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The role of the social worker in admission service at Crownsville State Hospital

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THE ROLE OF THE SOCIAL WORKER IN ADMISSION SERVICE
AT CROWNSVILLE STATE HOSPITAL

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

BY
M. CLAUDINE SCALES

SCHOOL OF SOCIAL WORK

ATLANTA UNIVERSITY
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CHAPTER I

INTRODUCTION

Significance of the Study

In the early years of medical practices, the family doctor was not only concerned with the medical care of his patients, but was family counselor, an economic prop, and in many cases foster father or god father. However, with industrialization, increased complexity of our civilization, as well as increased population, the family doctor found it an impossibility to successfully deal with the daily living of his patients and at the same time give medical care consistent with advanced knowledge and practices in the medical world.

Thus, medicine sought professional aid to gain information regarding environmental and social factors relative to the patient prior to, during, and following hospitalization, or while under clinical care. This need for additional information and help from environmental and social factors, so as to more effectively treat and rehabilitate the sick, was recognized by many physicians. Dr. Richard Cabot of Massachusetts General Hospital was one of the first to add to the staff of this hospital a group of workers whose specialized duty it was to bring to the attention of the physician information
"which would be helpful in the proper care and management of
the patient."¹

Through the years, this service has grown and become
specialized to such an extent that it functions in practically
all areas concerning human health and well-being.

Although admission services within the social service
departments vary from hospital to hospital, the general ob-
jective of patient rehabilitation through reintegration into
the economic, religious, and recreational life of the communi-
ty remains the same.

Of the many services offered in hospitals under social
services, the writer believes the admission service in a men-
tal hospital offers a unique opportunity for social work. The
admissions worker at Crownsville State Hospital must also see
that proper and required admission papers are in order. These
are the commitment certificates from two doctors (Maryland has a
"medical commitment") a certificate of payment from local unit of
government from which the patient comes. Admission Service in
this study is concerned with reception, twenty-four hour ward in-
terview and relative or history interview.

... an initial interview by the social
worker might include an orientation of the
patient to his next step in treatment.²

¹Upham, Francis, A Dynamic Approach to Illness. A

²Group for Advancement of Psychiatry, Committee on
In Crownsville State Hospital admission service includes both ward interviews and relative interviews. It also helps relatives with their feelings around patient's hospitalization and with problems attendant to patient's hospitalization, holding patient's job, securing financial resources and help with other financial problems if patient is chief "bread winner." Those not interviewed by the social worker at the time of their admission are to be interviewed within twenty-four hours. Through these functions, reception, twenty-four hour ward interview, and relative interview, admission service proposes to keep intact the patient's family connection, employment opportunities, and community associations which he can use when he leaves the hospital.

The main purposes of the admitting service are (1) to assist the patient and his family with problems, feelings, and attitudes as well as concrete problems attendant to his hospitalization, (2) attempt to conserve all resources, emotional as well as financial, which he might have for use upon leaving, (3) initiate planning for leaving, and (4) obtaining information and understanding that might help other disciplines understand the patient as a person and the nature of his illness. They also attempt to make a social diagnosis.

"The concept of total integration of social services as a vital part of all treatment..."¹ may well express the philosophy of this study. It is an attempt to study the role

¹Minna Field, Patients Are People, A Medical-Socio Approach to Prolonged Illness (New York, 1953), pp. 228-229.
of the social service worker in the admission service at Crownsville State Hospital.

Purpose of the Study

The purpose of this study was to examine the role of the social worker on admissions service at Crownsville State Hospital. There were three important areas which the admissions' worker functioned: (1) reception, (2) the twenty-four hour ward interview, and (3) securing a social history or relative interview.

Method of Procedure

Cases selected for this study included those of patients admitted to Crownsville State Hospital between January 1, 1954 and June 30, 1954. Of the 490 patients admitted to the hospital, seventy-seven were closed cases. Of the closed cases, every seventh one was chosen until an adequate sampling of eleven were secured.

Scope and Limitation

This study is limited to eleven closed cases of patients admitted to Crownsville State Hospital between January 1, 1954 and June 30, 1954. Each case included an admission note, twenty-four hour ward interview, and relative interview.
History of Crownsville State Hospital

Crownsville State Hospital was created by an Act of the General Assembly of Maryland on April 11, 1910, which provided money for the purchase of land and the erection of buildings on the present site for a hospital to provide treatment and care for the mentally ill and feeble-minded Negro children and adults of Maryland. Construction began immediately, and the hospital was officially opened on March 13, 1911 with the admission of twelve patients. From one building and patient population of 255 in 1913, the hospital has grown and now comprises a total of sixty-four structures, thirteen of which house patients. The hospital has its own water plant, central heating, and sewage disposal. Electric power is purchased from an outside source.

A large admission unit was dedicated on May 11, 1954. In this building patients are received, diagnosed and given intensive treatment for the possible return of each patient to the community within a twelve month period. There are six convalescent cottages which house approximately fifty patients each while they are preparing for discharge. Many of these patients are employed under the direction of the Industrial Therapy Department.

