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A study of forty-three nursing homes in relation to the care of patients from mental hospitals.

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A STUDY OF FORTY-THREE NURSING HOMES IN RELATION
TO THE CARE OF PATIENTS FROM MENTAL HOSPITALS

A thesis

Submitted by

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(A.B., Boston University, 1949)

In Partial Fulfillment of Requirements for
the Degree of Master of Science in Social Service

1953

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CHAPTER I
INTRODUCTION

For the majority of chronic cases in a mental hospital, no specific treatment is provided, but only custodial care, protection, and a certain frame of life.¹ Usually, these patients are not mentally well enough to earn their own living or to return to their former environment. Returning the patient to the situation which precipitated his illness would not be recommended by the doctor in many cases.

Purpose of the Study. Until recent years nursing homes and boarding homes were not permitted by law, to take even partially recovered psychotics. In 1942 the law was amended so as to allow each licensed nursing home to admit one such person.

No convalescent or nursing home shall admit or care for persons who are suffering from insanity or abnormal mental conditions, or for persons who are addicted to the use of narcotics or stimulants so as to have lost the power of self control. Exception: A person who has been released under General Laws, Chap. 123, Section 88, by the superintendent of a state institution under the control of the Department of Mental Health and who has been approved for Old Age Assistance by the local Board of Public Welfare and the State Department of Public Welfare may be admitted. In addition, recovered, self-sustaining under the supervision of a psychiatric social worker of a mental hospital for at least one year after release and until absolute discharge may be admitted. Only one recovered mental patient whether

1. Oscar Kaplan, editor, Mental Disorders in Later Life, p. 301.

self sustaining or a public dependent shall be allowed in a home at one time.²

Within the scope and limitations of the study, the author plans to answer five major questions in relation to the use of nursing homes for the care of patients from a mental hospital. These general questions are:

1. What are the existing nursing home facilities in the community?
2. What use is being made of nursing homes for trial visit patients at the present time?
3. What is the attitude of nursing home operators toward patients who have been in a mental hospital?
4. What is the potential use of nursing homes for trial visit patients?
5. What is the role of the social worker in the placement of trial visit patients in nursing homes?

More specifically, this study will try to determine whether the limitation of one mental hospital patient to a home is an expression of the feelings of the nursing home operators. Also, what are the existing facilities which would indicate that nursing homes are in a position to care for some patients from mental hospitals. What has been the experience of nursing home operators with patients previously placed in nursing homes?

2. Massachusetts Department of Public Health, Licensing of Convalescent and Nursing Homes, p. 12.

Scope of the Study. In April, 1951, the State Department of Public Health published a list of all the licensed boarding, nursing, and convalescent homes in greater Boston. There were forty-three licensed nursing homes in Boston proper, including Allston, Brighton, Dorchester, Hyde Park, Jamaica Plain, Roxbury and West Roxbury. This paper will be a study of these forty-three homes.

Source of Data. Although it is somewhat limited, the author will examine the literature in the field. In order to have a better understanding of the problem of placing mental hospital patients in nursing homes, the author will discuss it with social workers and doctors responsible for the administration of a mental hospital program. The chief source of data will be the replies to a schedule of questions addressed to the owners or supervisors of the forty-three nursing homes mentioned above.

Method of Procedure. In the next chapter the standard requirements for nursing homes in Massachusetts will be stated. The author will then present the material which was gathered by personal visits to the nursing homes. During these visits interviews were held with the owners or chief supervisors of the home and the schedule of questions served as a focal point for the interviews.

Limitations of the Study. The primary limitation to this study is the number of homes visited. There are approximately nine hundred licensed nursing homes in

Massachusetts and forty-three is a relatively small sample. In addition, the author lacks the authority to examine the homes and the records of the homes. However, it is doubtful that this will have any great effect on the study.

CHAPTER II
STANDARD REQUIREMENTS FOR NURSING HOMES

In the Commonwealth of Massachusetts the rules and regulations for nursing homes were established under the General Laws of Massachusetts. The inspection and licensing of nursing homes is under the jurisdiction of the Department of Public Health. This department is responsible for maintaining a staff of inspectors who visit every nursing home prior to the granting or renewal of a license. This staff is available for consultation and assistance at various times with a view to maintaining and improving standards.

A convalescent or nursing home is defined as any institution, however named, whether conducted for charity or profit, which is advertised, announced or maintained for the express or implied purpose of caring for three or more persons admitted thereto for the purpose of nursing or convalescent care.¹

In order to procure a license to establish or maintain a nursing home, it is necessary to apply in writing to the district health office. A certificate of approval from the Department of Public safety must accompany the application. Also there must be a written report from the local wire inspector. The local fire chief must submit a report before the application is submitted.²

1. Massachusetts Department of Public Health, Licensing of Convalescent and Nursing Homes, p. 2.

2. Ibid., p. 3.

The number of patients in a home cannot exceed the maximum number of beds allowed in each home, and this is specified on the license. All rooms above the second floor are restricted to employees and members of the immediate family of the owner or manager.³

The general regulations state that there shall be adequate provisions for fire protection. All exits shall be indicated by signs, and lighting facilities shall be available. All homes are open to inspection by the local fire chief without notice. It is the responsibility of the owner to instruct all employees of their duties in case of fire.⁴

The water supply must be adequate and of safe and sanitary quality. The source of the water must be approved by the department.⁵

All sewage must be disposed of in a manner approved by the department. Adequate toilet and handwashing facilities must be provided in a reasonable ratio according to the number of patients and personnel in the home.⁶ Waste and garbage disposal must be in accordance with the rules of the department. Seasonal use of screens as a protection against insects is required.

