Patients who complete intake at Eastern Pennsylvania Psychiatric Institute, children's unit: a descriptive study

Patricia E. Weathers

Atlanta University

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PATIENTS WHO COMPLETE INTAKE AT EASTERN PENNSYLVANIA PSYCHIATRIC
INSTITUTE, CHILDREN'S UNIT: A DESCRIPTIVE STUDY

A THESIS
SUBMITTED TO THE FACULTY OF ATLANTA UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE OF MASTER OF SOCIAL WORK

BY

PATRICIA E. WEATHERS

SCHOOL OF SOCIAL WORK

ATLANTA, GEORGIA
MAY 1967
DEDICATION

TO MY PARENTS
WHOSE LOVE AND GUIDANCE
MADE THIS THESIS POSSIBLE
ACKNOWLEDGMENTS

The writer acknowledges Dr. David Sands, Research Psychologist, for helping her to obtain the necessary data for this study.

A special acknowledgment for assistance in the preparation of this study should be made to Mr. Lloyd Yarborough, Director of Research, Atlanta University School of Social Work.

P. E. W.
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CHAPTER I

INTRODUCTION

Significance of the Study

Mental illness no longer has the stigma once attached to it. Its occurrence is becoming more frequent. We come in contact daily with persons who are presently mental patients, or those who are former patients. Our attitude toward them and their families, what we say and do when we are with them is most important to their well-being.

The increase in mental illness and the new approaches to treatment make prompt and comprehensive intake studies mandatory in order that the patient might gain maximum benefit from the agency and in order that the agency may serve effectively as many persons as possible.

Time is an important factor in the issuing of services to the mentally ill and their families. Applicants who drop-out of the intake process disservce themselves by not completing it as intake is the first step toward the correction or alleviation of the problem. These drop-outs also disservce those applicants on the waiting-list who have been delayed in receiving treatment, and who may as a consequence drop-out themselves, thus failing to receive treatment for their illness.
The time expended by staff during the incompleted intake of the drop-out could have been more effectively utilized. Although the agency is concerned with all patients regardless of motivation who are in need of the services it provides, Eastern Pennsylvania Psychiatric Institute is a public institution open to all; consequently, its primary concern must be that of effectively serving the most people in the least time.

The researcher is of the opinion that there are factors which differentiate drop-outs during the intake process from those who complete the intake process. The discovery of such factors can expedite the intake process for those sufficiently motivated families in that such families can be promptly processed through intake while, for example, added supportive measures be provided for those insufficiently motivated families who are potential drop-outs.

Purpose of the Study

This study is being undertaken in an effort to identify those factors within the intake population at Eastern Pennsylvania Psychiatric Institute, Children's Unit which will differentiate potential drop-outs from those who will complete the intake process. It is hoped that the discovery of these factors will provide criteria for acceptance of cases into intake. In doing so, those persons who are sufficiently motivated to complete the intake process can be processed through without delay, while more appropriate measures and techniques be used in dealing with those who are not sufficiently motivated, in an effort to help them complete the intake process.
In a number of instances, the insufficiently motivated families are in need of treatment as much if not more than those who are sufficiently motivated.

Perhaps groups composed of insufficiently motivated family members could be organized to meet concurrently during the period of intake in an attempt to sustain their interest and desire throughout the process. Too often the insufficiently motivated family is dismissed after it cancels a couple of appointments. If we could determine before intake the family who is a potential drop-out, we could no doubt lessen the drop-out rate by providing supportive measures at the time of application to assist them during this critical period.

If the hypotheses to be tested are confirmed, they will indicate a need for administrative change within the agency being studied, Eastern Pennsylvania Psychiatric Institute, Children's Unit. This would mean a reorganization of the way services are provided to enable more people to be served, and thus cut down on those patients and families dropping out of the intake process.