The hospital has had three superintendents since opening in 1911. From 1911 until 1947, Dr. Robert Winterode was superintendent; from 1947 until 1953, Dr. Jacob Morgenstern was superintendent; from 1953 to the present date, the
As a result of adverse publicity in a series of editorial articles in 1948 pointing up inadequacies and needs of state mental hospitals and institutions, the legislature made available funds for the improvement of the inadequacies. The hospital has a school of practical nursing, a psychiatric affiliation of nurses from other general hospitals, and a definite recreation program. Progress has been made in organization and in securing additional professional personnel in medical service, psychology, occupational therapy, dietary therapy, social services, and recreation.

In 1950, a trained and experienced social worker was appointed as Chief Supervisor of Social Work to organize, formulate policies, and to supervise personnel. This marked the beginning of social service in the hospital as an organized department. At present the department includes a Chief Supervisor, three Case Work Supervisors, seven Senior Caseworkers, three Caseworkers II, a principal stenographer, two junior stenographers, and a student training unit. This training unit offers block placements for undergraduate students from Central State College and concurrent and block placements for second year students from Atlanta University and Howard University Schools of Social Work.

\[\text{From the files of Arnold Eichert, M.D., Superintendent of Crownsville State Hospital, Crownsville, Maryland, May, 1954.}\]
CHAPTER II
CURRENT CONCEPTS AND PRACTICES OF ADMISSION SERVICES

The specific function of admission services varies in different hospitals. However, a study of the organization of the social service settings will indicate certain functions for certain social workers within a specific or definite area.

Admissions in General, Veterans and State Mental Hospitals

A study of the admission services of most general hospitals indicated psychiatric study as an adjunct to the hospital. Patients are admitted by the medical or nursing staff. If the patient indicated certain psychiatric tendencies, he was referred to a psychiatrist or to social service within the hospital for study, recommendations, diagnosis and treatment. The psychiatrist, in time, will refer the patient to the psychiatric social worker. The same policy, to some extent, prevailed in many state and veterans institutions. Patients were admitted through medical and nursing services and later referred to social service or the psychiatric department for study.

The current concept was to have present at admission a psychiatric social worker trained in the dynamics of mental illness and disabilities. This did not mean that the worker
diagnosed or prescribed, but without "a knowledge of diagnostic and treatment methods he may unwittingly encourage evasion of medical care and delay of medical treatment."^1

At the Crownsville State Hospital, a psychiatric social worker was assigned to duty in the Admissions Office. She was one of the first persons to have contact with a patient who was entering the hospital for treatment, Monday through Saturday from 8:30 a.m. until 4:30 p.m. Whenever a patient came to the hospital after these hours, he was admitted by the doctor on admission service.

At the time of admission, the social worker attempted to make the patient comfortable, and at the same time, makes herself and her function known. She asked the patient questions designed to secure identifying data. Some of the data included name, age, sex, birthdate, date and hour of admission. These data were written on a special form provided for this purpose and were later placed in the patient's record. The doctor and attendant were sent for, and any information which might have been secured was given to the doctor. If the patient was too ill at the time of admission to be questioned, it was the duty of the social worker to visit him as soon as he seemed able to give the necessary identifying data. At the time of admission, the person who accompanied the patient to the hospital was usually in the admitting office during the

interview, and if this person was a relative, an appointment was usually made for a subsequent interview with him. After the worker had finished her initial interview with the patient, she interpreted some of the hospital facilities and regulations to the relative. If the relative wished to talk with the doctor concerning the patient's condition, the social worker would inform the doctor so that he could make himself available. Usually the information taken by this worker became the basis for further studies or investigations by the other social workers of this setting.

Actually the duties of the admissions worker were threefold: she did the initial interview with the patient, the twenty-four hour ward interview, and the relative interview.

Purposes of Admission Notes

During the interview, the social worker makes mental notes which become an essential part of the patient's permanent record. The purpose of admission notes was to get a general outline of the patient's present condition and his attitude toward his illness. This, of course, could depend to a greater or lesser degree upon the participation of the patient and the knowledge and skills of the worker.

Very often the patient was escorted to the hospital by a relative, a policeman, or a worker from another agency, such as a parole officer, or an aide from a general hospital. This would often be a factor in the patient's degree of
participation. This was the first opportunity for the social worker to try and give the patient or the relative accompanying the patient a healthy attitude toward mental illness.

There were many instances when the patient would refuse to participate in the interview at the time of admission. Frequently, the relative told the patient he was going for a ride in the country or to a general hospital: they did not tell him the truth. When the patient found out where he was, he became hostile and often did not say anything in the interview. Some patients who were accompanied by the police often complained of the brutality they had received and would also refuse to participate in the admission interview.

Twenty-Four Hour Ward Interview

It was the policy at Crownsville State Hospital for the patient to be seen within twenty-four hours following admission to the hospital. Thus, the meaning of the twenty-four hour ward interview.

In addition to the initial admission notes, the worker wished to know the reaction of the patient to his environment after becoming a part of it. Hence, the twenty-four hour ward interview had a definite purpose. It not only gave a clearer picture of the patient and his adjustment, but gave the social worker a second opportunity to dispel fear, anxiety, to pick up on any problems with which she can help the patient, and to improve patient-worker relationship. The worker often consulted with the nurse and the ward attendant
who were helpful in giving information about the patient's adjustment and behavior.

