an attempt is made to assign the patient (either epileptic or feeble-minded) to a group with similar intelligence level, in so far as age, sex and physical conditions permit.

RELATIVES' PART: In most cases relatives should accompany the patient to the institution in order to give social and medical information which may be needed. They also have an opportunity to learn more about the operation and regulations of the hospital and school.

County welfare workers are often helpful in contacting relatives and other sources in order to provide the needed medical and social history for the use of the staff.

TRANSPORTATION: The Woodward State Hospital and School does not provide transportation. Persons who have difficulty in making transportation arrangements may secure help from their county welfare office.

Treatment and Training Available

Routine medical, surgical and dental care
Psychotherapy on an individual and group basis

Music therapy	Academic training
Art therapy	Occupational therapy
Vocational training	Recreational therapy
Play therapy for children	

The subdivisions of the academic department, in addition to the routine classes, include special classes in speech, remedial reading and human relations. There is also an instrumental and vocal music program. A special "sense training program" is employed for the more severely mentally-retarded persons.

The sub-divisions of the vocational training department consist of occupational therapy, manual training, home making and agricultural training. The principal function of this department is the preparation for job placements either in some department of the institution or in preparation for job placement in the community. It continues the training for those students who have finished their academic training.

Medical wards, dispensary and surgical facilities are maintained for the treatment of routine medical problems. Special medical problems may be treated at the institution with consultant service from specialists in Des Moines and Iowa City and other communities, or they may be referred to the University Hospitals at Iowa City for treatment.

Routine and Special Activities

Movies	Dances
Band concerts	Club activities

Barber shop	Radios
Picnics	Phonographs
Singing groups	Television
Band	Religious services

Library activities
Boy Scouts and Cubs
Girl Scouts and Brownies
Table games, including cards
Swing band and orchestra
Programs presented by patients and staff
Programs presented by outside professional and amateur talent

Indoor games, including pool and Ping-pong
Athletic activities including football, basketball and baseball

Birthday and holiday celebrations

Activities outside the hospital include concerts, carnivals and Farm Bureau functions.

Approximately 250 volunteer workers from surrounding communities, supplemented by 500 persons from sororities and fraternities, assist individually and in groups with the total activity program of the hospital and school.

WORK AREAS IN WHICH A PERSON MAY BE EMPLOYED

Laundry	Wards
Garden and lawn	Sewing rooms
Farm	Kitchens
Power house	Pharmacy dispensary
Bakery	Dental office
Carpenter shop	Cannery
Paint shop	Janitor work
Store rooms	Maintenance and
Shoe shop	repair work

General Information and Regulations

CLOTHING: The type of clothing usually worn at home is suitable for use at Woodward. Whenever possible, parents or other relatives or guardians are expected to furnish clothing. If it is not available from any other source the hospital will furnish the needed garments. Six or more complete outfits with at least one for dress-up occasions are considered ample for most persons.

VISITING: Visiting hours are from 9 to 11:30 A.M. and 1 to 4 P.M. on Tuesdays, Thursdays, Sundays and holidays. Patients may not have visitors during the first four to six weeks after their initial admission.

Money or other gifts not considered dangerous or hazardous may be brought for a person at the institution but they should be presented to a staff member rather than directly to the patient. This will permit the items to be recorded and money to be deposited in the patient's individual account in the business office. Packages and

money sent to a patient through the mail should be addressed to the superintendent, with the full name of the person for whom they are intended plainly indicated.

There are no lodging or dining facilities at the institution for visitors.

PERSONAL FUNDS: Patients need a personal fund for incidentals such as toiletry articles, confections, cigarettes, etc. Such funds are kept in individual accounts in the business office. Patients are provided with canteen cards every two weeks, if so requested upon a signed withdrawal slip. No actual currency is withdrawn except for some expense not otherwise covered or for some item not carried in the canteen.

Limited funds are available at the institution for persons whose relatives or guardians are unable to supply any money. Also many of the patients are able to earn money through various types of work activities.

Discharge and Follow-up Procedures

A person may leave the institution by direct discharge, parole, on a visit, convalescent leave or by referral to another agency for temporary or permanent care and treatment.

If the patient is admitted to the institution upon a voluntary application, which is in no sense a commitment, he may be directly discharged to his parents or guardian upon request. If the parents do not wish the patient discharged they may request a leave of absence for any length of time from a few days up to a year. This in effect means that the patient may be returned to the institution should it become necessary, without further action.

In the case of a committed patient the approval of the Board of Control of State Institu-

tions must be obtained before the person may be released.

In any case a medical check-up and a clothing check are made and prescriptions for any medication which the patient may require are issued. The parents or guardian sign a slip acknowledging the assumption of responsibility for the patient. They also sign a clothing slip.

If a voluntary patient is removed from the institution against medical advice it is necessary for the parents or other responsible person to sign a form releasing the institution and its staff from any further responsibility for the patient. Such patients can be returned to the institution only by court commitment.

If a patient is found not to be suitable for care in this institution, he may be transferred by order of the Board of Control, upon the recommendation of the superintendent, to the institution offering the appropriate care and treatment.

A home and work placement program to facilitate the social rehabilitation of the patients is being carried out by the social service department. As patients become sufficiently trained, they are placed in the community and kept under supervision until discharge is effected.

Release of Confidential Information

No routine reports are made to any person or agency. Information concerning a patient or a former patient is not given without the written consent of the parents or guardian, except in cases of government or legal agencies making such inquiry in an official capacity.

For additional information write to

The Superintendent

Woodward State Hospital and School

Woodward, Iowa

Section of Psychological Services

DIVISION OF CHILD WELFARE

STATE DEPARTMENT OF SOCIAL WELFARE

Location

The psychologists of the Section of Psychological Services travel throughout the state, making their services available in local communities, usually at the county seats. The central

office of the service is in the State Office Building, Des Moines, Iowa.

Functions

This section of the State Department of Social Welfare is intended to give services which sup-

plement the work of social workers, public or private, in connection with their work with children. The services are primarily consultative in nature, assisting local persons in their treatment planning as they work directly with a child. Diagnostic and consultation services are given to help provide a picture of the child's abilities, capacities and personality.

STAFF

Psychologists

6

Who Is Eligible for Service

Referrals are accepted from public or private social agencies, juvenile probation offices, schools and public health services. Service is normally limited to persons under 21 years of age; a person over 21 is eligible only if it is felt that the service given him is related to the welfare of a child.

Service is statewide in coverage but because of the large numbers of requests for service, it may be limited to those situations where the need is greatest and where future corrective treatment is possible. At the present time all referrals meeting age requirements are accepted.

There are no financial or residence requirements for eligibility.

Agencies frequently request service for help in planning treatment for children with personality disorders, or for children who are mentally or physically handicapped, or for children who are being considered for foster home or adoptive placement.

Costs

There is no charge for this service.

How To Apply for Service

Written referrals for psychological services should be sent by agencies to:

Director

Division of Child Welfare

Department of Social Welfare

State Office Building

Des Moines, Iowa

Attention: Supervisor, Section of
Psychological Services

Such referrals should include the form, "Referral for Psychological Services." (CW-4104), to which is attached the "Social Case History," (suggested outline form CW-0606). The "Physical Record," (CW-0602), also must accompany the referral so that it will be available prior to the time the child is seen by the psychologist. These forms may be obtained by request from the State Division of Child Welfare or from the county departments of social welfare.

Acceptance Procedures

When the referral materials are received, the supervisor of the psychological services reviews them to verify the suitability of services in the particular case, to consider the type of evaluation that needs to be made, and to consider who of the available psychologists is best suited to make the evaluation. Following this, the case is assigned to one of the staff psychologists and is placed on his schedule. The referring source is then notified of the date scheduled for the examination. For scheduling purposes the state has been divided into five districts, with the services made available in each district at approximately five-week intervals. In emergency cases 48 hour service is usually available.

The psychologist arranges his own transportation. The place for conducting the examination is arranged according to the circumstances in the individual case.

Services Available

Psychological testing and evaluation are the principal services. Depending upon the problem, the psychological study may provide:

1. Measures of intellectual functioning.
2. An evaluation of the outstanding characteristics and traits of an individual and the usual methods of expression.
3. A survey of the motivation and manner of thinking of an individual taking into consideration his needs, aspirations, attitudes and interests.
4. A picture of the usual way he reacts to pressures, success and failure.

For the psychological test to be as meaningful and useful as possible, it is important that both the child and his parents have an adequate understanding of the reasons for referral and the examination process. Sufficient interpretation may prevent unnecessary emotional strain and help the child put forth his best efforts during the examination.

Service Procedures

In addition to talking with and testing the child or person referred for immediate service, the psychologist frequently talks with members of his family and other individuals who are directly interested in the case.

Following the completion of the interviews and testing, it is customary to plan a conference with the persons involved in referring the child for the psychological study. This is known as a "case clinic." The group may include, in addition to the worker referring the case, such persons as the public health nurse, school officials, court

officials or other similar persons directly concerned. The time for the conference is arranged by the area child welfare consultant and the psychologist. The child welfare consultant is responsible for leading the conference. The consultant calls on the psychologist to present his findings and recommendations, helps the group make appropriate plans and helps it decide which persons present will be responsible for carrying them out.

The psychologist will send a detailed written report and recommendations to the referring agency at a later date.

When parents are particularly interested in the findings of the psychologist, arrangements may be made for them to talk with him alone or together with the worker who made the referral.

Other Services

Psychologists from the Section of Psychological Services participate as part of the staff in the statewide clinics conducted by the State Services for Crippled Children and furnish psychological

services to the Vocational Rehabilitation Division of the State Board for Vocational Education.

Termination of Service

Service is considered to be terminated with the completion of the examination, interviews and group conference, although the written report of the psychologist will be received at a later date.

Responsibility for follow-through on the use of the service is left to the referring agency. Although the Section of Psychological Services is interested in the progress of each case with which it works, it usually is not able to initiate follow-up contacts, and is dependent upon the referring agency or another source for progress reports.

Release of Confidential Information

The information obtained in carrying out the psychological services program is protected to the same degree as other child welfare case material. It is not considered "privileged" information but may be used by those agencies and persons concerned in planning for the welfare of the person to whom service has been given.

Psychiatric Unit of Broadlawns

POLK COUNTY HOSPITAL, DES MOINES

Location

18th and Hickman Road, Des Moines, Iowa. The unit is located in the main hospital building which is on the northern side of the city of Des Moines.

Functions

Broadlawns is the county hospital for Polk county and the city of Des Moines. The psychiatric unit of the hospital provides temporary housing for persons suffering from mental illnesses, pending diagnosis and referral to an appropriate public or private mental health facility for further care and treatment.

Bed Capacity and Staff

The bed capacity of the psychiatric unit is five rooms, one bed per room.

TREATMENT STAFF

Psychiatrists of Des Moines contribute their time on a voluntary and part-time basis.

They rotate the responsibilities of conducting examinations, giving consultations and being on call in emergencies.

One social worker on the hospital staff is assigned to psychiatric unit cases.

Nurses and orderlies serving the floor of the hospital where the unit is located are available. Appropriate supervision is provided as needed.

Who Is Eligible for Service

Ordinarily only persons with legal settlement in Polk county are eligible for service. However, anyone may be admitted to the unit if it is felt it is in the interests of the community. Usually the persons admitted are those who require emergency hospitalization until arrangements can be made for care and treatment elsewhere.

Costs

The costs are assumed by the county unless the patient or his family is able to pay all or

any part of the cost of hospitalization. This will be determined on the basis of information on the application form at the hospital. For those who are able to pay, \$15 is the daily cost. This is a basic cost and does not include other possible expenses.

TRANSPORTATION: Responsibility for arranging transportation to and from the hospital and payment of the cost may be assumed by the county if the patient or his relatives are unable to manage these matters.

How To Apply for Service

A person may be aided in securing hospitalization for himself, a relative or friend by contacting the hospital. In all cases the routine application form for Broadlawns hospital is completed. However, this may or may not be completed before a person is housed in the psychiatric unit.

Admission Procedures

A person who is seriously disturbed is housed immediately in the psychiatric unit. Otherwise he is first seen by a psychiatrist.

Psychological tests are given at the recommendation of the psychiatrist.

RELATIVES' PART: One or more relatives who have been in close contact with the patient are requested to accompany the patient to the hospital in order to give the social history information necessary in making diagnosis and recommendations.

Services Available

Diagnostic, recommendation and referral services only.

Any special medical problems that may arise are handled by the hospital staff.

If it is felt that commitment to a public or private institution for the mentally ill is required in a given case, facilities are available for con-

ducting the necessary hearing; the public officials involved in such proceedings come to the hospital.

The Polk County Welfare Department may work closely with the hospital in facilitating all phases of a person's hospitalization.

Routine and Special Activities

There is no activity program at this time (spring of 1952).

General Information and Regulations

CLOTHING: Patients receive bed rest while in the hospital and the necessary garments are furnished.

VISITING: Usually a patient in the psychiatric unit will be unable to have visitors. The psychiatrist designates who may have visitors.

Discharge and Related Procedures

Persons are hospitalized in the psychiatric unit only until arrangements can be made for their treatment and care elsewhere. A person may be ordered to a public or private institution for the mentally ill directly from the hospital. (Commitment procedures are described in another section of this book.) Then again a patient may return to his family after diagnosis and recommendations are made. In every case, recommendations are discussed with the patient or his relatives and they participate in the planning whenever possible.

Release of Confidential Information

Information concerning a patient is considered confidential and is given out only by authorized members of the hospital's professional staff.

For further information write to

Administrator
Broadlawns—Polk County Hospital
Des Moines, Iowa

Black Hawk County Mental Health Center

WATERLOO

Location

420 West 11th Street, Waterloo, Iowa—phone 2-5085. The center is located on U. S. Highway 218 in a business area in the southwestern section of the city.

Functions

The principal functions of the center are:

1. To provide out-patient treatment for personality and behavior disorders of children and adults not in need of hospitalization; that is, to

work chiefly with persons whose emotional disturbances are in early stages when the prospect of cure is greatest.

2. To provide psychiatric consultation service when this service is not otherwise available.

3. To serve mental hospitals by providing pre-hospitalization counseling to the patient and members of his family.

4. To provide mental health education in the form of lectures, films, conferences, pamphlets, etc.

5. Consultation services for other agencies—weekly.

The center is supported by the Iowa Mental Health Authority, the Board of Supervisors of Black Hawk County, the Community Chests of Waterloo and Cedar Falls and also by other private contributions.

TREATMENT STAFF

Psychiatrists and physicians	1
Social workers	2
Psychologists	1
Voluntary workers on a part-time basis	1

Who Is Eligible for Service

This center is intended to serve persons living in Black Hawk county. However, exceptions are occasionally made, when circumstances warrant. There are no age limitations but the majority of persons served are children and young adults.

A person who is examined at the center and found in need of hospitalization will not be eligible for continued treatment at the center.

Persons who can afford private psychiatric treatment are not eligible for service. Patients on parole from state mental health institutes are usually not accepted for service although discharged patients from these institutions are accepted. Any adult over 21 who has a criminal charge against him is not eligible for examination. If the charge is dismissed or if he is on parole he may be eligible.

The center is reluctant to accept anyone for service who does not recognize his own need for treatment. However, such a person will be accepted for a diagnosis only.

Emotional difficulties treated may include marital problems, primary behavior disorders of children, adult maladjustment, psychoneurosis and certain forms of psychosis such as depression.

Costs

Diagnostic and treatment fees are on a graduated schedule, based on the individual's ability to pay. Many clients do not pay full fees.

The full cost of diagnosis is \$15, including initial interviews with a social worker, psychological testing and psychiatric interview.

The maximum cost for each treatment interview is \$5. These fees begin after diagnosis has been determined.

How To Apply for Service

The center has no standard form to be filled out and submitted by an applicant. A person desiring service may telephone or come to the center in person to arrange an examination appointment (diagnostic appointment). The examination process may actually involve several appointments. It is preferred that the person in need of service make the initial application himself. However, in cases where only diagnostic services are desired, a person or agency frequently makes the application for the person to be examined.

Admission Procedures

During the examination or diagnostic session the person is interviewed by the social worker for social history information and interpretation of the agency's services and operation. At this time the psychiatrist makes his psychiatric examination and psychological tests may be given by the psychologist.

At a meeting of the staff of the center, the facts in each individual case are presented and diagnosis and recommendations are developed. If a person is to continue treatment sessions at the center, a decision is made as to which member of the staff he will see. An appointment schedule is then arranged.

TRANSPORTATION: The mental health center provides no transportation.

Services Available

DIAGNOSIS: In diagnostic cases, after the person is examined and interviewed by the staff members, a staff meeting is held during which diagnosis and recommendations are developed. These are then presented to the interested person or persons involved. Occasionally a case may be referred to the out-patient department of the State Psychopathic Hospital at Iowa City, or to the Mental Health Institute at Independence for further examination or treatment.

TREATMENT

Psychotherapy, on an individual basis

Case work, on an individual basis

Group therapy

Play therapy may be used in children's cases

A person receiving continued service usually

begins with individual treatment sessions. If it is advisable he may later begin to participate in group sessions.

At any time that special medical problems are seen to exist referral is made to appropriate medical specialists or to the person's family physician.

COMMUNITY SERVICES: Members of the staff of the mental health center are available for speaking engagements and participation in community education programs on mental health. Information can be obtained at the center concerning movies, pamphlets, etc., which are available for distribution through the Iowa Mental Health Authority.

Termination of Treatment and Follow-up

Each case is considered in a meeting of the

entire staff when termination of treatment is considered. For the most part, closing the case is discussed with the client. In some cases, he may prefer to cut down on the frequency of his visits to the center before finally terminating treatment altogether.

Treatment at the center may be terminated by referral to another agency when it is felt the client may be more appropriately served there.

Release of Confidential Information

No information about the client is given out by the center unless the client gives his written consent.

For additional information write to

Executive Secretary
Black Hawk County Mental Health Center
Waterloo, Iowa

Des Moines Child Guidance Center

Location

400 Garver Building, 707 Locust Street, Des Moines, Polk county, Iowa. The center is on the fourth floor of the Garver Building which is located in downtown Des Moines on the west side of the river.

Functions

This is an out-patient clinic intended primarily for the diagnosis and treatment of psychological problems of children and adolescents. The staff also participates in community mental health education programs and the clinical training of professional personnel in the mental health field. The center is financially supported by the Des Moines Community Chest, the Iowa Mental Health Authority and the Polk County Board of Supervisors, and is sponsored and guided by a rotating board of directors of 18 Des Moines residents.

TREATMENT STAFF

Psychiatrists and physicians	
(part-time)	2
Social workers (full-time)	1
Trainees	2
Psychologists	2
Psychologists, interns	2
Pediatricians, resident from	
Blank Hospital	1

Who Is Eligible for Service

The center serves infants, children and adolescents up through the age of 18. The majority of the clients are from the city of Des Moines. A smaller group comes from the remainder of Polk county and a few from other parts of Iowa.

The types of problems for which service may be given vary from minor behavior and emotional difficulties at home or at school, which may be cleared up in a matter of weeks or months, to serious nervous and emotional disorders constituting psychiatric illnesses which may need an extended period of intensive treatment.

At the discretion of the staff, parents or persons with whom the child makes his home may come to the center regularly when this is considered necessary to the successful treatment of the child.

Cases may be accepted for diagnostic study culminating in recommendations only, or they may be accepted for consideration for continued treatment at the center. Final eligibility for continued treatment is determined by the staff after an evaluation of the individual case has been made. The diagnostic process usually takes several visits. Acceptance for continued treatment is based on the need for treatment, the estimated capacity of the individual to benefit from it and

the degree to which the family is willing to co-operate in the treatment process.

Costs

Fees for service are on a graduated schedule, based on ability to pay. No applicant is rejected because his family is unable to pay the costs. However, families who can afford to pay for at least part of the cost are asked to do so.

The cost for diagnostic study ranges up to \$35 and includes four to seven interviews. These interviews or examinations may include contacts with the social worker, psychologist and psychiatrist.

The fee charged for single interviews, other than those included in the diagnosis, ranges from no charge up to \$7.50 each. Actual operating cost of the center averaged \$10.55 per visit in 1951.

