An Alabama study explores the attitudes of patients or their families toward a community mental hygiene program and evaluates the program's effectiveness in relationship to the source of referral.

Patients' Reactions to a Program in Public Mental Health

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A MENTAL HYGIENE DIVISION was added to the public health program of the Etowah County (Ala.) Health Department on February 1, 1957. The clinic provides psychodiagnostic and psychotherapeutic services to residents of Etowah County and surrounding counties, on a non-fee basis.

This study was initiated because the staff felt that an evaluation was needed for the purposes of determining whether the services were meeting community needs. The period covered was from February 1, 1957, to November 1, 1958.

A search of the literature shows a singular lack of studies of the evaluation of a public health service by the patients and their families.

The Problem

The policy of the Etowah County Health Department is to make its personnel responsible for the mental health of the county as well as for the physical health. The ultimate goal is to obtain an integration, on an optimum level, of both mental health and physical health services. In addition to the mental hygiene personnel, other health department workers can be utilized as a community resource for teaching, demonstration, and consultation in the area of prevention of mental illness and promotion of mental health. Because the local need cannot be satisfied by the limited personnel available for the clinic, clinical services have been, and will continue to be, principally diagnostic and recommendatory. This practice will necessitate followup by referral sources and other agencies. Therefore, this study was initiated in order to determine how patients of the clinic and their families accepted and evaluated clinic services and recommendations.

The data incorporated into this report are purely their subjective evaluation; no attempt is made to analyze the validity of their responses. This study has been helpful in identifying some of the areas in our mental hygiene program which, according to the reports of patients and their families, need improvement. Because of their reactions, possible changes in existing policies and practices are under consideration. Another benefit of this study is that the attitudes of those making use of mental hygiene services are made apparent. It is our

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belief that the effectiveness of such a program is dependent upon the acceptance of it by the local community.

The Etowah County Health Department is in northeast Alabama. The county ranks fourth in population for the State. The total population is 99,390, of which 85 percent are white. In addition, 36 percent of the referrals of the mental hygiene clinic are made by six surrounding counties which have a total population of 240,890 (*1*). Other services given by the health department are tuberculosis care, sight conservation, dental care, immunizations, statistical reporting, vector control, milk and food inspection, sanitation, bedside nursing, maternal and child health supervision, school health supervision, and control of venereal and other communicable diseases. The health department also conducts inservice education programs for public health nurses and sanitarians from surrounding counties.

Procedure

This study is descriptive in nature and no attempt has been made to analyze critically the responses of patients and their families. It is an attempt to identify certain areas of acceptance and rejection of clinical services given by the mental hygiene division. The term "evaluation" as used in this study is the first of three levels defined by the U.S. Department of Health, Education, and Welfare, in "Evaluation in Mental Health" as: "An estimate which an individual or group places on an activity or service, what it means to the recipients according to their own value system. It should be added that this value system is not necessarily the same as that used by the State, Federal Government, or the scientist, in establishing a service" (*2*).

Initial plans for this study were made in June 1958. In a staff meeting the psychiatric social worker discussed with the public health nurses the possibility of a survey. It was decided that a questionnaire would be devised, and each of the participants submitted a list of questions which he felt would be pertinent. After careful consideration the group accepted 25 questions to be incorporated into the questionnaire. This preliminary form was submitted to the health officer for his recommendations and approval. As no funds were available, the possibility of hiring outside interviewers to accumulate the data was eliminated.

It was decided that the public health nurses would be the most effective group for use as interviewers. The group was aware that bias might be introduced, as public health nursing and the mental hygiene service represented the same official agency. Each nurse was encouraged to express her feeling and was given support and instruction in methods of collecting the data with a minimum of bias. The questions contained in the questionnaire were discussed in detail so that all the interviewers would interpret them on the same basis.

A pre-test of the questionnaire was made in mid-October, 1958, on 10 former patients of the clinic or their families. The questionnaire was then revised and reduced to 15 factual, open end, and multiple-choice questions.

On November 1, 1958, all individuals who had been admitted to the mental hygiene service from Etowah County, Ala., and whose case folders had been closed were listed. As nursing time available for this study was limited, the public health nurses were instructed to make only one visit to the home in an effort to interview the patient (if an adult) or the family. Of the 247 cases on file, 121 were interviewed. This number represented 49 percent of the total number of patients admitted to service. Of the total cases on file, 78 percent were children and 22 percent were adults. Of the 121 cases interviewed, 83 percent concerned children and the rest, adults. Ninety-three percent of the questionnaires were answered by family members and 7 percent by adult patients. The survey was concluded on December 31, 1958.

The responses made to the questionnaire have not been compared with the case records on file at the health department. The referral sources were not interviewed in this survey. Therefore, no attempt has been made to evaluate the validity of the information gathered from the patients or families.