The twenty-four hour ward interview served as a basis for conferences with other staff members in making plans with the patient.

Relative Interview

To further aid the medical staff and the other services, a relative interview was arranged. This interview was focused to ascertain the following material: age, sex, marital status, family background, employment status, religion, educational status and future plans. The worker tried to arrange this interview at the hospital, if possible, but because of economic pressures, often the worker had to go into the field. Sometimes this interview can be handled by another agency such as public welfare and then made a part of the patient's permanent file. Whatever the means used, the relative interview enabled the worker and other staff members to get a better understanding of the patient as a person.

Fear, ignorance and social status were but a few of the problems expressed as the worker attempted to get the history of the patient and his family.

According to Harry S. Moore:¹

Relatives may bring to the hospital their fears of mental illness, guilt about their own

¹Harry S. Moore, Jr., "Hospitalization As a Dynamic for Use In Casework with Relatives in a Veterans Administration Mental Hospital," Journal of Psychiatric Social Work, XIX (Spring, 1950), p. 142.
part in the patient's problem, denial of the patient's need for hospitalization, or relief at being free at long last of a troublesome problem.

However, the feelings of relatives of the patient's social, occupational, educational, and marital history were of prime importance in diagnosis and treatment. This history was of importance also in further planning for return of the patient to community life. Thus, the role of the social service worker on admission service through admission notes, twenty-four hour ward interviews, and relative interviews offered the fullest opportunity for providing a better understanding of the patient who was admitted for treatment.
CHAPTER III

HOSPITAL DATA

Many patients exhibit fears and anxieties at the time of admission which the admissions worker must try to understand, and make use of her knowledge and skill in alleviating these fears and anxieties.

The fear may be related to the person's feelings about his own adequacy and role as a man or woman. The Freudian concept of castration fear and the Adlerian concept of inferiority feelings, based upon physical defect, are both of value in helping the social worker to understand the underlying motivation in such cases, but would not be directly used in treatment because the interpretation of such unconscious fears goes beyond the realm of social casework into that of psychiatric therapy.\(^1\)

It was one important function of the admissions worker to obtain the necessary identifying data from each patient who was admitted. Very often the condition or the attitude of the patient did not afford the opportunity for the admissions worker to obtain such information. Since this information was considered valuable to the understanding of the patient by other disciplines in the hospital, and was a "must" often the worker found himself obtaining this information after the patient had been assigned to a ward.

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\(^1\)Harriett M. Bartlett, Some Aspects of Social Casework In a Medical Setting (Chicago, 1952), p. 118.
The following eleven cases were known to the Crownsville State Hospital from January 1 to June 30, 1954. These cases will illustrate the importance of the role of the admissions worker at the Crownsville State Hospital.

Case 1

Admission Note

This twenty-four year old female, neatly dressed, was accompanied to the hospital by her mother and cousin. The patient refused to talk with the worker during the interview. Therefore the identifying data was not completed.

Twenty-Four Hour Ward Interview

When the worker visited the ward for the initial twenty-four hour ward interview, the patient again refused to talk. It was only after the admissions worker had made several visits to the ward that the patient began to talk.

The patient began the interview by telling the worker that she "messed up" when she was in the seventh grade. The worker wondered what she meant by her statement, "messed up." The patient expressed her feelings about having to stop school after completing the seventh grade and having a child born out of wedlock.

Relative Interview

The informant was the patient's mother. According to the patient's mother, the patient went to visit a cousin, returning home late Saturday night with a peculiar scar on her back, which appeared to be left by a needle injection. The worker inquired about the use of drugs and alcohol and the informant stated that according to her knowledge, the patient indulged in neither. The informant added that on the following Wednesday, the patient crawled under the bed and said that something was after her. When the mother was informed of this behavior, she felt that her daughter needed hospitalization.
The patient is the older of two children, the other sibling being a boy who is in the United States Navy. The father is employed as a janitor in the public school system. According to the mother, there was an aunt who had suffered with a similar nervous condition. The patient completed the seventh grade with very good grades, according to the mother, and at one time had been employed as a maid.

The patient became pregnant while she was in the seventh grade, and gave birth to a daughter out of wedlock. The daughter lived with her maternal grandmother. The patient was later married to another man by whom she had a son, but they were later separated. When she became pregnant with this son, she suffered a nervous condition requiring admission to a psychopathic hospital. The informant stated that her daughter's first pregnancy did not upset her, and she felt that the nervous condition accompanying her second pregnancy was aggravated by a gastric condition. The patient's husband was sending money to the informant for the care of the son, but suddenly these funds had been discontinued.

The informant questioned whether her daughter was pregnant now since the recurrence of this nervous condition. The informant wished to take the patient into her home upon her release from the hospital.

