

The Public Health Nursing Services in Mental Health in Houston County

SAM T. SIMPSON, M.D., JOHN M. McKEE, Ph.D., GERALDINE SKIPPER, R.N., B.S.
and LOUISE L. CADY, R.N., M.A.

PART-TIME mental health services are the most recent venture of the public health nurses in the Houston County Health Department. In this southeast Alabama county, a prosperous farming section with several large industries and a population of 50,361, the health department has broad responsibilities. The nursing staff of the department, a supervising nurse, five public health nurses, and one clinic nurse, are active in communicable disease control, prenatal care, and health guidance of infants and preschool and school children. In May 1960, the public health nurses took on the health supervision of mentally ill patients and their families, beginning with diagnosis and continuing through rehabilitation.

State Program

A similar program is in effect in 57 of Alabama's 67 counties where the public health nurses follow psychiatric patients and their families. The division of mental hygiene directs this State program, which was developed in September 1958 as a cooperative venture of the Alabama State Department of Health and the Alabama State Psychiatric Hospital system. Both State agencies agreed that the men-

tally ill patient and his family present health problems of concern to the community.

In the followup program, county health departments are notified by the county judge of probate court when commitment papers are processed. The public health nurse then visits the home of the patient and gives instructional, counseling, and supportive services as indicated. Following the home visit, the nurse refers to the psychiatric hospital pertinent information about the home situation and family relationships that will help the hospital staff to plan treatment for the patient.

Family health supervision is continued throughout the patient's hospital stay, with the public health nurse helping the family to plan for the patient's return home. When the patient is furloughed or discharged, the hospital refers information about his condition and recommendations for continued care to the health department. Special forms have been developed for referral of information between the hospital and the county health department.

As of February 1962, 11,638 home visits had been made to 6,129 patients and their families by Alabama public health nurses.

Need for Services

Private physicians in Houston County make many referrals to the health department for nursing service for mentally ill patients. Some referrals are for health supervision in the home; others are for help in evaluating the potentialities of a child who appears to be retarded,

Dr. Simpson is health officer and Mrs. Skipper, supervising nurse, of the Houston County Health Department, Dothan, Ala. Dr. McKee is former director and Mrs. Cady, mental health nurse consultant of the division of mental hygiene, Alabama State Department of Public Health, Montgomery.

for correction of defects, and for diagnosis of psychosis when the personal physician feels uncertain.

Since the spring of 1960, preschool examinations of all children prior to their beginning the first grade have been comprehensive, and besides a physical examination and vision, hearing, speech, and nutrition evaluation, they include screening for emotional disturbance. Preschool children also are instructed in safety and in sanitation.

Since the introduction of the comprehensive preschool examinations, an increasing number of school children, often 10 a month, have been referred to the health department by principals and teachers who seek help in understanding and managing children who have learning and behavior difficulties. The public health nurses have assisted in resolving many of these problems through consultation with principals and teachers. When the help of a psychiatrist or clinical psychologist was indicated, it was necessary to refer the child to a mental health clinic. The nearest clinic was in Montgomery, more than 100 miles from Dothan, the seat of Houston County.

To persuade the parents to take a child more than 100 miles meant overcoming resistance to the physical effort of making such a trip. Many families had no car and no money for busfare. The county mental health association provided transportation for several patients. Often a family made one trip with the patient. But motivation to continue making this trip week after week required a good deal of support from the public health nurse. The family had to be convinced of the value and gain from treatment at the mental health clinic. Often the lack of immediate reward in terms of noticeable improvement of the patient reinforced the family's need to be relieved of their obligation.

The greatest handicap was the Montgomery mental health clinic's long waiting list. Patients urgently needing mental health services had to wait from 3 to 6 months for an appointment. At the end of this period the patient and family lost interest, and the public health nurse had to sell the idea of clinical treatment all over again. Often the family situation had worsened. If the patient was a school child, he may have been further traumatized by con-

tinued failure to learn and to get along in the school situation.

There also was a great need for psychiatric consultation regarding patients previously hospitalized because of mental illness. Local private physicians and public health nurses needed psychiatric advice as to drug therapy and continued treatment of furloughed patients. Houston County is more than 200 miles from the State psychiatric hospital, and private physicians cannot readily get advice concerning drugs and treatment from the State hospital, which has only 14 psychiatrists to care for about 5,000 patients. Also private physicians often wanted help in diagnosing a borderline psychotic patient and in recommending hospital care.

