A Philadelphia center gives the city's senior citizens professional aid in coping with the mental hazards of aging.

A Mental Health Program for the Later Years

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TODAY'S increased proportion of older people in the population has intensified our interest in more complete understanding of the adult. Society recognizes and accepts the facts of the physical changes with age, but has not recognized fully its economic implications and its social and psychological consequences.

Lessened opportunities for gainful employment, the need to live on a reduced income, the decreased size of the household owing to the dispersion of the family now grown up, widowhood, death of contemporaries, gradual or sudden loss of health, the time and energy costs of traveling or carrying on a hobby, all these and many more problems demand adjustment. Some adults can make such adjustments with great flexibility, but many others do not.

Statistics pertaining to admissions to State hospitals and the age distribution of their resident-patient population indicate the difficulty experienced by some older people in making a satisfactory adjustment to their day-to-day problems. For the year 1955 in the United States, 26 percent of all first admissions to State hospitals were people 65 years of age and over, and 28 percent of the resident-patient population were in this age group (*1*).

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Community Services

Most older people have the potential for meeting many of their special needs and problems but they may require help at some crucial point. Unfortunately, community services, especially to the nonindigent aged, have not kept pace with the need. Mathiasen has pointed out that in the distribution of funds by community chests and united funds in 255 cities, the amount allocated to care of the aged is at the bottom of the list (*2*).

Most services for noninstitutionalized older people have taken the form of "golden age clubs" where opportunities for recreation and social contacts are given. Less frequently, activity centers include facilities for arts and crafts, adult education, and cultural interests, in addition to opportunities for recreation and socialization. While golden age clubs and activity centers for older people have been useful as focal points in promoting the welfare of older persons, they have certain shortcomings. They focus only on some needs of the person rather than his total needs. Frequently leaders are untrained in dealing with the pressing prob-

lems confronting the older person. And standards of operation are often below normal in terms of physical facilities, program, and staff.

The Philadelphia Plan

To give full recognition to the importance of the whole person in meeting the needs of older people, the Philadelphia Department of Public Health, through its division of mental health, established the Adult Health and Recreation Center as a demonstrational mental health facility designed to serve the following purposes:

1. Provide evaluation, counseling, and supportive services to help older adults understand their own aging as a natural process, to develop satisfying and continuing interests, to promote constructive individual and group relationships, to promote physical and emotional well-being, and to help them understand and adjust to the economic, physiological, and psychological problems associated with aging.
2. Provide training for individuals who plan to work with older people or who are presently engaged in such work.
3. Conduct research and make the center available to educational institutions as a research center to develop a better understanding of the aging process and of the problems and treatment of "normal" older people.

The center, officially opened in the middle of November 1958, is well located. According to the 1950 census of population, more than 6,000 persons 65 years of age and older live within a mile of the center. The median income for a family of five within this area is $3,100 a year.

While the center offers the range of activities usually available in golden age clubs or other centers for older people, it possesses an unprecedented factor of clinical orientation within the various related professional disciplines of psychiatry, psychology, social work, public health nursing, and general medicine. The center is designed for "normal" older people and is not a treatment center for the physically or mentally ill. The center is open from 8:45 a.m. to 5:15 p.m. Monday through Friday although at present the group program is conducted from 9:30 a.m. to 12:30 p.m. daily. Afternoon activities will be scheduled when funds become available.

A series of afternoon meetings open to the public has been started. The first dealt with the medical problems of men and women past middle age and accident prevention in the later years. Future meetings will be devoted not only to health but also to income maintenance, housing, use of leisure time, mental health, and other aspects of aging. With the help of a consultant in nutrition, consideration is being given to a lunch program.

Because of the experimental nature of the center, emphasis is placed on an intensive service to a limited number of people rather than an attempt to meet the needs of older people on a mass basis. On any one day, the number of people to be served may be limited to about 50, but the decision regarding the optimum size of the group will be made after more experience with the program. However, total enrollment may be as high as 200 to 250 since all participants would not use the center's facilities every day.

The center is operated under the joint sponsorship of Philadelphia's Department of Public Health and Department of Recreation and the Pennsylvania Department of Public Welfare. A group of professional and lay leaders serve as an advisory committee.

Staffing and Policies

A State grant of $15,000 for the current fiscal year makes it possible to hire a social worker as director of the center, a secretary on a full-time basis, three recreation leaders, and an occupational therapist 15 hours a week, and to meet certain overhead expenses. With the exception of the occupational therapist, the personnel mentioned have been hired. The department of public health has contributed to the program the services of a physician, two psychiatrists, two psychologists, a psychiatric caseworker, and a mental health consultant in public health nursing. With the exception of the general medical practitioner who is at the center 9 hours a week, each of these staff members devotes 3 hours a week to the program. Certain supplies and equipment are also provided by the health department. The department of recreation has made space available for housing the program in its most modern plant, built at a cost of $1½ million.