It was necessary for the admissions worker to visit the patient on the ward to secure the identifying data. The worker allowed patient to express her feelings with a permissive understanding attitude. She recorded the feelings exhibited by the patient in the record, so it would be helpful to the other disciplines who would be working with the patient. The information which was received from the relative interview was later dictated by the admissions worker and placed in the patient's permanent record.
Case 2

Admission Note

This forty-nine year old female was accompanied to the hospital by her husband, mother and sister. The patient often asked the interviewer to put his pen down and to remove the ash tray, because little things like those bothered her. The worker noted that the patient's language was very good, and she had a Master of Arts degree in education. She said that she and her husband had been separated, because he did not love her anymore. The patient expressed her feelings freely during the interview.

Twenty-Four Hour Ward Interview

When the worker visited the ward for the initial twenty-four hour ward interview, she found the patient sitting alone on the couch. When the worker approached her, she appeared to be very withdrawn and moved away from the worker. When the worker asked her how she felt, at this time she was able to verbalize her resentment toward confinement. With the exception of this, she did not say anything and appeared to be quite annoyed when the worker informed her that the worker's services would be available upon request.

Relative Interview

The informant was the patient's husband. The husband was very anxious to discuss his wife's situation. The informant and his wife had been married for twelve years and separated for four years. However, during their separation, they had maintained a friendship and had often been in each other's company. His reason for having an interest in his wife at this time is that when she became acutely ill she turned to him for help.

According to the informant the patient had withdrawn from all social contacts except for working. She disconnected her telephone and door bell. After work she could go to her room and remain locked in until time to go to work. He did not know any thing of her work adjustment. The informant had not seen his wife in seven months. After finding her distressed and nervous, he took her to the doctor.
who treated her with sedatives and vitamins. At a later time during the night, the patient became incoherent and left the house about 3:00 a.m., clad only in her nightgown.

The informant felt that his wife had been getting sick a long time. He mentioned how she always felt that her husband's snoring was directed against her. He mentioned how she always felt that people were "fixing her," and had sought out fortune tellers in handling this situation. The informant denied that there were any extra marital affairs on either side that contributed to the separation, but rather was the result of the personality relationship in their marriage.

The informant also stated that the Catholic church was very meaningful to his wife. He did not believe in it, but he did not interfere with his wife's belief. She felt that to engage in marital relations with him was wrong, because of the Church's teachings about divorce. The informant had no plans, at the time of the interview, for the patient when she was released from the hospital.

The worker described the behavior and attitude of the patient, attitude towards sexual relationships with her husband, and her attitude towards her Church and its teaching in relation to this at the time of admission, recording the same in the patient's record. The worker was able to help the patient to express some of her hostility around being hospitalized. The worker also let the patient know that she would be available when she decided that she wanted to use the worker's case work services.

Case 3

Many patients admitted to psychiatric hospitals are delusional and they express many of their delusions during the interview with the admissions worker. Some patients are
not clear as to why they were brought to the hospital and they express much confusion, and they question the reason for being admitted. The following case is illustrative of this. Often it is necessary for the admissions worker to help the patient gain some insight as to the reason for admission.

Admission Note

This sixty year old female was accompanied to the hospital by her niece and niece's husband. The patient was fairly cooperative and answered questions, mostly with delusional material. She continued to talk about airplanes flying over and voices talking to her. When the patient was sent to the admissions ward, she became very combative saying that she did not wish to stay in the hospital or jail, that she wanted to go home, that she was a doctor and she owned two homes.

Twenty-Four Hour Ward Interview

When the patient was seen on the ward, she was pleasant and cooperative.

The patient began the interview by talking about her family at great length. She stated that her mother had been married twice and had four children. In discussing her illness the patient verbalized some delusions. She did not feel that she was sick. The patient said that prior to her admission to the hospital, she was on her way to being an angel. She did not believe that she was ill and wanted to know why her niece brought her to the hospital. The worker said, that it might have been due to the fact that she thought she was an angel. The patient immediately agreed and said she could realize how this might have caused her niece to worry about her. She also stated, how she had often refused to eat and drink. The patient requested the worker to contact her niece and see why she had brought her to the hospital.

Relative Interview

The informant was the patient's niece. According to the informant, the patient, before
being admitted to this hospital, had been robbed of an amount of money stated to be between three hundred and five hundred dollars. She worried considerably about the amount of money which was stolen. The informant also stated that a house which the patient owned had been demolished by fire, the cause of which was unknown to the family. In March, 1953, the patient was severely burned, and they did not know how it happened, since she was living alone. The informant brought her aunt from South Carolina here to live. She was hospitalized in a general hospital from March until July. The informant was not certain, but she estimated that the hospital bill totaled more than one thousand dollars, which she felt worried her aunt considerably. The patient had to return to the hospital for periodic check-ups, which she did regularly for a while, but soon discontinued them. The patient then began saying that she was afraid, but could never say of what she was afraid. On New Year's Eve, 1953, the patient ran out in the street clad only in a slip, and when the family attempted to get her to return to the house, she fought them, refusing to go in, stating, "It's coming for me." It was at this point the family thought she should be committed to this hospital. The patient had a step-son who had been killed in action during World War II, 1945. In 1950, she lost her sister with whom she was close. The sister died of a "stroke." The patient's family is quite large; it is composed of thirty siblings. Her mother, married twice, had fifteen children by her first husband, and both of her husbands also had children of their own before she married either of them. Both parents of the patient are now deceased. The family has always lived in South Carolina and they were farmers. The mother took in washing and ironing in order to be able to provide adequately for the entire family. As far as the informant knew, the patient had always got along well with the members of the family.