3. Ibid., p. 4.

4. Ibid., p. 5.

5. Ibid., p. 6.

6. Ibid., p. 6.

Heating shall be provided in all rooms that the patients use. In cold weather a minimum temperature of seventy to seventy-four degrees must be maintained. The use of portable oil stoves or open wood stoves is forbidden.⁷

The department has regulations regarding lighting and ventilation. The requirement is that each patient's room must have an outside exposure to natural light and adequate ventilation. Artificial lighting shall be provided in all rooms, stairways, and hallways. Hallways, stairways, and bathrooms require the use of night lights.⁸

It is necessary to have adequate provisions for the storage of soiled linen. There must be satisfactory means for washing soiled linens on the premises or else the operator of the home must make arrangements to send them to a commercial laundry.⁹

The rules and regulations in regard to food sanitation state that there shall be proper storage, preparation and serving of food for patients and personnel. All perishable food, including milk shall be kept adequately refrigerated. It is required that there be a reliable thermometer in the refrigeration and storeroom.¹⁰

7. Ibid.

8. Ibid., p. 7.

9. Ibid.

10. Ibid., p. 9.

It must be demonstrated that all dishes are properly cleansed after each use. Adequate facilities for hand-washing for the food handlers must be provided. The quantity and quality of the meals must be adequate as well as well balanced and sufficiently varied. The home must be able to make provisions for special diets when they are prescribed.¹¹

The home must be kept in good repair and be clean and sanitary at all times. Each patient's room shall be of such a size to allow not less than sixty square feet of floor space per bed. There must be at least three feet between beds. A well lighted and ventilated sitting-room shall be provided for ambulatory patients. Each patient must have a bedside table, comfortable chair, a bedside light and provision for storing clothes. In homes where patients do not have private rooms, a suitable room must be available for serious illness or terminal cases. In case of death immediate removal of the body from a multiple bedroom is required.¹²

Each patient must be provided a means of signalling for assistance from his bedside. Bed screen or curtains must be available in all ward rooms so as to insure privacy when desired.¹³

11. Ibid., p. 8.

12. Ibid.

13. Ibid., p. 10.

Each patient admitted must have a written report and record of any illness and his designated treatment. Every patient, his guardian or the agency responsible for him, shall designate the name and address of a physician registered in Massachusetts, who will be responsible for his medical supervision. Only medication provided by a set of standing orders, approved by the department may be given to the patient with prescriptions. All medicines shall be plainly labeled and kept in a locked medicine cabinet, accessible only to responsible personnel. Narcotics must be locked in a separate cabinet. Any narcotic drugs left from specific prescriptions must be sent to the Federal Bureau of Narcotics.¹⁴

The rules and regulations concerning nursing personnel require a registered nurse, graduate nurse or licensed attendant to be responsible for supervision of nursing services maintained for satisfactory care of the patients. The adequacy of the personnel is determined by the Department of Public Health.¹⁵

Patients who receive assistance, such as Old Age Assistance or Aid to the Blind, usually have an allowance for personal needs and clothing included in their grants. The amount intended for personal needs and clothing must be

14. Ibid., p. 10.

15. Ibid., p. 11.

returned to the patient whenever it is included in the check sent for board payment.¹⁶

Persons suffering from a contagious disease, or a person in need of prenatal or maternity care cannot be admitted to a nursing or convalescent home. Children under sixteen years of age can be admitted only with the approval of the Department of Public Health. A person cannot be transferred from one nursing home to another without the permission of the patient, a responsible relative or public or private agency.

The records of each patient shall be permanent. These records must be complete and accurate from the time of admission to the time of discharge. The patient's record must include identification data, nursing and medical data and recommendations for discharge at a suitable time. A narcotic and sedative book must be kept separately. All major injuries must be reported to the physician in charge of the case and to the district health officer.

16. Ibid., p. 12.

CHAPTER III

FACTORS AFFECTING ADJUSTMENT OF PATIENTS IN NURSING HOMES

This is not a study of adjustment but it seems pertinent to include what little is known about the factors which aid or hinder the adjustment of mental hospital patients in nursing homes. The only literature which the author could find dealing specifically with this problem was a study by Russel¹ written in 1950.

The patients who might be considered for nursing home care would be those who adjusted well in the hospital. The patient who is not disturbed or assaultative would be a good choice for placement in a nursing home. Also, patients who are completely absorbed with their own psychotic ideas are usually comfortable anywhere and pay little attention to what is going on around them. Patients who usually respond well to extra attention are those who, because of old age and its degenerative processes, are irritable and somewhat difficult. Many social workers feel that this extra attention can be provided in a nursing home.

It should be understood that placement on trial visit in a nursing home differs somewhat from family care. Family care is the placing of the mentally ill with families other than their own. The majority of patients selected for

1. Miriam A. Russel, A Study of the Adjustment of Aged Mental Patients in Nursing Homes, as Seen at the Boston State Hospital.

family care placement are from the hospital classification of continuous treatment.² These family care patients have responded to hospital treatment. Although not ready to resume their status in the community, they are ready to give up the security of the hospital. Family care is used as a stepping stone between life in the hospital and life in the community. The patient in family care does not usually require physical care and attention as does the patient in a nursing home. Whereas the cost of family care is met by the state, the cost of nursing home care is met by the individual patient, his own family or by public welfare.

Some feel that the fact that many mental hospital patients who are placed in nursing homes receive Old Age Assistance is a factor in favor of a good adjustment.³ By means of the assistance they receive their room and board is paid and they have some allowance for themselves. This gives the patient a feeling of relative independence and helps to make him feel that he is once again being recognized as an individual and a member of the community. Mental hospitals are not placed geographically to satisfy any particular patient. Most human beings resist change, and this is probably even more true for older people and mental

2. Hester B. Critcher, Foster Home Care for Mental Patients, p. 2.

3. Russel, op. cit., p. 30.

hospital patients. Sometimes if a patient can be placed in a nursing home which is close to the neighborhood in which he wants to live, this can be an influential factor in aiding his adjustment.