The following major hypotheses have been derived to be tested by the researcher:

1. The financial status of the patient's family is a factor related to the patient's drop-out during the intake process.

2. The source of referral is a factor related to the patient's drop-out during the intake process.

3. The length of a waiting period is a factor effecting the patient's drop-out during the intake process.
Review of Related Literature

The individual brings himself to a social agency in a highly stressful situation. He comes to the agency because either he or members of his role network can no longer tolerate the stress his problem causes. Although the unwilling applicant has been forced into the agency by the volition of someone else, he too experiences this first encounter with the social agency as potentially crucial, in spite of the fact his problem is not one that he brings but one with which the agency confronts him.¹

As a great deal of stress cannot be tolerated without defensive moves to regain stability, and since stability may be gained by destructive adaptation as well as constructive adaptation, the effective or ineffective intervention by the social worker affects the direction the balancing efforts of the applicant will take.² Frequently not only is the crisis thought to be a problem by the applicant, but after its comprehensive evaluation, the social agency also sees it as a problem. The factors creating the problem may have come to a point where not only one but a series of maladaptations may occur in the life of the individual unless some type of effective intervention occurs.³ Thus the case placed on a waiting-

¹Helen Perlman, "Intake and Some Role Considerations," Social Casework, XLI (April, 1960), 171.
²Ibid., p. 172.
³Ibid., p. 173.
list is never quite the same case when it finally comes up for service as it was at the time of referral.

What happens to those applicants who were put on a waiting-list but did not return when later contacted? One also wonders what happens to the problems with which they sought help from the agency. Some sort of adaptation or maladaptation must be made even while one waits.¹

Of equal interest are the waiting-list applicants who tolerate the postponement period and return to the agency to pick up where they left off. Do they actually pick up where they left off? Is the problem the same as it was when they brought it six weeks before? Are they the same in their relation to and interaction with it?

The phenomenon of the waiting-list poses a dilemma for the social agency and raises a host of provocative questions. Apparently there is an ever-widening gap between the number of applications for help and the staff available for service. Apparently, too, the use of a waiting-list is on the increase. Many applicants are given a first interview and then, if judged to need and to be able to use the agency's services are placed on the waiting-list until time is available in the staff members' loads. The phenomenon of the waiting-list stands in interesting juxtaposition to recent propositions about crisis and prevention and about class culture and the use of social services.²

The ability to postpone gratification, to bear tension, and to trust that the agency's helping process will be useful are said


²Tbid., p. 200.
by authorities in the field to be attributes of middle class rather than lower class persons. Perlman supports this theory.

For one thing, the middle class person has more ways of avoiding or cushioning himself against his problems. His everyday world has more escape exits, more opportunities for diversion and sublimation. In general, the middle class client of the social agency holds the same set of beliefs as the patient of the psychotherapist and as the social worker himself: belief in the efficacy of counseling for personal and familial problems, in the value of talk as a means of help for one's self and for others; belief in the acceptability--indeed, the inevitability--of waiting for what one wants, especially if what one wants is so valuable that it is in great demand and small supply. The middle class client is therefore able to wait. Buoyed up by the promise of agency help ahead and by the temporary release he experienced at intake, he makes do by using the escape hatches in his environment.¹

A number of recent sociological studies on lower class and poverty-stricken persons indicate that certain orientations and expectations are characteristic of people who have long been economically impoverished or who chronically live at the edge of insecurity.²

Typically, such a person is oriented to the present. He wants what he needs now, at once, because he has had little proof that waiting will yield fulfillment of his needs and wants. Usually he has had neither education nor experience in the use of words as symbolic substitutes for action, as release valves, or as binding


threads between himself and others.

The person of low socioeconomic status (when this is combined with limited education and narrow, hand to mouth existence) is not likely to have waiting capacity, hopefulness, or belief in help that he cannot see, smell or take hold of.¹

As has been already suggested, the individual's goals, interests and habits are affected by the kind of social world in which he lives.

