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A Historical Study of the Growth of Psychiatric Facilities in the State of Georgia from 1959-1965

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*An Historical Study of the Growth
| of Psychiatric Facilities
in the State of Georgia
from 1959-1965*

by

Carla Bays

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Project Adviser

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Improved mental health in the United States has become one of the most vital problems facing the current generation. More and more hospitals have opened inpatient and outpatient units of psychiatry; literature has been published; public health has attempted to educate the laymen about mental health; and the National Institute of Mental Health has encouraged and supported each new mental health facility. After studying material published regarding the advancement made in many areas, the author began to wonder about the progress in her own community, her own state - Georgia - a part of the often termed underdeveloped South. What progress in patient care has been demonstrated in the state of Georgia in the past five years?

The author, in search of an answer to this question, investigated many State Senate and House of Representatives reports, budget reports and annual reports of institutions. She visited the various institutions to see for herself what type of facilities are available for patient care and what kind of therapy is apparently being done. She also interviewed three individuals who have demonstrated deep interest in mental health during the past five years and procured their ideas of the progress going on today. Facts gained from these interviews are integrated in the paper.

HISTORY

From 1913 to 1959 twelve studies have been done in Georgia concerning the mental health facilities. Most of these were done on an individual institution basis showing the advancement in that particular institution. The history of the Georgia mental institution goes back to 1836. At this time the state authorized that the Georgia Lunatic Asylum be built in Milledgeville, Georgia.¹ This is located one hundred miles east of Atlanta and was at that time the capital of the state. This institution functioned well until about the turn of the century when it no longer kept up with the progress being made in the field of mental health. In 1930 Milledgeville State Hospital was ranked lowest of 190² state mental hospitals in the United States. Improvement of the total system became imperative.

In 1955 Congress passed the Mental Health Study Act which directed the establishment of a Joint Commission on Mental Illness and Health to "analyze and evaluate the needs and resources of the mentally ill in the United States and make recommendations for a national mental health program."³ This commission promoted action in the state of Georgia. The House of Representatives instigated in 1957 the Joint

¹Division of Mental Health. A Proposed Comprehensive Mental Health Plan (Georgia Department of Public Health: Atlanta, Georgia May, 1965), p. 1.

²Ibid., p. 2.

³Ibid., p. 3.

Legislative Committee on mental health to be established to study the mental health facilities in Georgia. This committee recommended

- 1) the transfer of Milledgeville State Hospital to the department of public health
- 2) legislature to provide voluntary and involuntary treatment of mentally ill persons
- 3) establishment of a division of mental health in the department of public health with authority to administer and supervise a mental health program
- 4) amending of the state constitution to allow state funds to be used for training mental health personnel⁴

All of these recommendations were enacted by 1960.

On May 26, 1959, by executive order from Governor Ernest Vandiveer, an advisory committee was appointed by the Medical Association of Georgia to study and recommend improvements of the administration of Milledgeville State Hospital.

At about this same time several bills for mental health were passed in the state congress. These bills were passed in a period of two years. They included such things as giving police officers to Milledgeville Hospital and providing free maintenance at the institution for those people who could not pay. This was to be without any difference in care that they may receive.⁵ The House also proposed an amendment to provide scholarships to doctors and other

⁴Ibid.

⁵"Bills Before the Legislature," The Atlanta Constitution, Saturday, January 17, 1959, p. 3, col. 4.

personnel desiring special training in the mental health field. This amendment also stated that for every year of training received from the state, the individual would work in a state institution for one year. This amendment was approved on March 7, 1960.⁶

Other legislation passed in 1960 included adding a psychiatrist to the State Board of Health, transferring the State Hospital, Gracewood Training School for Retarded Children, and the Georgia Clinic for treatment of alcoholism to the jurisdiction of the State Department of Public Health (formerly these were under the Welfare Department), and instigating a \$14 million program for building, modernization and improvements of mental health facilities.⁷

Financially much needed to be done for mental health. The financial structure of the entire state was in a deficit when Governor Vandiveer came to office in 1959. He reduced all the budgets ten per cent except for the essential functions of education, highways, welfare, institutions, and health which had been beggarly appropriated before.⁸

In 1957-1958 Georgia spent 3.7 cents of every dollar on mental health. This has been gradually raised until in

⁶Acts and Resolutions of the General Assembly of the State of Georgia 1960 (Langino and Porter Inc.: Hapeville, Georgia, 1961) p. 1215, 1216.

⁷Georgia Mental Health Association, Mental Health Why Bother? (Atlanta, Georgia, 1961), p. 5.