A positive attitude on the part of a nursing home operator can do much to help a patient adjust. The attitude of the operator should be one of infinite patience and the person in charge should have some knowledge of dealing with psychiatric patients. When the personnel in the home can treat the patient as an individual and help make him feel useful, it is of real therapeutic benefit. When the staff of the home have some ability to protect the patient from misunderstandings, anxieties and failures, it is helpful to the patient. If those things which irritate and upset the patient can be made known to the nursing home, it will be easier for the staff to help the patient avoid uncomfortable situations. In general, the nursing home personnel should be sympathetic and tolerant people who are not easily upset or irritated. They should be able to be firm and yet always fair and essentially kind. It is essential for them to accept the patient on the level on which he can function without losing sight of the fact that with patience and interest he may be able to improve and become more responsible.

Miss Russel recommends that the social worker making the placement have frequent contacts with the patient prior

to the patient's leaving the hospital and entering the home.⁴ The patient should have confidence in the social worker and the help that he will receive from the worker. In those cases where the patient has a family which he might return to, the social worker should be sure the patient understands the reasons why it is advisable for him to enter a nursing home rather than returning to his family. In many cases it is especially important that relatives be notified of the plan for the patient to enter a nursing home and that they be encouraged to visit. This helps to offset the feeling of loneliness and rejection which is so common in mental hospital patients.

Patients who feel dissatisfied in the hospital and think they should never have been there often do well in nursing homes,⁵ Oftentimes it is the well known and often lamented stigma of the mental hospital which holds back the recovery of these patients.

It seems fair to say that nursing home care allows for individualized treatment of the patient. In a mental hospital, the chronic patient remains one of many while the attention of the professional staff is directed toward the more acutely ill and those with a good prognosis. Adjustment of a patient in a nursing home is apt to be better when

4. Ibid., p. 32.

5. Ibid., p. 71.

there is a smaller group of companions of the same age and sex in the home.

Lack of adjustment or a poor adjustment is often caused by the return of the psychotic symptoms in an acute form. If the patient is found to instigate any trouble or disorder in the nursing home, it often means a return to the hospital, or, at the very best, a poor adjustment to living in the nursing home. A visit by the social worker might help both the patient and the staff of the home.

Another contributing factor to a patient's making a poor adjustment in a nursing home is a lack of understanding on the part of the nursing home personnel. If they are threatened by having a patient who has been psychotic they are liable to return him to the hospital at the first hint that he is going to become talkative when actually he is only reaching out for some satisfying relationship. An operator who is either too rigid or too overindulgent will impede the adjustment of the patient. An attempt on the part of the nursing home staff to demand a higher level of performance from the patient than he is capable of is almost certain to make him more infantile.

One of the chief obstacles to overcome in helping a patient move from the mental hospital to a nursing home is the patients extreme dependency on the hospital staff and routine. It is often difficult to give up the security

that the hospital provides a person who is not stable in his inter-personal relationships.

Before proceeding with this study it should be pointed out that some professional workers feel that some types of mental illness would provide reasons for rejecting an application for nursing home care. Galpern, Turner, and Goldfarb in explaining the reasons for rejecting sixteen out of thirty-seven applicants for a nursing home say:

The reasons for rejection point up that some applicants were reluctant and some incompetent to make application to enter the home. The psychiatrist found one applicant to be psychotic; he found six others presenting varied degrees of mental abnormality requiring supervision and care that the home could not provide. Three had combined personality problems and memory defects which made it unlikely that they could live peaceably and cooperatively with other residents. Six persons were rejected because of serious psychoneurotic problems and reluctance to take part in institutional life. Two men considered acceptable by the psychiatrist were rejected for administrative reasons. One of them diagnosed as showing simple senile deterioration entered a mental hospital when his behavior became assaultive. Whether he might have avoided a breakdown if he had been accepted quickly is a matter of conjecture. In the other case, the psychiatrist's recommendation for admission was qualified by the warning that the patient might become a serious management problem.⁶

6. Marie Galpern, Helen Turner, and Alvin Goldfarb, M.D., "The Psychiatric Evaluation of Applicants for a Home for the Aged," Social Casework, 33:4pp. 153-154, April 1952.

CHAPTER IV

PRESENTATION OF DATA COLLECTED FROM THIRTY-THREE NURSING HOMES

As stated in the introduction, the author's plan of study was to visit the forty-three homes in the city of Boston which were licensed between April 1949 and April 1951. Thirty-three of the forty-three licensed nursing homes cooperated in the study. Of the remaining ten homes, two were no longer operating and one had suffered a serious fire just before the author began to collect the data. The owners of the other seven homes were all out of town and the managers or supervisors of the homes preferred not to give the information requested without the permission of the owners. A telephone call was made to each home before the home was visited. An appointment was requested with each operator. In many of the homes the person speaking on the telephone would suggest that the author visit the home at a particular time when the owner or manager was expected. Several times the author found that the nursing home operator had not been told of the telephone call and the visit was unexpected. It was made clear during each visit, that the replies given were to be considered confidential.

Detailed Description of Six Homes Selected at Random

In a vast majority of the homes visited the author was invited on a tour of inspection by the operators. It is felt that a detailed description of several of the homes

visited will give the reader a better perspective for grasping the general material which will be presented later in this chapter. Beginning with the fifth home visited, every fifth home visited will be described. As the author had previously grouped the homes ecologically in order to make the visits more convenient, this method of random sampling would seem to be valid.

