# Health Department Alcoholism Program in Prince Georges County, Md.

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*This paper presents a general description of the functions and aims of the alcoholism program, and points out particularly the invaluable cooperation and assistance the program receives from various facilities within the health department and from other community sources. Factual data pertaining to rehabilitation success will be presented in future reports.*

THE Prince Georges County (Md.) Health Department and the Mental Health Study Center, a federally financed and staffed demonstration clinic of the National Institute of Mental Health, Public Health Service, began in 1958 to explore the possibilities of establishing an alcoholism program in the county. Clearly, neither agency alone was capable of meeting the needs of the county's alcoholic population, conservatively estimated by the Jellinek formula to be 15,000 persons, or including family members about 50,000. Both agencies were interested in a public health approach, which would be greatly facilitated by setting the program physically and administratively in the county health department. Negotiations led to a contract between the National Institute of Mental Health and the commissioners of Prince Georges County for a 4-year alcoholic rehabilitation project, and in July 1959, $42,980 was granted for the first year.

After an initial period of recruiting and preparation of physical facilities, the first patients were seen in late fall 1959. Full-scale operation began January 1, 1960. After the 4-year demonstration period, it is anticipated that the county budget will continue to support the activity as a permanent part of the health department program.

The project, designated as "a public health approach to the problems of alcoholism," proposed to: (*a*) develop a comprehensive program to rehabilitate the alcoholic and his family, as part of the mental health program and within the total public health program, through the combined efforts of the appropriate community facilities; (*b*) develop educational and prevention activities to inform the public about the facts of alcoholism so that as far as possible the stigma of the disease would be removed and the alcoholic patient would receive early treatment; (*c*) incorporate evaluative measures in the program to determine its efficacy.

## Organizational Structure

The Mental Health Study Center was established in 1948 to explore and develop community mental health activities, including clinical, consultative, research, and training endeavors, with the goal of achieving maximum cooperation, collaboration, and coordination with other community resources. The center is located in Prince Georges County, adjacent to Washington, D.C., an urban-suburban-rural area of 486 square miles with a population of 378,000 persons.

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Until 1956 the Mental Health Study Center was the only psychiatric clinic within the county. However, in 1957, through efforts of the county health department and interested community groups, such as the local mental health association, a part-time mental health clinic was established in the Prince Georges County Health Department. This clinic is now a full-time mental health bureau with a sizable professional and ancillary staff.

The county health department serves as the basic setting for the mental health bureau and the alcoholic rehabilitation program. The department staff, expanded from 45 persons in 1957 to 175 in 1961, conducts a generalized public health program varying from the traditional environmental hygiene and communicable disease programs to activities such as school health, chronic disease control, home care services, health education, and specialized services for children with mental retardation and multiple handicaps. The unique features of its mental health program, not usually found in county health departments, have been described elsewhere (*1*).

The alcoholism program functions as an integral part of the mental health bureau, which has a clinical psychiatrist as its director, two psychiatrists, three psychologists, and two psychiatric social workers. The alcoholism program has added to this staff a psychiatrist, a psychologist, two psychiatric social workers, and a mental health nurse consultant, who are paid from the funds granted for the project. The health department supplies the physical plant, the administrative structure, and the staff of the mental health bureau. The activities of the bureau and the program are not rigidly segregated, but the needs of the alcoholic take precedence with the alcoholism personnel.

### Patient Referrals

Clinical activities with patients and their families form a major part of the general program. That the family aspect of alcoholism serves as a basic conceptual underpinning in planning is noteworthy. For example, referrals are as frequent from relatives as are self-referrals from patients.

Patients reach the alcoholism program through varied sources. Referrals are accepted from family members as well as through the usual professional sources in the community, such as physicians, clergy, local social service agencies, and others. An important aspect of the program setting within the health department is that it makes available its programs and personnel as referral sources. For example, public health nurses serve as casefinders through their work in homes, schools, and clinics.

Patients have been referred for treatment by the Trial Magistrates Court as well as the Circuit Court of Prince Georges County. This treatment may be ordered by the court in lieu of jail or other sentence, with the patient being put on probation. During probation the patient's attendance at the clinic is mandatory. This also offers an opportunity to develop liaison relationships with the probation officers, a program that has already begun.

Other "caretaker" groups in the community have referred patients to the alcoholism program, thereby enabling development of meaningful relationships. For example, the health department sponsored a multifaith luncheon attended by more than 40 clergymen. This resulted in referral of several parishioners to the clinic. There have been referrals from Alcoholics Anonymous, but this important relationship has not been fully developed. Similarly, there have been conferences with and referrals from the department of public welfare, personnel from the school system, other significant community groups, professional persons, and the public.