⁸"Text of Vandiveer's Message on the State of the State," Atlanta Constitution, Friday, January 16, 1959, p. 12, col. 1.

1964 the state spends 5.2 cents of every dollar on mental health.⁹ In 1958-1960 the budget per day per patient at Milledgeville State Hospital was approximately \$2.74. For minimum needs to be met for each patient \$5.00 per day per patient is actually required. For adequate operation of the institution, \$10.00 per day per patient should be spent.¹⁰

In the state there has been an increase in proportion to total state expenditures devoted to mental health. The state government expended \$12.1 million for mental health programs in 1957-1958 compared with \$27.1 million in 1964-1965. This is an increase of 123% in seven years. Financial allotments through the years have increased for mental health as indicated in the following chart.

Allotments to Mental Health Programs

	<u>Mental Health</u>	<u>Milledgeville</u>	<u>Gracewood</u>
1959-1960	\$13,982.1	\$11,050	\$1,989
1960-1961	18,375.9	13,000	2,460
1961-1962	19,802.3	14,285.5	2,985
1962-1963	20,344.9	14,356	3,435
1963-1964	23,389.2	16,086.5	4,135
1964-1965	27,090	17,300	4,600

Listing under Mental Health includes Alcohol Rehabilitation community services, Authority Lease Rentals,¹² Georgia Mental Health Institute, Equipment and Operations.

⁹William R. Bowdoin "Statement of William R. Bowdoin," Report of the Commission on Treatment Programs for Mentally Ill and Mentally Retarded of Georgia, Governor's Commission for Efficiency and Improvement in Government (Atlanta, Georgia, December 2, 1964) p. 5.

¹⁰Georgia Mental Health Association, p. 7.

¹¹Bowdoin, p. 5.

¹²Governor's Commission for Efficiency and Improvement in Government, Treatment Programs for the Mentally Ill and Mentally Retarded in Georgia (Atlanta, Georgia, December 2, 1964), p. 7.

These additional funds have allowed an increase in money spent on patient care. In 1964 there was \$4 per day available for each patient. Of course this is compared to the average of \$31.57 per day per patient in a general hospital.¹³

Little of the money for mental health comes from local sources. In 1964 available funds for Milledgeville were \$17,300,000. Of this amount \$16,000,000 came from the state.¹⁴

In considering the amount of money used from taxes for mental health, the per annum income of the residents of Georgia must be reviewed. In 1959, according to the United States census, the per annum income was below the national average resulting in a very low tax income. The annual incomes are shown in the following chart.

Number and Percent of Families in Georgia
By Specified Annual Income in 1959
(1960 U.S. Census Data)¹⁵

Estimated Annual Family Income	Families in Specified Income Bracket	
	Number	Percent
Total Families	949,408	100.0
1. Under \$3,000	338,120	35.6
2. \$3,000 - 4,999	220,268	23.2
3. \$5,000 - 6,999	173,681	18.3
4. \$7,000 - 9,999	129,967	13.7
5. \$10,000 and over	87,372	9.2

¹³ Division of Mental Health, p. 53.

¹⁴ Ibid.

¹⁵ Ibid., p. 18.

Many of the residents of Georgia could not pay for mental health services from their earnings. The wages have risen slightly in the past five years, but still payment for services would be difficult. Also it must be considered that estimates show that a yearly loss of \$24,000,000 of personal income in the state is due to the hospitalization of mental patients.¹⁶

Having noted the amount of money spent per annum on mental health, the next consideration would be the number of people who are using these finances. In 1963 about 40,000 persons, or approximately one of every 100 Georgians, received services in a mental health treatment facility. Of these 4,200 were readmitted during the year.¹⁷ Two thousand seven hundred and forty-three of these patients were served in the sixteen mental health clinics operating on a non-profit basis throughout the state.¹⁸ The chart on the next page is a summary of the inpatients and outpatients seen in 1963 according to age groups. Another table is shown in the index. This table illustrates the number of patients served according to age and diagnostic group. As can be seen, the 35-44 age group is most often affected.

¹⁶Georgia Department of Public Health, The Plain Facts About Mental Health in Georgia (Atlanta, Georgia, June 19, 1963), p. 2.

¹⁷Division of Mental Health, p. 10.

¹⁸Ibid., p. 77-78.