The differences in socialization produce many kinds of adult personality differences. As compared with lower class personality, adult middle class personality tends to be more ambitious, more competitive but less aggressive physically, more rigidly conformist to conventional mores, outwardly more poised and self-assured, but possibly beset by greater inner guilts and self-doubts.²

Social class affects the way people deal with virtually every aspect of reality.

**Definition of Important Terms**

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>Any act performed by any staff member under the auspices of Eastern Pennsylvanias Psychiatric Institute, Children's Unit in the alleviation of the patient's symptoms after the last step of the intake.</td>
</tr>
<tr>
<td>Intake</td>
<td>That period between referral of the patient and the staff conference at which time the staff reviews the intake findings and makes recommendations.</td>
</tr>
</tbody>
</table>


Involuntary Referrals

Those applicants who have been requested by welfare institutions or related professions to seek the services provided by Eastern Pennsylvania Psychiatric Institute, Children's Unit to alleviate a given problem. Sources of involuntary referrals commonly encountered in this study are the Philadelphia Public Schools, the Philadelphia County Courts, and the Department of Welfare.

Scope and Limitations

This study is limited to those persons utilizing the services of Eastern Pennsylvania Psychiatric Institute, Children's Unit, Philadelphia, Pennsylvania from its inception in 1956 to January 1967.

This study is further limited in that in a few instances, the given annual income was only an estimate, as the federal income tax forms were not available to the agency at the time of the study. The estimate of the patient's parent was then accepted as a valid index of the family's annual income.

This study is further limited in that persons with above average annual incomes tend to utilize more the services of a therapist in private practice in comparison to those with below average incomes who cannot afford the cost of a therapist in private practice and consequently utilize the services of public facilities.
Methods of Procedure

In this study, the researcher will attempt to investigate agency case records in an effort to identify those factors which differentiate persons who will drop-out during the intake process at Eastern Pennsylvania Psychiatric Institute, Children's Unit from those who will complete the intake process.

For research purposes, case records were selected from 560 on file at Eastern Pennsylvania Psychiatric Institute, Children's Unit. The case records were divided into two groups. One group consisted of those patients who temporarily or permanently dropped out during the intake process, while the other consisted of those who continued straight through and completed the intake process.

In order to limit extraneous factors that might influence the results, each case record of a drop-out patient was matched with a case record of a patient who completed the intake process in relation to race, sex of patient, family composition and age of patient until the researcher obtained fifty-two case records in each group.

As all case records indicate the net income of the family, source of referral, and dates of contacts with the agency, the researcher used these data as objective indices. In addition, it was felt that the case records might provide the researcher with other significant information, as any activity performed by members of the staff in the alleviation of the patient's symptoms is incorporated into his case record.
Each case record was examined with regards to the following variables: (1) annual net income of the patient's family; (2) source of referral; and (3) length of a given waiting period either by the patient or members of his immediate family.

After collecting the necessary data, the researcher organized and presented the data in the form of tables.
CHAPTER II

THE EASTERN PENNSYLVANIA PSYCHIATRIC INSTITUTE

The Eastern Pennsylvania Psychiatric Institute was established by an act of the state legislature in 1949 as a training and research center for the investigation of mental health and illness. Its functions are interrelated with those of other institutions in the Pennsylvania State Hospital System.

The Institute serves as a comprehensive resource unit in the treatment of the mentally ill, the study of the etiologies of mental illness and as a training ground for personnel working with the mentally ill. In obtaining these objectives, the Eastern Pennsylvania Psychiatric Institute offers treatment to patients, while at the same time conducting research and training projects. Healing, research and education are the purposes of the Institute.¹

The legislative act provided for a Board of Trustees to administer the Institute, and specified that it be composed of three officials from each of Philadelphia's five medical schools (Hahnemann, Jefferson, Temple University, University of Pennsylvania and Woman's Medical College). A Medical Advisory Board

¹Staff Conference with Dr. Robert Prall, Director of Children's Unit, Eastern Pennsylvania Psychiatric Institute, September 27, 1966.
composed of the Professors of Psychiatry of the five schools counsels the Board of Trustees on professional matters.