In 1960, 136 new patients were admitted to the alcoholism program. The corresponding figure for 1961 was 122. The referral sources for these 2 years were as follows:

| *Source* | *Percent* |
|---|---|
| Self-referred | 19 |
| Family, relative, friend | 19 |
| Health department | 2 |
| Private physicians and Prince Georges General Hospital | 19 |
| Outpatient psychiatric services | 3 |
| Spring Grove Hospital | 5 |
| Welfare or other social agency | 3 |
| Courts | 25 |
| Other (clergy, community groups, and so forth) | 5 |
| | 100 |

### Hospital Cooperation

The Prince Georges General Hospital, containing 385 beds, is located on the same campus as the health department. A psychiatric wing has been added during the past year, and patients with a wide variety of psychiatric difficulties, including alcoholism, have been admitted. Patients are admitted through the emergency room or through private physicians. During their hospital stay, the alcoholism program psychiatrist contacts the staff patients and other patients when requested by their physicians. Transition into followup outpatient care is thereby facilitated, and has been 75 percent successful, a striking accomplishment in an alcoholism program. Of 50 patients seen on the ward by the psychiatrist, 42 were referred to the clinic; some were referred to other places, such as Spring Grove State Mental Hospital. Thirty of the 42 patients attended the outpatient service one or more times following their discharge from the hospital.

When a patient who is a resident of Prince Georges County is discharged from the Spring Grove State Mental Hospital, the alcoholic clinic is notified. The patient is informed by mail and telephone of the clinic's services. If he does not come to the clinic, plans are made to have a public health nurse visit him.

### Clinic Procedures

Basic to the philosophy of the alcoholism program is that the clinic must be prepared to respond promptly to requests for help, as well as to initiate treatment. This philosophy is implemented by having available an intake officer (psychiatrist, social worker, or psychologist) for the day. Any patient or family member who calls is invited to register the same day. The family member is in almost all cases the spouse, but on occasion has been the parent or other relative. A card is filled out with the age, name, address, and a brief description of the presenting problem. Each introductory group, varying from 3 to 9 patients, meets with a psychiatrist, often assisted by a social worker, during the week they are admitted; thus, no patient waits for more than 6 days. Family members are seen by the staff within a week, but not in the introductory group. The psychiatrist is usually able to appraise the pattern and needs of the patient or family member. After these appraisals are discussed by the staff, the client is referred for either further evaluation, social history, or psychiatric diagnosis, or to a treatment group. When indicated, individual treatment is offered to the patient or spouse. The introductory group has proved an effective way of keeping to a minimum the number of patient dropouts after the initial contact, a problem which plagues alcoholic clinic programs.

At the time of initial contact, the patient is asked to have his family physician submit an evaluation of his physical condition. If possible, plans are made to continue the services of the physician. If other medical conditions are found during the course of treatment, the patient is referred to an appropriate treatment source or his physician. Supplementary treatment has already been arranged for patients with cardiac conditions, arthritis, epilepsy, and other diseases. Constructive interest in the patient's total picture, medical and psychological, has been found to accelerate and sustain his motivation toward successful rehabilitation.

### Health Department Resources

Developing meaningful and useful working relationships within the health department between the bureau of mental health and the bureau of public health nursing has taken much effort and planning by the staff. Appropriate policies of referral from the general caseload of public health nurses to the mental health bureau have developed. Conversely, the bureau calls upon the nurses for home visits to alcoholics in treatment, to those who do not come to the clinic after being referred, or to alcoholics or their families who break appointments. In general, any component of the health department may serve as a referral source to the alcoholism program, as, for example, the tuberculosis clinc. By the same token, any facility of the health department can be called upon to facilitate treatment of the alcoholic, such as use of the medical care program to obtain drugs for the patient or providing dental services when faulty dentition causes a nutritional problem and the patient is qualified for dental care.

A basic advantage of the health department setting is the availability of its varied resources and personnel. A health educator has worked with the program staff in preparing for the general public exhibits, pamphlets, and other educational materials concerning alcoholism and the alcoholic rehabilitation program. The health department statistician has played a key role in developing research projects and procedures, such as a data-processing system which is not only useful to many activities of the department but is being used specifically for research projects of the alcoholism program. Also, a questionnaire designed to provide source material for study of nutritional patterns before and after the advent of dependency drinking has been developed by the health department nutritionist.

Evaluation activities in the health department range from adequate assessment of an individual patient's clinical course to epidemiologic surveys of community prevalence. The health department offers well-developed data-gathering processes, which range from the family record system to the routine collection of birth certificates, death certificates, and morbidity surveys. Additional help is obtained from the Mental Health Study Center, which has staff specialists in social science techniques, public health psychiatry, and mental health nursing.