Estimated Number and Rate Per 1,000 Population of Individuals
Seen During Year of Survey in Inpatient and Outpatient
Facilities, By Age Groups (1963)¹⁹

Age Group	Total Inpatients and Outpatients		Inpatients		Outpatients	
	Number	Rate*	Number	Rate*	Number	Rate*
Total	46,722	11.21	35,709	8.57	11,013	2.64
0-4 years	309	0.62	117	0.23	192	0.38
5-9	1,115	2.40	115	0.25	1,000	2.15
10-14	1,540	3.54	397	0.91	1,143	2.63
15-24	6,731	10.56	5,204	8.17	1,527	2.40
25-34	8,859	16.50	7,058	13.15	1,801	3.35
35-44	10,957	20.54	8,259	15.48	2,698	5.06
45-54	8,821	19.62	6,984	15.53	1,837	4.08
55-64	3,978	13.11	3,387	11.16	591	1.95
65-74	2,326	11.30	2,144	10.41	182	0.89
75 and over	1,166	11.51	1,151	11.36	15	0.15
Unknown	920	-	893	-	27	-

* Rates based on July 1, 1963 Estimated Population

¹⁹
Ibid., p. 12.

In 1964, 15,842 persons received services during office visits of 70 psychiatrists and 19 psychologists.²⁰ This demonstrates another aspect of care other than the institutional treatment.

After considering the number of patients served per year, the writer must also take into account the length of stay of these patients. In 1959 the average length of stay per patient at Milledgeville State Hospital was 118 days. In 1964, this stay had decreased to eighty-two days.²¹ In most private hospitals, after fifty-six days of hospitalization and no achievement of recovery, a patient is transferred to the state hospital or somewhere in the state where custodial care is given.²² Of the 22,881 discharged patients in Georgia in 1963, nearly one half were discharged in less than one month. The majority of these patients with stays of over one year were from Milledgeville.²³ The following chart is a summary of the patient stay -- both inpatients and outpatients.

²⁰

Ibid., p. 20

²¹

Governor's Commission for Efficiency and Improvement in Government, p. 3.

²²Division of Mental Health, p. 19.

²³Ibid.

Length of Stay of Patients Discharged During a Year (1963)
 From Inpatient and Outpatient Treatment Facilities ²⁴

Length of Stay	Total Inpatients and Outpatients		
	Inpatients	Outpatients	
Total	22,881	16,360	6,521
Less than one month	10,295	8,462	1,833
1 month to 3 months	3,475	2,215	1,260
3 months to 6 months	1,812	552	1,260
6 months to one year	1,559	427	1,132
1 year to two years	3,071	2,383	688
2 years to five years	1,468	1,152	316
5 years to ten years	656	625	31
10 years to 15 years	214	213	1
15 years to 20 years	134	134	-
20 years and over	197	197	-

²⁴Ibid., p. 18.

PERSONNEL

Who is caring for this vast number of people? What is the educational background of the personnel?

Psychiatrists In July, 1964, there were 143 practicing psychiatrists in the state. Of the 143 only 47 were board certified psychiatrists. With some overlapping in categories, these psychiatrists can be classified as 84 in private practice, 30 in salaried positions in government institutions and 37 in psychiatric training.²⁵ Only eleven of Georgia's 159 counties have a resident psychiatrist. The majority of private practitioners are in the Atlanta metropolitan area.²⁶

From these figures it is estimated that in Georgia there is one psychiatrist for every 29,543 persons. The national average is one psychiatrist for 11,356 persons; therefore, Georgia needs 372 psychiatrists, or 229 more psychiatrists than are presently in practice to meet the national average which is actually short in meeting the overall need.²⁷

The education of a psychiatrist consists of medical school, internship, and then residency in psychiatry. Then he must practice for several years before he is eligible to take the board certification examination. There are in the state five institutions which offer psychiatric training.

²⁵Ibid., p. 46.

²⁶Ibid.

²⁷Ibid.

Psychologists In the United States there are 30,000 psychologists from all specialist fields. Of these 12,000 are clinical psychologists. In Georgia there are only 200 psychologists of which only 100 are of the clinical speciality. From this number only 50 are working full or part time in private or clinical psychology and most of these are in university settings.²⁸ Apparently the actual number of psychologists working with mental patients is low.

The University of Georgia opened a program for clinical psychology in 1960. This was the first of its kind in the state. They hope to train 100 people in a ten year period. Another similar program opened the fall of 1965 at Emory University where fifty to one hundred people are expected to be educated in the next ten years.²⁹

Social Workers In 1963 there were 240 social workers in Georgia. This is a ratio of 6.1 per one thousand population as compared to a national average of 12.4 per one thousand population. The state requires five to six hundred more social workers in the next ten years to meet the expanding needs.³⁰

There are two schools in the state which educate the social worker. One was opened in the fall of 1964. However, the salaries are so noncompetitive in Georgia that those few

²⁸Ibid., p. 47

²⁹Ibid., p. 50

³⁰Ibid., p. 54

who are educated in the state will go to a neighboring state for employment.