Two types of research activities are carried out at the Institute—basic and clinical. Basic research is involved with investigation into the mechanisms of central nervous system function. Fundamental to this work is the principle that the brain is a data-handling device whose operation can be studied like other physical systems.

A special computer designed by the staff, along with other computing machines, are being used to determine how information is processed in the central nervous system. Other projects are concerned with the physical and chemical nature of the individual nerve impulses. Scientific advances in this field of knowledge may provide medicine with the key to a preventive approach to mental illness.

The Clinical Research Department is carrying out projects designed to give information about the psychological, physiological and sociological factors involved in mental health and illness. These include the systematic study of methods of individual and group psychotherapy, family therapy, and pharmacological treatment. Other investigations are probing the bio-chemistry of human emotions. Still other investigations seek to assess the effects of electro-encephalographic factors and socio-cultural factors on human behavior.

Training activities are primarily organized for instruction at the post-graduate level. The Institute has accredited programs for
training residents in adult and child psychiatry. In addition to the Psychiatric resident physicians at Eastern Pennsylvania Psychiatric Institute. from the five medical schools previously mentioned, there are individuals studying in other areas.

At present, the Institute has a program of psychiatric training for student nurses from the medical schools, and for social workers who are specializing in psychiatric social work. Training programs have been organized to provide training for psychologists, occupational therapists, recreational therapists, and dieticians. Additional training programs including administrative ones are in the process of being developed.

As shown in Figure 1, Eastern Pennsylvania Psychiatric Institute is divided into two units--the Adult Unit and the Children's Unit. Both units were established by the same legislative act and come under the single title--Eastern Pennsylvania Psychiatric Institute. Although the two units are administered by the same Board of Trustees, each has its own director.

The Children's Unit is engaged in the study of many approaches to the problems of emotional disturbance in children and their families and the methods of treatment for these difficulties. There is an out-patient clinic where the children are seen for treatment while still living at home and attending their regular school.

The unit works closely with the school system, pediatricians, social agencies, and other professional groups working in this area. There is an extensive treatment program including individual and
FIGURE 1

ORGANIZATIONAL STRUCTURE OF THE EASTERN PENNSYLVANIA PSYCHIATRIC INSTITUTE CHILDREN'S UNIT

*Although there is a director of each unit, this organizational structure chart applies only to the Children's Unit.

group psychotherapy for the patients and their parents.

There is an in-patient unit for more seriously disturbed children who require close supervision and who must be given residential treatment. Children are referred from various social agencies and from private practitioners.

The aim of the Children's Unit Day Treatment is centered primarily around attempts to teach seriously disturbed children appropriate modes of social adjustments in hopes of sustaining them in their homes and in active community life as long as possible. It is the only out-patient Day Treatment Center for very seriously disturbed
children in the area and is an integral part of a research and training program at the Institute.

The program begins at eight-thirty in the morning and ends at three-thirty in the afternoon, Monday through Friday, and is divided into groups according to chronological age. Children in this program receive individual psychotherapy, group therapy, art therapy, occupational therapy, music therapy, and individual formal education from the Institute school.

The Institute's philosophy is stated quite succinctly in the following quote taken from a report of its Fee Committee:

We would prefer that the clinic be taken advantage of rather than an undue burden be placed on any family. The clinic is not in existence to make money. Its purposes, so often stated, are research and training. Essentially patients help us to fulfill the clinic's training and research needs. Perhaps fees slightly lower than the average clinic should be our partial payment to them for this privilege.¹

In general it may be said of Eastern Pennsylvania Psychiatric Institute, Children's Unit that it serves as a comprehensive resource unit in the treatment of the mentally ill, the study of the etiologies of mental illness and as a training ground for personnel working with the mentally ill.

