WHAT HAPPENED TO DISCHARGED PATIENTS.*

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Perhaps this is not an inopportune time to briefly summarize our knowledge pertaining to the social and economic adaptability of the individuals who are leaving our state hospitals and making an effort to adjust themselves to conditions as found in an outside environment.

As only under unusual conditions can the abnormal individual compete in the labor market with the normal individual the period selected for this survey was from July 1, 1917 to July 1, 1918. The unusual industrial conditions prevalent at this time made it possible for the individual afflicted with mental disease, to readily secure employment and for this reason seemed especially suited for this comparison.

No patient was considered who had not remained away from the hospital at least one month. Those discharged by transfer and death were also excluded. This left a total of 383 cases for examination. Of this number the Social Service Staff were able to investigate 250.

Three main tests were considered in estimating the individual's success. The criterion of success in this study being the patient's ability to remain in the community. This demands: First, ability to get along without friction; second, economic success or ability to be self-supporting; third, personal success in taking responsibility.

The study showed that 157 patients, or 63 per cent, were capable of living out of the hospital, and that 93 or 37 per cent were unable to live in the community. One hundred and forty-eight were men, of whom 94 were successful and 54 failed, and 102 were women, of whom 63 were successful and 39 failed. Three of the 93 committed suicide. Of the remaining 90 cases returned to this

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or some other hospital 31 have been given one or more trials and of this number 26 have been successful.

SEX.

		Successful	Failed
Total number of patients.	250	157 = 63%	93 = 37%
Men	148	94 = 64%	54 = 36%
Women	102	63 = 62%	39 = 38%

Although the available information was not sufficient to enable us to record in statistical form the reasons ascribed for patient's return to the hospital, the more frequent reasons given for inability to continue outside were increase of severity of symptoms which originally brought the patient to the hospital, change in family status, and industrial depression.

The diagnoses and results are shown in the following table:

Psychoses	Capable of living out of hospital 157-63%	Unable to live in community 93-37%
Manic Depressive	26	16
Dementia Præcox	41	32
Alcohol	27	11
General Paralysis	5	9
Epilepsy	5	4
Mentally deficient	16	9
Senile Dementia	1	2
Other Psychoses	36	10
	157	93

The average length of time that each patient in this survey remained in the community was 25⅔ months. The majority of these cases got along without friction, either in their family or public life. In 75 cases was this reported. The greater number of these showing irritability or some evidence of disease which prevented complete adjustment. Only two cases were violent in their homes. Forty-one of these 75 were disturbing to the public in some minor way. Five showed more serious conduct reactions, two of these stealing and three committing acts of violence.

The economic success of these cases is represented by 104 being self-directed, that is, able to make personal decisions but not able to more than take care of themselves. Seventy-four were responsible for others, able to make decisions for others in the family to some extent. Seventy-two were directed being unable

to make personal decisions for themselves. In some cases a man was able to support his family where he was not able to take any real responsibility at home—his wife relieving him entirely from making family decisions.

ECONOMIC SUCCESS.

Self directed	104
Responsible for others	74
Directed	72

It was found that the majority returned to their former occupations. They evidently displayed good power of application as only 32 were reported as having occupied over two positions. One hundred and fifty-eight were able to continue at the same occupational level. Forty were obliged to take up a lower level occupation. Twenty-three occupied positions at a higher level, while 29 remained idle.

OCCUPATIONAL LEVEL.

Same level	158
Lower level	40
Higher level	23
Idle	29

The problem of sex has to be considered at times in the release of patients. In this group the average age on release was 38½ years. One hundred and thirty-eight were single and 112 married at time of release. Twelve of the 138 who were single, married after leaving the institution. Twenty of the 250 had children. These 20 families having 24 children born during the period covered by the investigation. The mentality of these offspring could not be satisfactorily determined because the oldest would be under three years of age. The social workers, however, state that none of them showed any gross stigmata.

It is the usual custom at this hospital to present patients at staff conference to consider the question of discharge. How was the judgment of the staff borne out by results? One hundred and eighty-six were discharged by recommendation of the staff. Of this number 132 were successful and 54 were failures. Thirty-eight were permitted to leave the hospital against advice. Twelve

of these were successful and 26 failed. Twenty-six escaped. These had 13 under the successful heading and 13 under failed.

STATUS OF DISCHARGE.

		Successful	Failed
On advice	186	132 = 76%	54 = 24%
Against advice	38	12 = 32%	26 = 68%
Escaped	26	13 = 50%	13 = 50%

It, perhaps, should be stated that in some instances permission for discharge is given, where the staff feel that there is some doubt about patient's ability to get along, yet because of some mitigating circumstance it seems desirable to permit them to leave without placing them in the classification of against advice. To summarize, of those discharged on advice 76 per cent were successful and 24 per cent failed. Of those discharged against advice 32 per cent were successful and 68 failed. Of those who escaped 50 per cent were successful and 50 per cent failed. In accounting for the high percentage of successes among the escapes; one reason perhaps is that it is usually the more active, less demented type that attempt to escape, and thus more likely to succeed.