Nurses In 1964 the state had a total of 7,437 registered nurses. This was a ratio of 194 nurses for every 100,000 persons. The national recommendation of nurses is 500 registered nurses for 100,000 people. As is evident, the state has a great need of nurses of any speciality.³¹

Presently Georgia has only thirteen qualified psychiatric nurses. The first graduate study program for psychiatric nursing opened in September of 1965 at Emory University. It is hoped that there will be five graduates per year.³²

Clinical Chaplaincy The clinical chaplaincy is a relatively new position in psychiatry. Its purpose is to sustain the patients morally, ethically, and spiritually. There are presently three church counseling centers in Atlanta.

In 1964 there were nine institutions where the clinical chaplain is trained. There were twenty graduates, but most of these returned to their own parish instead of beginning work in an institution.³³

Music Therapist There are 500 registered music therapists in the nation but only 12 in Georgia. Eight of these are employed at Milledgeville State Hospital.³⁴

³¹Ibid., p. 58.

³²Ibid.

³³Ibid., p. 62.

³⁴Ibid., p. 64.

The Women's College of Georgia is initiating a plan for an undergraduate school of music therapy. Milledgeville will offer internship.

Occupational Therapy There are 7,000 registered occupational therapists in the United States. Sixty are registered in Georgia, but only half of them are working full or part time. Milledgeville State Hospital has one director, one registered occupational therapist and fifty-two occupational therapy aides.³⁵

There are no schools in the state.

Recreational Therapy There are six recreational therapists in Georgia of which three are employed by Milledgeville. Two schools in the state offer degrees in recreation, but none offer a degree in recreational therapy.³⁶

On January 9, 1961, the statement was made at a Joint Senate and House Mental Health Study Committee that those individuals working in mental health give more care for more hours and for less pay than any other state institution. There is a vital need of improvement before additional trained personnel are likely to come to the state looking for employment.

The following charts will illustrate the growth which has occurred in the past years at Milledgeville State Hospital. In looking at these increases, it must be considered that the population of the state has also increased during these years.

³⁵Ibid., p. 65.

³⁶Ibid., p. 66.

EVALUATION OF THE MILLEDGEVILLE STATE HOSPITAL PERSONNEL NEEDS

	1958	Present Total (1961)	Quota To Meet Present Minimum Need	Quota For Adequate Operation
Doctors	45	60	130	160
Psychiatrists:				
(a) Board Qualified	2	6	75	100
(b) Board Eligible	2	2 $\frac{1}{2}$	-	-
Registered Nurses:	72	73	600	800
Psychologists:	3	6	30	50
Dentists:	6	9	9	9
Optometrists:	0	1	3	6
Hospital Administrators:	1	2	6	8
Occupational Therapists:	30 Aides	48 Aides	150 Aides 3 Reg. O.T.	200 Aides 3 Reg. O.T.
Social Service Aides:	5	7	60	100
Music Therapists:	5 Aides	4 Aides	25 Aides	100 Aides
Recreational Aides:	6	6	28	150
Pharmacists:	1	2	4	6
Reg. Practical Nurses:	45	60	100	200
Attendants:	1303	1342	2285	2855
Psychiatric Aides:	0	80	(All present and future attendants should so qualify)	

³⁷Georgia Mental Health Association, p. 3.

PERSONNEL BY TYPE³⁸

	<u>1963</u>	<u>1964</u>
Total	2688	2941
1. Physicians	74	90
2. Dentists	7	8
3. Nurses	83	89
4. Therapists	5	10
5. Engineers	5	5
6. Sanitarians	1	1
7. Physical Scientists	4	5
8. Education and Information Specialists	2	3
9. Nutritionists	2	2
10. Psychologists	8	11
11. Social Workers	12	12
12. Other Professions	7	12
13. Semi Professional and Technical	1,681	1,737
14. Managerial	27	27
15. Clerical	160	177
16. Agricultural	52	50
17. Trades, Crafts, Mechanical	208	232
18. Service	274	262
19. Manual Labor	69	204
20. Not elsewhere classified	7	4

The following chart is a condensation of the professional staff available at Milledgeville State Hospital in 1958 and 1965. It shows a marked increase.

Professional Staff 1958 and 1965 ³⁹

Personnel	<u>1957 - 1958</u>	<u>1964 - 1965</u>
Physicians	36	91
Psychologists	5	11
Social Workers	5	12

³⁸Annual Report of the Milledgeville State Hospital (Milledgeville, Georgia, June 30, 1964), p. 80.