How To Apply for Service

Service for an infant or child can be arranged either directly by his parents or by referral through a physician, social agency, court, etc. Adolescents occasionally request service themselves.

A person desiring service from the center may telephone, write or appear in person to arrange an initial interview. Because of the number of persons desiring service, this first interview may be scheduled shortly after a person first contacts the center.

Usually a form known as the Basic Information Record will be sent or given to the applicant. He is requested to complete the form and return it promptly.

Admission Procedures

The initial interview is with the psychiatric social worker. In the case of infants and children the parent or parents are always seen at this time. The child's problems, their development, and the family situation are discussed, as are the functions of the center and its mode of operation. The main purpose of this interview is to determine if the particular problems involved may be appropriately helped at the center, and if so, whether the parents want to proceed. If this seems true at this time, the case is assigned to members of the staff for further interviews to gain a greater understanding of the individual situation.

Interviews with the parents usually continue during the diagnostic period, and appointments for psychological examination of the child may be scheduled. An interview with a psychiatrist also may be arranged.

After diagnostic study, each new case is considered in a meeting of the staff and, in view of the facts obtained to that date, continued treatment may be recommended or the staff may decide that at this time the case does not appear to need or is not likely to benefit by continued treatment at the clinic. In that event, appropriate referral or recommendations are made. In some cases, the problem which brought the child to the center may have been helped sufficiently during the course of early interviews so that additional service is no longer necessary.

Because the demand for service is generally greater than the facilities of the center can satisfy, intake must be selective in terms of directing clinic service to those who can benefit the most; thus a variable waiting period, up to a month or more, may intervene between an application for service and arrangements for clinic appointments.

TRANSPORTATION: The center provides no transportation.

Services Available

1. Diagnostic study of children in relation to the total family group.
2. Psychological and psychiatric consultation available for the use of other agencies, the juvenile court and hospitals.
3. Treatment, including psychotherapy for parents and adolescents on an individual and group basis; play therapy and group therapy for children.
4. Community services: members of the staff are usually available for local speaking engagements and participation in community education programs on mental health.

Termination of Treatment and Follow-up

A case at the Child Guidance Center may be terminated by referral to another agency or to a private practitioner when it is felt they can provide more appropriate service. Service may also be terminated when the staff feels that maximum benefit from treatment has been achieved.

In each situation the exact procedure to be followed is talked over with the person involved and arrangements are made with the parents for an interview a year or so after consultation or treatment to review the progress and remaining problems of the youngster concerned.

Termination of service does not mean that a child may not be eligible for service at a later date if the need should arise.

Release of Confidential Information

Information concerning a person receiving service or who has received service at the center is

released only with his permission, in the case of an adolescent or an adult. The permission of a parent or parents or guardian is necessary in the case of an infant or child.

For additional information write to
The Director
Des Moines Child Guidance Center
707 Locust Street
Des Moines, Iowa

Des Moines County Mental Health Center

BURLINGTON

Location

522 North Third Street, Burlington, Iowa—phone 6890. The center occupies three offices in the Des Moines County Health Center.

Functions

This is an out-patient clinic offering psychiatric diagnostic services and treatment services for persons suffering from nervous and emotional difficulties which do not require hospitalization. In addition, the staff participates in community education programs for mental health. The center operates under the direction of a board of directors elected by its corporate members. It receives financial support from the Burlington Community Chest and the Iowa Mental Health Authority, and office space from Des Moines county.

TREATMENT STAFF

Psychiatrists and physicians (part-time)	1
Psychologists	1
Social workers	1

Who Is Eligible for Service

In general, any person living in Des Moines county and the surrounding territory is eligible for service. A person does not have to have established legal settlement, and financial status is not considered in establishing eligibility.

There are no limitations as to age or sex. However, persons who are found to have chronic illnesses such as senility are usually not accepted for continued service.

The majority of the persons treated at the center are children with behavior problems and adults who are suffering from emotional illnesses with symptoms such as worry and anxiety. A few of the patients at the center have severe emotional difficulties.

Costs

Fees for service are charged on a graduated basis, according to the individual's ability to pay.

For all services leading to diagnosis (psychometric examination, social history, etc.) there is a maximum fee of \$10.

For treatment interviews after diagnosis, charges are made on a sliding scale from 50 cents to \$3 per interview.

How To Apply for Service

A request for service may be made by phone or letter or by appearing in person at the center. At this time the staff uses an application form to obtain the following information about the person requesting service: name, address, telephone number, name of a responsible relative, and a brief statement of the problem for which service is being requested. At this time, also, an appointment is scheduled with a member of the staff for an initial interview.

Persons may contact the center and request service for themselves, or they may be referred by a physician, the public health service, a school official, a social agency, a mental hospital, a court or friends or relatives.

When a school official requests an appointment for a student he is given a "Request for Examination of a Pupil" form. The front sheet of the form is filled out by the school official and lists the pupil's name, address, the reason for referral and a brief history. After the student is seen at the center, the back of the form is filled out, giving the school a report of the findings.

A person who is to receive service may be given a "Physical Examination" form to be filled in by the patient's physician upon completion of the examination.

Admission Procedures

In the initial interview or interviews, the social

worker talks with the patient or his relatives (particularly in the case of a child) in order to obtain a history of the problem for which help is needed. The patient may be seen by the psychologist for diagnostic testing, which includes both the standard intelligence and personality tests.

Each case is discussed with the psychiatrist who is the consultant in charge of treatment. The psychiatrist may recommend that a case continue on at the center if the person can be appropriately treated there or he may be referred to another agency where more suitable help may be given the patient and his family. Occasionally a person may be referred to the State Psychopathic Hospital for further diagnosis and treatment if indicated. Also, it may be recommended that a patient be hospitalized on the basis that he is suffering from a serious mental illness which cannot be treated on an out-patient basis.

TRANSPORTATION: The center does not provide transportation.

Services Available

1. Diagnosis and recommendations
2. Continued treatment including:
 - Psychotherapy
 - Social case work
 - Play therapy
3. Community education for mental health through newspaper articles, radio programs and public speaking. Movies and pamphlets on mental health topics are also available through the center and are provided by the Iowa Mental Health Authority.

During the course of service a patient may be seen by each member of the staff or by only one or two of the professional personnel.

There is no set length of time for diagnosis and treatment. A contact may vary from one hour

to six months or a year, depending on the nature of the problem involved.

All cases under treatment are reviewed in a staff meeting each month.

Special medical problems may be referred to the patient's family physician or a specialist in the community for treatment. Occasionally a patient may be referred to the University Hospitals in Iowa City.

Termination of Treatment and Follow-up

Service may be terminated by referral to another agency, to a private practitioner or elsewhere. Sometimes it ends when diagnosis and recommendations have been completed and continued treatment at the center is not indicated. Service may also terminate with the mutual agreement of the staff and the patient that he has derived maximum benefit from treatment.

When treatment is completed, the patient is asked to return within a period of three months for follow-up study.

Release of Confidential Information

The center holds all information in strict confidence. The information concerning a patient which is available to a referring source is dependent upon the nature of the service given. Information may be submitted to agencies or physicians to whom a patient may be referred for further service. Such information is given with the patient's knowledge, or in the case of a child, with his relative's knowledge. In all other cases the consent of the patient (or a child's relatives) is required before information is released.

For additional information write to

Executive Secretary
Des Moines County Mental Health Center
Burlington, Iowa

Linn County Mental Health Center

CEDAR RAPIDS

Location

211½ First St., S. W., on the west side of the Cedar River in downtown Cedar Rapids—phone 3-9691. The mental health center offices are located on the second floor of the building.

Functions

The Linn County Mental Health Center was established to provide treatment for emotional problems, to work toward prevention of mental illnesses and to provide a source of education

concerning mental health. It has received financial support from the Iowa Mental Health Authority, the Linn County Board of Supervisors, the Community Chest, and from individuals and groups living in the Cedar Rapids area.

TREATMENT STAFF

Psychiatrists and physicians (part-time)	2
Social workers	2
Psychologists (part-time)	1
Physicians, other than psychiatrists and acting as assistant to the psychiatrists	1

Who Is Eligible for Service

In general, only persons who live in Linn county are eligible for service. A person does not have to have legal settlement, and financial status is not considered in deciding on eligibility. There are no limitations as to age or sex except that children under three years of age are usually not accepted for treatment.

Persons suffering from senility are not accepted for continued treatment.

Patients on parole or convalescent leave from state mental health institutes are usually not accepted for service although discharged patients from these institutions are accepted.

It is felt that a person who recognizes his own need for service will derive greater benefit from continued treatment at the center. Therefore, applications for service must be made by the person wanting service, or in the case of children or psychotic patients, by their relatives. This also applies to those persons needing diagnostic services only.

Emotional difficulties treated may include marital problems, behavior and emotional disorders of children, adult maladjustment, psychoneurosis and certain forms of psychosis such as depression.

Costs

Fees for service are on a graduated schedule, based on an individual's ability to pay. Most clients do not pay full fees and some do not pay any.

The maximum cost of diagnosis is \$15, including initial interviews with a social worker, psychological testing and staff meetings. It may include one or more psychiatric interviews.

The maximum cost for each treatment interview is \$5. Such interviews would follow the diagnostic process.

How To Apply for Service

The center has no standard application form.

A person desiring service may telephone or come to the center where he will talk with the receptionist and will be encouraged to tell briefly what he believes is his problem and to give an indication of what service he wants from the center. He is then given an appointment to talk further about his problem with a social worker.

Because of the large number of persons desiring service from the center, these interviews usually do not begin until two to three weeks after the original application has been made. In any case, when an emergency appears to exist, a person is given prompt service in order to determine what his immediate needs are.

Anyone who refers a person to the mental health center is encouraged to talk through the referral with the individual in question so that he can willingly make application for service. It has been found that persons who do not come willingly to the center frequently are unable to benefit from treatment.

Admission Procedures

This refers to admission for out-patient treatment only since the center is not directly associated with a hospital.

In adult cases, the person is seen first by a social worker for one or more interviews. These admission or intake interviews are intended to determine the person's impressions of the problems for which service is sought. The social worker explains the services and mode of operation of the center and it is then jointly decided whether the center offers the services appropriate in the individual case or whether referral to another agency would be more helpful.

If it is felt appropriate in the individual case, the person may be given psychological tests and may see the psychiatrist for one or more interviews, and he may continue to be given case work service by the social worker.

In child cases, the parent is interviewed by the social worker and the child is seen first by the psychiatrist or the psychologist.

In cases where only diagnosis is asked for, the procedure is limited to a study of the problem and its causative factors. In all cases the diagnosis is established through interviews with the client and a staff discussion of the findings. Frequently psychological testing and interviews with relatives, as well as interviews with the client, help in determining the diagnosis.

An original request for diagnostic services does not exclude a person from receiving continued treatment if this is available.

TRANSPORTATION: The mental health center provides no transportation.

Services Available

DIAGNOSTIC: Each person seen at the center receives diagnostic services. In some cases this comprises the total service given. Others may be accepted for continued treatment. Occasionally a person may be referred to the out-patient department of the State Psychopathic Hospital at Iowa City for further diagnostic work and treatment, if suitable, if the staff feels this need is indicated.

TREATMENT:

- Psychotherapy on an individual basis
- Play therapy for children on both an individual and group basis
- Case work on an individual basis

COMMUNITY SERVICES: Members of the staff of the center are available for speaking engagements and participation in community programs on mental health.

Community seminars are conducted by members of the staff for parents in the Cedar Rapids area. Common problems in rearing children are discussed with the purpose of preventing the development of behavior or emotional difficulties which would require intensive treatment.

Treatment Procedures

The staff member who gives an applicant his initial interview or interviews is not necessarily the person he will see for continued treatment.

If a person comes to the center with a marital problem his or her spouse is asked to come also and talk with the other social worker.

In child cases, the center works with the entire family. The parents are seen by the social workers and the child may receive play therapy.

Although the center does not require that everyone have a physical examination before re-

questing service, a person may be referred to his family doctor or, when he has none, to another physician for an examination or medical treatment if it is found advisable. If a person seeking service has recently had a physical examination, the staff requests his permission to get the findings.

Termination of Treatment and Follow-up

Each case is considered in a meeting of the entire staff when termination of treatment is considered. For the most part, closing the case is discussed with the client. In some cases, he may prefer to cut down on the frequency of his visits to the center before finally terminating treatment altogether. Treatment also may be terminated by referral to another agency when it is felt the client may be more appropriately served by the other agency.

Although the center does not require that a client return for checkups, it likes to hear how he is getting along. Sometimes a person may desire to resume treatment at the center at a later date.

Release of Confidential Information

No information about the client is given to anyone by the center unless the client gives his written consent specifying the individual or agency with whom the center may communicate. The amount and nature of the information given out is left to the discretion of the staff and is based on its value to the client.

The center makes inquiries about a client from individuals or agencies only with his written consent.

For additional information write to

Executive Director
Linn County Mental Health Center
Cedar Rapids, Iowa

Scott County Mental Health Center

DAVENPORT

Location

57 Schmidt Building, Second and Harrison Streets, Davenport, Iowa—phone 7-6214. The offices of the mental health center are located on the fifth floor of the building.

Functions

This is an out-patient clinic designed to give mental health service including diagnosis, treatment, consultation services and community education. It receives financial support from the

Davenport Community Chest, Scott County Board of Supervisors, the Iowa Mental Health Authority, fees and special contributions from groups within the community.

TREATMENT STAFF

Psychiatrists and physicians (part-time)	2
Social workers	2
Psychologists (part-time)	1

The center also receives service from a consultant in pediatrics and two consultants in neurosurgery.

Who Is Eligible for Service

In general, any child or adult living in Scott county, regardless of ability to pay, is eligible for service. There are no limitations as to age or sex.

Persons who have been found to have a chronic illness, including those suffering from senility, are usually not accepted for service.

Patients on parole or convalescent leave from state mental health institutes are usually not accepted for service although discharged patients from these institutions are eligible. Exceptions in individual cases may be made.

It is preferred that persons who are referred by another person or agency be motivated to want the help of the center, since a person who recognizes his own need for service will derive greater benefit from his contacts at the center.

Emotional and mental difficulties treated may include general adjustment problems, behavior and emotional disorders of children, adult maladjustment, psychoneurosis and certain forms of psychosis which are amenable to out-patient treatment. More than half of the persons who have been treated at the center have been children with behavior and personality problems.

Patients may be referred by social and medical agencies, physicians, schools, friends and others, or they may request service for themselves. The courts and law enforcement agencies frequently refer persons for diagnostic services.

Costs

Fees for service are on a graduated schedule, based on an individual's ability to pay. Most clients do not pay full fees and many do not pay any.

The maximum cost of diagnosis is \$15, including initial interviews with a social worker, a psychiatrist, psychological testing and a physical examination.

The maximum cost for each treatment interview is usually \$2.25. However, in the case of

a single person with an income of \$3,600 or more, or in the case of a married person with an income of \$5,000 or more, the fee may be raised proportionally.

How To Apply for Service

The center has no standard application form. A person desiring service may telephone or come to the center in order to arrange an initial interview.

Admission Procedures

When a patient or a member of his family first comes to the center, he is interviewed by a social worker. Following this he may be scheduled for interviewing and testing by the psychologist and one or more interviews by a psychiatrist.

During the initial interview the history and nature of the problems for which service is sought are discussed and the social worker explains the services and mode of operation of the center. It is then jointly decided whether the center offers the services appropriate in the individual case or whether referral to another agency would be more helpful. If referral is decided upon the person is usually not interviewed by the psychiatrist or a psychologist.

All new cases, and some which have been referred elsewhere, are considered in a meeting of the professional staff for purposes of evaluation and establishment of a diagnosis. A plan of treatment is formulated for cases which are continuing at the center.

All persons under 17 years of age who come to the center for service are automatically given a psychological examination.

TRANSPORTATION: The mental health center provides no transportation.

Services Available

All persons not immediately referred to another agency receive diagnostic services. In some cases this comprises the total service requested and it is limited to a study of the problem and its causative factors. Diagnosis is developed through interviews with the individual and a staff discussion of the findings. Frequently it is found helpful in determining diagnosis to have psychological tests and interviews with relatives as well as with the patient.

TREATMENT

Psychotherapy on an individual basis

Play therapy for children

Social case work on an individual basis

A special group session is being planned for mothers of young children who are being treated at the center.

Special medical problems may be referred to the patient's family physician or a specialist in the community for treatment. In some cases referral may be made to University Hospitals or Psychopathic Hospital in Iowa City.

COMMUNITY SERVICES: The staff of the center is ready to speak before or consult with any community group about mental health problems. The center has a selection of books and pamphlets dealing with mental health topics which will be loaned for a limited time to groups or individuals. Selected mental health films are available through the center from the Iowa Mental Health Authority, and a member of the staff will lead a discussion of the film before any group on request.

Treatment Procedures

The staff member who sees an applicant for his initial interview or interviews is not necessarily the person he will see for continued treatment.

If a married person comes to the center for service, his or her spouse is usually asked to come also.

While a child or parent is being seen by the psychiatrist, the social worker usually talks to the other members of the family.

Termination of Treatment and Follow-up

Service at the center may be terminated by

referral to another social agency, a private practitioner or elsewhere. Service may also be terminated when the staff and patient mutually decide that the patient has received maximum benefit from treatment.

When a person misses regularly scheduled interviews, he may be contacted by the social worker in order to discover his reasons for missing the appointments and to discuss whether or not the person desires to continue receiving service.

Termination of service does not exclude a person from resuming service at a later date.

Release of Confidential Information

Information about a person who is receiving or who has received service from the center is given out only with the consent (usually written) of the person concerned. If the staff feels that it is advisable to contact other persons or agencies about a patient at the center, this activity is discussed with him in advance.

When a person is referred to another agency for service, information may be given to the receiving agency.

For additional information write to

The Executive Secretary
Scott County Mental Health Center
Davenport, Iowa

Veterans Administration Hospital

KNOXVILLE

Location

Knoxville, Marion county, Iowa. The hospital consists of a group of brick buildings located on the west side of the city and just north of highway 92.

Functions

This is a federal hospital for the care and treatment of veterans suffering from all forms of nervous and mental disorders. It is officially known as a neuro-psychiatric hospital, and serves Iowa and parts of surrounding states. Approximately 50 percent of the patients list Iowa as their state of residence.

Bed Capacity and Staff

The bed capacity of the hospital is approximately 1,600.

TREATMENT STAFF

(Each figure may vary during a year's time.)

Psychiatrists and physicians	12
Psychologists	2
Psychology trainees	2
Social workers	5
Social work trainees	1
Nurses	60
Student nurses	30
Attendants	370

Occupational therapists (including aides)	37
Musical therapists	1
Physical therapists and corrective therapists (including aides)	17
Dentists	3
Manual art therapists	7

In addition, personnel from the contact office, rehabilitation departments, etc., work with the patient while he is in the hospital.

Who Is Eligible for Service

Veterans whose emotional or nervous illness is service-connected (i.e. can be shown to have been caused or aggravated by their service experience) are given first priority. A service-connection may be established at the time of discharge from service and be a part of the veteran's Veterans Administration record (claims file) or it can be established later, following the veteran's filing of a claim for compensation with the nearest Veterans Administration office.

Veterans whose illnesses are not considered service-connected may be put on the waiting list and admitted when a vacancy occurs and when there is no veteran with a service-connected illness requesting admission. Such veterans must sign a statement indicating they are unable to afford private hospitalization.

The hospital will accept a veteran referred by a county commission of insanity providing he is not subject to legal prosecution or punishment following his discharge from the hospital and is otherwise eligible.

No veteran with a dishonorable discharge is eligible.

The types of illnesses accepted for treatment include the psychoneuroses, psychoses, and neurological disorders.

Costs

All basic costs of hospitalization including food, shelter and treatment are assumed by the Veterans Administration. The veteran is expected to pay for clothing, refreshments, cigarettes, toilet articles, gifts, etc., from his own income which may often include disability compensation checks from the government.

In a few cases where a veteran is without funds, he may be declared eligible to receive his clothing and other personal wants from the Veterans Administration.