The need for mental health services in Houston County was obvious. The county mental health association wanted to help establish such services. Chiefly because of lack of space in the county health department building, it was decided to begin with part-time services.

Organization of the Clinic

In January 1961, a meeting was held in the county health department with the health officer, supervising public health nurse, the director of the State division of mental hygiene, the president and secretary of the mental health association, the county judge of probate court, and the president of the county medical society attending. Although there are no psychiatrists in Houston County or neighboring counties, it was decided to establish part-time mental health services in the county health department. The outcome of this meeting was an arrangement with nearby Fort Rucker. The commanding officer of the station hospital generously made the services of a psychiatrist available on loan to the health department one-half day each week. The mental health association agreed to provide an honorarium for the psychiatrist. Later when a backlog of patients accumulated, the psychiatrist came to the health department 2 days each week. The policy of the health department is to avoid a waiting list for mental health services, and this policy has been adhered to strictly. When the psychiatrist worked on Saturday, he was paid the regular fee estab-

lished by the State division of mental hygiene for psychiatric time.

Following the initial conference, the State mental health nurse consultant met in February 1961 with the psychiatrist from Fort Rucker, the health officer, the supervising public health nurse, and the president and secretary of the mental health association to plan for the operation of the mental health clinic. At this conference the supervising nurse described the need for increasing the nursing staff from four to five public health nurses to make possible the quality of service the nurses wanted to give mentally ill patients and their families and to provide additional nursing time for the mental health clinic. The president of the mental health association supported the health officer in requesting this extra public health nurse, and the city and county immediately provided the necessary funds.

When psychological evaluation was required, a clinical psychologist from the mental health center in Mobile, 225 miles from Dothan, gave part-time services. In November 1961, a clinical psychologist was assigned to Fort Rucker as a civilian employee. He has been employed about 2 days each month since then by the Houston County mental health clinic.

For the mental health clinic sessions the psychiatrist uses rooms reserved for other clinics, for although the health department's building is new, there is no unused space. A planned addition to the present building will contain a modern mental health clinic with conference rooms, rooms for individual and group therapy, an observation room with a one-way screen, a classroom, and an adequate waiting room. The addition will be financed by Hill-Burton funds and county and city funds. When the building is completed and staffed, the Houston County clinic will serve adjoining counties as well.

Patients are referred to the clinic by private physicians, school, welfare, and other agencies, individuals such as ministers, and by self-referral.

In addition to the psychiatrist and the public health nurses, each of whom spend 4 hours at the weekly sessions, the mental health clinic has a full-time secretary.

The community has been kept informed about the progress of the new clinic. Local news-

papers carried stories and pictures of every conference. Reports with photographs of the group participating in both the January 1961 conference and the opening of the mental health clinic in March 1961 were given wide newspaper publicity. The health officer and supervising nurse have met with physicians, community agency staffs, school personnel, and community leaders to interpret the new health department effort. In this way there has been understanding and a feeling of sharing in the new venture. The community is very proud to have a mental health clinic.

Nurse Participation

From the beginning the plan has been to operate the mental health clinic as other health department clinics are operated. The public health nurse does not do the physician's job in other clinics, but she is responsible for providing a therapeutic climate and for followup. Health supervision of the family as a unit applies to mental health as it does to other health services.

In the mental health clinic the public health nurse interviews applicants to obtain pertinent information and to screen those patients requiring psychiatric and psychological services. History taking or intake interviewing has long been a function of the public health nurse, and in this she often is highly skilled. The public health nurse interprets the service the patient and family may expect from the clinic.

The public health nurse gives appointments and telephones the family the day before the scheduled appointment to make sure that it will be kept. The family may need help with transportation, or they may be unable to keep the appointment, and the time can be given to another patient. Appointments are staggered to avoid long waits by patients and families.

Many times the psychiatrist asks the public health nurse to sit in while he conducts his first interview with the patient. Afterwards, he reviews his findings and recommendations with the public health nurse. Usually the psychiatrist and the nurse confer with the patient and family.