The patient had been active in the church since she was fifteen years old and until recently had taught Sunday School.

The informant was willing to take her aunt into her home when she was released from the hospital.
The worker gave a good description of the patient's behavior during the admission's interview. The worker attempted to help the patient to gain insight as to why her niece had brought her to the hospital. The worker was also able to secure enough information about how the patient behaved before being admitted to the hospital.

Case 4

Admission Note

This thirty year old male was accompanied to the hospital by the sheriff. The patient was very cooperative in the admission interview. He stated that he was arrested for trying to break into a drugstore.

Twenty-Four Hour Ward Interview

When the patient was seen on the ward, he did not wish to talk with the worker. He remained very silent during the interview. The worker felt the interview should be terminated until a later date. The worker let the patient know that her services to him were available upon request.

Relative Interview

The worker gave the informant some interpretation of the interview, and he said that he fully understood the purpose of his visit to the hospital. The informant was the patient's stepfather. According to the informant, he had been emotionally disturbed since he was around the age of seven. The patient had problems getting along in school, and often, he was taken to a psychiatrist. The informant did not know what the psychiatrist's recommendations were for the mother did not discuss it with him. The patient had been able to maintain himself until recently when he started using narcotics. The father said that the patient had been unable to get along without the various forms of dope for two years. The informant felt that his son's reason for breaking into a drugstore was to
get some drugs. While the patient was in jail, he attempted suicide. The patient had a desire to be a musician, and the father felt that night club engagements had led him to use dope.

The patient did not have any serious illness, but he had the usual childhood diseases without any complications.

The patient is the only child of the mother's first marriage. The parents divorced when the patient was quite young. The informant married the patient's mother when he was seven years old. The patient always respected his father as a father and was very close to his mother.

The patient completed high school, and since, has worked spasmodically in different factories in New York.

The patient does not make friends easily. He felt that people did not understand him, therefore he did not try to get acquainted with people too easily.

The informant was willing to accept the patient in his home when he was released from the hospital.

The worker, at the time of admission, was able to secure some information as to what type of person the patient was. The worker also knew that the patient was not ready to use her services. She let him know that her casework services were available at his request.

Case 5

Admission Note

This fifty-two year old male was accompanied to the hospital by the police. The patient was cooperative during the interview. He said, that he started drinking on Friday and was found drunk on the street Sunday morning. The patient is worried about his house which he left unoccupied, also about his job. He said, that since he and his wife separated,
he had had a lot of trouble and gave this as his reason for drinking.

Twenty-Four Hour Ward Interview

When the worker visited the ward for the initial twenty-four hour ward interview, the patient started the interview by telling the worker he had a number of problems which were bothering him. He was anxious to talk and said that he had been treated unfairly by being brought to the hospital. The patient said, that he was very worried about his home, and he wanted to return to the community to save it. He went on to say that his monthly payments were due soon. The worker asked him if he had the money set aside, and if not, could someone be contacted to help him with this. At this point he started to talking about his marriage. The patient stated that he and his wife have been separated for three years. He said that he had been worried about his wife leaving and started drinking as a result of this. The worker asked if he thought his wife would be willing to help him at this time, and he replied that he did not know, but requested that she notify her at her place of employment. The patient's wife was contacted and was informed of his hospitalization here and his need for help. The wife said that she would visit the hospital. The patient was later told about this.

Relative Interview

The informant was the patient's wife. The informant was unable to give any information concerning the patient's illness due to the fact that she had not had any contact with him recently.

The informant stated that her husband's illness could be contributed to his over indulgence of alcohol. She said that she lived with her husband for six years, and during that time, life became unbearable. The informant had attempted to get him to quit his drinking, but he would not. She described him as being very irresponsible, and she could no longer put up with his way of living. The informant also stated that there were times when the patient would come home without any of his
earnings, and most of the time she had full responsibility for the home. She described his friends as being undesirable and his personality as undescirbable.

The informant had no plans for the patient when he was released from the hospital.

The worker was able to give the other disciplines who would be working with the patient a description of some of the problems which were bothering the patient. The worker also used her skill in helping with some of the problems which were bothering him. The worker was not able to secure all of the necessary information on the patient from the informant. The reason for this was due to the fact that the patient and his wife were separated.

Case 6

Admission Note

This twenty year old male was accompanied to the hospital by his mother. The patient was very cooperative during the interview. He said, about a month before coming to the hospital, he became nervous and "shaky" all of the time and was afraid of people.

Twenty-Four Hour Ward Interview

The patient was concerned about the worker getting in touch with his mother so that she would come and take him out of the hospital. He spoke of his high temper and the great amount of difficulty it had caused. The patient also told the worker that he had written down some inspirations and attempted to write a "nervous breakdown sonnet."