How To Apply for Service

Application for hospital care and treatment is made by means of V.A. Form 10-P-10 which may be obtained from the nearest Veterans Ad-

ministration office or by writing to the registrar of the hospital. Part of this form is completed by the veteran or someone acting for him and the remainder is filled in by a physician. After the form is completed it should be submitted to the registrar of the hospital or to the Veterans Administration Regional Office, Valley Bank Building, Des Moines, Iowa. It is then processed to determine the applicant's eligibility and the need for hospitalization. If he is eligible and in need of hospitalization, he is notified of a date to report for admission. Arrangements for emergency admission to the hospital may be made by contacting the hospital's chief of professional services or his representative.

The completed form 10-P-10 should be submitted whether the veteran is to be a voluntary or committed patient. The procedures on commitment are described in another section of this book.

A voluntary patient is expected to sign an agreement to the effect that he is willing to abide by hospital rules and will give 10 days' notice before leaving the hospital.

Admission Procedures

TRANSPORTATION: Arrangements for the costs of transportation are made on an individual basis. If transportation cannot be provided by any other source, the Veterans Administration will assume the costs.

A veteran should not plan to drive himself to the hospital unless he has made arrangements for another person to return his car. The hospital does not have storage space for such vehicles.

HOSPITAL ROUTINE: Each new patient is admitted to the acute-intensive treatment building, number 102, unless he is suffering from tuberculosis in addition to his psychiatric illness.

The patient is met by the nurse in charge, is interviewed by the admitting physician and is given a physical and mental examination. Valuables and prohibited articles are listed by a clothing clerk and stored in the clothing room safe. The patient's clothing is prepared to be sent to the sewing room to be marked and the patient is issued other clothing to wear until this is done.

Following his admission the patient is given routine laboratory tests, dental examination and psychiatric examination.

On referral from the ward physician, the patient is usually interviewed by a social worker who talks with him concerning problems he may have in relation to coming to the hospital and also obtains social history information.

Also on referral from the ward physician, the

patient is usually seen by a psychologist and is given psychological tests.

RELATIVES' PART: It is preferred that one or more close relatives of the patient accompany him to the hospital in order that they may be interviewed by a member of the social service department. In this way, they will have an opportunity to give necessary social history information, learn more about the hospital and its operation and talk over problems connected with the veteran's hospitalization.

If the medical staff feels that certain treatment procedures are indicated (such as electrotherapy, insulin therapy or psychosurgery), a relative or guardian is requested to sign a form giving permission for their use.

Treatment Available Includes

Psychotherapy on group and individual basis	
Electrotherapy	Musical therapy
Insulin therapy	Physical therapy
Social case work	Physiotherapy
Hydrotherapy	Recreational therapy
Occupational therapy	Psychosurgery

Special medical problems may be treated in the hospital's infirmary wards. In some cases a patient may be referred to either of the Veterans Administration general medical and surgical hospitals in Iowa City or Des Moines. A separate building is maintained at the hospital for the care and treatment of patients who are suffering from tuberculosis in addition to their emotional or nervous disorders.

The hospital receives weekly consultant service from specialists in all major areas of medicine including neurology and psychiatry. The specialists come primarily from Iowa City and Des Moines.

Routine and Special Activities for Patients

Movies	Bowling
Dances	Canteen
Concerts	Choir
Barber shop	Ping-pong
Ward sings and parties	
Table games, including cards	
Dance instruction class	

Outdoor activities during warm months may include: bicycle riding, golf, tennis, badminton, horseshoes, croquet, archery, touch football, softball and baseball.

Holidays are celebrated

Special musical and entertainment programs
Jewish, Catholic and Protestant religious services

Supervised trips to movies, ballgames, etc.

Library and reading of periodicals and books in ward day room

A group of volunteer workers from surrounding communities help with the general activity program.

WORK ACTIVITIES may be in the following areas:

Farm	Shoe shop
Dairy	Hospital newspaper
Gardens	Kitchen

Maintenance, including furniture repair, painting, janitor work

Assisting in ward routine which may include cleanup and bedmaking

About a third of the patients eat in the main dining room just west of the administration building. The remaining patients eat in dining rooms in their buildings. A few may eat in their wards.

Work assignments are made by the medical staff in accordance with the patient's therapeutic needs.

Patients may be given ground privileges in accordance with their response to treatment and hospital adjustment.

General Information and Regulations

CLOTHING: Each patient is expected to provide his own clothing whenever possible. In general, the type of clothing worn around home will be suitable at the hospital. At the time of admission, the patient's clothing needs are estimated. If he does not have sufficient clothing with him, his relatives are notified through the registrar's office. If after three weeks his clothing has not been received, the patient's clothing may be provided by the hospital until additional clothing is received from the relatives or the patient has sufficient money at the hospital for purchasing the needed items.

VISITING: Visiting hours are from 9 to 11 A.M. and 2 to 4 P.M. every day, including Sundays and holidays. Exceptions to these hours may be allowed by the medical staff when the situation seems to warrant it.

Visitors should report to the receptionist in the administration building (building 1) upon arriving at the hospital.

Children are not allowed in the ward buildings. However, a patient may be given a pass or have ground privileges and be able to visit with all the members of his family elsewhere at the hospital, if this is felt advisable by the medical staff.

Presents for a patient should be given first to the nurse in charge or another member of the hospital staff — never directly to the patient.

PERSONAL FUNDS: Each patient needs some personal funds while at the hospital. Individual accounts are maintained and are subject to withdrawal by the patient, usually by means of a canteen book, for such items as cigarettes, toiletry items, clothing, gifts, confections and soda fountain items, stationery, etc.

These funds may come from the veteran's disability compensation payments made directly to the hospital, from the patient's guardian (to whom his compensation is paid) or from the patient's relatives.

If for any reason a patient does not have funds for a period of time, a minimum amount of the mentioned types of items are provided by the hospital.

Discharge and Related Procedures

A patient may leave the hospital on a leave of absence, a trial visit or by direct discharge.

A leave of absence is for not more than 30 days and usually constitutes a "visit" with relatives or friends. It is granted by the hospital staff when such persons request a visit from the patient and it is felt the patient is not quite ready to maintain an extended adequate adjustment outside the hospital. However, if his adjustment on leave of absence is very satisfactory his status may be changed to trial visit providing the persons with whom he is living express an interest in having him continue to live with them.

A trial visit is usually 90 days in duration, extendable up to a year at the discretion of the hospital staff. It is granted when the hospital staff feels that a patient has achieved maximum benefit from hospitalization and is sufficiently well to be given an opportunity to make an adequate adjustment outside the hospital. While on trial visit he continues to be carried on the hospital roll and a bed is reserved for him. If the patient does not return to the hospital after a year's time he must be officially discharged. However, he may be discharged earlier than this depending upon how well he is getting along outside the hospital.

A direct discharge is granted by the hospital staff when the circumstances in the individual case seem to warrant such a procedure.

Occasionally a voluntary patient may insist upon being discharged from the hospital when the medical staff does not think it would be in the person's best interests. Such a person is discharged A.M.A. (against medical advice) and he is not eligible for further hospitalization until after 90 days have elapsed. An exception may

be made to this regulation in case of an emergency.

If a patient should leave the hospital without permission, he is put on A.W.O.L. status, and if a committed patient, the court where he was committed is notified. The relatives or guardian in every case is notified. When the medical staff learns that the patient is getting along adequately outside the hospital his status may be changed to trial visit with the possibility of official discharge if this level of adjustment is continued. Otherwise, he is returned to the hospital if a committed patient or he may be discharged if a voluntary patient.

Routine Procedures in Leaving the Hospital

When a ward physician believes that a patient is ready to leave the hospital, he may be referred to the social service department for trial visit or discharge preparation. This may consist of one or more interviews during which the patient is helped to discuss and formulate his plans for activities after leaving the hospital, to talk about problems which he anticipates and his feelings about these matters.

At this time the patient may also be referred to the psychology department for further psychological testing.

Before a patient may be discharged or go on trial visit or leave of absence, his case is presented by his ward physician and reviewed by members of the staff. Sometimes the staff decides that further hospitalization or treatment is necessary before the patient is ready to leave.

Occasionally the ward physician or the staff may decide that some factors related to the patient's prospective residence and home conditions after he leaves the hospital should be investigated. For instance, his family may have problems with which they need to be helped before they are able to understand and help the veteran upon his return. In such cases, the family may be interviewed by a member of the hospital social service department during visits at the hospital, or a request may be made by the hospital social service department that a social worker from the Veterans Administration Center in Des Moines talk with the veteran's relatives in their home.

After a veteran has left the hospital he may be visited by a Veterans Administration Center social worker to help him with any of his immediate problems and plans.

In some cases it is felt that the patient will benefit from out-patient treatment. A Veterans

Administration Center social worker may help in making the necessary arrangements for such treatment at the Veterans Administration Mental Hygiene Clinic in Des Moines or from a private psychiatrist.

Release of Confidential Information

Information about patients or former patients is released to persons not on the professional staff of the Veterans Administration at the discretion of the professional staff of the hospital with approval of the hospital's chief of professional services who is in charge of the total medical and treatment program.

Information concerning a patient's physical or

mental condition may be released to other federal agencies and to state, county and city health departments upon their request — without the consent of the patient or persons responsible for him. Such information is considered confidential and for official use only.

In general, all other requests for information must be accompanied by a release for such information signed by the patient or a responsible relative or his guardian.

For additional information write to

The Manager
Veterans Administration Hospital
Knoxville, Iowa

Psychiatric Unit of V.A. Hospital

DES MOINES

Location

30th Street and Euclid Avenue, Des Moines, Polk county, Iowa. The hospital consists of a group of brick buildings connected by enclosed ramps. It is on the north side of the city of Des Moines.

Functions

The Veterans Administration Hospital is a general medical and surgical hospital, serving western Iowa. It maintains a psychiatric unit for the treatment of minor neuropsychiatric illnesses (nervous and emotional disorders) and for consultation on the psychiatric aspects of organic illnesses.

Bed Capacity and Staff

The bed capacity of the psychiatric unit is 29.

The hospital staff working directly with neuropsychiatric cases includes:

Psychiatrists and physicians	1
Social workers	1
Residents (internal medicine)	1
Psychologists	1
Attendants (full-time, in closed section)	1
Attending psychiatrist and neurologist (consultant)	1

The psychiatric unit receives regular coverage by the rest of the hospital staff including doctors, nurses and orderlies.

Who Is Eligible for Service

For the hospital as a whole, including the psychiatric unit:

Any former member of the armed forces who has a disability incurred or aggravated in service may be hospitalized for that condition or any other condition without regard to service dates, if hospitalization is medically indicated as decided by the hospital staff.

Any person who served during the war period and who has been declared in need of hospitalization for a non-service connected ailment may be hospitalized if a bed is available.

Service-connected disabilities receive top priority.

No one with a dishonorable discharge will be accepted for service.

The psychiatric unit for the most part accepts only minor nervous ailments for care and treatment. No female veterans are accepted in this unit although they may be accepted for treatment in the general medical and surgical wards.

Male veterans whose illnesses are included under the classification of psychoneurosis may be admitted. Veterans suffering from the more severe types of nervous ailments such as certain severe types of psychoneurosis and the psychoses will not be admitted for treatment. Although it is not the usual procedure, veterans suffering from these illnesses may in emergencies be tem-

porarily housed in the psychiatric unit until arrangements can be made for referral to another hospital for the appropriate course of treatment.

Veterans who are admitted to the general hospital because of illness other than psychiatric may be temporarily treated in the psychiatric unit if a nervous or emotional disorder becomes evident.

No committed patients are accepted for treatment.

Costs

Service is free to all veterans who are otherwise eligible but unable to pay for hospitalization and treatment.

TRANSPORTATION: The Veterans Administration automatically pays the cost of transportation to and from the hospital for veterans who have received an official admission appointment for hospitalization for a service-connected illness.

If the veteran is being admitted for treatment of a non-service connected disability, transportation payment by the Veterans Administration is authorized only if the veteran has stated on the application form (10-P-10) that he is unable to pay the cost of transportation himself.

In emergency cases, the cost of transportation may be assumed by the Veterans Administration providing: (1) the veteran's local physician or the veteran's representative has called the hospital, (2) had arrangements for bringing the veteran to the hospital approved, (3) an emergency is seen to exist by the admitting officer at the hospital when the veteran arrives, and (4) he is actually admitted to the hospital.

Because not all veterans who come to the hospital are admitted, each veteran should have sufficient funds for a round trip from his home. Probably he should have money, also, for overnight lodging in case he is not admitted and is unable to return home the same day, or cannot be examined the day of his arrival in Des Moines.

How To Apply for Service

Veterans desiring admission directly to the psychiatric unit of the hospital use the standard form (10-P-10) for making application for hospitalization. This form may be obtained from the hospital, the veteran's nearest regional Veterans Administration office, Red Cross office or service organization. One section of the form is filled out by a physician of the veteran's choice. The completed form is submitted to the hospital. On the basis of this, if the hospital staff believes he is eligible for treatment, the veteran is notified of a time to report for examination at the hospital.

Admission and Out-patient Procedures

This section deals with the veteran's activities after he has received an appointment to be seen at the hospital.

TRANSPORTATION: Transportation may or may not be provided at the expense of the Veterans Administration. (See section on costs for further information.)

ADMISSION ROUTINE: The veteran reports to the admission office where he is interviewed by the admission clerk. A veteran who is being considered for admission to the psychiatric unit is usually seen by both the admission doctor and the psychiatrist and is given a physical and mental examination. If his illness is deemed suitable for treatment at the hospital he is then admitted to the psychiatric unit. Psychological tests are given at the request of the psychiatrist.

RELATIVES' RESPONSIBILITIES: It is very important that parents or a close relative accompany the veteran to the hospital in order to give necessary social history information. They may be seen by the psychiatrist or a social worker or both. At this time they will have an opportunity to ask questions or discuss any matters which concern them.

Treatment Available

Psychotherapy on an individual basis and on a group basis

Occupational therapy

Physiotherapy

Corrective therapy

Electrotherapy and insulin therapy on a limited basis

Social case work

All special medical problems which may arise during the course of the veteran's hospitalization in the psychiatric unit are handled by members of the total hospital staff.

Routine and Special Activities for Patients

Patients in the hospital psychiatric unit may participate in the activities for the hospital as a whole at the psychiatrist's discretion. These activities may include:

Listening to the radio

Viewing television

Table games

Movies

Musical and dramatic programs put on by patients and staff personnel

Programs presented by amateur or professional talent from outside the hospital

Reading books and periodicals

Religious services are observed

Barber shop

Patients from the psychiatric unit may also attend ball games and other special activities outside the hospital on the doctor's prescription.

General Information and Regulations

CLOTHING: All clothing that is needed at the hospital is furnished by the Veterans Administration. However, it should be noted that a veteran who comes to the hospital in pajamas, etc., may need street clothes at the time of his discharge.

VISITING: The visiting hours at the hospital are from 2 to 4 o'clock on Monday, Wednesday, Friday, Saturday and Sunday afternoons. A patient may also be visited from 7 to 8 o'clock on Tuesday and Thursday evenings. There is a limit of two visitors per patient at a time. All visitors must obtain a visiting permit in the recreation building of the hospital. No children are allowed in the wards but in individual cases, a patient may visit with his family in the recreation building. Nothing may be given to the patient without the hospital staff's approval.

PERSONAL FUNDS: Each patient needs some personal funds while at the hospital. They are deposited to individual accounts and are subject to withdrawals by the patients for such items as cigarettes, toiletry items, confections, etc. These funds are handled through the ward nurse if the patient is not able to manage his own funds. If

the veteran has no personal funds, and relatives are unable to supply them, one or more service organizations may provide what money is needed.

Discharge and Related Procedures

There is no usual routine for the discharge of a patient and each case is handled individually. A patient is encouraged to participate as far as possible in all planning for his discharge and his activities after leaving the hospital. A patient's relatives may be seen by the social service department in relation to this matter while the patient is in the hospital.

A patient may receive a straight discharge or he may go out on a pass prior to being discharged.

Release of Confidential Information

Every patient is asked if he would like to have a medical summary sent to his home town doctor. All other requests from other persons for information about a patient will be refused unless accompanied by the signed release of the patient for such information. Specific questions regarding a patient in the psychiatric unit of the hospital may be directed to the social service department, Veterans Administration Hospital, Des Moines, Iowa.

For additional information write to

The Manager
Veterans Administration Hospital
Des Moines, Iowa

Psychiatric Unit of V.A. Hospital

IOWA CITY

Location

Iowa City, Johnson county, Iowa. This hospital is a new large brick building located on U. S. Highway 6 on the west side of the city, just northwest of the University Hospitals.

Functions

This is a federal hospital for the care and treatment of veterans suffering from all forms of illness. It is officially known as a general medical and surgical hospital and is under the jurisdiction of the United States Veterans Administra-

tion. The psychiatric unit of the hospital is for the care and treatment of veterans who are suffering from nervous and emotional illnesses which are not considered to be chronic or incurable. The unit is primarily geared for short term treatment and the geographic area served is eastern Iowa, and some counties in northwestern Illinois.

Bed Capacity and Staff

The bed capacity of the psychiatric unit is 75. Staff of the hospital who may work directly

with patients in the psychiatric units (when hospital is operating at full capacity):

SERVING NEUROPSYCHIATRIC PATIENTS EXCLUSIVELY

Neurologists, psychiatrists and physicians	8
Psychologists	3
Social workers	3
Nurses	23
Ward aides	38

SERVING ALL PATIENTS

Occupational therapists	4
Dentists	2
Psychology trainees	3
Social work trainees	2
Physical therapists	5
Corrective therapists	3
Recreation workers	5
Librarians	2
Chaplains	2

Who Is Eligible for Service

Veterans whose emotional or nervous illness is service-connected (i.e. can be shown to have been caused or aggravated by their service experience) and those who have served during a wartime period are eligible — providing their last period of service was not terminated by a dishonorable discharge.

Although otherwise eligible, the actual admittance of a veteran to the hospital will depend upon the findings of the hospital's admitting physician, who evaluates whether or not the veteran actually is in need of hospitalization and is suffering from an illness which may be appropriately treated at this hospital. Psychiatric consultation is available at admission.

Emergency cases (as evaluated by the admitting physician and a staff psychiatrist) are given top priority for admission. The same priority is given to veterans suffering from service-connected illness. Veterans who have served during a war period but are suffering from a non-service-connected illness may be admitted if beds are still available and they are unable to pay the cost of hospitalization elsewhere, provided there is a reasonable expectation of recovery within a period of six months.

Costs

Hospital service and treatment is free of charge. Veterans with service-connected illnesses receive free service regardless of financial status. Veterans who are suffering from non-service-connected illnesses are not eligible for hospitalization if they can afford to pay for hospitalization elsewhere.

TRANSPORTATION: If necessary, transportation of the veteran to the hospital will be paid by the hospital but in such cases transportation expense must be authorized in advance by an official or doctor of this hospital before payment can be made. An exception is made to this in extreme cases, such as a veteran who is suffering from a service-connected disability and is in such an emergent state that the length of time required to make a telephone call to this hospital to authorize his admission would endanger the man's life.

Blue Cross and some other insurance companies do not make payment to the Veterans Administration.

How To Apply for Service

Application for service is made by means of V. A. Form (10-P-10) which may be obtained from the nearest Veterans Administration office, service organization, Red Cross office or by writing to the registrar of the hospital. The front part of the form is completed by the veteran or someone acting for him and the remainder is filled in by a physician chosen by the veteran. After the form is completed, it should be submitted to the Veterans Administration Center Office, Valley Bank Building, Des Moines, Iowa, or to the V. A. hospital nearest his home if the veteran lives in Iowa. It is then processed to determine the applicant's eligibility and need for hospitalization. If he is eligible (legally) and in need of hospitalization (medically eligible), he is notified of a date to report for admission.

The completed Form 10-P-10 should be submitted whether the veteran is to be a voluntary or committed patient. The commitment procedure in Iowa is described in another section of this book.

A voluntary patient is expected to sign an agreement to the effect that he is willing to abide by hospital rules and medical recommendations.

It is preferred that a request for hospitalization be made through the veteran's local physician, but occasionally emergency authorization to bring a patient to the hospital may be given by the admitting doctor or his representative at the hospital directly to the person making the request.