Handicraft activities in Philadelphia's mental health program for the later years

It is the policy of the center to accept into membership only ambulatory persons able to care for their own physical needs who are sufficiently well oriented mentally to make constructive use of the program. Although publicity has indicated that the program is available to persons 60 years of age and older to prevent confusion about the purpose of the center, admission is open to any adult who can benefit from the program. A number of people in their fifties with problems of aging have been accepted. There are no eligibility requirements with respect to sex, race, ethnic affiliation, or residence within the city. Applicants may be referred from any source or may be self-referred. No charge is made for any service.

Before admission to the center, the applicant goes through an intake process which is limited usually to one interview but may include medical or psychiatric consultation. At the interview, the applicant discusses his problems as he sees them and his views on the center as a possible source of help. The social worker explains to the applicant the various phases of the center's program and together they select the pertinent services. Many applicants request immediate medical consultation and referral for treatment. Other applicants have expressed unhappiness, anxieties, nervousness, or symptoms which they describe as "breakdown." For these men and women, psychiatric consultation is offered and accepted readily. In other cases the important problem is finding full- or part-time employment. Usually, the applicant requests an opportunity to participate in the recreational and social activities.

The only requests for service that have been rejected are from agencies seeking psychiatric diagnostic services for clients who would not be able to participate in the center's program. In such cases, it has been explained that the center operates as a unit, combining recreation with medical, psychiatric, psychological, and casework services, none of which functions sepa-

rately, even though the applicant may begin by using one service in order to find the solution to his particular problem.

When an applicant wishes to avail himself of all the services offered by the center, the caseworker assists him in analyzing his problems and selecting the most urgent aspect or the one for which he is most ready to accept help.

An example illustrates this process. A 65-year-old widow, childless and living alone in her own small home, received only $57 a month in old-age and survivors insurance benefits and was unwilling to apply for supplemental public assistance because of the attendant State requirement of placing a lien on her property. A history of diabetes and a gangrenous condition of both legs made her usual employment as a laundry worker impractical. Her small income was insufficient to cover the cost of medical care, medication, and adequate diet.

In desperation and nearly at the point of coma, she called the center saying that she had heard of its new hospital services. After the center's functions were explained to her, an appointment for an interview was made. She was aided in keeping it and in returning again for medical consultation. Throughout these contacts, although she insisted she really wanted help in finding employment, she was actually asking for help on the basis of what she thought would be acceptable. Finally she accepted medical advice and referral to a hospital for treatment as a first step. The diabetic condition was so acute that immediate hospitalization was arranged.

From the hospital, the woman, with unmistakable relief in her voice, telephoned the center to express appreciation of its services and was assured that after discharge the center would help her to satisfy her needs for social contacts and part-time employment.

Integration of Skills

The importance of integrating the several professional skills in this new program cannot be too greatly emphasized. Periodic staff meetings, case conferences, and sharing of records to which each of the professional disciplines contributes are helping to define the role of each of the disciplines in the program.

It is evident already that a caseworker is essential to the intake process by enabling the applicant to obtain maximum value from the available services in relationship to his physical and psychological status. The psychiatrist evaluates the applicant's capacity to use the program, and advises the center's staff in helping the individual adjust to the group program. The psychologist may participate in diagnosis and evaluation, through the use of psychological procedures, and in vocational exploration with applicants seeking employment. The general medical practitioner helps these older persons to understand their medical problems, recommends treatment where indicated, and advises the staff on appropriate center activities for individuals with health problems. The public health nurse consultant is helpful in giving advice on self-care required to carry out medical recommendations. The physician and psychiatrists will supervise the occupational therapist when such a person is hired.

The representatives of each discipline act as consultants to the director, contributing to a better understanding of the individual and his needs and, where indicated, making recommendations for referral to appropriate resources in the community. In referrals to medical facilities, existing doctor-patient relationships are not disturbed. As the program develops, it is planned that all the professional disciplines will be utilized in both group discussion and group psychotherapy. The director is responsible for administration and coordination of the program.

The system devised for recordkeeping provides essential information about the older person but at the same time keeps paperwork to a minimum. A registration form, a 5-inch by 8-inch card, is used to record significant information about the individual, including age, sex, race, religion, ethnic background, economic status, employment and health history, and the reason he gives for requesting admission to the program. Simple notes about important factors in his situation and his response to the initial casework interview are written by the worker on the reverse side of the card. For individuals who avail themselves of other services, a case folder is set up. Interviews by psychiatrists, physicians, psycholo-

gists, the public health nurse, and caseworkers are recorded in detail and filed in the case folder. Separate weekly individual records are kept by the recreation leaders, giving data on attendance, participation in activities, and some statement about the adjustment of the individual in the group. Most of these records are written in longhand and entries are kept brief or checked under appropriate captions.

Two referral resources are of special interest. The first is the Comprehensive Medicine Clinic, the general medical clinic of Temple University Medical Center. This clinic is staffed by senior medical students, with internists, psychiatrists, and social workers as consulting supervisors and teachers. For the most part, the internists and psychiatrists work as teams and the skills in social work are added wherever indicated. This permits measurements of biological, psychiatric, and sociological parameters in patients as indicated and the application of appropriate and multidisciplined therapies. The Comprehensive Medicine Clinic not only correlates the work of a number of biologically oriented subspecialists but also attempts to understand the patient in his social, psychological, and physiological milieus. The clinic has agreed to accept all individuals referred by the center for inpatient or outpatient care. Fees are on a sliding scale based on the ability of the person to pay. In return, the center has agreed to accept referrals from the clinic of those patients which the clinic's staff feels will benefit from the center program.