In order that the agency effectively serve as many applicants as possible, while at the same time obtain its objectives of healing, research and education, it is necessary that factors differentiating

drop-outs during the intake process from those families sufficiently motivated to complete the intake process be identified.
CHAPTER III

ANALYSIS OF DATA

The data for this study were obtained by investigating case records of Eastern Pennsylvania Psychiatric Institute, Children's Unit. In order to limit extraneous factors that might influence the results, the researcher matched each case record of a drop-out patient with the case record of a patient who completed the intake process in relation to race, sex of patient, family composition and age of patient until fifty-two case records were obtained in each group.

After collecting the data, the researcher classified the data in terms of three major variables: (1) Families Completing the Intake Process and Not Completing the Intake Process as Related to Income; (2) Families Completing the Intake Process and Not Completing the Intake Process as Related to the Length of a Waiting Period; and (3) Families Completing the Intake Process and Not Completing the Intake Process as Related to the Source of Referral.

Income

The data in Table 1 show that the financial status of the patient's family is a factor related to the patient's drop-out during the intake process.
<table>
<thead>
<tr>
<th>Annual Income</th>
<th>Number of Families Completing Intake</th>
<th>Per Cent of Families Completing Intake</th>
<th>Number of Families Not Completing Intake</th>
<th>Per Cent of Families Not Completing Intake</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2500-$3500</td>
<td>2</td>
<td>4.0</td>
<td>17</td>
<td>33.0</td>
</tr>
<tr>
<td>$3501-$4500</td>
<td>2</td>
<td>4.0</td>
<td>13</td>
<td>25.0</td>
</tr>
<tr>
<td>$4501-$5500</td>
<td>4</td>
<td>8.0</td>
<td>5</td>
<td>10.0</td>
</tr>
<tr>
<td>$5501-$6500</td>
<td>11</td>
<td>21.0</td>
<td>4</td>
<td>8.0</td>
</tr>
<tr>
<td>$6501-$7500</td>
<td>13</td>
<td>25.0</td>
<td>4</td>
<td>8.0</td>
</tr>
<tr>
<td>$7501-$8500</td>
<td>8</td>
<td>15.0</td>
<td>3</td>
<td>6.0</td>
</tr>
<tr>
<td>$8501-$9500</td>
<td>5</td>
<td>10.0</td>
<td>3</td>
<td>6.0</td>
</tr>
<tr>
<td>$9501-$10,500</td>
<td>3</td>
<td>5.0</td>
<td>1</td>
<td>2.0</td>
</tr>
<tr>
<td>$10,501 and over</td>
<td>4</td>
<td>8.0</td>
<td>1</td>
<td>2.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>52</td>
<td>100.0</td>
<td>52</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Thirty-three per cent of the families that did not complete the intake process had annual incomes between $2500 and $3500, while only 4 per cent of the families who completed intake had incomes between $2500 and $3500.

This relationship also holds for families whose incomes were between $3501 and $4500. The percentage and number of families in this income range failing to complete the intake process was 25 per cent, while the percentage of those who completed the intake process was 4 per cent.
In the third income category, $4501 to $5500, the difference between those who completed the intake process and those who did not is not as startling. Eight per cent of the families in this income category completed the intake process and 10 per cent did not.

In the following income category, $5501 to $6500, the data show a marked shift between those families completing the process and those not completing the process. Whereas in the preceding income categories there had been more families not completing the intake process than there were those who completed the process, the data in this category show more families completing the intake process than not completing the process. Twenty-one per cent completing the intake process were in this income category, while only 8 per cent of those not completing the process were in this income category.

Twenty-five per cent of the families completing the intake process were in the $6501 to $7500 income category, while 8 per cent of those in this income category failed to complete the process.

Fifteen per cent of the families completed the intake process in the $7501 to $8500 category, while 6 per cent of the families not completing the process were in this income category.

In the $8501 to $9500 income category, 10 per cent of the families completing intake were in this income category, while 6 per cent of the families that did not complete the intake process were in this income category.
Five per cent of the families completed the intake process in the $9501 to $10,500 income category, and 2 per cent not completing the intake process were in this category.