Relative Interview

The informant was the mother. According to the informant the patient started walking forward and backward between his house and his girlfriend's house. He beat and kicked his
girlfriend until his mother had the police come and get him.

The patient was born out of wedlock. His father is thirty-nine years old and is still living. The mother has five children. She and the patient's stepfather are separated. The patient was reared by a maternal aunt. He came to live with his mother when he was five years old and started to school, at the age of eight, he was involved with some other boys in a juvenile court case for housebreaking.

There is no family history of mental illness. The patient had pneumonia and was very ill. He was born with both legs crooked and bent at the knees. When the patient was nine years old, the doctors broke his legs and reset them. He had always been a bed wetter, according to the informant. The patient had ringworms which completely covered his head. The patient completed the ninth grade in school. He adjusted well and skipped several grades. While the patient was going to school, he was a paper boy. After he was seventeen he lost interest in attending school and withdrew to take a job.

The patient was able to get along with girls until he became involved in his recent affair. He was always jolly with a smile on his face. The patient was easy to get along with, and everyone liked him. He would always attend church regularly.

The informant was not well herself and was under doctor's care for bad nerves. She wanted to move to another neighborhood before bringing her son in her home.

The worker was able to receive some information about how the patient felt before he entered the hospital. The worker let the patient talk at length about himself. The worker was also able to receive information from the informant that would be helpful to the other disciplines working with the patient.
Case 7

Admission Note

This fifty-four year old male, tidy and clean, was accompanied to the hospital by the police. The patient felt that he was rather nervous and that was why he was brought to the hospital.

Twenty-Four Hour Ward Interview

The worker visited the patient in the infirmary to secure identifying data. The patient was quite cheerful and talked freely and coherently. He gave his personal identifying data quite accurately.

Relative Interview

The informant was the patient's wife. The informant stated that the patient drank heavily and was taking treatments at John Hopkins Hospital for nervousness following a period of drinking. The patient drank more when he was upset.

The patient was the youngest of twelve children, all dead but one sister. His childhood was happily spent with his sisters and brothers.

The patient was married in 1919 and his wife died in 1934. Their five children were all living. The patient married again in 1936 and stayed with his wife until 1942. After they divorced, he started to drinking. The patient's present wife and their son lived together in good relationship.

The patient was employed by the Pennsylvania Railroad Company for about twenty-six years.

The informant was eager to have the patient return home when he was released from the hospital.

The worker was able to see what the patient thought as his reason for being hospitalized. The worker was able to complete the identifying data on the patient when he was
visited for the initial twenty-four hour ward interview. The worker was not able to secure much information about the onset of illness before the patient came to the hospital. The informant did not know too much about his past.

Case 8

Admission Note

This forty-three year old male, neatly dressed, was accompanied to the hospital by the police. The patient gave personal identifying data correctly and in a coherent way. He admitted drinking (gin) in the amount of four to five half-pints a day. The patient did not think that it was right for him to be at the hospital.

Twenty-Four Hour Ward Interview

When the patient was visited on the ward for the initial twenty-four hour ward interview, the worker found him extremely nervous and obsessed with an idea that his wife was unfaithful. He said that the police came and got him when he was sick in bed. He talked at length about how five men took his keys and ran him with knives. He said that his wife accused him of stealing food from the house. Later he stated that he was separated from his wife for thirty days. He also stated that he has been hospitalized in Ohio, Pennsylvania, and Baltimore for nervousness.

Relative Interview

The informant was the patient's wife. According to the informant, the patient's illness began about eight years ago when the patient started drinking excessively. In 1952 he received psychiatric treatment. The patient started drinking wine and stayed in a daze which lasted six weeks. He pawned household goods to buy wine. The patient went to Florida and returned home in a wheelchair; after a few days he became violent and assaulted his wife.

The patient was the second oldest of four
children. He completed two years of college. The patient was a good student and left school to join a professional baseball team. He umpired a Jacksonville Baseball Team from 1932 to 1941, and he was a part-time redcap. While the patient was in Baltimore, he worked as a porter from 1945 to 1952. He lost his job because of excessive drinking of alcoholic beverages.

The patient had been married for twenty-one years. He had no children, but his wife had three miscarriages, which he took hard. The patient and his wife separated for about six months, and he came to Baltimore to straighten out their marriage.

The wife did not know if she could assume full responsibility for her husband.

The worker was able to secure information about the patient's behavior before coming to the hospital and how he felt about his hospitalization. The worker let the patient talk at length about the different problems which were on his mind. By doing this the worker was able to secure some information about the patient's past which would be helpful to the other disciplines working with the patient. The worker was also able to receive from the informant how she felt about her husband returning home after he was released from the hospital.

Case 9

Admission Note

This twenty-one year old female was accompanied to the hospital by her sister and the police. The patient was quiet, somewhat apprehensive, and was correctly oriented. She told of seeing a vision of the Blessed Virgin and heard a number of voices saying "bad things." The patient believed she had been given "quick acting" in pies, cakes, and sodas.
Twenty-Four Hour Ward Interview

When the worker came on the ward to visit the patient she found her sitting by herself looking out of the window. During the interview, the patient appeared very calm and spoke in a quiet tone of voice. The patient gave information about mother in a rambling fashion. She herself was a professor and frequently travelled over the world with her mother. She also stated that she often took walks looking for snakes near the employees residence.