At the time of this study, health department policy included five sources of referral. These were physicians, public health nurses, depart-

Table 1. Method of referral to mental hygiene services, Etowah County Health Department, Ala., February 1957–November 1958

Referral sources	Number	Percent
Physicians	12	10
Ministers	2	1
School	25	21
Public health nurses	26	22
Departments of pensions and security	31	25
Others	25	21

ments of pensions and security, schools, and ministers. However, it was found that other referrals had been accepted, such as self, mental health association, court, police, and others.

The largest number of referrals from any one source was from the departments of pensions and security, which referred 25 percent of the individuals seen by the mental health service (table 1). Ranking second were public health nurses, who referred 22 percent. Schools and other sources ranked third with 21 percent each.

The fact that physicians referred but 10 percent of the sample placed them in fifth position, and ministers had a negligible 1 percent. What does this total of 11 percent from professional people (physicians and ministers) indicate. Is there a lack of understanding of the service? We question this conclusion, as two physicians have served as president of the Etowah County Mental Health Association, one as secretary, and there has been a mental health advisory board appointed by the Etowah County Medical Society. Has there been some lack of communication between the advisory board and the medical society as to the services provided by the mental hygiene division?

The 10 percent of referrals made by physicians represents 12 different individuals, which is approximately one referral for every three physicians practicing in Etowah County. However, it should be noted that these physicians, although they are aware of the service, have made limited use of it. As there are no psychiatrists or psychologists in private practice in this county, are patients being referred to the nearest community with such services, which is 65 miles distant, or is no service of this type being recommended? As 68 percent of the total referrals came from official agencies, does this indicate that tax-supported agencies tend to refer individuals to other tax-supported

Table 2. Response to questionnaire by patients and families referred to the mental hygiene service, February 1957–November 1958

Questions	Source of referrals (percent)						Percent of total
	Physicians (N=12)	Departments of pensions and security (N=31)	Public health nurses (N=26)	School (N=25)	Ministers (N=2)	Others (N=25)	
Did you receive a report from the clinic?							
Yes	92	71	85	76	50	44	67
No	8	29	15	24	0	52	27
No answer	0	0	0	0	50	0	0
Did you understand the recommendations?							
Yes	58	45	54	64	50	44	52
No	8	23	4	8	0	12	12
Partially	34	13	27	16	0	4	17
No answer	0	19	15	12	50	40	19
Could you follow the recommendations?							
Yes	34	29	27	52	0	16	31
No	34	29	15	16	0	12	21
Partially	25	23	27	8	50	8	18
No answer	7	19	31	24	50	64	30

agencies more readily than do other sources of referral?

Table 2 indicates that 67 percent of the 121 respondents reported receiving a report and an interpretation. This service was given either by the mental hygiene personnel, the referral source, or by a related agency according to the patients or family. Physicians ranked highest in this respect with 92 percent of the individuals stating that they had received a report. Public health nurses ranked second, followed by schools, departments of pensions and security, ministers, and others. An overall average for all referral sources was 67 percent who acknowledged having received reports.

What is the significance of the 33 percent for those stating that they did not receive a report from the division of mental hygiene or the referral source? What does this mean to us as a service agency in terms of effectiveness of service and public relations? Why did these patients or their families feel that no report was given? How do they interpret the term "report"? Is it possible to develop a method of communication with them that is meaningful? Is it of value to see these individuals if their comprehension of the recommendations is limited or nonexistent?

Answers to the question, "Did you understand the recommendations?" indicate that almost half of the patients or their families did not fully understand or had no understanding of the recommendations (table 2). Does this lack of understanding result from the use of technical terminology, from lack of time spent with the families, or from lack of ability to meaningfully communicate the interpretation of the results? Is the service of benefit if the recommendations are not clear to the individuals involved?

Can the 31 percent representing those who were able to follow the recommendations in table 2 be interpreted to mean that this percentage of the sample was served adequately? Are recommendations offered beyond the comprehension of these individuals' intellectual, financial, environmental, and emotional levels? According to the sources of referral in table 2, physicians ranked first in imparting information in such a manner that the recommendations could be understood and followed. Schools ranked second, public health nurses third, departments of pensions and security fourth, and others fifth. The ministerial sample of two persons was too small to offer reliable information. Do the foregoing results indicate a need for specific referral sources who are aware of the type of services given by the clinic and who have the professional background necessary to interpret the recommendations to the patient and his family? Does this conclusion suggest that a study should be made as to the

Table 3. Response to questionnaire by patients and families referred to the mental hygiene service, February 1957–November 1958

Question	Clinic personnel or referral source reporting (percent)						
	Psychiatric social worker (N=41)	Psychologist (N=13)	Physician [1] (N=5)	Nurse (N=8)	Departments of pension and security (N=10)	School (N=3)	Other (N=3)
Did you understand the report?							
Yes	78	62	40	75	50	67	100
No	2	15	0	0	0	0	0
Partially	18	23	40	25	30	33	0
No answer	2	0	20	0	20	0	0
Were you able to follow the clinic recommendations?							
Yes	44	46	80	38	30	67	33
No	24	38	----	12	10	33	33
Partially	18	8	20	25	40	0	----
No answer	14	8	----	25	20	0	33

[1] Clinic psychiatrist and physicians.