In the income category between $10,500 and over, 8 per cent completed the intake process, while 2 per cent not completing the process were in this category.

The data from Table 1 also show that families with annual incomes of $7501 and more tend to seek the services provided by Eastern Pennsylvania Psychiatric Institute, Children's Unit less than do families with annual incomes below $7501. A total of seventy-five families with incomes above $7501 began the process. The data indicate that families within the middle income strata as established by the federal government utilize the services of Eastern Pennsylvania Psychiatric Institute, Children's Unit more so than families with incomes either below or above the middle income strata.

In their article "Working-Class People and Family Planning," Handel and Rainwater discuss their conception of middle class families as related to social striving and psychiatric treatment.

Most middle-class people strive to better themselves. What they strive for differs from person to person, as does the method of striving. But this basic motive of striving for something is a middle-class trait. The many complications engendered by striving are what bring many middle-class people into

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1 Interview with Mr. William Fowlkes, Director Nash-Washington Economic Opportunity Authority Neighborhood Service Center, Atlanta, Georgia, March 9, 1967.

psychotherapy and enable them to continue for long periods.

In spite of the fact the total number of families utilizing the services of Eastern Pennsylvania Psychiatric Institute, Children's Unit with incomes of $9501 and more is far less than those families with incomes of $9500 or less, the data show that the former group of families still has a lower drop-out rate proportionately.

As the family's income increases, the probability of the family's drop-out during the intake process tends to decrease. Thus the data in Table 1 tend to support the first hypothesis of this study that the financial status of the patient's family is a factor related to the patient's drop-out during the intake process.

Length of Waiting Period

<table>
<thead>
<tr>
<th>Length of Waiting Period</th>
<th>Number of Families Completing Intake</th>
<th>Per Cent of Families Completing Intake</th>
<th>Number of Families Not Completing Intake</th>
<th>Per Cent of Families Not Completing Intake</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-3 weeks and 6 days</td>
<td>25</td>
<td>49.0</td>
<td>4</td>
<td>8.0</td>
</tr>
<tr>
<td>4 weeks-7 wks 6 days</td>
<td>19</td>
<td>36.0</td>
<td>11</td>
<td>21.0</td>
</tr>
<tr>
<td>8 weeks-11 wks 6 days</td>
<td>6</td>
<td>11.0</td>
<td>18</td>
<td>35.0</td>
</tr>
<tr>
<td>12 weeks or more</td>
<td>2</td>
<td>4.0</td>
<td>19</td>
<td>36.0</td>
</tr>
<tr>
<td>Total</td>
<td>52</td>
<td>100.0</td>
<td>52</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Table 2 reveals that only 4 per cent of the families who completed the intake process had a waiting period of twelve weeks or more, while 36 per cent of the families not completing the intake process had to wait for twelve weeks or more.

Of those with an eight weeks to eleven weeks and six days waiting period, 11 per cent completed the process and 35 per cent dropped-out.

The data show that most families completing the intake process had no waiting period to a waiting period of three weeks and six days. In this category 49 per cent completed intake, while only 8 per cent of the families in this category failed to complete the process.

As the length of a waiting period decreases the data reveal an increased number of families completing the intake process. The data as presented in Table 2 tend to support the hypothesis that the length of a waiting period is a factor related to the patient's drop-out during the intake process.

**Source of Referral**

The data in Table 3 reveal that the source of referral is a factor related to completion of the intake process. Only 44 per cent of the families completing the process were classified as involuntary referrals, whereas on the other hand, 56 per cent of the families completing the intake process classified as voluntary referrals.

Sixty per cent of the fifty-two families that did not complete the intake process were referred involuntarily, while only 40 per
cent of those families who dropped-out during the intake process were voluntary referrals. Table 3 indicates that of the 104 case records studied, involuntary referrals to the agency out-numbered voluntary ones.