Home number one is located in a quiet residential district of single frame houses. It is set fairly close to the street with a short flight of steps leading up to a porch which runs along the entire front and one side of the house. The railing of the porch was equipped so that screens could be easily installed. The house was obviously old but appeared to have been painted within the past year. A uniformed nurse opened the door and after learning the reason for the author's visit asked him to be seated in a large and roomy hallway which had a sofa and several easy chairs scattered about. Two elderly women were watching a television set which was in one corner. While the writer was waiting to see the owner, he noticed a woman in a nurse's cap sitting in a room with three patients who were in bed. They were talking and laughing and the entire group appeared to be very much relaxed.

The owner's office was on the third floor. When she learned the purpose of the visit she commented on the unfavorable publicity that nursing homes had been getting and proudly proclaimed that she had had a sprinkler system in her home for five years. She replied to the questions without any hesitation, often taking time to tell of some episode related to surveys of mental patients.

The home has twenty-six patients and their ages range from sixty to one hundred. All the patients are women. There is a total of nine bedrooms for patients in the home. Three of these are private rooms and one is a ward room with seven patients. The patients are about equally divided between ambulatory and bed-ridden patients.

There are two registered nurses in the home, both in their late thirties. One of them lives in the home, and both are graduates of teaching hospitals. There are two graduate nurses, i.e. nurses who have graduated from a school or teaching hospital, but who have not passed state registration examinations, in their early fifties. One graduate nurse has been with the home seventeen years and the other for about six years after spending twelve years in a large general hospital. There were three licensed attendants. Their average age was thirty-five and all three had hospital experience while one had been an attendant in a mental hospital. A registered nurse is available at all times and several doctors are on call for emergencies. The lowest rate charged was thirty dollars a week and there were some Old Age Assistance recipients in the home.

When asked about patients from a mental hospital the operator of the home stated that she made it a point to have a patient from a mental hospital in the home at all times. She commented that she had never had the least bit of trouble with a patient from a mental hospital. She added that she felt many mental hospital patients adjusted better than other patients because they were accustomed to institutional living. There was a patient from a mental hospital in the home at the time of the study and the operator said that she would be glad to take one or more additional patients from a mental hospital if it were permitted. She felt that it was important that the age of the patient placed be approximately the same as that of other patients in the home, but she felt that patients from a mental hospital did not present any additional problems in nursing home care. When asked about hospital social workers visiting she said that they did visit but not nearly enough. She stressed the need for more information on the patient's physical condition and suggested that social workers might do more in encouraging relatives to visit. On the way out, the author was shown through the home. There were five rooms on the second floor and four on the first. They were painted in soft pastel colors and there was ample window space in each. Many patients and all of the staff who passed spoke pleasantly to the visitor. The kitchen was located in the basement and trays were brought to the patients.

The author feels that this home was fairly typical of many of the homes visited where it was common practice to accept patients from a mental hospital. However, the general impression received was that the personnel of this home was especially sympathetic and understanding in their attitude toward all of the patients. In replying to the questions about previous experience with patients from a mental hospital, the owner was very positive and her replies were spontaneous.

Home number two was set back from the street about twenty-five yards. It actually consisted of two large houses and the next nearest house was almost one hundred yards away. The grounds were very well kept and both houses had large glassed in porches. A business-like nurse conducted the author to a small office on the first floor of one of the houses. The owner was a middle aged registered nurse who smiled easily and often. When she learned the reason for the visit she said immediately that she saw no reason for considering mental patients apart from other patients. She spoke of the years that she had spent in X City Hospital and explained that her nursing home was run as any good hospital would be if it took private patients. In the two houses she had fifty-five patients including twenty-six males and twenty-nine females. Over forty of these patients could not get out of bed, and almost all of the forty were incontinent. She asked with a good deal of conviction whether the visitor thought mental patients could present more problems than that. There are twenty patient bedrooms in the home including three private rooms. The largest number of patients in any one room is six. There is only one living room in each of the two houses but the operator pointed out that more space was not needed with so few ambulatory patients.

To care for the patients there were five registered nurses in addition to the owner. The average age of the nurses was thirty-four, and the owner commented that she needed young and strong attendants with so many patients in bed. There were seven practical

nurses whose ages averaged a little over thirty-eight years. All of the practical nurses had had hospital experience. Nursing care was available at all times and a doctor spent two hours a day in the home.

A patient from a mental hospital is in the home most of the time, and the operator's only comment in regard to her experience with them was that the home was perfectly adequate to handle them. She would be glad to take more than one patient from a mental hospital and her acceptance or rejection of a patient would be based only on finances and beds available. She commented that she had worked with doctors a good many years, and if a psychiatrist recommended that a patient was ready for nursing home care, she saw no reason why she should take exception to this.

This owner had had a good relationship with hospital social workers and felt that they had cooperated with her in every way especially in visiting the patients frequently and in contacting relatives. She was very emphatic about not getting enough of a medical history and said that it made it difficult for her own doctor. She cited a case of a patient from a mental hospital who had also had a cardiac condition and she had not known it until the patient had a heart attack. When the author was conducted through the home he felt very much as if he were in a small private hospital. Many patients were being fed by attendants and there were many calls for bed pans. The relationship between the owner and her staff seemed to be a friendly one. The kitchen was large and clean and much of the equipment was of the type usually found in an institutional setting. The lowest weekly rate is twenty-five dollars but the home can afford to take only a few patients who are being paid for by Old Age Assistance.

The author's general impression of this home was that it would be an ideal setting for the bed-ridden senile patient. There was a calm and quiet atmosphere about the home, and the adequacy of the physical care was very much in evidence. The attitude of the owner toward mental illness was that it was simply one more disease entity which she was perfectly able to deal with under the physician's supervision.

Home number three was smaller than the homes previously described. Although in a quiet residential neighborhood, there were other houses within twenty-five feet of it. A small, pleasant appearing woman led the visitor into an exceptionally well furnished living room. When she learned that the author was a worker from a mental hospital she became somewhat nervous and said that she did not know anything about crazy people. The interview took almost an hour and the owner would preface her replies to almost all the questions with comments about the undesirability of having mental patients in a home.