Under the family record system all health records relating to a family, any member of which is seen at the health department, are maintained in one volume in a central file. This makes readily available clinical information of a patient's total family. Also, it is potentially useful in research relating to associated health difficulties of all family members when one member is an alcoholic.

## Research and Evaluation

One of two specific projects on which research and evaluation activity has been centered is a study of hospitalized alcoholic patients. A great deal of effort was expended in developing an information-gathering form useful to several disciplines, such as public health nurses, social workers, and psychiatrists, concerned with alcoholic patients. The form was designed to include clinical, personal, socioeconomic, demographic, and other characteristics of a patient. At present the form is being used to compare the characteristics of alcoholic patients at Prince Georges General Hospital with those of alcoholic patients at Spring Grove State Mental Hospital. As mentioned previously, a different method of contacting these patients is used for each hospital. The patients at the county hospital are seen by the alcoholism clinic psychiatrist, whereas those at the State hospital are referred administratively and then contacted by letter, telephone, or a visit by a public health nurse. Success in followup to outpatient facilities, such as the clinic, is thus being evaluated on a sufficiently large number of patients to draw valid conclusions.

The other project is the study of nutritional patterns before and after the advent of dependency drinking. The form mentioned above has been adapted so that information can be coded on data-processing cards.

## Future Activities

The multifaceted program of the health department lends itself to the development of further extensions of the alcoholism program. At present the department is conducting a morbidity and absentee survey in local industry. Plans are being made to approach employers, the chamber of commerce, and other appropriate sources toward offering services to alcoholic employees.

Another important area to the health department is that of accident prevention and traffic safety. The known relationship of alcoholism to this problem as well as the ongoing relationships being developed with the courts and the probation and police departments make feasible a cooperative endeavor in this direction.

The problem of alcoholism among parents of school children has been included in the health department's extensive school health program, and expansion of this program is planned.

Educational activities are rarely evaluated for their effectiveness in changing the attitudes of the general public or professional persons or for their degree of success in bringing about such desired behavior as clinic attendance. The health educators and staff plan to evaluate the

effect of a pamphlet "Helping the Alcoholic" on the general public, and to determine whether the desired results are achieved by educational and consultative activities with physicians, clergy, and other allied professional persons.

In cooperation with the Mental Health Study Center, plans are underway for studies to assess the sociological and epidemiologic factors in the community pertinent to understanding the distribution and underlying causative factors of alcoholism.


### Summary

A 4-year cooperative alcoholic rehabilitation program, functioning as an integral part of the mental health bureau of the Prince Georges County (Md.) Health Department, was instituted in 1959. Designated as a "public health approach to the problem of alcoholism," the program, established by the health department and the Mental Health Study Center of the National Institute of Mental Health, Public Health Service, combines clinical treatment of patients and their families with various community activities in the field of alcoholic rehabilitation.

Patients are referred to the clinic by personnel in the various bureaus of the health department, as well as by relatives, physicians, clergy, courts, and other community sources. Followup outpatient care of hospitalized alcoholics is facilitated by contact visits of a staff psychiatrist of the alcoholism clinic to these patients at the Prince Georges General Hospital, and by notification from the Spring Grove State Mental Hospital when alcoholic patients are discharged.

By initiating treatment within 6 days or less after the patient or spouse registers at the clinic, dropouts have been kept to a minimum. When indicated, spouses are continued in group or individual treatment.

Use of health department resources and personnel has been particularly advantageous to the program. Bureaus within the department have provided home visits to alcoholics, drugs, dental services, and assistance in preparing educational materials, procedures for research projects, a questionnaire for use in a study of nutritional patterns of alcoholics, and an information-gathering form being used in a study of characteristics of alcoholics.

Future plans of the alcoholism program include an approach to employers toward providing services to alcoholic employees, extension of educational activities, and an evaluation of the effectiveness of educational materials.


#### REFERENCE


(*1*) Esquibel, A., Brown, B. S., and Grant, M.: Mental health program in Prince Georges County, Md. Mimeographed.


## Improving Care for the Aged

"The Community Plans for Its Chronically Ill and Aged," with a foreword by Dr. Luther L. Terry, Surgeon General of the Public Health Service, gives the results and recommendations of a study by the Health Planning Committee of the Council of Jewish Federations and Welfare Funds on improving care for the aged.

The study, partly financed by the Public Health Service, gives voice to the concept that effective planning should be based on an integrated program of services rather than on buildings or institutions.

The booklet may be purchased from the Council of Jewish Federations and Welfare Funds, 729 Seventh Avenue, New York 19, N.Y.