At the end of each clinic session the psychiatrist confers with the nursing staff about pa-

tients seen. The public health nurse seeks counsel of the psychiatrist about other patients she is seeing in their homes who may or may not be seen in the clinic by the psychiatrist. Such patients may have other health problems such as tuberculosis. Applicants seen in intake are presented for the psychiatrist's opinion as to need for treatment and to establish priority for appointments according to urgency of the situation.

The public health nurse does the followup of patients and families, visiting in the homes, helping to carry out the psychiatrist's recommendations. She also confers with teachers, passing on the psychiatrist's suggestions in handling an emotionally disturbed child and helping to establish a climate in which an anxious child is free to learn.

With the psychiatrist at hand to make a diagnosis, acutely ill patients may be hospitalized without delay. A chronically ill woman who had been rejected by her family because they could not tolerate her behavior and whose husband finally divorced her was referred to the clinic by her physician. The psychiatrist made a diagnosis of schizophrenia, paranoid type, and advised immediate hospitalization. In this case the psychiatrist stated that the patient should have had treatment 20 years earlier. Treatment now would be required for a long time.

Fortunately, many patients are seen in the early, often acute stage of illness. A young student under the strain of college examinations suddenly went berserk, threatening his parents. Sent to the clinic by his physician, the young man was referred to a private psychiatrist in the city where the student was attending college, and diagnosis and prompt treatment enabled him to continue his college work. This patient completed work for a degree and is now working full time. Actively suicidal patients may be seen by the psychiatrist and immediately hospitalized. This has happened on several occasions.

Many patients, after treatment in a mental hospital, return home within a short time to continue drug therapy. Tranquilizing and energizing drugs are making it possible to discharge patients who have been in the psychiatric hospital for several years. The Houston

County Mental Health Association finances drugs for medically indigent patients. With these patients the psychiatrist is invaluable in guiding the family physician and the public health nurse in understanding which patients should be stimulated into community activities and which patients have achieved the highest level of adjustment that can be expected of them at present.

Because the county hospital is not yet equipped to care for acutely disturbed patients, some patients may have to be admitted to the county jail. In Houston County the jail has a well-furnished room with bath for psychiatric patients. Being kept in jail temporarily is not as traumatic as it could be in many jails, but the jail has no staff prepared to care for the assaultive, combative patient. On two recent occasions the health department supervising nurse has been called during the night to go to the jail to calm a patient and give sedative medication prescribed by a physician. This is an emergency service which could not be given were the nurse not accustomed to working with psychiatric patients.

The community has become concerned over the trauma to patients who are placed in jail awaiting admission to the State psychiatric hospital. As a result, the county hospital, Southeast General Hospital, which has a total capacity of 111 beds, now plans to set aside 6 beds for patients with acute mental illness so they can be treated near their homes and not lose contact with their families.

From March 1961 to May 1962, 183 patients and families have had treatment and followup in the Houston County mental health clinic. Of these patients, 120 were under 18 years of age and 63 were adults. Data on the characteristics of a 50 percent sample of the patients appear in the table.

Inservice Education

Inservice education of the public health nurses from the various counties has been continuous since the beginning of their participation in the State followup program. The State mental health nurse consultant gave a series of six conferences on psychiatric nursing. Following these conferences, the nurses were given

a 1-day orientation at the State psychiatric hospital, consisting of discussions with the medical director, director of nursing, and psychiatric social worker. The nurses observed special treatments and socialized with patients following treatment. Patients were introduced and discussed by a staff physician, and the nurses also visited patient units to observe care

Characteristics of a 50 percent sample of 183 patients treated at the Houston County Mental Health Clinic, March 1961–May 1962