³⁹Governor's Commission for Efficiency and Improvement in Government, p. 2.

Since Milledgeville Hospital serves the whole state, the personnel cannot possibly become familiar with each geographic area from which a patient comes so he can understand the patient better. Geographically the state of Georgia is unusually varied --mountainous, plains, swamps, and coastal regions. Backgrounds of education and cultural advantages go from extremely low to the sophistication of the metropolitan areas resulting in a wide diversity of personalities. It is impossible to plan aftercare for the patients because of the distance involved. The personnel are definitely limited in administering care with no pattern of similar environmental background.

In August, 1960, the Subcommittee on Personnel and Training of the Professional Advisory Board of the Georgia Association for Mental Health reported to the Board. They suggested that other states have seen the necessity to put clinics in metropolitan areas to attract personnel. Other proposals were:

- 1) Publication of plans of improvement to interested public should be issued.
- ~~inter~~ 2) All professions should support the mental health program.
- 3) The Georgia Association of Mental Health should advocate a study of job descriptions and requirements of the personnel.
- 4) Professional organizations should review job description to see if it meets national standards.
- 5) Salary scales should be made to at least match those ~~of~~ the Veteran Administration hospitals, the main competitors for personnel.
- 6) Separate salary scales for professional people should be set up.

7) The board should sponsor further study as improvements are made.⁴⁰

Some of these suggestions were put to use. In 1965 the sixteen clinics throughout the state were staffed with a social worker and/or psychologist with a part time psychiatric consultant.⁴¹

⁴⁰"Personnel Lags on Mental Health," Atlanta Constitution, Monday, August 1, 1960. p. 25. col. 4.

⁴¹Division of Mental Health, p. 79.

SERVICES

Growth of private and nonprofit psychiatric resources has been slow because of lack of professional personnel, increased responsibilities and requirements, and the costs. However, all the services related to mental health have increased in the past few years. Some of the official facilities offered in 1964 were found in the department of education such as the Visiting Teacher's Service, Guidance and Counseling Programs, Division of Vocational Rehabilitation which is located at Milledgeville State Hospital, and services for exceptional children. Other departments with assistance to mental health are the State Department of Family and Children Service, Georgia Department of Labor, State Board of Corrections, State Board of Pardons and Paroles, and State Commission on Aging.

Of course, the most important is the Department of Public Health with the Division of Mental Health. This division has two sections -- hospitals and services. The hospitals are Georgia State Mental Institute, Georgia Mental Retardation Center, Gracewood State School and Hospital, and Milledgeville State Hospital. The services offered are alcoholic rehabilitation, community mental health, mental health planning, and mental retardation planning.⁴² The division has only two mental health nurses -- one in

⁴²Ibid., p. 28-40.

community mental health services and one in mental health planning team.⁴³

In-service education for the public health nurse stresses emotional factors. It also includes techniques of working with alcoholics under the alcoholics rehabilitation service.⁴⁴ However, this is a minimum amount of education.

The public health nurses of the local community are responsible for the aftercare for mentally-ill patients. However, due to poor communication, local health departments often are unaware of hospitalizations or discharges of an individual.

There are presently two Halfway Houses operating in the Atlanta area. One is for women and the other for men.
Hospitals At this time, the writer would like to present some of the services of specific hospitals or groups of hospitals. There are presently eight nonprofit general hospitals with organized psychiatric programs in the state. There are seven licensed private psychiatric hospitals operating; three of them are concerned with treating alcoholics.⁴⁵ There are also three hospitals which provide outpatient service. These are located at Emory in Atlanta, Medical Center in Columbus, and Phoebe-Putney in Albany.⁴⁶

⁴³Ibid., p. 48.

⁴⁴Ibid., p. 57.

⁴⁵Ibid., p. 70-71.

⁴⁶Ibid., p. 73.

In 1960, four hospitals in the state began cooperating in an Intensive Therapy Program. In that one year they admitted 453 patients and discharged 446 patients.⁴⁷ This was an effort to give intense care over a short period of time. The participating hospitals were Talmadge Memorial Hospital in Augusta, Macon General Hospital in Macon, Muscogee Medical Center in Columbus, and Grady Memorial Hospital in Atlanta. This cooperative program is an example of the expansion of mental health care from the metropolitan Atlanta.