There were nine patients in the home and their ages ran from sixty to ninety. They were all women and the owner had once taken some male patients but had found that they did not make satisfactory adjustments to the home. There were seven bedrooms for patients, two rooms having two patients and five being private rooms. The patients were allowed to use the living room that the interview was being held in.

The lowest payment acceptable was forty-five dollars a week and the owner commented that most of her patients were willing to pay a good deal more than this because of the excellent care that they received. There was one registered nurse, age thirty-eight, and two graduate nurses to care for the patients. There was always a nurse on duty and each patient had a doctor who visited once a week. The owner has never knowingly accepted a patient from a mental hospital and would not accept one. She is not in favor of a change in the law restricting the number of patients from a mental hospital who might be placed in nursing homes. When asked why she would not accept a patient from a mental hospital, she replied that she just did not want them. In reply to a question asking if she thought that patients from a mental hospital presented problems in nursing home care which were not presented by other patients, she said that she would not know, but that she would expect them to be horribly nasty and disagreeable and upsetting to her other patients. She was unable to answer the last three questions as she had never had any experience with social workers.

It would seem that the significant factor in the above summary is the fact that mental hospital patients have never been placed in this home. The reasons given for not wanting

such patients cannot be considered typical as most of the operators who were not in favor of accepting trial visit patients had had some negative experience upon which they based their opinion. Examining this home from the point of view of the hospital social worker and the patient being transferred from a mental hospital, it seems reasonable to feel that the anxieties of the personnel in the home would be reflected in the care given the patient. The owner and staff of the home would need a good deal of interpretation about the nature of mental illness before they could accept mental patients. The physical facilities of the home were superior, and the setting would be excellent for the upper or upper middle class person recovering from a psychotic episode, but who could not be returned to her own family setting. The weekly rate would bar the placement of patients dependent on Old Age Assistance.

Home number four was in an almost rural neighborhood, if any part of a large city may be thus described. It was set up on a small rise and nearly surrounded with trees. The author saw the owner by appointment and she greeted him in a warm, friendly manner. She was obviously proud of her home and insisted on showing her visitor through the house before considering the schedule of questions. A good many of the patients were ambulatory, and many of them went out of their way to speak to the owner and visitor. Several were watching television in a large, comfortably furnished sitting room on the second floor. There was also a large hallway on the first floor, and it was furnished so that patients might use it as a sitting room. The bedrooms were large, most of them containing three beds. Nearly every room had three large windows and there were comfortable chairs beside each bed.

The interview was held in a large, clean and well equipped kitchen. The author noted that there seemed to be several different types of food being cooked which would indicate that there was provision for special diets. There were six men and eighteen women in the home. They were distributed throughout nine rooms, four being the maximum number of patients in any one room. There was only one private room in the home. The minimum weekly cost is thirty-five dollars but the owner feels that she can take only a limited number of patients at this figure.

The personnel of the home consisted of four registered nurses whose ages averaged forty-eight. All had been with them a number of years. There were four practical nurses in their early thirties. All of the practical nurses had had hospital experience and the owner would not hire one who had not had this experience. The non-professional staff had also been with the home a number of years. A registered nurse was always available and several doctors were listed for emergency calls.

This home had had several patients from a mental hospital at different times. When asked what her experience had been with these patients the operator of the nursing home replied that she had had very good experience. All of the patients had gotten along very well. The owner said that she wished that the patients from the general hospitals were as easy to care for and get along with as the patients from mental hospitals were. This owner stated emphatically that she would accept more than one patient who had been in a mental hospital if the law permitted. She felt that a nurse had to abide by a doctor's recommendation and that if the hospital physician recommended nursing home care, he must have a good reason for it and must believe that the patient is capable of adjusting to that type of institutional living. There was a patient from a mental hospital in the home at the time of the study. A hospital social worker had always visited when a patient was in the home. She felt that the social worker's greatest contribution to the patient's well-being was simply the regular contact which provided a stabilizing influence on the patient. However, she wishes that social workers would be more active in urging relatives to visit as she feels that this is an important factor in helping a patient to adjust.

The fact that there has been little or no staff turnover in this home would lead one to believe that the favorable conditions responsible for the satisfied feeling of the staff would be reflected in a positive way in the care given the patients. The informal atmosphere and the apparent friendship among the patients would indicate that this is an excellent setting for a rather insecure person to function in. The attitude of the owner toward mental hospital patients is even more positive than might be expected. This might be indicative of the discretion used by the doctors and social workers in recommending patients for placement in this home. The idea that the patient from the mental hospital is able to adjust better than other patients to nursing home living is one that was expressed by several operators. Another idea expressed is that a patient is placed in a nursing home on the recommendation of a physician who is acquainted with the case. Many of the operators of nursing homes are convinced that a trained and experienced doctor is not going to suggest nursing home care for a patient unless he feels that the patient is likely to make a satisfactory adjustment. This is undoubtedly due to the fact that members of the nursing profession have a long history of working closely with doctors.

Home number five occupied a rather impressive position on the top of a fairly high hill. There was a glassed in sun porch on three sides of the home. The home is operated by a charitable organization and

accepts only female patients who are members of a minority group.

The author was conducted through a small part of the nursing home but neither the patients nor the personnel can be described without violating confidentiality. It is to be hoped that the reader will accept the statement that all the patients which the author spoke to were exceptionally happy and very well satisfied with the care they received.

There were twenty patients in the home, and their ages ranged from fifty to ninety. There were seven bedrooms, and the maximum number of patients in any one room was six. There were three private rooms which were intended primarily for the very ill or for terminal cases.