Admission Procedures

TRANSPORTATION: Arrangements for transportation are made on an individual basis. See section under *Costs*.

A veteran should not plan to drive himself to the hospital unless he has made arrangements for another person to return his car to his home.

The hospital does not have storage space for private vehicles.

HOSPITAL ROUTINE: Emergency cases are admitted directly to the ward.

If the patient's condition permits, he talks with the admission clerk, transportation clerk, eligibility clerk and insurance clerk. He is examined by the admitting physician and a psychiatrist and his clothing is checked with the clothing room clerk.

Following admission the patient is observed and examined for a period of time by a psychiatrist and the staff. He may be interviewed by a social worker to discuss any problems he may have in regard to hospitalization. A routine laboratory examination will be made and the patient may be given psychological tests.

The case of each new patient is considered in a staff meeting approximately a week after his admission. Diagnosis is established and treatment program planned. The patient may be interviewed briefly as part of the staffing of his case. When it seems advisable, the patient is prepared for special treatments such as electrotherapy or insulin therapy, but only after the need is reviewed in a staff meeting and relatives give permission.

RELATIVES' PART: It is desirable that one or more close relatives of the patient visit him at the hospital a few days after his admission in order that they may have an opportunity to give necessary social history information, learn more about the hospital and its operation, and talk over problems connected with the veteran's hospitalization. In connection with this the relative may talk with a physician and a social worker.

When relatives are unable to come to the hospital or when otherwise indicated by circumstances in a given case, the hospital may request that a social worker from the Veterans Administration Regional Office visit the relatives in the home. This visit may be to secure social history information and talk over problems relative to the veteran's hospitalization.

Treatment Available

Psychotherapy on an individual basis	
Electrotherapy	Physiotherapy
Insulin therapy	Social case work
Occupational therapy	

Special medical problems are treated by the appropriate department of the hospital. All major medical specialties are represented on the hospital staff and consultant service is therefore always available. Furthermore, the close working relationship between the Veterans Administra-

tion Hospital and the State University Hospitals affords additional consultant service when this is indicated in individual situations. A patient may be referred to his local physician for treatment when he leaves the hospital.

Routine and Special Activities for Patients

Movies	Religious services
Ping-pong	Radio
Television	Birthday parties
Dances	Holidays
Barber shop	Picnics
Table games including cards	
Outdoor games including softball	
Indoor games including billiards	
Programs presented by outside amateur and professional talent	
Supervised outside activities including trips and attending sports, music and dramatic programs, etc.	

Patients may eat in a central dining room, in a dining room in their ward or in their rooms depending on the degree of their disability.

There is no routine work schedule for patients, and any activity for each patient is prescribed on an individual basis. However, they are encouraged to make their own beds and keep their own areas in order. Depending upon his abilities and needs, a patient occasionally may be recommended by his ward physician and special services staff to assist with various recreation activities.

A large number of volunteer workers representing many different groups and organizations assist with the total hospital activity program.

General Information and Regulations

CLOTHING: The hospital provides underwear, pajamas and convalescent suits for patients in the psychiatric unit. Usually the patient's own clothing and baggage is checked in the hospital clothing room during his hospitalization. Valuables, including rings and watches, should also be checked in the clothing room, and money should be deposited with the agent cashier at the finance office. Receipts are issued for deposited items. The hospital is responsible only for those items for which receipts have been issued.

VISITING: Whether or not visiting will be helpful to any particular patient is left to the discretion of his hospital physician.

Visiting hours—Monday, 7 to 8 P.M. only

Tuesday through Sunday, 2 to 4 P.M. and 7 to 8 P.M.

Holidays, 2 to 4 P.M. only

All visitors must obtain a pass at the front lobby to visit patients. Each patient is permitted

not more than two visitors at any one time. Passes must be checked in with the ward nurse and returned to the pass desk when the visitors leave.

No child under 15 years of age will be permitted in the wards. A nursery is maintained on Sundays from 2 to 4 P.M. and visitors may inquire about this at the information desk.

Visitors are expected to remain in the hospital lobby until the start of visiting hours, and are expected to leave the wards at the conclusion of visiting hours. Exceptions to the visiting rules may be made when the patient has been placed on the seriously ill list.

Persons wishing to bring presents or food for a patient should contact his ward physician first to learn what things are approved. No individual radio or television set is permitted.

Visitors may eat in the hospital canteen. No lodging facilities for visitors are available at the hospital.

PERSONAL FUNDS: A patient may need a small sum of money for personal items such as cigarettes, toilet articles and other items which can be purchased at the canteen. Money may be deposited with the finance office, subject to the patient's expenditure through the use of canteen booklets.

If for any reason a patient does not have personal funds for a period of time, appropriate personal items are provided by volunteer groups or by the hospital if the patient's income is under \$15 per month.

Discharge and Related Procedures

A patient may leave the hospital on pass, leave of absence or by direct discharge.

A pass is for not longer than 72 hours in duration and a leave of absence is for not longer than 30 days.

Discharge procedures are planned in relation to the individual patient and may vary from case to case. A patient may be given one or more passes or leaves of absence or a combination of these before being officially discharged, or he may be discharged directly.

If a patient is found to be suffering from a service-connected illness which may require many months, perhaps years of hospitalization and treatment, he may be referred to a Veterans Administration facility offering long-term treatment and care. This facility in Iowa is the Veterans Administration Hospital at Knoxville. If an illness requiring long-term hospitalization is not service-connected, the patient may be referred to a state mental health institute. A patient may also be referred to a private practitioner or to clinics or social agencies for treatment after leaving the hospital. He may receive assistance in securing such treatment or help from a social worker from the Veterans Administration Regional Office who will contact the veteran at his home.

Release of Confidential Information

Information regarding a patient or former patient is available to other facilities of the Veterans Administration when they have cause to be of help to the veteran in question. Other persons, including the patient's home physician, and agencies requesting information must accompany their requests with a written authorization by the patient for the release of the desired information. Requests should be addressed to the manager.

For additional information write to

The Manager
Veterans Administration Hospital
Iowa City, Iowa

V.A. Mental Hygiene Clinic

DES MOINES

Location

Valley Bank Building, 4th and Walnut Streets, Des Moines, Polk county, Iowa. The Mental Hygiene Unit (Clinic) is located on the sixth floor of the building and can be reached by elevator. Clinic hours are Monday, Tuesday, Wed-

nesday, Thursday and Friday 8 A.M. to 4:45 P.M.; Tuesday and Thursday evenings 6 to 10 P.M.

Functions

This out-patient clinic is meant for veterans

with service-connected psychiatric and neurological conditions.

STAFF

Psychiatrists (part-time)	2
Clinical psychologists (full-time)	2
Clinical psychologists (part-time; shared with V.A. Hospital in Des Moines)	1
Psychology trainees (varies from year to year; in 1951-'52)	2
Psychiatric social workers	3
Social work students (varies from year to year; in 1951-'52)	2
Clerical workers	
Receptionist	1
Stenographers	2

Who Is Eligible for Service

A veteran may be eligible in any one of the following three ways:

1. Any veteran, male or female, whose psychiatric and neurological condition has been determined to be service-connected (i.e., caused or aggravated by military service) is eligible for treatment.

2. Any veteran who is actively participating in an educational program under Public Law 16 (the federal statute providing for education and on-the-job training for disabled veterans) is eligible.

3. In certain instances, a veteran may be treated in the clinic, if his emotional symptoms are aggravating a physical illness for which he has service-connection.

Only veterans who come to the clinic voluntarily are able to participate in a continued treatment program.

VETERANS' RELATIVES: Relatives of veterans may be seen at the clinic depending on the nature of the veteran's problem and with the veteran's consent. The relative may be seen more than once if the staff of the clinic believes that such interviews would be of therapeutic value to the patient.

Costs

The service is free to those who are eligible.

How To Apply for Service

A veteran who is interested in receiving the services of the clinic and believes himself eligible may write or visit the clinic. His eligibility is then verified and an admission appointment time is set.

Relatives need not accompany the veteran to the clinic. They are not consulted for social his-

tory unless the clinic staff deems it necessary in the patient's interest and the veteran gives his consent.

Admission Procedures

At the time of the admission appointment, the veteran first talks with a social worker who discusses with him the problems with which he wishes help. In some situations it may be found advisable for the veteran to apply for services elsewhere. This would be the case perhaps when his home is a long distance from Des Moines or when some other agency is better suited to help him with his problem. The Veterans Administration has arrangements to pay for the cost of treatment service where referral is made to a participating physician or agency.

For those who are accepted for service at the clinic, a psychological examination may be recommended prior to the beginning of treatment or after treatment has started.

A veteran who is to receive service from the clinic also will receive a physical examination if he has not had one within the past year. If, in the opinion of the clinic staff, special examinations are indicated, they also will be arranged.

Treatment Available

Psychotherapy—through individual treatment interviews and group meetings.

Treatment Procedure

After a veteran has begun continuous service he is usually seen on the average of once a week. This may vary according to the recommendations of the staff of the clinic. Staff meetings are held in connection with each veteran who comes to the clinic for service. The staff member who sees the veteran during his first contacts with the clinic may or may not be the person he sees for continued service.

Routine and Special Activities

Treatment and referral activities are the principal functions of the Mental Hygiene Unit. It also serves as a center for psychology trainees and social work students, who are encouraged to engage in research activities. Members of the clinic staff participate actively in public relations in mental health.

Termination of Treatment

The decision to terminate treatment usually reflects the joint understanding of the patient and the therapist that maximum benefits have been obtained. The patient may arrive at this decision by himself or in the course of discus-

sions with the member of the clinic staff he is seeing.

A veteran may resume service at a later date if he continues to be eligible.

Release of Confidential Information

It is recognized that information in Mental Hygiene Unit records is of a highly confidential nature. The release of information contained in

Mental Hygiene records is governed by standard Veterans Administration regulations.

For further information write to

Mental Hygiene
Out-patient Division
Veterans Administration Center
4th and Walnut Streets
Des Moines 8, Iowa

Davenport Psychiatric Hospital

Location

Forest Park, Waverly Road, Davenport, Scott county, Iowa—phone 2-4449. Mailing address—Post Office Box 660. The hospital is located in the west section of the city.

Functions

This is a private hospital for the care and treatment of persons suffering from all types of nervous and emotional illnesses. Psychiatrists in the Davenport area use the hospital primarily for the treatment of persons who have the probability of responding to an acute-intensive course of therapy. Other doctors in the community may also treat their patients here.

Bed Capacity and Staff

The bed capacity of the acute-intensive treatment section is 30.

TREATMENT STAFF

Psychiatrists and physicians	
(Davenport)	3
(Moline)	1
Attendants	15
Nurses, psychiatric	1
Practical nurses	3

The courtesy staff of the hospital consists of all the physicians in Scott county, who may treat their psychiatric patients at the hospital.

Who Is Eligible for Service

There are no specific requirements as to age, sex or residency. In general, anyone who is able to meet the costs of private hospitalization and treatment is eligible for service. However, persons suffering from psychiatric illnesses which require prolonged hospitalization are referred elsewhere for service. There are currently a number of persons receiving custodial care at the hospital but the policy of the staff psychiatrists

is to limit new admissions to persons who appear to require only short-term treatment.

Both voluntary and committed patients are accepted.

Costs

The basic cost of hospitalization is \$10 a day for a private room and \$8 a day for a ward bed. This basic cost covers such items as bed, bed linen, meals, nursing service, laundry and barber service for men. Medication, x-rays, special treatments and the physician's fee are extra.

Financial arrangements, including credit, should be discussed at the hospital business office at the time the patient is admitted. Generally, bills may be paid in advance or paid in full at the time of the patient's discharge depending upon the individual situation. Statements are issued weekly or monthly as preferred.

This hospital is not affiliated with the Blue Cross or any of the other hospital insurance plans. However, the hospital is recognized by these groups and they will cover some of the costs providing the patient or his relatives complete any special forms which may be required by the insurer.

How To Apply for Service

Usually a patient is admitted to the hospital through one of the staff psychiatrists or is admitted as a patient of a member of the courtesy staff. Patients who contact the hospital directly will be referred to one of the staff physicians for an initial interview and examination either at the hospital or in the physician's downtown office.

Patients brought to the hospital by the police and other emergency cases may be admitted immediately and the appropriate physician will be notified.

Admission Procedures

The patient's physician usually arranges the admission time. At the time of admission a patient receives a physical and a psychiatric (mental) examination. These may be performed at the doctor's downtown office or at the hospital depending upon the case, with additional study carried out at the hospital. Occasionally a patient may be referred to the Scott County Mental Health Center for psychological testing.

When the patient arrives at the hospital he will be registered by the head nurse or in the business office. The following information about the patient is recorded at this time: his name, address, telephone number, occupation, next of kin, and his physician. Such information may be given by a member of the family if the patient is unable to do so. The patient's clothing is noted and any valuables and prohibited articles are checked in the hospital safe or, preferably, turned over to the patient's relatives for safe-keeping. A receipt will be issued for personal property kept at the office and this property may be claimed at the time of the patient's discharge.

RELATIVES' PART: Relatives are requested to accompany the patient to the hospital in order that they may take care of the business arrangements for the patient if this is necessary. Also they will need to give social history information and sign consent forms for any special treatment procedures, such as insulin therapy or electrotherapy, which may be prescribed by the physician in charge.

If it is impossible for any responsible relative to accompany the patient to the hospital, one should report to the business office as soon as possible to take care of these matters.

Treatment Available

Psychotherapy	Hydrotherapy
Electrotherapy	Physiotherapy
Insulin therapy	

The patient normally is treated by the same physician who admitted him to the hospital. Special medical problems are treated by consultation or are referred to a general hospital in the community.

Routine and Special Activities for Patients

Cards	Birthday observances
Croquet	Movies
Tennis	Picnics
Volleyball	Religious services
Radio	Reading periodicals
Television	and books

On recommendation of their physician, patients

may go downtown for various activities including movies, shopping, etc., and may go home on Sundays. They may also go to various sporting events. Such patients may be accompanied by staff personnel or may go unaccompanied if their adjustment warrants this.

The hospital has a main dining room where all patients eat except those who are too ill or disturbed. Such patients are served in their ward or in their rooms.

General Information and Regulations

CLOTHING: Each patient is expected to provide his own clothing. It is recommended that several changes of each kind of clothing such as is worn at home should be brought for wear at the hospital. Washable garments are preferable since laundry service is provided.

VISITING: Regular visiting hours are from 2 to 4 P.M. every day including Sundays and holidays. Evening visiting and visiting by persons under 16 years of age are allowed only with special permission from the physician in charge of the patient's treatment.

Meals may be provided to visitors if they make advance arrangements. No lodging facilities are available at the hospital.

When required for the good of the patient, his physician may not allow visiting for a period of time.

PERSONAL FUNDS: Patients may need a small sum of money at the hospital for incidental items such as toilet supplies, gum, candy, and other canteen items. Individual accounts are kept in the business office and are subject to withdrawal by the patient as needs arise.

Discharge and Related Procedures

A patient may be discharged only with his physician's permission. This usually takes place when the patient has recovered or has responded sufficiently to treatment so that hospitalization is no longer required. Occasionally patients are referred to other agencies for continued treatment. Patients may also continue to receive treatment on an out-patient basis from the physician who has been treating them at the hospital.

Upon the insistence of a voluntary patient or his relatives, a patient may be released against the advice of his physician. In such circumstances it is necessary for the patient's relatives to sign forms releasing the doctor and the hospital from further responsibility for the patient.

Release of Confidential Information

Requests for information concerning a patient

should be made to the physician in charge of his treatment. Any information about a patient or former patient will be released only at the discretion of the physician.

For additional information write to
The Administrator
Davenport Psychiatric Hospital
Davenport, Iowa

The Retreat

DES MOINES

Location

2801 Woodland Avenue, Des Moines, Polk county, Iowa. The hospital consists of several white frame buildings located on a hill in the west part of the city of Des Moines. It is two blocks from a city bus line and about two miles from the center of town.

Functions

This is a privately owned hospital intended primarily for the treatment of mild mental and emotional disturbances. The medical director of the Retreat has an out-patient clinic which operates independently of the hospital itself. A person seen as an out-patient usually is not admitted to the hospital although this may occur on occasion.

Bed Capacity and Staff

The bed capacity of the hospital is 50.

TREATMENT STAFF

Psychiatrists and physicians	2
Psychologists	1
Social workers (half-time)	1
Nurses (psychiatric)	2

Who Is Eligible for Service

There are no specific eligibility requirements as to sex, age, residency or types of mental illnesses accepted for treatment. Generally, anyone is eligible for admission who is able to meet the cost of private hospitalization and treatment and is suffering from mental or emotional difficulties which seem to have the possibility of responding to short term treatment. Persons with chronic mental illnesses are not accepted for care, excepting very rare cases.

Both voluntary and committed patients may be accepted.

Costs

The initial examination costs upon admission may range from \$35 to \$70 depending upon

whether a psychological examination and electroencephalogram are included.

The basic cost of hospitalization is \$12 a day, not including medical expenses. It is preferred that a 10 day advance payment be made for this basic hospitalization cost. The total cost of hospitalization including medical treatment, examinations, tests, etc., may average around \$500 a month. Arrangements for payment are made on an individual basis. Medical insurance policies will be honored.

For information concerning costs of out-patient treatment contact the medical director.

How To Apply for Service

The hospital has no application form. A person desiring hospitalization for himself or a relative should call or write the hospital to arrange an appointment for an examination to determine suitability for treatment.

Admission Procedures

Suitability for treatment is determined by the medical staff by means of a psychiatric and physical examination and any other examinations or tests which are deemed necessary. If it is felt a person will benefit from treatment he is either admitted immediately or given an appointment for admission at a later date.

At the time of admission a voluntary patient or a responsible relative is requested to sign a certificate which in effect requires a patient to give several days' notice before leaving the hospital.

All patients when they are first admitted to the hospital are interviewed by the social worker who acquaints them with the hospital and its functioning as it will affect the individual patient. After talking with the social worker, the patient is taken into the section in which he will live and may begin almost immediately to take part in hospital activities if it is advisable. The fol-

lowing day the psychiatrist begins his interviews with the patient.

When it is felt advisable to commit a patient who is already hospitalized at the Retreat or who has come to Des Moines from another county, the county in which the patient has residency must notify Polk county officials that it (the patient's home county) is responsible legally for the patient concerned. Commitment procedures, including the hearing, may be held at the hospital. Of course, if commitment is felt advisable by the hospital staff, this procedure is discussed with the patient's relatives. The doctor on the insanity commission in the patient's home county is notified of the procedure.

RELATIVES' PART: A relative, or relatives, who have been in close contact with the patient are requested to accompany him to the hospital at the time of his admission in order to give necessary social history information.

Treatment Available

Psychotherapy	Recreational therapy
Electrotherapy	Insulin therapy
Occupational therapy	Social case work

Special medical problems may be treated by the medical staff of the hospital. Consultation services by private physicians practicing in Des Moines are available in all the specialties of medicine. Occasionally, as the individual situation requires, a patient may be referred to another hospital or a private practitioner for treatment.

Routine and Special Activities for Patients

- Craft shop (each patient pays for his own materials)
- Movies
- Coffees and teas
- Parties, on various occasions such as birthdays and holidays
- Special programs, presented by people from Des Moines
- Musical programs, both formal and informal, which may be presented by amateur and professional talent from outside the hospital; sometimes patients may participate
- Barbering and beautician services are available
- Canteen

A majority of the patients eat in the dining room. Those who are more seriously ill eat in the section of the hospital in which they live.

No activities for patients are carried on outside the hospital.

Patients are not required to participate in any work activities although they may do some light housekeeping work if they wish.

Patients in convalescent buildings may be given ground parole privileges.

General Information and Regulations

CLOTHING: Each patient is expected to provide his own clothing. In general, the type of clothing worn around home will be suitable at the hospital. A good policy is to bring three of such items as underclothing, socks, shirts, trousers or dresses, etc. Washable garments are preferable since laundry services are provided at the hospital. Robes and slippers are also desirable for wear at the hospital.