The Community Hospital Psychiatric Program is another effort to provide more mental health service to the population. This program makes possible voluntary hospitalization in psychiatric units of general hospitals at a low cost for those who can't afford a private hospital. The stay is limited to eight weeks. The cooperating cities are Albany, Atlanta, Augusta, Columbus, Macon, and Savannah.⁴⁸

One of the specific hospitals which has an outpatient and inpatient service is Emory Hospital located in north Atlanta. This unit was opened in January, 1960. It houses twenty patients in very comfortable private rooms and has a large living area. The food for the unit is prepared within the unit. The patients are screened from the referrals from

⁴⁷Georgia Mental Health Association, p. 14.

⁴⁸Division of Mental Health, p. 58.

Emory Clinic and only patients who will provide learning experiences for the student nurses, interns, and residents in the unit are accepted. They are usually patients who are quite able to pay the \$40 to \$50 per day charges. They are called the "sophisticated people" by the staff. Patients of all diagnoses are admitted between the ages of 14 to 70. Usually the acutely ill are more acceptable than the chronically ill. Their stay is ordinarily two to eight weeks with an average of six weeks. An emphasis is placed on the milieu of the unit. Also psychotherapy, chemotherapy, and shock therapy are used. There are twenty staff members for the three eight-hour shifts. All of the nurses have a bachelor of science degree as a minimum criterion of education. The nursing assistants have had at least two years of college education. Almost all of the psychiatrists are interns or residents.⁴⁹

Grady Memorial Hospital, in downtown Atlanta, has two psychiatric units which are run in conjunction with Emory. The property is state-owned, and Grady rents the space for Emory to staff and operate. There are twenty-seven patients on the two units and neither unit is segregated. The therapy, which is the same as offered at Emory, is given free of charge to those who are public health eligible, since this is a state supported unit.

⁴⁹Mrs. Betty Hunt, Psychiatric Nursing Instructor, Emory University School of Nursing, Woodruff Building, Emory University, Atlanta, Georgia. Thursday, August 12, 1965.

It appears then from this set-up that a few of the upper and a few of the lower income bracket persons are given psychiatric help in the Atlanta area, but that the middle class person may have to go to a private hospital or to Milledgeville State Hospital.

Gracewood School Gracewood School and Hospital in Augusta is for the retarded child. This institution houses approximately 1,800 patients, most of whom are ambulatory.⁵⁰

Clinics As of 1965 there are twelve established and operating mental health clinics in local areas throughout the state. Usually these are staffed with a district Health Officer as medical director, a part time psychiatrist, a full time psychiatric social worker and/or psychologist.⁵¹

These mental health clinics treat patients with emotional problems amenable by short term, outpatient treatment.

The Emory University Clinic in Atlanta is an example of the outpatient clinic. Patients are referred here by Emory Hospital Clinic physicians after a complete physical examination in which physical health problems are eliminated. In the mental health clinic the resident doctors see the patients.

Payment is determined by a low cost sliding scale based on family income.⁵²

⁵⁰Governor's Commission for Efficiency and Improvement in Government, p. 18.

⁵¹Division of Mental Health, p. 58.

⁵²Mrs. Betty Hunt.

Milledgeville State Hospital Milledgeville State Hospital
is the only state-operated mental institution in the entire
state of Georgia.

Our one state hospital at Milledgeville has 12,000 resident patients and our budget for the coming year [1964] will be \$16,500,000 - about \$4 per patient per day. New buildings, valued at \$6,500,000 are under construction. During the last two years new admissions have increased more than 44 per cent. In [th] fiscal 1963, 6054 new patients were admitted. In addition 3579 patients returned from furlough, making the total intake of 9633 for the year.⁵³

"If overcrowding is relieved and obsolete buildings eliminated approximately 7,000 acceptable beds will remain."⁵⁴
Presently there are 12,000 beds. Of the 7,000 acceptable beds, 2000 beds will be needed for special programs.

Milledgeville State Hospital has eight schools of nursing
affiliated with it.⁵⁵ It also has educational programs for psychiatry, psychology, social workers, chaplains, and music therapists.

Many studies have been done and recommendations offered on the care given at Milledgeville. Many suggestions for improvement were made in study after study before they were finally acted upon. For instance, in 1958, the recommendation was made that the hospital be transferred from the State Department of Public Welfare to the Department of Public Health

⁵³Brown, Ray D. "The Milledgeville Story," Mental Hospitals (November, 1963), p. 582.

⁵⁴Division of Mental Health, p. 30.

⁵⁵Annual Report of Milledgeville State Hospital, p. 43.

under a mental health division. The same recommendation was⁵⁶
made by the Schaefer Committee in 1959. This suggestion
was not enacted until 1961.

The Schaefer Committee in its investigation in 1959
viewed the personnel as assuming that their main role was to⁵⁷
give custodial care to the mentally ill.