It is of interest to know what part social service played in the after care of this group and the results obtained. The report shows contact in some form in 101 cases. Fifty-four of these were successful and 47 failed. It would seem that this showing is very creditable in view of the fact that usually it is the problem case that is referred to this department and also that failures are more apt to be known where there is social service supervision. The results lead to the questions: Are we selecting the proper cases for social service contact? Is not effort being expended on the unfavorable type of case which might be utilized to better advantage on a larger number of patients of the more favorable type? It should be said that only when more than one worker is available that after care work other than emergencies can be attempted.

An item in the report of much service is that of helpful influences. By this we mean the reason ascribed by patients for their success. Under this heading we find that good home influences lead the list with 53. Proper employment and prohibition are next with 25 each. Other ascribed influences are army, hospital, religion, marriage, social service and amusements. One reason given

by an old lady is original and full of merit, namely that of "Keeping out of other people's business." It is noteworthy that most of our patients have rather meagre resources for recreation. The movies are the cheap and convenient but not very satisfactory solution to the problem for most people. There is little recreation of an active sort. Many of the alcoholic men are doing well under prohibition, because there is no longer the social saloon. They now spend their evenings at home, much to the relief of their families. The middle-aged men have grown up without recreational resources and say they are too old to develop them now. There is great need for community development of sports for all ages, and of community centers for social meetings. A few patients both men and women find mental rest in handwork or "puttering around" at home. Some have found in the hospital occupation classes the training for new interests of that sort.

In conclusion we may say that a majority of our discharged patients are able to adjust themselves to an outside environment. Evidently under a handicap yet they are able to "carry on" and contribute to the relief of the great burden our Commonwealth bears in the care of its unfortunates.

DISCUSSION.

DR. JOHN F. O'BRIEN.—As Dr. Butterfield and I were former associates, I cannot resist the opportunity to say a word to encourage him in his work. His paper reminds me of a patient who was and still is, I believe, a resident of one of the state hospitals where he and I were at the time employed. One morning as I made my rounds I perceived that the aforesaid patient was indolently reclining on one of the settees. She was told to arise and take up some work. Slowly she arose, yawned, stretched her arms and with a merry twinkle in her eyes remarked, "Doctor, doesn't a hen have to set before it lays?"

Now, to me such an utterance seemed most appropriate. As psychiatrists we have set long enough on neuropsychiatric problems which are most vital to the race, and it is high time that we acted. Such facts as have propounded by Dr. Butterfield and the other doctors, will enlighten public opinion provided we go out into the highways and byways and disseminate said convincing facts. This society and the Mental Hygiene reach a minority. We must reach the majority. Then public opinion will be influenced to more speedily see to it that proper legislation is enacted to prevent mental deficiency, to help the mental defective, and so better the community.

DR. HOUSTON.—Dr. Butterfield's tabulation graphically illustrates one of the wheels of progress toward the ideal that our President has outlined this morning. We realize that a hospital's activities should not be confined to the walls of the institution. In 1911 at our hospital one of our assistant physicians was definitely appointed to organize work of this kind. The results, without going into detail, corroborate fairly Dr. Butterfield's tabulation. They show that we have just begun to appreciate the service that the institution ought to do outside of its four walls, and what is perhaps of more importance, it has placed the hospital on a splendid footing with the community; it dissipates some of the fears that the public has; individuals come freely for consultations to the four clinics established in the communities in our district; they welcome visits of our staff to patients who are out on parole; they encourage the coming of patients more freely to the institution itself. That alone has been of more than enough benefit to pay for the expense and trouble of instituting the out-patient service.

Formerly we discharged all patients who were not transferred to other institutions; now a large majority go on the books as on visit or on parole, kept under observation by our social workers and by the members of the staff who attend the various clinics. In a comparatively small institution of 1000 patients we have about 175 who are out on parole, and this is because of the connection that they keep with the hospital through our patient service.

DR. H. L. PAINE.—It seems to me that there was considerable said about the economic value of getting these patients out. This paper showed very clearly that it is a very difficult matter to estimate the economic value to the state, of getting these out of the hospitals, for instance—the paper showed the birth of 24 children in 20 families during a period of two and one-half years, which just shows the difficulty in estimating the economic value of getting these patients out on parole, or discharged. I think that we are a little short-sighted sometimes in figuring on the economic value to the state.

DR. BUTTERFIELD.—I will just say that I should like to have it thoroughly understood that the period covered by this investigation work is a matter of practically two and one-half years, as that is the time which has elapsed since the patients have been discharged.