VISITING: Patients are not allowed to have visitors during the first 10 days of their hospitalization or until the first visiting day after that 10 day period is over. In some cases, for the benefit of the patient, it may be advisable to defer visiting privileges for a longer period of time. The family will be notified of this decision before the initial 10 days of hospitalization are completed.

Visiting days are Tuesdays, Saturdays and Sundays, either in the mornings or afternoons. No children may visit a patient. Visiting is carried on in the section of the hospital in which the patient lives. The hospital has no facilities for lodging relatives or friends of patients.

PERSONAL FUNDS: Each patient needs some personal funds while at the hospital. They are deposited in individual accounts and are subject to withdrawals by the patient for such items as cigarettes, occupational therapy supplies, toiletry items, etc.

Discharge and Related Procedures

As soon as a person is hospitalized the social worker begins to work with his relatives and family in planning for his discharge. They are helped to gain a better understanding of the patient's illness and prepare to assist the patient in adjusting outside the hospital following his discharge. This is important because most patients are in the hospital only a period of weeks or months.

Customarily a patient's relatives come to the hospital on the day of his discharge.

Occasionally it may be found that a patient is suffering from an illness requiring extended treatment. He may be returned to his relatives at their request or referred to a state mental health institute as a voluntary or committed patient. Commitment procedures may be carried out at the hospital, including the hearing.

Release of Confidential Information

All requests for information should be directed to the director of the hospital. Once a week a progress report is sent to each patient's family by his doctor as routine procedure. Otherwise, information regarding present patients or former

patients at the Retreat is released at the discretion of the director.

For additional information write to

The Director
The Retreat
Des Moines, Iowa

St. Bernard's Hospital

COUNCIL BLUFFS

Location

Council Bluffs, Pottawattamie county, Iowa. The hospital is a single brick building located on the eastern edge of Council Bluffs, just east of Mercy Hospital.

Functions

This is a private sanitarium under the supervision of the Sisters of Mercy. It is devoted exclusively to the treatment of mental disorders and allied conditions. It is a teaching hospital and is affiliated with Creighton University Medical School. It also has affiliation with eight schools of nursing for three months' psychiatric experience for student nurses.

The physicians of Omaha, who specialize in psychiatry, have the privilege of taking care of their patients at this hospital.

Bed Capacity and Staff

The bed capacity of the hospital at present is 200, with 100 beds for acute cases and 100 for chronic cases.

There is now under construction an addition to the hospital which will contain approximately 92 beds.

TREATMENT STAFF

Psychiatrists and physicians	2
Residents	1
Interns	1
Medical students	6
Nurses (registered)	10
Attendants (full-time)	14
Student (affiliate) nurses	
Approx.	35

Psychological services are available to the hospital although a psychologist is not employed on the staff.

Who Is Eligible for Service

There are no specific eligibility requirements

as to sex, residency or types of illnesses. Persons with any kind of psychiatric or neurological problem may be accepted. A person may be admitted to the hospital for a short time for observation and diagnosis only. Such cases may be on referral from a physician or, in some cases, from a judge or county attorney. Although children are not usually admitted for treatment, in individual situations, adolescents may be accepted.

Both voluntary and committed patients are accepted. However, about 95 percent of the hospital's admissions have been voluntary.

Costs

Routine laboratory fee on admission	\$5
Weekly cost of hospitalization	\$60
Average weekly medical fee	\$50
(this is in addition to the cost of hospitalization)	

Arrangements for payment of costs are on an individual basis.

Arrangements for transportation to and from the hospital and the cost of transportation are handled by the patient or his relatives.

How To Apply for Service

There is no application form. A person interested in obtaining treatment for himself or a relative should contact the hospital in order to arrange an appointment for an examination to determine suitability for admission.

If a person is referred by his local physician he is usually accepted without a preliminary examination.

Admission Procedures

At the time of admission the patient and the persons accompanying him to the hospital are interviewed by a psychiatrist. Social history information is taken and any problems relative to hospitalization are discussed with the family.

Arrangements for the payment of costs are made with the Sister in charge.

In the case of voluntary patients, a simple application form is signed by a person having a responsible interest in the patient. This form gives the hospital the right to retain a patient 10 days beyond the time he requests to be discharged if it is felt that it is in his best interests.

Treatment Available

Psychotherapy	Malaria therapy
Electrotherapy	Occupational therapy
Insulin therapy	Narcotherapy
Physiotherapy	

Special medical problems may be treated by members of the hospital staff. Also, the hospital has an affiliation with the Council Bluffs Clinic, a group of 14 doctors in all fields of medicine who act as consultants when needed. In addition, consultants are available from the Mercy Hospital staff roster.

Psychosurgery is not performed at the hospital but may be available by referral.

Persons admitted for diagnosis only may participate in routine hospital activities but will not receive psychotherapy, insulin therapy, electrotherapy or physiotherapy.

Routine and Special Activities for Patients

The hospital is divided into several unit sections within the building, each unit having its own dining room. Some patients may eat in their rooms on the recommendation of their physicians.

A patient may participate in work activities in the hospital with the permission of his physician. No patient is required to work.

ACTIVITIES

Radio	Musical programs
Television	Table games
Dances	Picnics
Movies	
Parties, including birthdays and holidays	
Reading of books and periodicals	

Barber shop facilities are available in the hospital. The hospital has no beauty parlor. Some patients are permitted to go downtown to a beauty shop and occasionally professional beauticians come to the hospital.

General Information and Regulations

CLOTHING: Each patient is expected to provide his own clothing. In general the type of clothing worn around home will be suitable at the hospital. A good policy is to bring at least three of such items as underclothing, socks, shirts, trousers or dresses, etc. Washable garments are pref-

erable since laundry services are provided at the hospital. Dry cleaning must be arranged at the patient's expense.

VISITING: Whether or not a patient may have visitors is left to the discretion of his physician.

Regular visiting hours are from 2 to 4 P.M. on Thursdays and Sundays.

The hospital has no facilities for lodging relatives or friends of patients.

PERSONAL FUNDS: Each patient needs some personal funds while at the hospital. They are deposited to individual accounts and are subject to withdrawals by him for such items as occupational therapy supplies, toiletry items, cigarettes, etc.

If the patient or his relatives are unable to provide him with clothing and money for incidentals the hospital may provide these things.

Discharge and Related Procedures

A patient's relatives are notified when he is ready for discharge. They may come to the hospital for him although they are not required to do so.

A patient may leave the hospital for a period of time before being officially discharged. After he has been discharged he is encouraged to return to the hospital for a routine checkup after two weeks or a month. In cases where a patient is unable to return to the hospital, perhaps because of distance, he may ask his family doctor to write to the hospital regarding this condition. Also the patient or his family may write to the hospital.

The staff may help a patient in contacting an agency near his home if he wishes to receive treatment outside the hospital.

Release of Confidential Information

Information concerning a patient and his hospitalization is available to recognized hospitals and physicians at their request if they have cause to be of service to the patient in question. All other agencies or persons desiring information about a former patient must accompany their request with an authorization for the release of the information signed by the patient. All requests for information about a patient should be made to the director or the assistant director of the hospital.

For additional information write to

Superintendent
St. Bernard's Hospital
Council Bluffs, Iowa

St. Joseph Sanitarium

DUBUQUE

Location

2420 Asbury Street, Dubuque, Dubuque county, Iowa. The sanitarium is a large brick structure located on the western edge of the city.

Functions

This is a private sanitarium under the supervision of the Sisters of Mercy of the Union (Province of Detroit), devoted primarily to the treatment of mental disorders and allied conditions. Its facilities are open for use by all licensed physicians.

It offers a three months' course in basic psychiatric nursing to affiliated student nurses.

Bed Capacity and Staff

The bed capacity is 231.

TREATMENT STAFF

Psychiatrists and physicians	2
Additional physicians — number varies according to how many have patients at sanitarium	
Nurses	15
Attendants	25
Student nurses	40
Hydrotherapists	3
Occupational therapists	1

Who Is Eligible for Service

There are no specific eligibility requirements as to sex, residency or types of mental or nervous illnesses accepted for treatment.

Both voluntary and committed patients are accepted. The majority of admissions are on a voluntary basis.

Patients also may be admitted for a short time for observation and diagnostic services only.

Costs

Arrangements for payment of costs are on an individual basis. Usually, when a person is being admitted to the hospital, some responsible relative of the patient is asked to sign a financial guarantee for payment of the patient's sanitarium charges.

The proceeds from any insurance plan such as Blue Cross may be applied toward the patient's sanitarium bill.

The rates for basic hospital service including room or ward accommodations, meals and general nursing service are as follows:

Ward accommodations: \$6 per day

Room accommodations: from \$7 to \$10 per day

Special treatments or examinations, drugs and medical attention are extra. Laboratory and x-ray charges are billed at the cost of the procedure ordered. The sanitarium service charge for each special treatment, such as electrotherapy or insulin therapy, is \$5. The cost for each hydrotherapy treatment ranges from \$1 to \$4 depending on the nature of the treatment prescribed.

Medical fees are arranged individually between the patient (or a responsible relative) and the doctor.

How To Apply for Service

There is no application form. Patients are usually referred by the family physician, who customarily contacts the sanitarium (usually by phone) for definite reservations.

The majority of the patients, both local and those from outside Dubuque, are referred to or admitted through one of the two psychiatrists.

Individuals may also receive assistance in making application for service by contacting the superintendent of the sanitarium.

Admission Procedures

At the time of admission the patient and the persons accompanying him to the sanitarium are interviewed by a psychiatrist. At this time social history information is taken and any problems relative to hospitalization are discussed with the persons responsible for the patient.

If it is learned that a patient has been hospitalized previously for a nervous or emotional illness, the hospital concerned is asked for an abstract of its record of the patient's case.

RELATIVES' PART: Responsible relatives should accompany the patient to the sanitarium at the time of admission. Usually they make the financial arrangements and give some of the social history information.

TRANSPORTATION: The sanitarium does not provide transportation.

Treatment Available

Psychotherapy on an individual basis	
Electrotherapy	Music therapy
Insulin therapy	Physiotherapy
Occupational therapy	Co-2 therapy
Recreational therapy	Antabuse therapy

Special medical problems may be treated at the sanitarium by members of the hospital staff or by referral to one of the general hospitals in the city and referral to specialists in the particular field in which the problem is classified.

Routine and Special Activities for Patients

Movies	Barber shop
Ping-pong	Radio
Television	Holidays
Dances	Picnics

Religious Services
Programs presented by patients and staff
Programs presented by outside amateur and professional talent
Individual birthday parties
Table games including cards
Outdoor games including softball
Indoor games including billiards

Selected patients may attend movies and athletic events outside the hospital accompanied by hospital staff members. Some female patients are accompanied to beauty shops in the city.

A group of 12 volunteer workers (a sorority group) assist in the general activity program.

Patients eat in dining rooms in their wards or receive tray service in their rooms, as their condition warrants.

WORK ACTIVITIES: No patient is required to work. There is no routine program of work for patients. However, they are encouraged to take care of their own quarters, personal care, etc., under supervision, as part of their rehabilitation and therapy program.

General Information and Regulations

CLOTHING: Each patient is expected to provide his own clothing. The usual type of washable clothing worn at home is most suitable. In general, the patient should have three or four changes of underwear, hose, pajamas, dresses or shirts and trousers; housecoat or bathrobe and slippers, personal toilet articles and a sweater.

VISITING: Whether or not visiting will be helpful for a patient is left to the discretion of the physician. Usually a patient should not have visitors for at least the first 10 days to two weeks

of his hospitalization. If this no-visiting period is extended the patient's relatives will be notified.

Regular visiting hours are from 2 to 4 P.M. and 7 to 8 P.M. except on Tuesdays and Fridays. Visiting is allowed on Sundays and holidays.

Children are not permitted to visit a patient in the sanitarium. It is requested that any articles brought for patients be left with the ward supervisor for checking and distribution.

There are no lodging or dining facilities available for visitors at the sanitarium. However, rooms are available in homes near by.

PERSONAL FUNDS: A patient will usually need funds for incidentals such as cigarettes, craft supplies, toilet articles and other canteen items while at the sanitarium. Money may be left on deposit for these personal expenses or arrangements may be made with the business office to charge these incidentals to the regular hospital account.

Discharge and Related Procedures

When the medical staff decides that a patient is ready to leave the sanitarium, the patient's responsible relative is notified. Someone is expected to call for the patient, but in some instances the patient may go alone if proper arrangements are made.

A patient may, with his physician's permission, leave the sanitarium for weekend visits at home. Toward the end of his period of treatment, the patient may be permitted to go home for short trial visits, returning at regular intervals prior to his discharge. His relatives will be expected to assist him in carrying out the schedule which is established.

A form releasing the sanitarium and attending physician from any further responsibility for the patient must be signed by a responsible relative or guardian when a patient is taken from the hospital against medical advice.

Release of Confidential Information

Abstracts of the patient's history and progress may be sent to the referring physician. An abstract will also be furnished to another (mental) hospital where the patient is under treatment, upon request. All other persons or agencies requesting information about the patient must accompany requests with the patient's signed release for the information.

For additional information write to

The Superintendent
St. Joseph Sanitarium
Dubuque, Iowa

Psychiatric Unit of Allen Memorial Hospital

WATERLOO

Location

1825 Logan Avenue, Waterloo, Black Hawk county, Iowa—phone 4464. The hospital is in the northern section of the city and may be reached by following U.S. Highway 63 from the center of town. The psychiatric unit occupies a part of a new addition to the hospital.

Functions

This is a private general hospital. The psychiatric unit is intended for the hospitalization and treatment, on both an out-patient and in-patient basis, of persons suffering from nervous and emotional disorders which seem to have the possibility of responding to short term treatment (one to two months).

Bed Capacity and Staff

The bed capacity of the psychiatric unit is 11.

TREATMENT STAFF

Psychiatrists and physicians	1
Psychologists	1
Nurses	5
Attendants (full-time)	1

In addition regular service is available from the total hospital nursing and orderly corps as well as from other members of the general staff.

Who Is Eligible for Service

There are no specific admission requirements. Generally, it may be said that anyone is eligible for admission to the unit who is able to meet the cost of private hospitalization and is not found to be suffering from a chronic mental illness.

Costs

The basic cost of hospitalization (hospital charge) is between \$10 and \$12 a day. The maximum time of hospitalization is usually one month.

Treatment and medical costs vary according to the individual case. In general the charges for the psychiatrist run from \$140 to \$240 a month. This charge includes electric shock therapy, insulin therapy and any other service the psychiatrist may render. The total cost for the hospitalization and treatment of a patient varies from

\$425 to \$600 a month. This includes the hospital charges, the physician's fees and treatment costs.

If psychological testing is prescribed, there is an additional fee of \$25 for Rorschach examinations and \$10 for I.Q. tests.

Arrangements for the payment of hospital costs are made with the hospital business office. Payment of the psychiatrist's fee is made separately. Blue Cross and other hospital insurance plans are honored by the hospital and may be applied toward payment for the hospital services.

How To Apply for Service

There is no application form. A person desiring service for himself or another may be referred to the psychiatrist for an examination appointment by contacting the hospital.

Admission Procedures

At the time of the initial examination appointment the patient and his relatives are interviewed separately by the psychiatrist. Then at a group conference of the relatives, the patient and the psychiatrist, a decision is made as to appropriate treatment or procedure in the case. If it is felt that the patient will benefit from hospitalization he is either admitted immediately or given an appointment for admission at a later date. If out-patient treatment is needed, further appointments are made with the psychiatrist to carry out this treatment.

A person who is accepted for treatment is usually given the following examinations: physical, neurological, psychiatric and laboratory tests.

RELATIVES' PART: As indicated above, a relative or relatives who have been in close contact with the patient should accompany him at the time of the examination appointment and at the time of his admission to the hospital, in order to give the necessary social and medical history information and to participate in planning. The psychiatrist will let the relatives know if they should return with the patient for out-patient treatment appointments if such are prescribed. If electrotherapy is indicated, a member of the patient's family or his guardian will be requested to sign a permission slip for this procedure.

Treatment Available

Psychotherapy, on an individual and group basis

Electrotherapy	Occupational therapy
Insulin therapy	Recreational therapy
Psychoanalysis	Hydrotherapy
Physiotherapy	Psychosurgery

Special medical problems may be treated by referral to specialists on the hospital staff or in the community or to the family physician.

Routine and Special Activities for Patients

Movies	Barber shop
Ping pong	Radio
Television	Holidays
Beauty Parlor	Birthday parties
Reading periodicals and books	
Table games, including cards, crafts	
Outdoor games, such as softball	
Indoor games, such as billiards	

As the patient improves he is allowed to go down town to see movies and enjoy similar amusements, go for rides and picnics with relatives, etc.

Patients eat in their own rooms. They do not participate in work activities.

General Information and Regulations

CLOTHING: Each patient is expected to provide his own clothing. The type of clothing worn around home will be suitable at the hospital. Many patients prefer to wear lounging pajamas, bathrobes and slippers.

VISITING: Visiting hours Monday through Saturday are from 2:30 to 4 P.M. and 7 to 8:30 P.M. On Sundays, visiting hours are from 2:30 to 4 P.M. only.

Children are not usually allowed to visit at the

psychiatric unit. Under special circumstances, a child may visit a parent who is a patient.

Visitors may bring anything to the patient that they feel will be helpful, such as candy, games, etc.

There are no lodging or dining facilities for visitors at the hospital. However, there are restaurants and hotels near by.

PERSONAL FUNDS: Each patient needs some personal funds while at the hospital for such incidentals as cigarettes, craft supplies, toiletry items, etc. Such funds are kept in individual accounts and are subject to withdrawal by the patient through the nurse in charge.

Discharge and Related Procedures

At the recommendation of the psychiatrist, a patient may be discharged directly from the hospital, be referred for out-patient treatment, be referred to a mental health institute if prolonged treatment is necessary, or be discharged to his relatives at their request. Planning relative to discharge is carried out with the patient and his family whenever it is feasible.

Release of Confidential Information

Information concerning a patient or former patient at the psychiatric unit is considered confidential. No information is released without the patient's written consent. Inquiries concerning a patient should be directed to the psychiatrist.

For additional information write to

Medical Director
Psychiatric Unit
Allen Memorial Hospital
Waterloo, Iowa

or to the Supervisor of the hospital.

Psychiatric Unit of St. Luke's Hospital

CEDAR RAPIDS

Location

The corner of A Avenue and 11th Street N.E., Cedar Rapids, Linn county, Iowa. The hospital is located just west of the Coe College campus. The psychiatric unit occupies an entire floor of one wing of the hospital building.

Functions

The psychiatric unit of this private general

hospital is intended primarily for the hospitalization, usually not longer than three to four weeks, of persons who require intensive treatment for mental and emotional disorders. It is under the medical direction of the psychiatric committee of the hospital medical staff. Although used primarily by physicians in the community specializing in neuropsychiatry, it may be used by other physicians on the hospital staff.

Bed Capacity and Staff

The bed capacity of the psychiatric unit is 25.

TREATMENT STAFF

Psychiatrists and physicians (part-time)	3
Social workers (full-time)	1
Psychologists (part-time)	1

The unit receives regular service from the hospital's nursing and orderly staff. In addition, doctors, residents, interns and persons skilled in occupational and physical therapy take part in the treatment program.

Who Is Eligible for Service

There are no specific eligibility requirements as to sex, residency or types of mental illnesses accepted for treatment. Generally, anyone is eligible for treatment who is suffering from mental or emotional difficulties which seem to have the possibility of responding to short-term treatment and who are able to meet the costs of private hospitalization and treatment. Persons with chronic mental or nervous illnesses (except when an evaluation is needed) and patients under 15 years of age are not accepted for care.

Usually patients are hospitalized on a voluntary basis, although they may be committed provided they are amenable to treatment.

Costs

The basic cost of hospitalization is \$15 per day. However, additional charges are made for special services such as x-rays, laboratory tests and drugs. The average cost is about \$115 per week. Arrangements for payment of this cost are made with the hospital business office.

The physicians' fees are in addition to the hospital costs and the payment of these fees are made directly to the office of the attending physician.

Out-patient treatment, such as electrotherapy, may be available at the direction of the psychiatrist. The cost for each such treatment is \$7.50 for the use of the hospital facilities. The attending psychiatrist's fee would be in addition to this.