There was a doctor on the premises at all times. There were three registered nurses in their early forties and three licensed attendants. Qualified nursing care was always available as were the services of the doctor. The weekly rate for the care of a patient was scaled up from twenty-five dollars but in many cases care was provided free of charge.

The nursing home had previously accepted two different patients from a mental hospital at different times but both patients had had to be returned to the hospital due to return of their psychotic symptoms. The nurse the writer spoke to did not think the home would want to accept more than one patient from a mental hospital even if the law did permit it. There were no mental hospital patients in the home at the time of the study. When asked if the home would accept a patient from a mental hospital, the reply was that it would depend entirely upon the condition of the patient. It was felt that patients with a record of mental illness required more care and supervision than did others. The only contact that the home had had with the social worker from a mental hospital was at the time of referral.

The opinions reported from this home differ from home number three in that a previous negative experience has indicated to this staff that patients from a mental hospital present additional problems in nursing home care. It is

interesting to note that in spite of the negative experience, the home would consider taking a mentally ill person if it were recommended by the doctor. The nurse actually stated that the small number of beds together with a small turnover in the population of the home has prevented any consideration of accepting a patient from a mental or general hospital during the past year. The nurse was quite frank in stating that the attitude toward caring for more than one patient who has been mentally ill is based upon the experience that the home had with the two patients previously placed. The fact that a social worker did not visit except at the time of referral must be considered. One can only speculate as to whether this might possibly effect the adjustment of the patients and the feeling of the staff about the patients. Continued interpretation of mental illness might have helped.

Home number six was in a more crowded neighborhood of three family and apartment houses. It was a large freshly painted house with a small yard and a large porch on the front of the house. The porch was already screened when the home was visited, and several small tables and beach chairs were on the porch. Three patients were on the porch when the home was visited, and they soon engaged the visitor in a conversation about the weather. One of the patients got up and led the author into a small office just inside the front door. The patient was quite relaxed and easy in his manner when he introduced the author to the owner who was in the office.

The owner took the visitor on a tour of the home, and this same informal atmosphere could be observed throughout. Several of the patients joked with the owner as she was pointing out the facilities of the home. It

was also noted that the patients who were ambulatory seemed to be free to leave the home as they wished. Several came in together carrying newspapers and candy.

There was a total of thirty-nine patients of which twelve were men and twenty-seven were women. They ranged in age from sixty to one hundred. There were fifteen bedrooms with only one private room which was primarily for extreme illness and terminal cases. However, the largest number of patients in any one room was four. There was a sitting-room on both the first and second floors and there was a television set in each sitting-room. It was noted that there was an amply stocked bookcase in the room on the first floor.

The weekly cost for the care of patients was from twenty-five dollars up to one hundred dollars. The owner stated that if she was not able to receive a high rate from some of her private patients, it would be impossible for her to take any ambulatory patients who were dependent on Old Age Assistance for their support. It was a general policy of the home to accept a number of patients, both ambulatory and bed patients, who received Old Age Assistance.

Besides the owner, who is a registered nurse, there is another registered nurse, two graduate nurses, a licensed attendant, and two practical nurses employed in the home. With the exception of the owner, who is in her fifties, the other employees are all between forty-two and forty-eight. Qualified nursing care is always available, and there is a list of over a dozen physicians who live in the immediate neighborhood.

Although there was not a patient from a mental hospital at the time of the study, there usually is the one patient permitted by law. In stating what her experience had been the owner said that it had been very good. She felt that patients from a mental hospital sometimes acted senile, but was there any elderly person who did not. She said she saw no good reason why there should not be more than one mentally ill person in her nursing home and commented that if two physicians wanted to visit her home, they could probably find enough symptoms to commit two-thirds of her patients. This owner, like many others, commented that many of the patients that she had accepted from a mental hospital seemed to adjust more easily to institutional living than many other patients. Social

workers from the mental hospital had maintained contact with the patients they had placed in this home, and the operator felt that the contact itself was the most important contribution which could be made to the care of the patient. This operator also felt that she is given insufficient medical information about the patients she had accepted and wondered if the social workers could remedy this situation.

Here we see again a more relaxed and informal atmosphere than a patient is likely to encounter in a hospital. The preparation for living in a nursing home which hospitalization for mental illness gives a patient is mentioned. The positive attitude which this nursing home operator and many others have toward the mentally ill is one which might not be duplicated in the patient's own home. Also, the importance of the social worker's continued contact with the patient is repeated and the previously voiced complaint of not enough medical information.

Presentation of Data Collected from Thirty-Three

Nursing Homes

As stated earlier in this chapter, thirty-three of the forty-three homes visited cooperated in the study. A copy of the schedule used during these personal interviews may be found in the appendix. The following is an attempt to draw together the factual information which was collected during the study.

In the thirty-three homes studied there was a total of 976 beds available for patients. Of this total 663 were for female and 313 beds for male patients. In thirty of the

thirty-three homes the age of the patients started at sixty years and went up to ninety or one hundred years. Three individual patients in three different homes were aged twenty-seven, forty-one, and forty-seven. In all three cases the patients were suffering from a chronic disabling disease such as rheumatoid arthritis.

The total number of rooms in the thirty-three nursing homes was 363. This means that there is one room for every 2.7 patients who reside in these homes. It should be remembered that we are considering mental hospital patients whom we might expect to find on a chronic service where it is not uncommon to find forty to sixty patients living together in a single ward. In the so called ward rooms in nursing homes, the average maximum number of patients living in any one bedroom is 4.3. There was one home in which the ward room contained only two patients and six in which there were seven patients living in one room. There was a total of eighty-six private rooms in the thirty-three homes studied. All thirty-three of the nursing homes had a sitting room or room other than sleeping quarters available for the patients. In many cases these rooms were large hallways with sofas and chairs placed in them. In the homes where hallways were considered sitting-rooms the author was allowed to see the hallway. None of them seemed smaller than nine feet by twelve which is the size of many living room rugs.