Characteristic	Number	Percent
<i>Race and sex</i>		
White male.....	46	51.1
White female.....	39	43.3
Negro male.....	4	4.5
Negro female.....	1	1.1
Total.....	90	100.0
<i>Family income</i>		
No income.....	2	2.2
On welfare rolls.....	2	2.2
\$1–\$999.....	15	16.7
\$1,000–\$2,499.....	19	21.1
\$2,500–\$3,499.....	12	13.3
\$3,500–\$4,499.....	12	13.3
\$4,500–\$5,999.....	6	6.7
\$6,000–\$6,999.....	9	10.0
\$7,000–\$9,999.....	8	8.9
\$10,000 and over.....	5	5.6
Total.....	90	100.0
<i>Diagnosis</i>		
Brain syndromes.....	8	8.9
Mental deficiencies.....	9	10.0
Psychotic disorders.....	8	8.9
Psychoneurotic disorders.....	4	4.5
Personality disorders.....	13	14.4
Transitional situational personality disorder.....	17	18.9
Without mental disorder.....	14	15.5
No diagnosis.....	17	18.9
Total.....	90	100.0
<i>Primary source of referral</i>		
Self.....	3	3.3
Family, relative.....	20	22.2
School.....	26	28.9
Health department.....	6	6.8
Court.....	1	1.1
Other social agency.....	2	2.2
Private physician (including psychiatrist).....	26	28.9
Vocational rehabilitation.....	1	1.1
Probate judge.....	1	1.1
Department pensions and security.....	4	4.4
Total.....	90	100.0

and to interact with patients there. Special arrangements were made for public health nurses to talk with patients from their counties.

Many of the public health nurses had not visited the State psychiatric hospital previously. They were surprised and impressed with the meticulous cleanliness of the institution and with the quality of medical and nursing care. They felt they could be more encouraging and supportive in their work with families as a result of the hospital visit.

Consultation with the mental health nurse and other members of the division of mental hygiene staff has been continuous, with the mental health nurse making monthly visits to the Houston County Health Department, as well as additional visits when needed.

The mental health nurse's consultation has included demonstrations of interviewing in the home and the office with emphasis on strengthening the public health nurse's relationship with the patient and his family and increasing the nurse's skills for effective work with patients. Analysis of interviews has identified and clarified specific techniques in listening and in interpretation and questioning. In discussing specific patient and family problems the consultant has focused on the problem and its solution and only indirectly on the feelings of the nurse which may have interfered with her effective role with this patient and his family.

Cases are presented at monthly staff conferences, and, through problem solving, psychiatric nursing principles are identified and understood by the nurses. The mental health nurse has suggested and often supplied reference materials on psychiatric nursing, emotional problems of children, adolescence, school dropouts, family life education, and on group process. New mental health films are routinely sent to the Houston County Health Department public health nurses.

The nurses have taken advantage of opportunities to attend conferences and workshops on psychiatric nursing, alcoholism, geriatrics, and retardation. In 1961, the supervising nurse attended a 1-week workshop on followup at Teachers College, Columbia University, and two nurses participated in a workshop on psychiatric nursing at the University of Miami. Two other nurses attended the Southeastern

Conference on Alcohol Studies in 1961 in Jackson, Miss., and in the spring of 1962, the supervising nurse had 3 days observation at the alcohol rehabilitation clinic of the District of Columbia Department of Health. Besides out-of-state experiences, the public health nurses have participated in intrastate conferences on retardation, geriatrics, and chronic illness. These special experiences have been in addition to extension and summer academic and nursing courses.

The supervising nurse is a member of the State nursing committee. This committee, comprised of State and county supervising public health nurses, meets once or twice yearly to discuss new programs and to plan inservice education for such programs. In July 1962, the committee met in Montgomery to plan for the continuous care of mentally retarded children and their families recently added to the State followup program.

Work with Groups

The public health nurse assesses the strengths of the total family and tries to reinforce these strengths to help patients and families use their own resources to help themselves. As the public health nurses become adept in handling mentally ill patients and improve their skills in a one-to-one relationship, they are moving into work with groups. In preparation for this work, the State mental health nurse and the mental health nurse consultant of the Department of Health, Education, and Welfare Region IV collaborated in a workshop on group process for the Houston County public health nurses.

One public health nurse was interested in working with a group of first-grade children who had common problems in adjusting to the school. This nurse talked with the three first-grade teachers in one of the Dothan city schools. They agreed to study their pupils for 1 month and then to select for a play therapy class children who were behavior problems and who needed help in overcoming shyness and building confidence and a good self-concept.

The mothers of these children were consulted before placing the children in the play therapy class. The class consisted of two girls and three boys with problems such as with-

drawal or hyperactivity. Two of these children were referred to the mental health clinic and also kept in the group.