**TABLE 3**

FAMILIES COMPLETING INTAKE AND NOT COMPLETING INTAKE AS RELATED TO VOLUNTARY AND IN VOLUNTARY REFERRALS

<table>
<thead>
<tr>
<th>Source of Referral</th>
<th>Number of Families Completing Intake</th>
<th>Per Cent of Families Completing Intake</th>
<th>Number of Families Not Completing Intake</th>
<th>Per Cent of Families Not Completing Intake</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involuntary</td>
<td>23</td>
<td>44.0</td>
<td>31</td>
<td>60.0</td>
</tr>
<tr>
<td>Voluntary</td>
<td>29</td>
<td>56.0</td>
<td>21</td>
<td>40.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>52</strong></td>
<td><strong>100.0</strong></td>
<td><strong>52</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

The data as presented in Table 3 suggests that families who refer themselves voluntarily tend to complete the intake process, whereas those families referred involuntarily do not.

Further analysis of the data as revealed in Table 4 indicates that of the fifty-four cases referred involuntarily to the Institute, five were referred by the Department of Welfare, two by the Philadelphia County Courts, twenty-four by the Philadelphia Public Schools, and twenty-three by persons in related professions.

The data in both Tables 3 and 4 support the hypothesis that source of referral is a factor related to the patient's drop-out during the intake process. It should be noted, however, that the
TABLE 4
SOURCE OF INVOLUNTARY REFERRALS

<table>
<thead>
<tr>
<th>Source</th>
<th>Number of Families Referred</th>
<th>Per Cent of Families Referred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Welfare</td>
<td>5</td>
<td>9.0</td>
</tr>
<tr>
<td>Philadelphia County Courts</td>
<td>2</td>
<td>4.0</td>
</tr>
<tr>
<td>Philadelphia Public Schools</td>
<td>24</td>
<td>44.0</td>
</tr>
<tr>
<td>Related Professions</td>
<td>23</td>
<td>43.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>54</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

data indicates that the correlation between source of referral and completion of the intake process is far less as compared to the relationship between income and completion of the intake process as shown in Table 1, and the length of a waiting period and completion of the intake process as shown in Table 2.
CHAPTER IV

SUMMARY AND CONCLUSIONS

Summary

The increase in the number of persons who are presently mental patients, or those who are former patients make prompt and comprehensive intake studies mandatory in order that the patient might gain maximum benefit from the agency and in order that the agency may effectively serve as many persons as possible.

Not only is our attitude toward the mentally ill per se important to their well-being, but also our attitude toward their families is of prime concern in the restoration of the mentally ill individual. Time is an important factor in the issuing of services to the mentally ill and their families. As intake is the first step toward the correction or alleviation of the problem, applicants who drop-out of the intake process disservice themselves by not completing it. These drop-outs also disservice those applicants on the waiting-list who have been delayed in receiving treatment, and who may as a consequence drop-out themselves, thus failing to receive treatment for their illness.

The researcher is of the opinion that there are factors which differentiate drop-outs during the intake process from those who complete the intake process. The present study was undertaken in an effort to identify those factors within the intake population.
at Eastern Pennsylvania Psychiatric Institute, Children's Unit which differentiate drop-outs from those who complete the intake process.

It was felt that the discovery of these factors could expedite the intake process for those sufficiently motivated families in that such families can be promptly processed through intake, while added supportive measures be provided for those insufficiently motivated families who are potential drop-outs.

As one example, perhaps group therapy programs, composed of families of potential drop-out patients, could be organized in an effort to acquaint the families with the services of Eastern Pennsylvania Psychiatric Institute, Children's Unit and to sustain their interests in obtaining treatment during lengthy waiting periods. In addition, the association with other families in the group who are undergoing similar crises might serve as a supportive measure.