In many of the homes television sets and books were placed in the sitting room for the convenience of the patients.

The following table will show the minimum weekly rate for the care of a patient for one week as stated by the operators of the thirty-three homes.

TABLE I
MINIMUM WEEKLY RATE FOR NURSING HOME PATIENTS

Weekly Rate (In dollars)	Number of Homes
\$25	8
30	11
35	12
40	0
<u>45</u>	<u>2</u>
Total Homes	33

Many of the patients in mental hospitals are dependent on the Old Age Assistance program for their support. At the time of this study the Division of Old Age Assistance was allowing payment of twenty-five dollars a week for ambulatory patients and thirty or thirty-five dollars a week for bed patients. The above table would indicate that thirty-one of the thirty-three homes would be available for this type of patient. Although not an integral part of this study it seems pertinent to point out that the majority of nursing

home operators stated that if all their patients paid fees comparable to these allowances they would be unable to provide satisfactory care for them.

Except for the intangibles which may have stood out in the detailed description of the six homes there is little that can be said about the personnel in the homes. The author does not consider the statistics reliable in relation to the personnel as some operators did not consider themselves in reporting on their personnel and it was apparent that a few included untrained kitchen and maintenance help when they described their staffs.

In the thirty-three homes studied, it was found that there were sixty-one registered nurses and forty-two graduate nurses. The average age for both groups was about forty-one. Also, there were fifty-one licensed attendants, most of whom were about thirty-six years old. Practical nurses assisted in caring for the patients. There were seventy-three practical nurses working in the homes studied. In general, they were slightly older than the licensed attendants. It was stated that all but six of the practical nurses had some hospital training and experience. If this could be verified, it would speak highly for these homes as there are no particular legal qualifications for the title of practical nurse. The overall number of attendants, including all four categories, was 227. This would mean, that

in the homes studied, there is one nurse or attendant for every 4.29 patients.

As was to be expected because of the legal requirement for licensing¹ nursing homes, qualified nursing care was available on a twenty-four hour basis in all the homes studied. Also, all the homes had a physician available for emergency calls.

Among the homes studied, patients from a mental hospital had been placed in twenty-eight of them within the memory of the present operators. Patients from a mental hospital had never been accepted in five homes. Patients on trial visit from a mental hospital were found in nineteen of the homes at the time of the study.

The operators who had not provided care for mental patients were unable to discuss any experience in this area. The other twenty-eight did comment on their experience. The comments stated in the detailed description of six homes are a sample of the replies that were given. Most of the operators felt that the patients had made good adjustments or, at the very worst, had needed extra help in being made to feel comfortable when they first came to the home. Negative experiences were reported by only three of the nursing home operators. One owner said that she had been very much

1. Supra, p. 9.

against accepting such patients, but she had found them much more cooperative than she had expected.

Among the homes studied, it was found that twenty-three, or a little better than two-thirds of the sample interviewed, would be willing to take more than one patient from a mental hospital. One operator qualified her answer by saying that she would have to have the doctor's assurance that all the people to be placed with her would be in good condition. One of those who would not be willing to take two or more patients spoke of a long waiting list of people wanting to enter the home. Another stated that she would change her reply if she had more private rooms.

Each operator was asked if she would accept a patient from a mental hospital at the present time if she did not have such a patient in the home, and if the financial arrangements were satisfactory. Twenty-nine of the operators said that they would accept a patient. A few said that it would depend on the condition of the patient. Some said that they would accept a doctor's recommendation. A large number said that they considered an application for a person from a mental hospital no different from anyone else applying for admission to the home. Fear was expressed by three of the operators because they felt someone from a mental hospital would disturb their other patients. One operator said that she simply did not want to care for such a case.

When asked if they thought a patient from a mental hospital presented any problems in nursing home care which were different from those presented by others, only seven replied in the affirmative. Some said that they felt more supervision was necessary, but they were unable to explain why. A few felt that all mental patients would be noisy and disturbing to others in the home. One felt that any patient from a mental hospital should have a private room and a private nurse to care for him. Several of the people interviewed commented that they had found transfers from a mental hospital much easier to care for than their other patients. The reason most often given for this was that people coming from a mental hospital were already accustomed to institutional living.

The last three questions referred to social workers visiting when they had placed a patient in a nursing home. Twenty-seven replied to these questions and in twenty-four homes social workers had visited after the patient had been placed. Of the twenty-four operators who had been visited, nineteen felt that the social worker had been helpful. Five did not think the social worker had made any contribution at all. All who thought the social worker had helped believed that the greatest contribution made, was simply the social workers continued contact with the patient. Many of the owners wished that the social worker would provide more

complete medical information, and a few urged that he be more active in encouraging relatives to visit. Twelve of the twenty-seven replying to these questions did not think there was any additional way that the social worker could help them. All five of the operators who said that the social worker had not been of any help to them also said that there was no way that the hospital social worker could help them.

CHAPTER V
CONCLUSIONS AND RECOMMENDATIONS

In this study the author sets out to discover some specific aspects of nursing homes and nursing home care as they relate to the care of patients who were, at one time or another, in a mental hospital. Thirty-three nursing homes located in a large urban community, Boston, were studied.

Discovering what the existing nursing home facilities of the community are, was one of the aims of the study. An examination of the standard requirements for the licensing of all nursing homes in the Commonwealth of Massachusetts would seem to indicate, that in the area of general health and safety, standards which are on the same level as those set for mental hospitals, must be maintained. A system of control and inspection by the Department of Health is established by law. Local authorities cooperate in helping the nursing homes maintain the standards set by law.