In a report in 1961 to the Joint House-Senate Mental
Health Study Committee, several recommendations were made,
the most important being:

- 1)more activity for the patients
- 2)increased expenditure on meals (presently 69¢
per day per patient - recommend at least \$1 per day
per patient)
- 3)increased spiritual guidance
- 4)separate mentally ill from rest using matching
state funds
- 5)better
his own clothing
- 6)barber shops in each unit where boys from the
Boys Training School, who are being trained to barber
under supervision, could work
- 7)hospitalization insurance for employees
- 8)fire protection improvement
- 9)better utilization of farm area
- 10)48 hour week instead of 60 hour week for
personnel⁵⁸

Before this last recommendation, many of the personnel⁵⁹
at the hospital and Gracewood were working 56 hours per week.

⁵⁶Medical Association of Georgia Committee, Report to
the Governor (Atlanta, Georgia, April 23, 1959), p. 1.

⁵⁷Governor's Commission for Efficiency and Improvement
in Government, p. 1.

⁵⁸Joint House-Senate Mental Health Study Committee, Report
to the General Assembly of the Joint House-Senate Mental Health
Study Committee (Atlanta, Georgia, January 9, 1961), p. 2-5

⁵⁹Bowdoin, p. 12.

As in most politically-run organizations, the hospital has had its share of scandals. In 1959 the finances were completely controlled by Judge Kemper who neither gave nor recieved written requests for money, only verbal. Often times, much of the money was used for personal causes.⁶⁰ At the time that this scandal was being uncovered, it was found that consent was not being obtained from families of the patients for administration of experimental drugs. Several of the doctors admitted at this time that they had been, or were, alcoholics or addicts and many of them had been hired before being completely rehabilitated.⁶¹

During investigations during this scandal, reports were verified that one of the registered nurses had been doing vasectomies, salpingectomies, hip nailing, and appendectomies without a doctor present.⁶²

After these discoveries many changes in personnel were made and closer supervision of the activites of the personnel resulted.

Progress has been great at Milledgeville State Hospital since 1959. There were, in 1960, improvements in the police and fire departments, and a full time optometrist was hired.⁶³

⁶⁰Medical Association of Georgia Committe, p. 13.

⁶¹Ibid., p. 33.

⁶²Ibid., p. 42.

⁶³Joint House-Senate Mental Health Study Committee, p. 5 and 9.

But all institutions which are overcrowded, as this one is, will have problems.

The hospital is made up of eight units divided into five non-geographically-related psychiatric units (three for white patients and two for Negro patients), a geriatric unit with approximately 1,800 beds, a 1,000 bed medical-surgical unit and about 300 veterans in the Veteran's Home.⁶⁴ The following is a picture of one of the main buildings.



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In most of these units one large spoon is provided with which the patients may eat. The dining rooms are completely barren.⁶⁶ Much evidence of dissocialization is seen in the patients which could be corrected by recreation, encouraged visits from family, and satisfaction from job achievement.

⁶⁴U. S. Department of Health, Education, and Welfare, Treatment Services for the Mentally Ill and Mentally Retarded in Georgia - A Survey Report (Public Health Service: Atlanta, Georgia,) November 20, 1964), p. 45.

⁶⁵Brown, p. 537.

⁶⁶U. S. Department of Health, Education and Welfare, p. 52.

This should be done along with the treatment of the mental illness. Rarely is the work program geared toward being therapeutic. Many of the 12,046 residents need medical help, social and religious expression, and stimulation by arts and crafts activities.

An attitude of fear and apprehension about patients seldom seen among staff in other mental hospitals has developed. Undue precautions are taken in allowing patients freedom of the grounds, and they are not encouraged to shop, to attend recreational activities, or to participate in religious services in town, because so many patients might overcrowd in the small community.⁶⁷

This quotation graphically illustrates the necessity for education of the employees in care of the mentally ill person. Some work is being done. A psychiatric aide training program was instituted about one year ago. This program brings approximately twenty new aides into the institution every three months. ~~In~~-service education is being used with aides who have been employed by the hospital for many years. Remotivation and other modern techniques in skill and treatment are being taught.⁶⁸

The number of patients served in this institution is always moving as the following table shows. Milledgeville State Hospital admits approximately 600 patients monthly.⁶⁹

⁶⁷Ibid., p. 39.

⁶⁸Brown, p. 584.

⁶⁹Governor's Commission for Efficiency and Improvement in Government, p. 16.

