The Impacts of NIMH Grants to Improve State Hospitals

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THE "bold new" approach of the Community Mental Health Centers (CMHC) Program was the initiation of this program separate from, and in partial opposition to, the State mental hospital system. However, President Kennedy's 1963 Message to Congress also proposed improved care in State mental institutions (*1*).

> By strengthening their therapeutic services, by becoming open institutions serving their local communities, many such institutions can perform a valuable transitional role. The Federal Government can assist materially by encouraging State mental institutions to undertake intensive demonstration and pilot projects, to improve the quality of care, and to provide inservice training for personnel manning these institutions. This should be done through special grants for demonstration projects for inpatient care and inservice training.

The Hospital Improvement Program (HIP) permits grants of up to $100,000 per year to public mental hospitals to provide "improvements through specific new projects . . . for specific patient groups . . . and demonstrations of improved quality and continuity of care for all patients" (*2*). The Hospital Staff Development (HSD) Program provides for grants of up to $25,000 per year to public mental hospitals. "Varying kinds of training programs are supported, such as orientation and initial training; refresher and continuation training; and special training for staff who do the training" (*2*). An initial priority for on-the-job training of psychiatric aides and attendants has now broadened to include the professional staff.

The Community Mental Health Centers Program and the HIP and HSD Programs were administered independently and applied to largely different clientele. However, all three programs were aimed at replacing custodial services with high-quality treatment. In view of this commonality of purpose, it might be expected that HIP and HSD grants would lead public mental hospitals in the same direction as the centers program. One reflection of this effect would be affiliation with community mental health centers. To determine whether there were relationships between the experience of having HIP and HSD grants and later affiliation with a community mental health center, State and county hospitals for which by June 1970 an affiliation with a CMHC was described in a grant application of a federally funded center were compared with those hospitals which were not listed in any center's application as being affiliated.

It should be noted that description of an affiliation in a center's grant application is not equivalent to actual incorporation of services within a center. Applications describe intentions, not practice. By the time centers begin operating, changes in plans often occur. However, the fact that State hospitals would commit themselves formally to working with centers is a measure of their degree of cooperation.

Analyses

Empirically, there was a relationship between receiving HIP and HSD grants. As can be seen in table 1, most State and county hospitals had both HIP and HSD grants or no grants.

The type of grants a hospital had received by September 1968 was related to whether it had been alleged to be affiliated with a community mental health center by June 1970 (table 1). Those which had HIP grants were more than twice as likely to be affiliated subsequently with a center than those which did not. By contrast, hospitals with HSD grants were unlikely to be affiliated with centers unless they also had a HIP grant.

This difference between HIP and HSD grants seems consistent with the difference in scopes of the two types of grants. HSD grants focused primarily on training and orientation of psychiatric aides, who have little impact on the overall policies of the State hospital, but HIP grants require a commitment from the State hospital's administration to support a project or demonstration that is intended to produce change.

Since State hospitals were por-

Table 1. State and county mental hospitals with Hospital Improvement Program grants or Hospital Staff Development grants, or both, by alleged affiliation with centers

Grant status by September 1968	Total hospitals	Affiliated with centers		Not affiliated with centers	
		Number	Percent	Number	Percent
HSD and HIP grants	132	62	47	70	53
Only HIP grant	17	11	65	6	35
Only HSD grant	64	14	22	50	78
No HIP or HSD grant	104	19	18	85	82
Total	317	106	33	211	67

Table 2. Changes in resident population from 1962 to 1970 of 262 State and county mental hospitals, with and without HIP and HSD grants by September 1968, in percentages

Changes between 1962 and 1970	HIP grants [1]		HSD grants [2]		Total
	142 hospitals with grants	120 hospitals without grants	181 hospitals with grants	81 hospitals without grants	
Increase	7	14	8	15	10
0–20 percent decrease	16	41	23	37	27
20–40 percent decrease	31	32	32	31	32
40–60 percent decrease	31	9	24	13	21
More than 60 percent decrease	15	4	13	4	10
Total	100	100	100	100	100

[1] $\chi^2 = 41.18$; df = 4, $P<.001$.
[2] $\chi^2 = 13.61$; df = 4, $P<.01$.

trayed in President Kennedy's message as having a "transitional role" while community mental health centers were being developed, another index of the successful impact of grants to these State hospitals would be reductions in the resident population. The relationship between having had HIP or HSD grants by September 1968 and changes in resident population from 1962 to 1970 is shown in table 2. It is apparent that, for each type of grant, hospitals with a grant were more likely to experience a large decrease in population than those without a grant.