Relative Interview

The informant was the patient's mother. The informant stated that she first noticed the patient's illness when she was not permitted to attend church. Later the patient started asking, "Am I still a Catholic?" She went to Virginia without her mother's permission and stayed three weeks. When the patient returned home, she was very drowsy and sleepy, talked very little, but when she talked she would nag at children. The patient left her home and stayed with her boy friend in a rooming house. She stayed there for four days and returned home saying her stomach was bothering her, and she felt she had been doped. The patient was carried to Johns Hopkins Hospital, and they recommended Crownsville State Hospital for her.

The patient was the sixth child of nine children. She is very close to her mother and sister.

The patient completed the eighth grade, leaving school because of pregnancy. The putative father is much older than the patient. The Catholic sister discussed the meaning of an illegitimate child with her and told her that because of this child, she must find new friends with whom to socialize.

When the patient was seventeen years old, her second child was born. Her father never did visit the patient in her home. There had been plans made to have the child adopted, but changed because mother felt it might help patient to understand responsibility.
The third child was born in 1955, the father had promised to marry patient, but his mother objected to the marriage. At this point the mother noticed the patient losing interest in her normal pursuits. She became sluggish and stopped eating.

The informant was quite anxious for the patient to return home and take care of her children when she was released from the hospital.

The worker was able to secure some information about the patient's feelings and beliefs. The worker secured information from the informant as to the type of problems the patient will be faced with when she leaves the hospital.

Case 10

Admission Notes

This thirty-nine year old male, neatly dressed, was accompanied to the hospital by his father, sister, and one friend of the family. The patient was found to be very disturbed, excited, restless, overactive, and highly nervous. He talked excessively, jumping from one subject to another rather incoherently.

Twenty-Four Hour Ward Interview

When the worker visited the patient for the initial twenty-four hour ward interview, the worker found him sitting with other patients watching television. He appeared very nervous and his hands trembled slightly. The patient felt that he was not mentally ill and said that his landlady exaggerated.

Relative Interview

The informant was the patient's landlady. According to the informant, the patient had been drinking excessively for the past two years. She also stated that approximately two weeks before the patient was admitted to the hospital, he was sent home for rest because of his behavior. The Sunday prior to
the patient's admission to the hospital, he was found lying on the front step of a neighbor's house. The next day he seemed very happy, acted very childish and sang all day. The patient remarked that he felt like a child six or seven years old.

The patient's family lives in Tennessee and he does not talk about them. He said that his father drank and caused his mother much worry. The patient has two sisters and three brothers with whom he does not relate too well.

The landlady will assume responsibility for the patient when he returns to the community.

The worker gave a good description of the patient at the time of admission. The worker let the patient express his feelings about his illness and gave a description of his behavior on the ward. The worker was not able to secure much information about the patient's early life, since the informant was not a relative.

Case 11

Admission Note

This fifty-two year old female was accompanied to the hospital by her husband. The patient was extremely disturbed, excited, and agitated. She would not talk during the interview.

Twenty-Four Hour Ward Interview

The worker visited the patient on the ward for the purpose of securing identifying data. The patient talked irrationally about the nurses draining all of her blood from her. She participated freely in the discussion and gave the information requested.

Relative Interview

The informant was the patient's husband. According to the informant the patient became ill after having an operation for a tumor.
She came home with an abscess on her rectum and was treated in the out-patient clinic. The patient later stopped eating, sleeping and imagined people were dead.

The patient had three brothers and two sisters. She has been married before, and her husband is dead. The patient and her present husband have no children of their own. They have a foster son, who was taken into their home at the age of nine months, and they are both fond of him.

The informant wanted the patient home when she was able to leave the hospital.

The patient has done domestic work, but she did not work last year.

The worker had to visit the patient on the ward to secure identifying data. The worker got from the patient the necessary identifying data, when she was visited for the initial twenty-four hour ward interview. The worker dictated the interview and placed it in the patient's permanent record.

Out of the eleven cases that were studied, six of the patients were males and the remaining five were females. Their ages ranged from twenty years to sixty years. The policemen accompanied four of the patients to the hospital and relatives accompanied the other seven.

The educational background of six of the patients was known. Of these six, one held a Master's degree, one had completed two years of college, one had completed high school, one the ninth grade, one the eighth grade, and one the seventh grade.

Five of the patients were occupied as teacher, musician, railroad employee, porter, and domestic worker; the
other six gave no mention of their occupation.

It was interesting to note that eight of the eleven patients participated in the admission interview as well as in the twenty-four hour ward interview. However, in the admission interview, three patients did not participate; in the twenty-four hour ward interview only two did not participate at all, and one patient participated partially.

In ten out of eleven cases relatives participated in relative interviews. In the eleventh case, a friend participated in lieu of a relative.

Eight of the relatives of the patients wanted them to return home with them, one was undecided, and two had no plans for the patient after discharge or parole.