Table 4. Response to questionnaire by patients and families referred to the mental hygiene service, February 1957–November 1958

Question	Number of clinic visits (percent)						
	I (N=73)	II (N=20)	III (N=7)	IV (N=12)	Don't know(N=7)	Not seen (N=2)	Average
Did you receive a report from the clinic?							
Yes	71	65	57	92	43	0	67
No	28	35	43	8	43	100	27
No answer	1	0	0	0	14	0	6
Did you understand the recommendations?							
Yes	52	60	70	67	0	50	52
No	12	0	0	8	0	0	12
Partially	15	10	0	0	43	0	17
No answer	21	30	30	25	57	50	19
Were you able to follow the recommendations?							
Yes	33	45	0	42	0	0	31
No	19	15	30	33	29	50	21
Partially	14	10	40	17	14	0	18
No answer	34	30	30	8	57	50	30
Have you seen any change in the patient?							
Yes	48	60	59	67	43	0	50
No	43	25	41	17	57	100	37
Slight	9	15	0	16	0	0	13
No answer	0	0	0	0	0	0	0
Do you feel the patient has shown:							
Improvement	66	80	86	100	29	100	72
No improvement	21	15	14	0	43	0	19
No answer	8	5	0	0	28	0	6
Don't know	5	0	0	0	0	0	3
Was the clinic service helpful to you and your family?							
Yes	58	60	59	75	14	50	62
Indifferent	4	0	0	0	0	0	14
No	33	30	41	17	29	50	17
No answer	5	10	0	0	57	0	7

validity of the referrals made to the clinic concerning the needs of the patients for the type of services given?

Evaluation of the ability of the patient and his family or both to understand the report is based on the professional status of the individual making the interpretation (table 3). Results are based on the 83 respondents who stated that they had received a report. This number represents 69 percent of the total sample of 121. From the results, it would appear that the psychiatric social worker was the most effective interpreter. Of those receiving reports, 67 percent felt that they understood the reports; 24 percent had partial comprehension; thus a total of 91 percent of the sample had some comprehension of the recommendations involved.

Of those receiving reports, table 3 shows that 49 percent were able to follow the recommendations and 15 percent were able to follow them partially. This number actually represents 40 percent of the total sample of 121 who could follow the recommendations and 11 percent who could partially follow them. Did the remaining 49 percent receive any benefit from services of the clinic? Despite the lack of an objective report of value received from the clinic, do they promote and support the mental health services? Do they feel that the clinic is meeting the community needs and support the expenditure of tax dollars for clinic services?

The fact that 60 percent of the sample visited the mental hygiene clinic only once and that 16 percent made only two visits (table 4) is sug-

gestive that those who report four or more visits show the greatest amount of improvement in the patient's adjustment. This suggests the possibility that the patients and their families or both need repetition of the recommendations and a more intensive workup.

Conclusion

Some insight has been obtained into the conscious acceptance and rejection of the mental hygiene services of the Etowah County Health Department on the part of the patients and their families.

The information suggests a need for a thorough evaluation of clinic policies and techniques. The following areas should be explored: (*a*) types of referrals that can be adequately serviced by the mental hygiene clinic; (*b*) limitation of referrals to certain sources which can adequately interpret the results and follow through with the recommendations; (*c*) clear designation of responsibility for interpretation and followup service in each case; (*d*) better understanding by referral sources of the mental hygiene services available; and (*e*) clarification of the responsibilities of both mental hygiene personnel and the referral sources to the patient.

The referral sources thus would be better able to prepare the patients at the time of referral. They would also be able to interpret more effectively the results and to follow the patient after such clinic services have been terminated.

Our objective is the prevention of mental illness within the framework of public health. A purely clinical approach, on a one-to-one basis, does not appear to be feasible. This study points out that, at least in our community, only 31 percent of these individuals seen stated that they profited from the services. The program, as constituted at the present time, does not appear to satisfy the community needs either from a treatment or prevention standpoint. From a purely clinical viewpoint the results suggest the possibility that in many cases the service may have promoted frustration, indifference, and confusion, because of lack of transmission of the information to the patients or their families, or as a result of an inability to communicate the results to them. This suggests a need for intensive community education so that there is a better understanding of mental hygiene concepts among members of the community.

As a result of this study, the Etowah County Health Department is actively endeavoring to devise methods and techniques not only to improve clinic services, but also in the area of extra clinical functioning.

REFERENCES

(*1*) Alabama Department of Health: Vital statistics report. Montgomery, Ala., May 1959, p. 2.

(*2*) U.S. Public Health Service: Evaluation in mental health. PHS Pub. No. 413. Washington, D.C., U.S. Government Printing Office, 1956, pp. 17–21.