How To Apply for Service

There is no application form. Admission to the psychiatric unit can be obtained only through a member of the medical staff of the hospital. However, a person may receive help in arranging for service for himself or another by contacting the admission office of the hospital. An examination is scheduled with a physician on the hospital staff.

Admission Procedures

Since admission is obtained only through a

member of the medical staff of the hospital, the physician recommending admission is responsible for all admission procedures and the treatment of the patient during his hospitalization.

Each patient will be given a mental (psychiatric) examination. A physical examination, psychological testing and laboratory tests may be prescribed when indicated by the attending physician.

RELATIVES' PART: A relative or relatives who have been in close contact with the patient are requested to accompany him to the hospital in order to give necessary social history information. Usually they will talk with the social worker and in addition to giving social history will have an opportunity to discuss any problems relative to the patient's hospitalization and learn more about the psychiatric unit and its operation.

Treatment Available

Psychotherapy	Occupational therapy
Electrotherapy	Recreational therapy
Hydrotherapy	

Special medical problems may be treated by consultation or referral. A patient is asked if he prefers any particular physician to treat such problems. If he has no preference a physician is designated by the hospital staff.

Routine and Special Activities for Patients

Table games	Radio
Crafts	Movies
Shuffleboard and similar games	
Celebration of holidays and birthdays	
Reading of books and periodicals	

Patients eat in a common dining room. Nourishments are also available during the entire day if deemed suitable in the individual case.

The hospital does not furnish barber shop or beauty parlor service, but these may be arranged individually.

General Information and Regulations

CLOTHING: Each patient is expected to provide his own clothing. In general, the type of clothing worn around home will be suitable at the hospital. Washable garments are preferable and laundry services are available at the hospital. Robes and slippers, in addition to regular clothing, are also desirable.

VISITING: Visiting hours are 2 to 3:30 P.M. and 7 to 8:30 P.M. daily, including Sundays and holidays. Visiting for a given patient is limited at the discretion of his physician if this is felt to be beneficial to the patient.

PERSONAL FUNDS: Each patient may need some personal funds while at the hospital. They are

deposited to individual accounts and are subject to withdrawals by the patient for such items as cigarettes, gum, toiletry articles and other canteen items and craft supplies.

Discharge and Related Procedures

Patients are discharged upon direct orders of the attending physician, who instructs the patient or relatives as to future procedures. All patients, when leaving the hospital, must be accompanied by a responsible relative or friend.

Release of Confidential Information

Information regarding present or former

patients of the psychiatric unit is always available to the referring physician. Otherwise, information is released by the attending physician on the permission of the patient or his relatives. This permission is given to the attending physician through a signed statement.

For additional information write to

The Director
Psychiatric Unit
St. Luke's Hospital
Cedar Rapids, Iowa

or to the Administrator of the hospital.

Psychiatric Unit of Iowa Methodist Hospital

DES MOINES

Location

1200 Pleasant Street, Des Moines, Polk county, Iowa. The hospital is located on a hill several blocks northwest of the main business district of Des Moines. It is immediately west of the First Methodist Church. The psychiatric unit of the hospital is located on the sixth floor of the new south wing.

Functions

Iowa Methodist Hospital is a general, church oriented hospital. The psychiatric unit provides service for any person with a nervous or emotional illness who may be helped by short-term treatment. It does not provide custodial care for chronic cases. The unit is under the clinical management of a committee of the psychiatric staff of the hospital appointed by the president of the medical staff, with general supervision of its operation by the administration of the hospital.

Bed Capacity and Staff

The bed capacity of the psychiatric unit is 25. However, in cases of emergency, a greater number of patients can be accommodated.

TREATMENT STAFF

Psychiatrists and physicians (part-time)	9
Nurses	6
Attendants	11
Occupational therapists	1
Medical interns	1

Who Is Eligible for Service

There are no specific eligibility requirements as to sex, age, residency or types of mental illnesses accepted for treatment. Generally, anyone is eligible for treatment who is able to meet the cost of private hospitalization and treatment and is suffering from mental or emotional difficulties which seem to have the possibility of responding to short-term treatment. Thus, persons suffering from chronic mental illnesses or chronic nervous conditions are not accepted for care. Usually patients are hospitalized on a voluntary basis although committed patients may be admitted for treatment in individual cases.

In general, no acutely intoxicated person is admitted except those persons who are suffering from complications of illnesses such as alcoholic psychosis or delirium tremens.

Costs

The costs for hospitalization in the unit are based on an inclusive rate of \$18 per day. This rate covers room, meals, 24 hour nursing care, occupational therapy costs, recreational therapy, nourishments in addition to regular meals, electrotherapy, hot pack therapy, insulin sub-shock therapy and chaplain's counseling service.

Treatments received outside of the psychiatric unit such as X-ray, electroencephalogram, laboratory tests, physical therapy and drugs will not be covered in the inclusive rate of \$18. The charges for all medical treatment and advice

rendered by attending psychiatrists are billed by the respective psychiatrists and are not included in the hospital charges. These charges vary according to the patient's condition and according to the psychiatrist consulted.

The cost of one week's stay, approximately \$130, is requested of all patients prior to their admission. Financial arrangements for the balance should be made with the business office. The average length of stay in the psychiatric unit is approximately six weeks.

Out-patient electrotherapy treatments are available to patients referred to the psychiatric unit by their attending psychiatrist. These are available at the rate of \$5 per treatment.

Arrangements for transportation to and from the hospital must be made by the patient or his relatives.

Blue Cross and other hospital insurance plans are accepted for payment providing the patient's policy covers psychiatric care.

How To Apply for Service

There is no application form. Admission to the unit is usually arranged by the patient's doctor. A person may obtain help in gaining admission to the psychiatric unit by contacting the admission office directly.

Admission to the unit is usually made in the order in which reservations are made by the physicians recommending admission for patients. However, emergency patients will always be given preference.

Admission Procedures

New patients are usually brought to the emergency room of the hospital which is located at the east end of the east wing. An attendant accompanies the patient and his relatives to the psychiatric unit. The relative or relatives then proceed to the admitting office of the hospital to make financial arrangements and sign the request for admission. In cases where special treatment procedures are recommended by the patient's physician, the necessary legal releases are also signed.

Since all patients admitted to the psychiatric unit must be treated by a member of the hospital medical staff, the new patient is urged to select a physician from the psychiatric staff list. When the patient has no preference, the attending psychiatrist is selected by the supervising nurse on a rotating basis.

Each patient is routinely given a psychiatric examination and the psychiatrist may refer the patient for any other diagnostic tests and exam-

inations which may appear indicated in the individual case.

RELATIVES' PART: Relatives should accompany the patient to the hospital at the time of his admission so that they may give necessary social history information for the use of the psychiatrist. It is usually necessary for a relative to make the necessary financial arrangements, sign the request for admission and any legal releases for treatment procedures which may be prescribed. The relatives will have an opportunity to discuss problems related to hospitalization and to learn more about the psychiatric unit and its operation.

A relative should also accompany a patient who comes to the psychiatric unit for out-patient treatments.

Treatment Available

Electrotherapy	Music therapy
Insulin therapy	Physical therapy
Occupational therapy	Art therapy
Recreational therapy	Psychosurgery

Psychotherapy may be given by the attending psychiatrist if deemed appropriate. Only members of the medical staff who are assigned to the psychiatric division of the hospital are permitted to treat patients in the unit except for emergency periods of 48 hours or less when general staff members may attend their patients.

Patients will routinely not be kept in the unit longer than 60 days. However, if upon review by the psychiatric committee at the end of the 60 days a patient shows definite promise of rapid cure, he will be allowed continued hospitalization.

Special medical problems are usually treated by consultation or referral to the appropriate medical specialist.

Routine and Special Activities for Patients

Movies	Radio
Ping pong	Dances
Television	Indoor games
Table games including cards	
Religious services by request	
Beauty parlor care by attendant	
Barbering by outside agent	
Programs by patients and staff	
Birthday parties	
Holiday activities	

Patients eat in a dining room in the unit. Nourishments are available to patients at times other than the regularly scheduled meals.

Patients are encouraged to keep their own rooms clean and to make their own beds. They

may also launder their own underclothing and other small items of clothing.

General Information and Regulations

CLOTHING: Each patient is expected to provide his own clothing. In general, the type of clothing worn around home will be suitable at the hospital. Washable garments are preferable since laundry facilities are provided at the hospital. Robes and slippers in addition to regular clothing are desirable for wear at the hospital.

VISITING: Visiting is permitted only if allowed, in writing, by the attending psychiatrist.

It is considered virtually a uniform policy that no patient shall have visitors during the first week of hospitalization. There is no appeal permitted from the attending psychiatrist's instructions relative to visitors. Visiting is permitted in privacy only in the consultation rooms or in the patient's private room.

There are no lodging facilities for visitors on the hospital grounds. However, accommodations can be located close to the hospital.

At the time a patient is admitted to the unit his relatives will be given a letter explaining briefly some of the aspects of the operation of the unit.

PERSONAL FUNDS: Patients need personal funds while at the hospital for incidentals such as candy, cigarettes and toilet articles. A "personal valu-

ables" envelope is maintained for each patient in the safe of the hospital business office. Any time purchases are made for a patient a list of the items bought and their costs are reported on paper and placed in the envelope. This list is signed by the person making the purchases, and the amount used to make the purchases will be drawn from the patient's envelope.

Discharge and Related Procedures

Patients are discharged from the psychiatric unit only upon written order of the patient's attending physician. Relatives are expected to escort the patient from the unit to his home. They will be notified promptly of the pending discharge of the patient and will usually have an opportunity at the hospital to discuss the important aspects of the patient's progress.

Release of Confidential Information

Information about a patient or former patient is available only with written permission from the patient's attending psychiatrist. If he is no longer in attendance at the hospital, another member of the staff will assume the responsibility for authorizing the release of information.

For additional information write to

The Administrator
Iowa Methodist Hospital
Des Moines, Iowa

Psychiatric Unit of St. Joseph Mercy Hospital

SIOUX CITY

Location

21st and Court Streets, Sioux City, Woodbury county, Iowa. The hospital is located on a hill overlooking the eastern part of the city.

Functions

This is a private general hospital under the direction of the Sisters of Mercy. The psychiatric unit is designed for the diagnosis and treatment of all types of nervous and mental disorders which appear to be in early or acute stages. It is also utilized for the teaching of interns and nurses.

An out-patient department is used for follow-up treatments and treatment interviews, consultations and emergency treatment for neurological, neurosurgical and psychiatric patients.

Bed Capacity and Staff

The psychiatric unit has a maximum bed capacity of 18.

TREATMENT STAFF

(directly servicing the psychiatric unit)

Psychiatrists and physicians	2
Psychologists	1
Nurses	3
Attendants	4
Dentists	1
Psychology trainees	1
Consultants	12
Neurologists	1
Neurosurgeons	1
Internists	1

A varying number of student nurses are in regular attendance in the unit.

Who Is Eligible for Service

There are no specific eligibility requirements. Any person no matter what his age or sex may be admitted for study. There is no limitation on the types of psychiatric cases that may be admitted. However, the psychiatric unit is used chiefly for the diagnosis and treatment of acute mental diseases. Both voluntary and committed patients are accepted.

Where it is apparent that a person is suffering from a chronic mental illness that will require prolonged hospitalization, transfer to the proper institution is recommended.

Persons suffering from comparatively mild nervous or emotional illness may be admitted to the open service of the hospital rather than to the psychiatric unit.

Costs

The basic costs of hospitalization vary from \$8 to \$10 a day depending on whether the patient has a ward bed, a bed in a double room or a single room. The physician's fee and the cost of special diagnostic procedures and treatments are in addition to this. These costs vary considerably from case to case depending upon the type and degree of illness.

Diagnostic procedures may include the following: Electroencephalogram (E.E.G.), \$15; Wechsler Bellevue Test, \$10; Minnesota Multiphasic Personality Test, \$5; Thematic Apperception Test, \$15; Rorschach Test, \$15. All but the first of these are psychological tests.

Arrangements for the payment of costs are usually made with the responsible relatives of a patient or, if he is admitted through an agency, with the agency (a county patient for example).

Blue Cross and other hospital insurance plans are accepted toward payment of costs.

In out-patient cases there is no charge to the patient for the utilization of the hospital conference rooms. There is a charge for any drugs or other medications which are administered. The patient is usually told of the out-patient costs in advance and they are payable in cash at the time of each out-patient visit.

How To Apply for Service

There is no special application form. In general, admission to the psychiatric unit is the same as to the rest of the hospital. A person may initiate service for himself or another by contacting a staff physician of the hospital directly. In other cases the patient may be referred by his family

physician who may make the initial contact with the hospital staff. Patients are generally brought to the hospital at the request of relatives, home physicians, ministers, social agencies, the police or the Veterans Administration.

Admission Procedures

A patient is usually admitted directly to the psychiatric unit. His clothing is checked and noted on a clothing list and his valuables are recorded and put in the safe. He is seen by one of the staff physicians for psychiatric examination and an interview concerning the development of his illness. The psychiatrist may then refer the patient for psychological testing and other diagnostic procedures to help in establishing recommendations or a treatment plan.

RELATIVES' PART: At least one member of a patient's family is asked to accompany him to the hospital at the time of admission in order to attend to the business formalities at the admission office and to give social and medical history concerning the patient. If no relatives are able to accompany the patient for admission, they should plan to go to the hospital as soon thereafter as possible.

Certain special treatment procedures, such as electrotherapy or insulin therapy, require the signed permission of a responsible relative before they can be administered.

Treatment Available

Psychotherapy on an individual basis	
Electrotherapy	Music therapy
Insulin therapy	Physiotherapy
Occupational therapy	Art therapy
Recreational therapy	Psychosurgery

The psychiatrist on each case confines his activities to the neuropsychiatric treatment procedures. Any other general medical problems of the patient as a rule are treated by the doctor who referred him to the psychiatric unit and is on the regular hospital staff. Special medical problems may be treated by consultation from or referral to the appropriate medical specialist.

Routine and Special Activities for Patients

Movies	Beauty parlor
Swimming	Barber shop
Ping-pong	Radio
Dances	Birthday parties
Religious services	Picnics
Table games including cards	
Observance of holidays	
Indoor games such as billiards, etc.	
Outdoor games such as soft ball, etc.	

Entertainment programs presented by patients and staff

The picnics and other outdoor activities are arranged at the request of the physician and handled by the staff personnel associated with the psychiatric department. Some patients may be able to attend movies and engage in other spectator activities outside the hospital.

Patients are encouraged to do hand work, such as bed making, in the ward, in addition to the occupational therapy activities.

Patients eat in the dining room whenever possible. A seriously ill or disturbed patient will be served in his room.

General Information and Regulations

CLOTHING: Patients may wear any clothing they prefer but are encouraged to have simple clothing that is easily laundered and kept clean. Usually any of the clothing they wear around home will be suitable for wear at the hospital.

The hospital provides bath robes, night clothes and electric razors.

VISITING: Usually a patient should not have visitors for the first two weeks or so of his hospitalization. Permission to visit a patient is generally obtained from the attending physician.

Visiting hours for patients in the psychiatric unit are from 2 to 4 P.M. on Saturdays, Sundays and holidays only.

Children are not allowed in the wards.

Dining facilities are available at the hospital for visitors but there are no lodging accommodations. However, there are rooming houses and hotels in the neighborhood.

PERSONAL FUNDS: It is desirable that each patient have a small amount of money at the hospital for incidentals such as cigarettes, gum, toilet articles, occupational therapy supplies and other canteen items. This money should be left with the ward nurse who keeps a special record of such funds. Individual accounts are maintained and are subject to withdrawals by the patient when incidental needs arise.

Discharge and Related Procedures

Prior to a patient's discharge, members of his

family are usually interviewed by the physician who is in charge of his case so that they may have an opportunity to gain an understanding of the patient's illness and response to treatment. At the time of discharge the relatives are given the physician's recommendations for the patient's further activities and they are helped to understand how they may be of assistance to the patient when he leaves the hospital.

Most patients are discharged from the psychiatric unit when such action is deemed advisable by the staff physician who has been treating them. If a patient's relatives insist on his dismissal from the hospital against the advice of the physician, he may be discharged. In such a situation the relatives are asked to sign a form releasing the hospital and doctor from further responsibility for the patient.

Upon leaving the hospital a patient may be referred to another agency or private practitioner for service, or follow-up treatment in the outpatient department may be planned. Patients who return for follow-up therapy are usually not accompanied by a relative. However, the hospital remains interested in the progress of former patients and may contact a relative to learn about the current adjustment of the person concerned.

Release of Confidential Information

A patient's hospital records are available only to the physician who is treating him and the nurse assigned to his case.

Referring agencies or physicians generally receive a routine report of the patient's illness and hospitalization.

After a patient has left the hospital, persons or agencies who want information about the patient must make a written request accompanied by a signed statement of the patient giving his permission for its release.

For additional information write to

The Superintendent
St. Joseph Mercy Hospital
Sioux City, Iowa

Psychiatric Unit of St. Vincent's Hospital

SIOUX CITY

Location

624 Jones Street, Sioux City, Woodbury county, Iowa. The hospital is situated on a prominence overlooking the north portion of the main business district of the city.

Functions

This is a private general hospital under the direction of the Sisters of St. Benedict. The psychiatric unit is for the care and acute-intensive treatment of persons suffering from nervous and emotional disorders in their early stages.

An out-patient department is used to treat patients who do not require hospitalization and to give follow-up therapy to patients who have been discharged from the psychiatric unit but who may be helped by further treatment.

Bed Capacity and Staff

The bed capacity of the psychiatric unit is 15.

TREATMENT STAFF

Psychiatrists and physicians	2
Nurses	2
Psychologists	1
Attendants	5
Occupational therapists	1

Who Is Eligible for Service

There are no specific eligibility requirements as to sex, age, or residency of the patient. Usually, however, only a person whose illness has the possibility of responding to treatment within a period of six weeks will be accepted. The maximum length of continuous hospitalization is 12 weeks. Both voluntary and committed patients are accepted.

Costs

The basic cost of hospitalization in the psychiatric unit is \$9.50 a day. The physician's fee and the cost of special drugs and laboratory tests are in addition to the basic cost.

Arrangements for the payment of costs are made on an individual basis. Usually, a \$50 down payment is made at the time of the patient's admission, with the remainder of the costs to be

paid at the time of dismissal from the hospital, unless other arrangements have been made.

Blue Cross and other hospital insurance is accepted toward payment of the costs.

For each out-patient treatment there is a \$5 hospital charge in addition to the physician's fee. In both out-patient and in-patient cases, the physician's fee will vary according to the nature of the patient's illness and the treatment required.

How To Apply for Service

There is no routine application form. Persons usually obtain service through a staff psychiatrist by private interview in his downtown office. They may apply to him directly or may be referred by an agency or another physician. Interested persons may be referred to the proper physician by contacting the superintendent of the hospital.

Admission Procedures

Upon arrival at the hospital the patient's clothing is recorded. He is then interviewed for social history information and is given a psychiatric examination. A physical examination is also given if so directed by the physician in charge of his case. These procedures may take place in the physician's downtown office or at the hospital, depending upon the circumstances in the individual situation.

Following his admission to the psychiatric unit, a patient may be referred for various diagnostic laboratory and psychological tests.

RELATIVES' PART: Relatives are requested to accompany the patient to the hospital. They are met by the nurse in charge and the patient's valuables and any possible injurious articles are turned over to them.

Relatives also may be helpful at the time of admission by providing medical and social history information which may be needed to establish a diagnosis and treatment plan.

It may be necessary for the relatives to take care of the business formalities connected with hospitalization, including making financial arrangements and signing involuntary admission papers, when appropriate.

Treatment Available

Psychotherapy on an individual basis	
Electrotherapy	Recreational therapy
Insulin therapy	Physiotherapy
Psychoanalysis	Psychosurgery by
Occupational therapy	referral

All medical problems are taken care of by the physician who is treating the patient with consultation or referral if indicated in a particular case.