The foregoing gave some idea as to the type of information the admissions worker records in the record of each patient at Crownsville State Hospital.
CHAPTER IV

SUMMARY AND CONCLUSIONS

In any psychiatric setting, Crownsville State Hospital would be a typical example. The admissions services are valuable and almost indispensible in establishing diagnoses. In this study, the writer has attempted to show through the description of these eleven cases that the information gathered during admission interviews was valuable to the doctor and other social workers who worked with the patient in determining the treatment necessary for his rehabilitation.

The admissions interview affords the social worker an opportunity to interpret mental illness to the patient and the patient's family. It is during the admissions interview that the worker has the opportunity to help clarify any false ideas about mental illness that the patient and his family might have. It also enabled the family to realize and accept the part they had to play in the patient's rehabilitation. There are many problems created by illness whether it is a mental illness or a physical illness, especially if the patient is the sole support of the family. Many patients or their families do not know of available resources for the alleviation of their problems. The admissions worker by virtue of her knowledge of community resources, is helpful to
the patient and his family in initiating referrals to the proper community resource, whether it be for financial support of otherwise. Many problems are to be faced by the patient and his family upon his return to the community. The admissions worker in realizing this is helpful to the patient and his family in understanding and facing these problems.

In this particular study the range of ages were twenty to sixty years old. The educational background ranged from grade school through completion of graduate school. This clearly showed that all age groups were susceptible to mental illness. It also indicated that the amount of or the lack of education had no major bearing on mental illness. It could be assumed that mental illness might strike any walk of life.

At Crownsville State Hospital the admission service in the Adolph Meyer Building, the new admitting building, was a determining factor in giving the patient excellent psychiatric case work services while he was in the admission area. Although the admission services division was distinctively separate in physical service from the other social service divisions rendering services at the hospital, it was nevertheless, an integral part of the total work. In the writer's estimation the role of the admissions worker at Crownsville State Hospital was in keeping with those current trends as discussed in Group for Advancement of Psychiatry, which is sometimes referred to as the Gap Report.
APPENDIX
SCHEDULE

Age________________

Sex________________

Admission Note

Twenty-Four Hour Ward Interview

Relative Interview
   Onset of Illness
   Past Illness
   Family Background
   Occupational Status
   Educational
   Marital Relationship
   Religion
   Future Plans

How patient was Accompanied to the Hospital?

How many patients participated in the admission interview?

How many relatives participated in the relative interview?

How did patient participate in the twenty-four hour ward interview?

How many friends participated in the relative interview?
# STATISTICAL DATA SHEET

**CROWNSVILLE Hospital**

<table>
<thead>
<tr>
<th>Patient's No.</th>
<th>Admitting Dr.</th>
<th>Assigned to Dr.</th>
<th>Adm. Soc. Worker</th>
</tr>
</thead>
</table>

**Name**

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Maiden</th>
</tr>
</thead>
</table>

1. **Date Adm.**

2. **Age**

3. **Birthdate**

4. **Hour**

5. **Accompanied**

6. **Pt.'s address**

7. **By:**

8. **Legally responsible relative**

9. **Name**

10. **Relationship**

11. **Address**

12. **Telephone**

13. **Spouse**

14. **Age**

15. **Address**

16. **Father**

17. **Birthplace**

18. **Mother**

19. **Birthplace**

20. **Commitment type**

21. **Referral**

22. **Marital Status**

23. **Color**

24. **Sex**

25. **Residence: County**

26. **Town**

27. **9. Pop. Gr.**


29. **State**

30. **11. Citizenship**

(by birth, first papers, naturalized, alien, unknown)

31. **12. Economic condition**

32. **Armed Services**

33. **yes or no**

34. **13. Environment: Urban**

35. **Rural-Farm**

36. **Rural-nonfarm**

37. **Unascertained**

38. **Serial No., rank, org., date of disch.**


40. **15. Religion**

41. **Specify**

42. **16. Addictions: Alcohol**

43. **Abstain**

44. **Moderate**

45. **Excessive**

46. **Unknown**

47. **Drugs: Yes**

48. **(Without use of alcohol); combination**

49. **with alcohol**
17. Education: Illiterate  Read  Read and Write  Common School
High School  Collegiate  Professional school

The admissions worker completed this form with the assistance of
the patient at the time of admission.
CROWNSVILLE STATE HOSPITAL
CROWNSVILLE MARYLAND
TELEPHONE SOUTH SHORE 2751

Date

I, the undersigned, give permission to the doctors of Crownsville State Hospital to give any medical or psychiatric treatment which is necessary to improve the condition of..........................

It is my understanding that the various forms of treatment include convulsive shock treatment, malaria treatment and necessary operations.

SIGN HERE

Relationship

Address

Please sign immediately and return so that the treatment is not delayed.

The admissions worker had the relative when he accompanied the patient to the hospital to complete this form. The completion of this form at the time of admission would enable the doctor to give the patient the necessary treatment he needs for a speedy recovery.
The admission worker completed this form and gave it to the police when he accompanied a patient to the hospital. This form is called a release slip.
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Files of Arnold Eickert, Superintendent at Crownsville State Hospital, Crownsville, Maryland, May, 1954.