The nurse met with the group once a week. She used free action media such as play dough, finger painting, and color crayons. The nurse tried to encourage the children through play to release their feelings in acting out behavior and in verbal expression.

An individual diary was kept on each child and entries were made after each session. These records were then reviewed with the psychiatrist in the mental health clinic. The nurse also conferred with the teachers after each session. One teacher reported that a hyperactive child was calmer after the play sessions. The other children were able to make satisfactory school adjustment. During this period, the public health nurse gained much insight into child behavior. In preparing for the play sessions this nurse read extensively and reviewed films on play therapy. This built up her own confidence besides giving her technical help. She plans to work with a similar group of first graders in the same school in September 1962.

Later, this public health nurse organized a group of mothers of children with behavior problems referred to the mental health clinic. This group meets weekly to share experiences and feelings. As leader, the nurse provides a milieu of acceptance. She interprets and corrects fallacies as the need arises. The psychiatrist also collaborates in her work with this group.

In Houston County, as elsewhere, the problem of unemployed out-of-school teenagers is a concern to the community. One public health nurse is preparing to work with a group of teenagers with the goal of preventing school dropouts.

The school principals are interested in cooperating in this project. As an initial step school records of dropout students have been analyzed. These records reveal data that will be useful to the nurse in identifying potential dropouts as those who fail to pass a grade, those with reading, spelling, and mathematical disability, those who lack money, social success, or success in any area, and those who regard school with apathy. Extreme aggression and covert hostility may also be recognized as underlying causes of

dropouts. The goal of the public health nurse with this group will be expression of feelings in a tolerant environment and the reduction of anxiety back of most of the behavior.

Next door to the health department there is a boy's club, which was organized to help prevent juvenile delinquency. A public health nurse who likes to work with boys has a group at the boy's club.

Another public health nurse is working with a group of patients furloughed from the mental hospital, and another nurse with a group of tuberculosis patients. When the nurses started, the tendency was to structure the groups and make them classes by using films. Now that the nurses feel more comfortable and are successful as group leaders, they are getting away from the need for structure.

The public health nurses feel that skills they are acquiring in working with mentally ill patients and their families also can be applied to families with other conditions such as tuberculosis, chronic illness, and mental retardation. They feel they are more alert to the emotional needs of all patients, adults, infants, and school-age children, and that they are able to help foster healthy personality development and to prevent emotional disturbance. The nurses now have greater understanding of the alcoholic patient and are getting these patients under treatment by referring them to the State clinic for alcoholics in Montgomery or to Alcoholics Anonymous.

This program demonstrates the effective role of the public health nurse in a mental health service. It has the enthusiastic support of the health department and of the community.

Summary

Houston County Health Department in Alabama has established part-time mental health services with a psychiatrist and the health department's public health nurses providing the services.

Because the traditional mental health staff was not available, it was decided to use the available public health staff to work with the psychiatrist. The public health nurses take histories of patients referred to the mental health clinic and work with the psychiatrist as the public health nurses work with the physicians in other clinics. Following clinic sessions, patients are reviewed by the psychiatrist with the public health nurses so that the nurses may be equipped to carry out the psychiatrist's recommendations in the homes of patients. The nurses also interpret the psychiatrist's recommendations to referring agencies. The psychiatrist reports regularly to physicians making referral.

From the beginning community leaders and agencies have taken part in the establishment and operation of the mental health clinic. Consultation services regarding mental health problems are available to community agencies, including schools and others.

These mental health services have been offered since March 1961, and 183 patients and their families have been treated at the clinic. Diagnosis or recommendations for treatment have been made promptly. Emergency services have been provided for acutely disturbed patients outside regular clinic hours. Acutely disturbed and suicidal patients have been hospitalized promptly.

Standards for Statistical Surveys and Data

Recommendations for planning and conducting statistical surveys directly by Federal agencies or by contracting organizations under Federal sponsorship are contained in Bureau of the Budget Circular No. A-46 (March 28, 1962), "Statistical Procedures," with Exhibit A on standards for statistical surveys.

Another Bureau of the Budget publication, "Standards for the Publication of Statistical Data," June 16, 1947, presents procedures designed to reduce areas of possible misunderstanding or misinterpretation of government statistics.