Routine and Special Activities for Patients

Movies	Barber shop
Ping-pong	Radio
Religious services	Picnics
Entertainment programs presented by outside amateur and professional talent	
Table games, including cards, etc.	
Outdoor games, including soft ball, etc.	

Boating is available to patients who have finished their series of treatments and are approved for such activity by their physician.

Patients eat in the same dining room with the exception of those who are acutely ill or severely disturbed. Such patients are served in their rooms.

Work activities in which patients are encouraged to participate include such things as ward clean-up and bed making.

General Information and Regulations

CLOTHING: All patients are expected to furnish their own clothing. In general, clothing which is worn around home will be suitable for wear at the psychiatric unit.

VISITING: No visiting is allowed during the first week of a patient's hospitalization. Thereafter, persons interested in visiting a patient should consult with the physician in charge of his case to see whether visiting is advisable.

Visiting hours are from 2 to 4 P.M. on Sundays only. Usually, fruit, candy and cigarettes are acceptable gifts for patients.

Children are not permitted in the wards.

There are no lodging or dining facilities available for visitors at the hospital itself.

PERSONAL FUNDS: Patients may need personal funds while at the hospital for incidental items such as gum, cigarettes, toilet articles, craft supplies, etc. If advisable, a patient may keep such funds himself or an individual account may be kept from which money may be withdrawn as needs arise.

Discharge and Related Procedures

Whether or not a patient is ready for discharge is left to the discretion of the physician in charge of his case. At the time of discharge the patient or a relative signs release papers.

A voluntary patient may leave the hospital against medical advice if he signs his own discharge, which releases the hospital and physician from further responsibility.

A patient who is well enough may go home for a few days and then return to the hospital, if the doctor who is treating him gives permission and the patient's relatives are willing to assume the responsibility.

If a patient does not respond to treatment or is found to be suffering from a chronic illness requiring prolonged hospitalization, he may be dismissed from the psychiatric unit or referred to a public institution. The appropriate course to be followed would depend upon the seriousness of the illness.

A patient may be dismissed from the unit and out-patient treatments arranged when the doctor feels that the patient no longer requires hospitalization but would benefit from further therapy.

Release of Confidential Information

Information about a patient or former patient is available only from the physician in charge of his treatment. A referring agency does not receive a report unless it is specifically requested.

For additional information write to

The Administrator
St. Vincent's Hospital
Sioux City, Iowa

Psychiatric Unit of St. Joseph Mercy Hospital

CLINTON

Location

14th Avenue North and Fourth Street, Clinton, Clinton county, Iowa. The hospital is a brick and stone building located on a hill in the northern section of the city.

Functions

This is a private general hospital, operated by the Sisters of Mercy. The psychiatric unit comprises a small open section of the hospital which is available for the care and treatment of persons suffering from nervous or emotional illnesses and who are not acutely disturbed.

Bed Capacity and Staff

The bed capacity of the psychiatric unit is four (all are private rooms).

TREATMENT STAFF

Psychiatrists	1
Nurses	1

Service from personnel of the general hospital and from physicians in the community is available when the need is indicated.

Who Is Eligible for Service

In general, any person who is able to meet the cost of private hospitalization and treatment is eligible for admission as a psychiatric patient. However, there are no provisions for the care of young children and no facilities for the care of acutely disturbed patients.

Final eligibility for service is determined by the psychiatrist.

Costs

The average total cost for in-patient psychotherapy is approximately \$500 for about a three-week period. The total cost for in-patient electrotherapy is estimated at about \$600 for four to five weeks of hospitalization. As indicated, these amounts cover all the services of the hospital including room, meals, nursing service, etc. They also include the costs of treatment procedures and the physician's fee.

Out-patient treatment includes only electrotherapy and the total cost of the out-patient series of electrotherapy treatments is \$375 to \$425.

Arrangements for the payment of costs are made with the hospital business office and the

psychiatrist. Payment is usually made at the time of the patient's discharge.

Blue Cross and other hospital insurance plans are accepted toward payment of costs.

Transportation to and from the hospital must be arranged by the patient and his family.

How To Apply for Service

There is no application form. Persons usually obtain service through the psychiatrist. They may contact him directly or be referred to him by the hospital or another physician. The psychiatrist makes the necessary arrangements with the registrar of the hospital when he believes that hospitalization is indicated in the individual case.

Admission Procedures

The initial psychiatric examination and interview of a patient are generally conducted in the psychiatrist's downtown office.

When a patient enters the hospital he is first seen by the registrar who records identifying information such as name, age, address, name of responsible relative, etc., and then takes the patient to his room. There he is met by the special nurse in charge of the psychiatric section who carries out orders previously issued by the physician. The admission procedure at the hospital is managed in an informal manner.

RELATIVES' PART: Ordinarily a patient's relatives are interviewed by the physician in his office at the time of the initial examination. Medical and social history may be obtained and the treatment procedure which is prescribed for the patient is explained and discussed. As treatment progresses, it is customary for the relatives to be seen from time to time by the physician in order that he may relay to them further suggestions as to ways in which they may be helpful to the patient during his period of treatment and after his return to his usual environment.

Treatment Available

Psychotherapy on an individual basis (usually one hour per day with each patient)

Electrotherapy

Occupational therapy

Recreational therapy

Any special medical problems (non-psychiatric) which arise during the course of treatment are referred to a consultant from the community who examines and perhaps treats the patient in the hospital or in his office, in accordance with the individual circumstances.

Routine and Special Activities for Patients

Movies	Beauty parlor
Swimming	Barber shop
Television	Radio
Picnics	
Table games such as cards	
Spectator sports such as baseball, etc.	
Reading of books and periodicals	

Of these activities only television and radio in addition to reading and table games are available within the hospital.

The activities for patients at a given time vary widely depending upon the particular patients in the unit. According to the individual circumstances, patients may be escorted by the nurse, by their families, or may go by themselves to participate in the above activities.

Most of the patients who receive psychiatric service at the hospital are permitted to leave the grounds for short periods of time either alone or accompanied by a responsible relative. They notify the floor nurse of their plans and indicate the length of time they will be gone.

Patients usually eat in their rooms, but often they have their trays together in one room if they are congenial with one another.

Patients ordinarily do not do any work other than occupational therapy activities.

General Information and Regulations

CLOTHING: Each patient must furnish his own clothing, including that for street-wear and bed-wear. There are no limitations on clothing.

VISITING: Visiting hours for each patient are arranged individually by the physician according to the circumstances involved. There is no fixed routine for visiting. However, no one may visit a patient without the permission of the psychiatrist.

Children are not encouraged to come into the

hospital to visit patients, but the patients are usually free to visit with children on the hospital grounds.

Under special circumstances dining and lodging service may be provided at the hospital for a member of a patient's immediate family. The physician indicates when this may be appropriate, since it is usually allowed when considered particularly beneficial to the patient.

PERSONAL FUNDS: A patient in the psychiatric unit needs a personal fund for incidentals such as cigarettes, craft supplies, toilet articles and other canteen items.

Discharge and Related Procedures

The appropriate time for discharge is determined by the psychiatrist in accordance with the circumstances in the individual case. In most instances, patients are discharged to their own custody. Occasionally, a relative may be requested to come for a patient at the time of discharge. There are no forms to sign at this time, unless the patient is leaving the hospital against medical advice. In such a case a responsible relative or guardian must sign a form releasing the hospital and physician from further responsibility for the patient and his welfare.

There is always at least one follow-up interview with the patient after treatment is completed, and relatives are urged to return with him at such times.

Release of Confidential Information

At the time of a patient's admission a report is sent to the referring physician to inform him of the diagnosis and proposed treatment plan for the patient.

Following the patient's entrance for treatment and after discharge, information concerning him is released only with his permission or upon his request. This would include information to relatives or a referring physician.

For additional information write to

Psychiatrist
St. Joseph Mercy Hospital
Clinton, Iowa

Legal Procedures

THIS chapter summarizes briefly certain major provisions of Iowa law dealing with the care of the mentally ill, feeble-minded, epileptics, alcoholics and drug addicts. No attempt is made to present the law in detail or to cover each and every legal duty placed on officials or relatives. The purpose is to give a general idea of the legal procedures required for admission to or discharge from the four state mental health institutes and two schools for the feeble-minded and how the costs are paid. Most of the requirements apply equally to involuntary admission to private and county facilities, though there are some alternative procedures in those cases.

The Code of Iowa must be consulted by those who wish exact information on the many points which may arise in dealing with particular cases. The following chapters of the 1950 Code and the amendments by the 1951 legislature are those which bear most directly on mental health problems:

CODE OF IOWA, 1950

- Chapter 135B—Licensure and Regulation of Hospitals
- Chapter 217—Board of Control of State Institutions
- Chapter 218—Government of Institutions

- Chapter 222—Guardianship and Custody of Feeble-minded
 - Chapter 223—Woodward State Hospital and School and Glenwood State School
 - Chapter 224—Drug Addicts
 - Chapter 225—Psychopathic Hospital
 - Chapter 226—State Hospitals for Insane
 - Chapter 227—County and Private Hospitals for Insane
 - Chapter 228—Commission of Insanity
 - Chapter 229—Commitment and Discharge of Insane
 - Chapter 230—Support of Insane
 - Chapter 235—Child Welfare
 - Chapter 255—Medical Treatment of Indigent Persons, particularly section 255.28, transfer of patients from state institutions
- ## LAWS OF 1951
- Chapter 4—Mentally Ill Persons (appropriation for screening center)
 - Chapter 83—Mental Health Institutes (change of name from state hospitals)
 - Chapter 84—Lien for Care at Institutions (at Glenwood and Woodward)
 - Chapter 85—Rehabilitation of Alcoholics
 - Chapter 86—Psychiatric Treatment (provision for observation before commitment)

Admission and Discharge of Mentally Ill

The Code of Iowa outlines a number of procedures governing the care of persons suffering from mental illness (the term used in the Code is "insanity"), alcoholism, drug addiction and epilepsy. These regulations cover involuntary admission and commitment,¹ voluntary admission and dis-

charge and are applicable to private as well as public institutions. Persons admitted to the State Psychopathic Hospital at Iowa City come under special provisions of the law; these procedures are discussed in the section of this book describing the hospital.

The term "insane" as defined in the Code "includes every species of insanity or mental derangement." It should be noted that although modern treatment dictates the use of the term

¹The terms "involuntary admission" and "commitment" were used more or less synonymously until 1949 when the 53rd General Assembly authorized the screening center procedures. Since then there is a distinction between the two terms when applied to the mentally ill (not the feeble-minded). The commission of insanity now orders an involuntary admission for observation and does not issue a com-

mitment order until after the superintendent so recommends. See the description of procedure which follows under subdivisions 4 and 5.

"mentally ill," the word "insane" must be used in legal proceedings wherever the Iowa Code so specifies. A drug addict is considered to be a person who is "addicted to the excessive use of morphine, cocaine, or other narcotic drugs." An alcoholic is considered to be a person "addicted to the excessive use of intoxicating liquors." The authority to determine whether or not a person is suffering from mental illness (insanity), drug addiction or alcoholism, and whether he should be hospitalized for care and treatment is delegated to a county commission of insanity maintained in each county in the state. In counties which have more than one district court there is a commission located at each court.

The commission of insanity has jurisdiction of all applications for the involuntary admission and commitment to state hospitals or other safekeeping of mentally ill persons, alcoholics and drug addicts and epileptics within the county, unless they are under grand jury indictment or being held in custody under an information filed by the county attorney. The commission consists of the clerk of the district court or his deputy, and a physician and an attorney, both of whom must be in active practice. They are appointed by the district court for terms of two years, one of which expires each year.

Involuntary Admission and Commitment

The steps in involuntary admission and commitment are as follows:

1. Anyone who believes that another person is insane and a fit subject for custody and treatment in a mental health institution may file an information to this effect with the clerk of the district court in the county in which the person believed to be insane resides. The necessary form is available at the office of the clerk of the court. The person to be committed may or may not have established legal residence in the county.

2. Upon filing of the information, the commission of insanity, if satisfied that there is reasonable cause, makes provision for a hearing to consider the facts in the individual case.

3. In relation to the above proceedings, the commission appoints, either from its own membership or outside its membership, some regularly practicing physician of the county to make a personal examination of the person in question to determine his mental and physical condition. This physician certifies to the commission whether the person is sane or insane.

4. If the commission finds from the evidence that the person is insane, it must first order his admission to the screening center of the state men-

tal health institute in the district in which the county is located, for observation.

The person or someone acting for him may appeal this order within 30 days to the district court, and has a right to have the appeal decided by jury. The rules are the same as in civil trials. If the court finds the person mentally ill or an epileptic and in need of hospitalization it may order his admission to the appropriate institution.

In some cases the commission may require that a person be cared for by the county board of supervisors, at the expense of the county, either in the county home or some other suitable place. This may be done if the person cannot be admitted to a mental health institute immediately or if for other reasons such commitment is not deemed suitable by the commission.

5. At the institution to which he has been ordered, the patient is observed and treated for a period varying from a few days to several weeks. Thereafter, the superintendent of the institute makes his recommendations to the county commission of insanity as to whether or not the patient should be committed. If the superintendent recommends commitment, the commission issues an official order to this effect.

Transfer to County Home—Under certain circumstances a person who has been committed to a mental health institute may be transferred to a county home. This can be done upon the finding of a special commission that the patient can be properly cared for in the county home and upon the approval of the board of supervisors of the county of the patient's residence. The special commission must consist of (1) the superintendent of the institute where the person is hospitalized, and (2) one or more physicians chosen by the county board of supervisors. If a relative, friend or guardian of the person in question is providing the expenses of maintenance in the institute, his written consent to the transfer must be obtained; otherwise it is not necessary.

Transportation—If a relative or friend of the patient shall so request, he is given preference in providing transportation for the patient to the mental health institute. The relative or friend will be reimbursed by the county for any necessary expenses. If no such person arranges for transportation the county will make the necessary arrangements.

Veterans—Any person who is held to be suitable for treatment and care in a hospital for the mentally ill and who is eligible for admission to a Veterans Administration hospital may be committed to that hospital by the county commis-

sion. A person who has already been admitted to a state mental health institute and who is eligible for admission to a veterans hospital may be transferred to that hospital upon his request or at the request of a responsible person.

Private Hospitalization—The commission of insanity may order a patient to a private hospital for care and treatment if the patient or his relatives are able and willing to assume the costs involved.

Transfer to a Mental Health Institute—A person declared insane by the county commission, who has been under care either as a public or private patient outside a mental health institute, may, on application to the commission of insanity and on its authority, be transferred to the institute whenever his admission is agreed to by the superintendent of the institute. This admission may be facilitated without another hearing at any time within a six months' period following the original hearing in the case, unless the commission shall think further inquest advisable.

Voluntary Admissions

Any citizen of the state of Iowa may make a voluntary personal application for admission to a mental health institute for observation, examination, diagnosis, care and treatment for mental illness (i.e. for an emotional or nervous disturbance). The necessary application forms may be obtained from the individual mental health institutes. An application will not be accepted unless the institute has adequate services available without overcrowding its facilities. Any voluntary patient may apply for his discharge by giving at least three days' notice in advance as provided in the application forms. Voluntary patients are required to pay the costs of hospitalization if they are able to; these may be paid weekly in advance at the business office of the hospital. These costs are the same as for regularly committed patients and similar treatment is given.

If a person wishes to make application for voluntary admission to a mental health institute and neither he nor the persons responsible for him are able to pay for hospitalization, his application for voluntary admission must be made to the commission of insanity of the county in which he is a resident. If the commission believes that he is in need of observation and treatment in the institute it may authorize his admission as a voluntary case. Then the costs of the hospitalization will be paid in the same way as regularly committed cases. Persons admitted in this manner can be discharged on application in writing

to the superintendent of the institute in the same way as other voluntary patients.

Still another procedure is provided by law by means of which a person can be admitted to a state mental health institute on a temporary, voluntary basis for observation, examination, diagnosis and treatment. Under this procedure an application is made on behalf of the patient by the patient's attending physician and a psychiatrist; this application also must be signed by the patient himself. The application is directed to the superintendent of the mental health institute in the district where the patient resides.

If the application for temporary admission is accepted by the institute, the patient is admitted for not more than 30 days. At the end of this period, the superintendent of the institute makes a report of the institute's findings to the patient's attending physician. If this report recommends that a further period of observation and treatment is indicated, the attending physician may authorize that the patient be retained at the institute for another 30-day period.

If the report states that the person is insane and in need of treatment, a copy of the report is also sent to the commission of insanity of the county of the patient's residence. Then the commission of insanity can proceed with regular commitment procedures, if that is deemed advisable.

The costs of hospitalization of persons temporarily admitted in this manner are paid by the county in the same way as for regularly committed patients.

Discharge

Discharge of patients normally takes place under the direction of the superintendent of each institution. When a patient has recovered from his illness, he is to be discharged immediately. The superintendent issues duplicate certificates of full recovery, one for the patient, the other for the district court of the county from which the patient was committed, if such was the case. The clerk of court then records the certificate in the record covering proceedings for commitment of the person.

When a patient is discharged without full recovery, he may apply later to the superintendent, according to rules prescribed by the Board of Control of State Institutions, for a certificate of recovery. The superintendent must examine him and decide on his eligibility for the certificate. The certificates, if issued, are in duplicate and must be delivered to the patient and clerk of the district court the same as the certificates of discharge.

In a case when someone believes that a patient committed to a mental health institute (or another hospital for the mentally ill) should be discharged from the institute such a person may file a signed statement to this effect with the clerk of the district court of the county in which the person is hospitalized or in which the person has a legal settlement. The judge of the district court will appoint a commission of not more than three members, one of whom must be a physician, to investigate the facts in the case and to examine the person in question. This commission makes a written report to the court. The superintendent or director of the institution where the person is hospitalized also enters a statement. The judge of the court determines the "sanity" of the person on the basis of the report and the hearing of testimony, and he may order that the person be discharged or authorize his continued commitment and hospitalization.

The members of the Board of Control of State Institutions may at any time investigate the mental condition of any patient hospitalized for mental illness and may institute proceedings to discharge him if they believe him to be sane or

harmless. They must seek the recommendation of the superintendent of the institution in which the patient resides. Also the board can discharge or remove harmless and incurable patients from a mental health institute to make room for recent cases. A patient so removed then becomes a charge of his county commission, both for removal to the county and for his care. Notice of such order by the board must be sent at once to the county commission of insanity and to the county auditor at least 10 days prior to the date of discharge.

The commission of insanity, with the consent of the Board of Control, may discharge mental patients from local institutions upon finding that county care is no longer needed and upon determining whether the person is "sane" or "insane" at the time of such discharge. Patients who have been transferred from a state hospital to a county or private institution may not be discharged without the consent of the Board of Control, unless the patient has been "cured" according to reputable medical advice or as established by the court procedure previously described.

Admission and Discharge of Feeble-minded

The Code of Iowa defines a feeble-minded person as one afflicted with mental defectiveness from birth or from an early age, so pronounced that he is incapable of controlling himself and his affairs; who requires supervision, control and care for his own welfare, or for the welfare of others, or for the welfare of the community, and who is not classifiable as an "insane person" that is, he is not suffering from a nervous or emotional illness which requires hospitalization in and of itself.

The procedures for voluntary admission to one of the schools for the feeble-minded are described under the admission procedures for Glenwood and Woodward in the body of this book.

Involuntary Admission

The following legal steps are involved in the commitment (involuntary admission) of a person to an institution for the care and training of the feeble-minded:

1. With the permission of the court, a petition is filed with the clerk of the district, superior or municipal court of the county or city in which

the alleged feeble-minded person is living. The petition may be filed by any relative of the supposedly feeble-minded person, by his guardian or by a reputable citizen of the county in which he is living. Included in the petition, there must be statements to the effect that the person is believed to be feeble-minded and in need of institutionalization because he is dangerous to the welfare of the community. The petition must also include the names and residences, so far as known, of any persons having some responsibility for the person in question. This would include the names and residences, if known, of the parents and any other persons legally chargeable with the supervision, care or support of such person. If the person has been examined by a physician for purposes of determining his mental condition, this is also noted.