The second resource is the Pennsylvania State Employment Service, bureau of employment security, which has agreed to accept referrals of individuals seeking full- or part-time employment. These persons are seen by the older worker specialists in the employment service on an appointment basis for counseling and job placement.

Analyses of Participants

In just under 4 months of operation, 135 applications have been received. Of this number 85 are active participating members, 30 are pending, awaiting intake interviews scheduled but not yet completed, 15 did not keep their appointment for an intake interview, and 5 were not accepted because they required other services not available in the center or because they were too sick to participate in the program.

In the active membership of 85, 39 are men and 46 women. Included are nine married couples. Only three in the active membership are nonwhite. The members range in age from 52 to 86, with the median at 67.7 years. The distribution by religious affiliation shows 40 Protestants, 24 Catholics, and 21 Jews. Forty-one are married, 31 are widowed, 8 are single and 5 are separated. Most have completed 6, 7, or 8 years of schooling; only four have a high school education and one has had some college training. One is illiterate.

Employment histories show that most have had stable employment in skilled or semiskilled occupations while a few were self-employed. Analysis of living arrangements reveals that 42 own their own homes, 20 rent apartments or houses, 16 are living with relatives, and 7 live in roominghouses. Income of the participants is generally limited to OASI benefits but in some cases this is supplemented by small pensions; only five receive public assistance.

Participants reside in all parts of Philadelphia, the majority from outside the immediate area, but recently men and women living in the neighborhood have begun to show an interest in the center's services. Predominantly participants were self-referred as a result of newspaper publicity or were referred by friends. Up to the present time relatively few have been referred by voluntary health and welfare agencies.

Of the 85 active members, 28 have availed themselves of medical consultations, 8 of psychiatric consultation, and 11 of employment counseling. Of the last group, five were referred to the Pennsylvania State Employment Service for job placement for full- or part-time employment. Thirteen have been referred to medical facilities: 10 to the Temple University Comprehensive Medicine Clinic, 1 to another hospital, and 2 to chest X-ray units.

Daily attendance in the group program has been spotty. On some days as many as 30 people attend; on others, just a handful. A variety of factors, some within the center's control and

others not, appear to account for this. These factors include long travel distance to the center, carfare expense, inclement weather, seasonal illness, morning schedule, location of the center in an area where people are disinclined to use public services, shortage of equipment and supplies, lack of a lunch program, and certain limitations of the building which, though modern and spacious, needs furnishings to give greater warmth and comfort. However, there is every indication that daily attendance will increase as these problems are resolved.

Planned Research

Implicit in this pilot project is the hypothesis that meeting some of an individual's basic needs will result in improved physical and mental health, or at least the prevention of deterioration. Experience and observation already evidence some improvement in the adjustment of those participating in the program, but these subjective judgments need to be supported by more objective evidence.

A study is being planned to test the effectiveness of the program in facilitating the individual's adjustment; this will be undertaken as soon as the program stabilizes. The basic research design will consider three factors: (*a*) an appraisal of the individual's background, needs, capacities, attitudes, skills, and physical and mental status before entering the program; (*b*) an analysis of his participation in the program, stressing the manner in which he performs and relates to others and the reactions of staff and other participants to him; and (*c*) an analysis and evaluation of the changes that have taken place in his behavior, health, and adjustment after a period of time in the program, such as 6 months or 1 year. Such a study may indicate whether the improvement in the older person comes from the use of former adjustive behavior patterns or by the development of new ones.

It is important to determine whether the improvement is real or superficial and to what extent it is due to relief from loneliness, to an active and regular regimen, or to other factors. It is also important to know what factors motivate individuals to take part in one activity rather than another, what needs are being met by a particular activity or by the program as a whole, how effective the program is in meeting needs, and how the program can be improved.

REFERENCES

(*1*) U.S. Public Health Service: Patients in mental institutions, 1955. PHS Pub. No. 574, part 2. Washington, D.C., U.S. Government Printing Office, 1958.

(*2*) Mathiasen, G.: Assessment of services in the voluntary agency field as seen by a national committee. J. Gerontol. (supp. 2) 13: 58–61, July 1958.

PHS Grants for Public Health Schools

The Nation's 11 schools of public health were awarded training grants totaling $450,000 in the last half of fiscal year 1959 to help overcome a national deficit in trained health personnel. A $1 million grant fund for the same purpose has been awarded for fiscal year 1960. Legislation authorizing such aid by the Public Health Service was passed in 1958, but no funds were available until a supplemental appropriation was voted in May 1959.

The funds will help the schools extend and improve specialty training in public health for physicians, nurses, engineers, and other personnel employed in Federal, State, and local public health agencies in the United States and in foreign health agencies.