The data for this study were obtained by selecting case records from 560 on file at Eastern Pennsylvania Psychiatric Institute, Children's Unit. For research purposes, the case records were divided into two groups. One group consisted of those patients who temporarily or permanently dropped-out during the intake process, while the other consisted of those who continued straight through and completed the intake process.

In order to limit extraneous factors that might influence the results, the researcher matched each case record of a drop-out patient with the case record of a patient who completed the intake process in relation to race, sex of patient, family composition and age of patient until fifty-two case records were obtained in each group.
The following hypotheses were formulated to be tested in the study:

1. The financial status of the patient's family is a factor related to the patient's drop-out during the intake process.

2. The source of referral is a factor related to the patient's drop-out during the intake process.

3. The length of a waiting period is a factor related to the patient's drop-out during the intake process.

The data were analyzed in terms of the following variables:

(1) Families Completing Intake and Not Completing Intake as Related to Income; (2) Families Completing Intake and Not Completing Intake as Related to Length of a Waiting Period; (3) Families Completing Intake and Not Completing Intake as Related to the Source of Referral.

The data in the present study reveal that as the annual net income of the patient's family increased, the percentage of drop-outs decreased appreciably. The findings also show that although their drop-out rate is less proportionately, families with incomes of $9500 and more utilize the services of Eastern Pennsylvania Psychiatric Institute, Children's Unit less than do families in the lower income categories (See Table 1).

As shown in Table 2, the longer the waiting period, the more likely the family is to drop-out of the intake process. Most families completing the intake process had no waiting period to a waiting period of three weeks and six days.

The data show that families referred to Eastern Pennsylvania Psychiatric Institute, Children's Unit involuntarily are more likely
to drop-out during the intake process than those families who refer themselves voluntarily.

It was also revealed that involuntary referrals out-number voluntary ones. In addition the findings indicated that of those families referred involuntarily, the Philadelphia Public Schools and persons in related professions, i.e. medical doctors and psychiatric agencies are the major sources of referral.

**Conclusion**

If Eastern Pennsylvania Psychiatric Institute, Children's Unit, as a social agency, is concerned with all potential patients regardless of motivation, while at the same time being equally concerned with effectively serving the most people in the least time, it is necessary that the agency be aware of the factors which differentiate drop-outs during the intake process from those who will complete the process. It is felt that the discovery of such factors can hasten the intake process for those sufficiently motivated families, while perhaps group therapy programs be organized for those insufficiently motivated families who are potential drop-outs.

It is hoped that by pointing out (1) as the families' incomes increase, the more likely they are to complete the intake process; (2) as the length of a waiting period increases, the more likely families are to drop-out of the intake process; (3) families who refer themselves voluntarily tend to complete the intake process, whereas families referred involuntarily do not, the present study will aid the agency, Eastern Pennsylvania Psychiatric Institute,
Children's Unit, in effectively serving in the least amount of time as many applicants as possible.

In conclusion, some implications of the foregoing analysis might be mentioned. A small beginning has been made here in the analysis of the significance of income, the length of a waiting period, and the source of referral as variables related to the patient's drop-out during the intake process.

Other variables that are relevant to the patient's incompletion of the intake process need to be specified in future research efforts. A valid understanding of the factors that contribute to the patient's drop-out during the intake process requires that comparative studies be conducted in other social agencies. For example, as this study was confined to a psychiatric agency, it may be discovered that the characteristics of patients who drop-out during the intake process in a psychiatric agency differ greatly from those who fail to complete the intake process in other social agencies.

In addition, future research studies might investigate whether or not those families who failed to complete the intake process after lengthy waiting periods have encountered previous frustration in securing psychiatric aid from other psychiatric agencies.

Still other studies might investigate whether the particular diagnosis of a given patient is a factor related to the family's completion of the intake process.

The researcher in this study failed to use non-parametric statistical tests as tests of significance in analyzing the data. Future research data in this area might be analyzed in terms of such tests.
in an effort to determine whether findings of the present study merely reflect the operation of chance, or whether their appearance results from each of the variables tested in the study.
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