It was found that in the thirty-three homes, there was an adequate number of trained personnel to care for the patients. In general, the personnel entrusted with the actual care of the patients were fairly young. However, most of them had had hospital training. Many, particularly those in the professional classification of registered and graduate nurse, had had a number of years of experience in

nursing. As prescribed by law, nursing care was available at all hours. All of the homes had one or more physicians available for emergency calls, and one home had a physician living on the premises.

The largest number of patients sleeping in any one room in the homes studied was seven. Assuming that a certain amount of privacy and living in relatively small groups is a positive feature in living arrangements for people who are having difficulty in interpersonal relationships, this would make nursing home care a beneficial type of institutional care for the mentally ill. For some patients, use of one of the eighty-six private rooms would be indicated. Anyone who has visited one of the large rather bare ward rooms of some mental hospitals would appreciate the fact that each of the homes studied, had at least one reasonably well-furnished sitting-room for the patients.

It was found that the nursing homes were not being used very extensively for trial visit patients at the present time. Only nineteen homes were occupied at the time of the study, by patients who had a record of previous admission to a mental hospital. There was a total of twenty-eight homes, including those that had mental hospital patients at the time of the study, which had been used for placement of one patient who was on trial visit. More than one mental patient had been placed in many of the homes, but they were placed at different times.

It would seem that there is a great potential use of nursing homes for trial visit patients. In the thirty-three homes studied, there were 976 beds available. Of the fourteen homes which were not being used for trial visit patients at the time of the study, only four said that they would not accept patients from a mental hospital. This raises the question of whether social workers are exploring the resources of the community as fully as they might.

The fact that twenty-three of the nursing home operators interviewed expressed willingness to accept more than one patient from a mental hospital, would indicate that a greater number of beds might be made available for such patients in the future.

An examination of the minimum cost of nursing home care showed that only two of the homes studied had rates beginning higher than thirty-five dollars. This means that lack of private funds would not be a bar to securing care in a nursing home.

In general, it was found that the attitude of nursing home operators toward patients who have been in a mental hospital was rather positive. Many of the owners had had very favorable experiences with trial visit patients. Some of the owners went so far as to express a preference for patients from a mental hospital. Judging from the replies given, it appears that if mental patients to be placed in

a nursing home are chosen wisely, they need not present any special problems in nursing home care. A few operators had had a poor experience, and this served to make their attitude less positive. Usually, the patient's psychotic symptoms had returned, or the patient had not been ready for placement. There were very few examples of this latter category.

It would seem that there was mutual respect between social workers and those operators interviewed during this study, who had had some contact with hospital social workers. In the opinion of the nursing home operators, the most important function of the social worker was to visit the patient regularly. It was indicated that, in some cases, the social worker should see the patient more than once a month, and that greater encouragement should be given for relatives to visit the patient.

In spite of the limited scope of this study, it seems that there are several recommendations which might be made. The first and most obvious is the need for further study in the whole area of nursing home care for patients from mental hospitals. Further study of the adjustment of recovered psychotics in nursing homes is necessary. There is very little literature in this field, and the literature that is available is very limited in its scope.

Many of the nursing home operators pointed out the fact that several of their regular patients could be committed to

a mental hospital because of their psychotic symptoms. Yet, these patients were well adjusted in the nursing homes. In view of this, it would be interesting to make a study of patients of all types who are in nursing homes. It is possible that the findings of such a study might indicate that the direct placement of some psychotic patients in nursing homes is preferable to placement in a mental hospital.

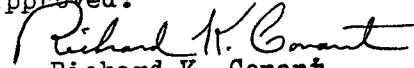
A specific recommendation is that the age of the patient to be placed in a nursing home should be considered. Most of the patients in the homes studied were between sixty and one hundred years old. The patient being placed from a mental hospital should be within the age range of the patients already in the home.

It would seem that the social worker in a mental hospital should give the same thought and consideration to a referral to a nursing home as he would a referral to a community agency. Additional medical information seems necessary to the operators of nursing homes. As the patients are being referred for a professional service, it would seem that the operators are entitled to this information.

This study would indicate that there is need for study and evaluation of legislation relating to the placement of mental hospital patients in nursing homes. The need for

nursing home care for patients who have been in a mental hospital exists. Within its limited scope, this study would indicate that the resources to fulfil the need exist, but they cannot be used due to the present restrictive legislation.

Approved:



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APPENDIX

SCHEDULE USED IN INTERVIEWING THE OPERATORS OF NURSING HOMES

1. What is the maximum number of patients residing in the home?
2. What is the age range of the patients being cared for in the home?
3. What is the sex of the patients being cared for in the home?
4. What is the number of rooms available for patient sleeping quarters?
5. What is the maximum number of patients sleeping in any one room?
6. Are private rooms available for patients? How many?
7. Is there a separate sitting room available for the patients?
8. What is the minimum weekly rate for the care of a patient?
9. Other than kitchen and maintenance employees, what personnel is available for the care of the patients?
10. What is the age and education of the personnel listed above?
11. Is qualified nursing care available at all hours?
12. Is there a regular physician available for emergency calls?
13. Have you ever had patients from a mental hospital in the home?
 - a. What has your experience been in caring for these patients?
 - b. If the law permitted, would you be willing to care for more than one patient who had previously been in a mental hospital?
14. Do you have a patient from a mental hospital here at the present time?

15. If you were asked to care for a patient from a mental hospital, vacancy and financial arrangements being in order, would you accept him? What are the reasons for your answer?
16. Do you think that a patient from a mental hospital presents any problems in nursing home care which are different from those presented by other patients? What are they?
17. When a patient from a mental hospital has been in your care, has a social worker from the hospital communicated with you?
18. Has the social worker contributed to the care of the patient? How?
19. In what additional ways could the social worker help you?