2. A hearing is held at the order of the court following the completed filing of the information. Notice of the hearing is given to all the persons assuming some responsibility for the alleged feeble-minded person who are residents of the

county in which the petition is filed. These people may include: the parent or parents, the people with whom the person is living, the people assuming his care and attention or his guardian if one has been appointed. The hearing shall be public unless otherwise requested by the parent, guardian or other person having custody of the feeble-minded person.

3. If the feeble-mindedness of the person in question is not obvious to the court or judge, the court either prior to or at the time of the final hearing will appoint a commission of two qualified physicians or one physician and one psychologist, who are residents of the county, to make a personal examination of the alleged feeble-minded person in order to determine his mental condition. This commission makes a written report to the court giving its conclusions on the mental condition of the person and its recommendations. The court at its discretion may have additional examinations made by the same commission or by a different commission.

If the person is obviously feeble-minded in the eyes of the court and judge no commission need be appointed.

4. If after the preceding steps it is found that the person is feeble-minded and that, in the opinion of the court, it will be conducive to his welfare and to the welfare of the community, he may be committed to the state school at Glenwood or the state hospital and school at Woodward.

5. When a person is committed to an institution he is examined by the staff of that institution to determine or verify his mental condition. If it is found that he is not feeble-minded, it is the duty of the superintendent of the institution to petition the court immediately for his discharge or for a modification of the order sending him to the institution.

It is also within the power of the court to commit such a person to a private institution in Iowa which has been duly incorporated for the care of feeble-minded persons and approved by the Board of Control providing the private institution is willing to receive the person in question.

If one of the state institutions is unable to admit a person immediately the superintendent

will notify the court or judge of the time when the patient may be admitted in the future. In the meantime, the person will be cared for under the direction of the court.

Discharge

Discharge from Glenwood or Woodward may be made upon recommendation of the superintendent to the Board of Control or a petition for the discharge of a committed patient may be filed any time after six months from the date of the commitment. This discharge petition may be filed by the committed person or by any reputable person. It should be filed in the district court of the county where the institution is located.

Discharges may be made on any of the following grounds:

1. That the person believed to be feeble-minded is not feeble-minded.

2. That the person has improved in his behavior to the degree where he is capable of caring for himself.

3. That the relatives or friends of the feeble-minded person are able and willing to support and care for him and request his discharge and that, in the judgment of the superintendent of the institution caring for the person, the welfare of the person and the community will not be jeopardized.

Following the filing of a petition for discharge a hearing is ordered by the court with representatives of the institution and other interested parties present. On the basis of this hearing the court rules as to whether the person should continue in his present residence or be discharged from all supervision, control and care, or be placed under guardianship or transferred to another institution.

Leave of Absence or Parole

A leave of absence or parole for a person committed to an institution can be granted only upon the recommendation of the superintendent of the institution and the approval of the Board of Control. They will make provisions for the proper supervision and care of the person during his leave of absence or parole. Parole may be granted for a period of not more than one year. At the end of this time a person may be discharged or returned to the institution.

Responsibility for Costs

The costs involved in the involuntary admission and care of a person in a state institution are paid initially by the county of his legal settlement (see list of definitions). In the absence of legal settlement, the state is responsible for the costs. Such costs may include expenses incurred in investigation, transportation, procedures of the county commission of insanity and care in the institution. The county may collect all or any part of the costs of support in an institution from the patient, his responsible relatives or other responsible parties.

The county commission of insanity is required to establish the person's residence and certify this to the superintendent of the institution where he is admitted. However, if the legal settlement is outside the state or is unknown, the commission must notify the Board of Control of State Institutions before committing the patient. The board must immediately investigate and is responsible for designating the state or the proper county liable for his support. If there is a dispute as to which county is liable, it must be settled by a district court in one of the counties where the

dispute has arisen. Non-residents of the state may be removed to the state of residence by the Board of Control, but the state of Iowa must pay the cost of care until arrangements for transfer are made.

The mentally ill person or feeble-minded person, his close relatives (spouse, father, mother or adult children) or anyone owing him support by virtue of a contract, are legally liable for the costs of his hospitalization. The county supervisors (and the county attorney under their direction) have the responsibility of collecting the costs, when possible, from those persons or their estates. The county's claim constitutes a lien on the patient's or his spouse's real estate, but the lien may not be foreclosed on the family home while the surviving husband or wife and minor children occupy it. The county board of supervisors may compromise this lien. The state likewise has a lien on the real estate, located in Iowa, owned by non-resident patients or by persons bound to support them, for the value of care and services rendered them.

Some Frequently Used Mental Health Terms

- ADOLESCENCE:** The period of life between childhood and maturity; as used in this book, above the age of 12.
- ALCOHOLISM:** Addiction to the use of alcohol to the degree that it is physically harmful to the user and seriously disrupts his relationships with others.
- AMBIVALENCE:** Contradictory attitudes (particularly love and hate) toward the same person or thing.
- AMENTIA:** (1) absence of intellect, (2) a state of mind bordering on stupor, (3) feeble-mindedness.
- CATATONIA:** A condition in schizophrenic reactions, characterized by stupor, rigidity, waxy flexibility of parts of the body and periods of excitement.
- CATHARSIS:** The emotional discharge which occurs when a forgotten (repressed) traumatic experience is recalled and which is followed by relief.
- CHRONIC:** Pertaining to a condition which progresses slowly and is long continued, or reaches this phase after an acute beginning.
- COMPULSION:** The impulse to perform usually harmless and apparently senseless acts which the individual's judgment opposes and he wants to resist; also the performance of these acts.
- CONFLICT:** A clash between conscious or unconscious impulses and needs. A painful state of consciousness resulting from inability to renounce one source of satisfaction in order to gain another. It may also be applied to inability to choose between unpleasant experiences when such a choice must be made.
- CRETIN:** A feeble-minded individual whose condition is caused by a deficiency of the mother's thyroid gland during pregnancy.
- DELIRIUM:** A mental state characterized by the person's confusion about people, place and time, accompanied by difficulty in perception, excitement, delusions and the false perception of real things.
- DELUSION:** An abnormal conscious belief which the individual defends in spite of reality or its logical absurdity.
- DIPSOMANIA:** An overwhelming desire for alcoholic drink occurring periodically. Underlying the symptom is a pathological mental or emotional state, such as depression, which alcohol temporarily relieves.
- ELECTROENCEPHALOGRAPHY:** A method of recording the electrical activity of the brain used in determining the location of injuries to the brain or in the abnormal functioning of the brain or to determine if the electrical activity is abnormal.
- ELECTROTHERAPY:** A therapy used for the treatment of certain psychoses through an administration of electric current to the head. This is commonly referred to as a "shock treatment" although the patient has no memory for the treatment and there is usually no pain involved.
- EPILEPSY:** A type of illness varying in symptoms usually consisting of brief seizures (fits or convulsions) accompanying loss of consciousness. Loss or impairment of consciousness is the essential feature; the seizures may be slight (*petit mal*) or severe (*grand mal*).
- FEEBLE-MINDEDNESS:** (See also *Intelligence Quotient*) A condition of arrested mental development. There are three classifications of persons who are feeble-minded: (1) An *idiot*, who is a mentally defective person usually having a mental age of less than three years or, in the case of a child, an intelligence quotient of less than 20 as measured by an I. Q. test; (2) an *imbecile*, who is a mentally defective person usually having a mental age of 3 years to 7 years inclusive, or in the case of a child, an intelligence quotient from 20 to 49 inclusive as measured by a test; (3) a *moron*, who is a mentally defective person usually having a mental age of 8 to 11 years, or in the case of a child, an intelligence quotient of 50 or more . . . as a rule the upper limit for a diagnosis of mental deficiency should be an intelligence quotient of 69. An I. Q. test may not give a real estimation of a person's mental ability or capacity. A person may function at a feeble-minded level because of emotional problems, inadequate environment or other reasons which are not dependent upon his intellectual capacity.
- FUNCTIONAL PSYCHOSES:** Mental disorders

whose cause is a primarily psychological rather than anatomical or toxic damage to the nervous system.

HALLUCINATION: An abnormal sensory experience that has no real source of stimulus outside the person.

HEBEPHRENIA: A type of schizophrenia showing a tendency to silliness, smiling laughter, grimacing and mannerisms in action and speech.

HYDROCEPHALY: An abnormal accumulation of fluid in the skull. When it occurs in infancy, enlargement of the skull and mental deficiency result.

HYPOCHONDRIA (HYPOCHONDRIASIS): A condition of abnormal anxiety about one's health, in which a diseased organ or organs are thought to be present. Applicable to an exaggeration of health problems.

INSANITY: A legal term. Any psychological disorder, other than feeble-mindedness, which legally constitutes a person irresponsible and thereby warrants his commitment to an institution. The medical term is psychosis or mental disease.

INSULIN THERAPY: A method of treatment for psychoses, primarily schizophrenia (dementia praecox), through the administration of insulin into the patient's blood stream.

INTELLIGENCE QUOTIENT (I.Q.): A norm for expressing mental development. It is obtained by dividing a person's mental age, as determined by one of several psychological tests, by his chronological age (which is never larger than 16) and multiplying the result by 100. The classification of I. Q. scores is as follows:

CLASS	RANGE OF SCORES
Genius	140 and above
Very superior	120-140
Superior	110-120
Normal	90-110
Dull	80-90
Borderline	70-80
Moron	50-70
Imbecile	25-50
Idiot	0-25

LEGAL SETTLEMENT: Defined by those laws which limit the state's or county's responsibility in granting public assistance. In Iowa the length of residence required for acquiring legal settlement is two years. An individual loses legal settlement in the state after an absence of one year. If an individual moves to a different county within the state he must live in

the new county two years before acquiring legal settlement in that county and be gone from his old county for two years before he has lost it. Within the state, settlement cannot be lost until a new one is acquired. Legal settlement or legal residence is here differentiated from the term residence which denotes a person's dwelling place, without reference to a fixed period of time.

MANIC-DEPRESSIVE PSYCHOSIS: A psychotic reaction characterized by (1) excitement with overactivity (manic), or (2) depressions with a slowing of thinking, talking and movement, or (3) a combination of 1 and 2. It has a relatively good prognosis.

MELANCHOLIA: Serious depression occurring during involution (40-60 years), accompanied by anxiety and restlessness with self-accusatory ideas. It is termed involutional melancholia to distinguish it from the depressed phase of manic-depressive psychosis and other depressions.

MENTAL HYGIENE: Therapeutic techniques for preventing or relieving mental and emotional disturbances before they become severe and incapacitating. Also may refer to the division of psychiatry which concerns itself with the development of wholesome mental and emotional reactions and habits in children and adults.

MORON: See Feeble-minded and Intelligence Quotient.

NEURASTHENIA: A psychoneurotic reaction characterized by sensations of fatigue or inadequacy. There is often, too, constipation and a feeling of pressure on the head. Symptoms result from debility or exhaustion of the "nerve centers."

NEURO-PSYCHIATRY: The division of medical science which includes neurology and psychiatry.

NEUROSIS: Any psychological disturbance or symptom, or both. A psychological disturbance arising as a reaction to stress, but with no serious disturbance in evaluation of reality (in contrast to psychosis); in this sense the term is synonymous with psychoneurosis.

OBSSESSION: An uncontrollable urge to dwell upon some distressing thought, or perform some unnecessary action.

ORGANIC DISEASE: A condition in which the abnormality of a tissue or organ can be inferred or demonstrated.

PARANOIA: A psychotic reaction characterized by systematized and unshakable delusions,

- hallucinations, pride and hatred. Suspicions and feelings of being persecuted are common themes of the delusion.
- PARESIS:** An organic disease of the brain and spinal cord resulting from syphilis and accompanied by weakening of muscles and dementia. Sometimes referred to as dementia paralytica.
- PATHOLOGICAL:** Abnormal, indicating disease.
- PLAY THERAPY:** A therapeutic method which uses toys and play to encourage and enable the child to express his conscious and unconscious emotional attitudes and conflicts in the presence of the therapist. Materials such as dolls, toy furniture, modeling clay and so forth are used.
- PROGNOSIS:** Prediction of the probable outcome of an illness.
- PSYCHIATRIC EXAMINATION:** In this book, this term refers to the examination performed by the physician or psychiatrist (through interviewing and observing the patient) to gain an impression of the patient's mental functioning and orientation.
- PSYCHIATRIST:** A physician (M.D.) specializing in the study and treatment of mental and emotional disorders. Psychiatrists in Iowa may be members of the American Psychiatric Association and/or the Iowa Neuro-psychiatric Society or may have declared a specialization of psychiatry and practice without any such membership. *The Directory of Psychiatric Facilities*, 1952, compiled by the Iowa Mental Health Authority lists psychiatrists in Iowa.
- PSYCHIATRY:** The branch of medicine which treats psychological illnesses and the mental aspects of organic disease.
- PSYCHOANALYSIS:** A psychological method of study and treatment which includes frequent interviews, the encouragement of an uninhibited flow of thought on the part of the patient during these interviews, dream analysis and the interpretation to the patient of his reactions to daily events and to the analysis itself. With the exception of a few people now generally recognized as competent to use this method of treatment, all persons practicing psychoanalysis must be qualified physicians.
- PSYCHOLOGICAL TESTS OR EXAMINATION:** A psychological examination may consist of one or more structured tests which may be either paper and pencil tests or performance tests involving, for example, the manipulation of objects. A psychological examination may be conducted in order to arrive at an estimate of a person's intelligence quotient or his way of thinking, and the psychological test, or series of tests, are frequently given to detect changes that have taken place in the central nervous system (which includes the brain and spinal cord).
- PSYCHOLOGIST:** As primarily used in this book, a person trained to devise and administer standardized psychological tests. He has at least an M. A. degree from an accredited college or university and may have a Ph.D. degree and be known as a clinical psychologist. A clinical psychologist usually does treatment interviewing in addition to testing.
- PSYCHONEUROSIS:** A disturbance of psychological or physiological functions (mental or emotional), or both, which arises as a reaction to external or internal stress but does not seriously alter the person's adjustment to his environment. It detracts from his ability to enjoy life and function in a manner in keeping with his capacities.
- PSYCHOSIS:** A disturbance in mental and emotional behavior, usually to a degree to which the person who is affected is unable to adjust adequately to his environment. It is often accompanied by ideas which are not founded in fact and "imaginary" hearing, seeing or feeling of persons or things.
- PSYCHOSOMATIC:** Pertaining to the interrelations between mind and body.
- PSYCHOSURGERY:** A term employed to designate brain surgery performed as treatment for certain reversible mental disorders, primarily schizophrenia which is one of the psychoses. It is used primarily when all other types of treatment have been unable to effect an improvement and the patient has a great deal of emotional tension.
- PSYCHOTHERAPY:** Treatment by psychological methods through influencing and regulating mental and emotional reactions. Psychotherapy is usually carried out on an individual basis by means of regularly scheduled interviews. Used in the broad sense of the word it may refer to treatment received from a psychiatrist, a psychologist, a physician or a social worker. It is based upon an attitude of mutual trust, confidence and openness between the therapist and patient.
- RAPPORT:** An attitude of mutual trust, confidence, openness and dependence between two individuals.
- RESIDENT (Physician):** This term is used in this book to designate a person who has graduated with a medical degree and is in the

course of taking advanced training in some specialty of medicine.

RORSCHACH TEST: A psychological test. It is a method of personality analysis (including estimates of intelligence and mental functioning) in which the subject furnishes material by describing what he sees in a series of ten standard designs reproduced from ink blots which are not pictures of any known objects. This test is of great value, especially in borderline cases, in eliciting traits which may not be noticeable clinically, such as thought disturbances and mild forms of intellectual deterioration, in particular those indicating organic damage of the central nervous system.

SCHIZOPHRENIA (Dementia praecox): A psychotic reaction characterized by absence of emotional attachment and of the experience and expression of normal emotions by extreme preoccupation, by unreal ideas and by bizarre ideas, hallucinations and behavior.

SEIZURE: A sudden attack of illness or pain; commonly refers to an epileptic convulsion which may be described as a fit. In such a case it is an involuntary and violent contraction or series of contractions of the voluntary muscles of the body, either of part or all of

the body. There may or may not be loss of consciousness.

SENILE DEMENTIA: Mental deterioration common in advanced age, characterized by impairment of attention and of memory, disorientation and loss of interest in the environment. As a synonym for senile psychosis, the term may include conditions characterized by paranoid delusions, hypochondriasis and profound personality changes.

SENILITY: Deterioration of the brain substance and its functioning with advancing age. Often associated with arteriosclerosis of the brain. Common symptoms are: (1) disturbed memory, particularly for recent events, (2) difficulty in sustaining effort, (3) emotional instability and irritability.

SENILE PSYCHOSIS: See Senile Dementia.

Definitions are taken from or based on the following references:

Hutchings, Richard H., *Psychiatric Word Book*, 7th Ed., The State Hospital Press, Utica, New York, 1943.

Maslow, A. H. and Mittlemann, Bela, *Principles of Abnormal Psychology*, Harper and Brothers, New York and London, 1941.

Suggested Reading List

References for general reading:

- Beers, Clifford, *Mind That Found Itself*, New York, Doubleday Doran, 1940
- Deutsch, Albert, *The Mentally Ill in America*, New York, Columbia University Press, 1949
- English, O and Pearson, G., *Emotional Problems of Living*, New York, W. W. Norton and Co., Inc., 1945
- Falk, Myron, *Settlement Laws*, New York, The American Association of Social Workers, 1948
- Freeman, Lucy, *Fight Against Fear*, New York, Crown Publishers, 1951
- Hendrick, Ives, *Facts and Theories of Psychoanalysis*, New York, Knopf, 1946
- Horney, Karen, *Neurotic Personality of Our Times*, New York, W. W. Norton and Co. Inc., 1937
- , *Our Inner Conflicts*, New York, W. W. Norton and Co., Inc., 1945
- Levy, John and Munroe, Ruth, *The Happy Family*, New York, Knopf, 1938
- Menninger, K. A., *The Human Mind*, New York, Knopf, Third edition, 1946
- , *Love Against Hate*, New York, Harcourt, Brace & Co., 1942
- , *Man Against Himself*, New York, Harcourt, Brace & Co., 1938
- Overstreet, Bonaro, *Understanding Fear in Ourselves and Others*, New York, Harpers, 1951
- Preston, George H., *Psychiatry for the Curious*, New York, Farrar and Rinehart, 1940
- Public Affairs Pamphlets, The Public Affairs Committee, Inc., 22 East 38th Street, New York 16, New York (Write for a list of available pamphlets on mental health.)
- Stern, Edith, *Mental Illness: A Guide for the Family*, New York, Commonwealth Fund, 1945

Additional sources of information about mental health services in Iowa:
Biennial Reports of the Board of Control of State Institutions, published by the State of Iowa, Des Moines

Biennial Reports of the Iowa Mental Health Authority, published by the State of Iowa, Des Moines

Directory of Psychiatric Facilities in Iowa, compiled by the Iowa Mental Health Authority, published by the State of Iowa, Des Moines, 1952

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

Mental Health Laws in Brief, Iowa, Philadelphia, The National Mental Health Foundation, Inc., 1950

PUBLICATIONS
of the Institute of Public Affairs

- Police Patrol*, Richard L. Holcomb (1948) out of print
- Armed Robbery: A Manual for Persons Likely To Be Held Up*, Richard L. Holcomb (1949) Price \$1.00
- A Handbook for Iowa Councilmen*, Russell M. Ross and Max A. Conrad (1950, with 1951 supplement)
- A Handbook for County Supervisors*, Dean Zenor (1950)
- The Police and the Public*, Richard L. Holcomb (1950) . . price \$1.00
- The 1950 Census . . . Its Effect on Government in Iowa*,
Dean Zenor (1950)
- Partisan Politics on the Campus*, Robert F. Ray (1950)
- New Iowa Laws Affecting Local Government—1951* out of print
- Refuse Collection and Disposal for Iowa Communities*, Dean Zenor (1951)
. out of print
- Iowa Municipal Salaries—1951*, Edith T. Baikie price \$2.00
- A Handbook for Iowa Mayors*, (1951) price \$2.00
- A Reference Manual for Iowa City and Town Clerks*, (1952)
- Mental Health Facilities in Iowa*, Donald Bixler Johnson (1952)
price \$1.00

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