Since reduction in the resident population is more important for large than small hospitals, these relationships are examined separately for hospitals with more and those with less than 1,000 residents in 1962 (table 3). The relationship of HIP grants to population reduction appears both for the large and the small hospitals. For HSD grants, however, there seems little relationship for either large or small hospitals. Again, this difference between the impacts of HSD and

Table 3. Changes in resident population from 1962 to 1970 for 262 State and county mental hospitals, with and without HIP and HSD grants by September 1968, by size of hospital, in percentages

Changes between 1962 and 1970	HIP grants				HSD grants			
	>1,000 residents in 1962 [1]		<1,000 residents in 1962 [2]		>1,000 residents in 1962 [3]		<1,000 residents in 1962 [4]	
	110 hospitals with grants	55 hospitals without grants	32 hospitals with grants	65 hospitals without grants	131 hospitals with grants	34 hospitals without grants	50 hospitals with grants	47 hospitals without grants
Increase	4	4	19	23	5	0	18	26
0–20 percent decrease	15	42	19	40	21	35	28	38
20–40 percent decrease	33	41	25	24	34	41	26	23
40–60 percent decrease	33	9	25	8	26	21	18	9
More than 60 percent decrease	15	4	12	5	14	3	10	4
Total	100	100	100	100	100	100	100	100

[1] $\chi^2 = 24.08$; df = 4; $P<.001$.
[2] $\chi^2 = 9.75$; df = 4; $P<.05$.
[3] $\chi^2 = 7.14$; df = 4; $P>.10$.
[4] $\chi^2 = 4.21$; df = 4; $P>.30$.

HIP grants is consistent with the nature of the grants. HIP grants often try out community-oriented services.

Discussion

The present analysis revealed that HIP grants—but not HSD grants—are related to both subsequent formal affiliation of State hospitals with CMHCs and decrease in resident population. There is no evidence, of course, that this association is causal. Further, there are many other factors which influence both the size of mental hospitals and the likelihood that mental hospitals will affiliate with community mental health centers. However, the consistency of this finding of a relationship with the nature of the programs is suggestive. The HIP grants had more of a community orientation than did the HSD grants. About a third of the HIP grants awarded by 1968 concentrated on organizing inpatient services on a geographic catchment basis with community involvement or hospital outreach services, such as day care, or with involving the community with services ("The Hospital Improvement Program, A Special Report," an unpublished report by the Special Grants Support Section, National Institute of Mental Health, August 1968).

By contrast, most Hospital Staff Development projects seem aimed at improving skills and practices within the hospital (3). At first, such training was directed toward aides, attendants, and technicians. Later, training was expanded to other types of staff and dealt with managerial aspects of care, training in applying new techniques or in working with particular groups, supervisory functions, and even with basic education of staff.

The findings suggest, therefore, that the Hospital Improvement Program has assisted in facilitating the "transitional role" for State hospitals suggested in President Kennedy's 1963 Message to Congress. Since there is still a transition in the mental health care system from relatively custodial and isolated care in large institutions to more community-oriented, comprehensive care in community-oriented centers, continuation of the Hospital Improvement Program would be expected to further this goal. By contrast, since HSD grants do not appear to further these goals, their continuation should be argued solely on other grounds, or efforts should be made to modify such grants to make them more likely also to serve these transitional purposes.

This suggestion is not meant to imply that HSD grants should necessarily be expected or designed to achieve these transitional purposes. They have had other important purposes. However, as conditions in society and State hospitals change, both priorities and programs to achieve them must be re-examined. Such a re-examination is underway within the National Institute of Mental Health; data concerning the relationships between program tools such as HIP and HSD and later changes in the mental health care system are needed to maintain effective programs.

REFERENCES

(1) Kennedy, J. F.: Mental illness and mental retardation. (President's Message to the 88th Congress) House of Representatives Document No. 58, Washington, D.C., Feb. 5, 1963.

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(3) Ozarin, L. D., and Clark, T. J.: A report on Hospital Staff Development Programs. Hosp Community Psychiatry 21:341–343 (1970).

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State and county mental hospitals with Hospital Improvement Program (HIP) grants were found more likely than those without grants to be described in the grant application of a federally funded community mental health center as formally affiliated with the center, and to have experienced a relatively large decrease in resident population between 1962 and 1970. This latter trend appeared for both large and small hospitals.

Having a Hospital Staff Development (HSD) grant does not increase the likelihood of affiliation with a federally funded center, and there does not appear to be a reliable relationship for either large or small hospitals between having an HSD grant and change in resident population size between 1962 and 1970.

The differences in impact of HIP and HSD grants seem consonant with the broader, more community-oriented goals of HIP grants rather than the staff training goals of HSD grants.