Average Daily Population 12,046⁷⁰

<u>Movement Into Hospital</u>		<u>Movement Out of Hospital</u>	
New Admissions	5,221	Direct Discharge	1,580
Readmissions	1,565	Placed on Furlough	8,049
Return from Furlough	<u>4,040</u>	Deaths	<u>1,114</u>
TOTAL	10,826	TOTAL	10,743

Approximately 6,000 patients are on furlough at any given time. There are a large number of these coming back and a large number of previously discharged patients returning. In fact, this total is 5,605 returnees which is more than half of the movement into the hospital. This figure is another indication of the desperate need for better aftercare services.⁷¹

Discharges and admissions balance almost completely when the furloughs and deaths are accounted for. It must be considered in the high death rate that of 3,000 patients over 65 in the hospital, 1,200 have no diagnosis of mental illness.⁷²

These people are placed at the institution because their relatives are unable, or unwilling, to care for them. This was easily accomplished several years ago, but today more careful screening is done to prevent such placements.

⁷⁰Division of Mental Health, p. 52

⁷¹Ibid., p. 38.

⁷²Bowdoin, p. 8.

Many major additions have been made to the hospital in the past five years. These include a 600 bed addition to Arnall Building - \$1,850,000; a central kitchen - \$1,530,000; Yarbrough Rehabilitation Center - \$2,925,000; and Staff Dormitory and Apartment - \$940,000. This is a total of a \$7,245,000 expenditure. A \$550,000 building is nearing completion now. This building will be used to house a 60-bed unit for emotionally disturbed children. These improvements have been made possible through bond sale of State Hospital Authority and federal funds.

The citizens of Georgia raised more than \$850,000 for the construction of five chapels at strategic locations on the campus. This allows one chapel for ever 2,400 patients.

A new program was begun in the hospital as a pilot project in 1962. This therapy-education school was begun with twenty students and two teachers. Now it has 150 students and eighteen specially-trained teachers. A psychologist is in charge of the project, and he works with the principal of the school.

The purposes of the school are to continue the education and also emotionally rehabilitate the children. This is done through three types of classes. Presently there are twelve

⁷³ Governor's Commission for Efficiency and Improvement in the Government, p. 3.

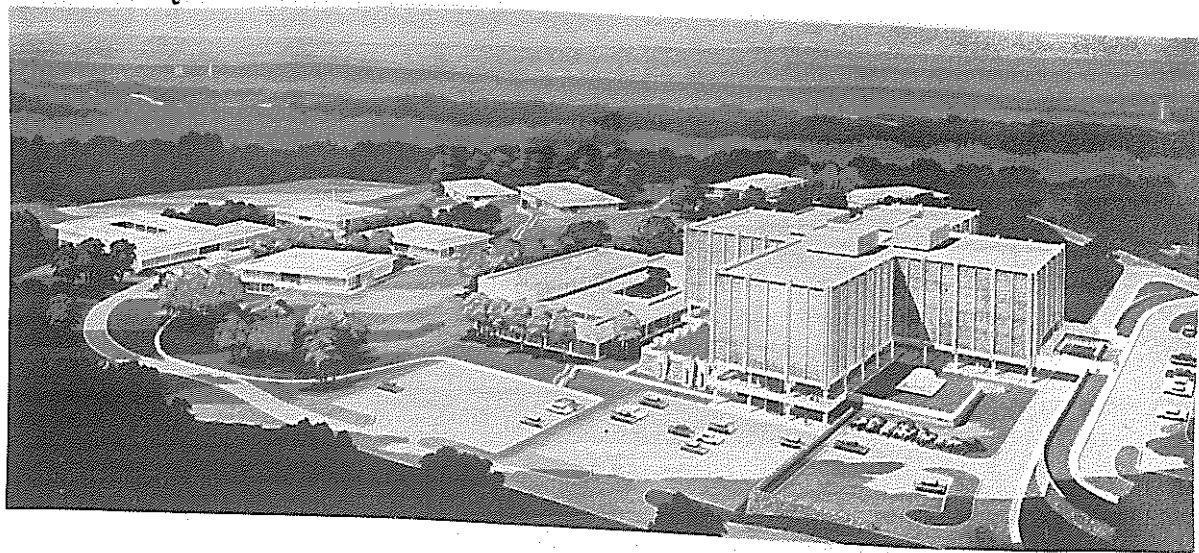
⁷⁴ Brown, p. 584.

⁷⁵ Nesmith, Jeff, "A Girl Emerges from Darkness," The Atlanta Journal and Constitution, Sunday, September 5, 1965, p. 7, col. 1.

classes for emotionally disturbed children, five classes for retarded children and one class for adult education necessary in rehabilitation.⁷⁶

The students live on wards throughout the hospital, but are transported to and from the school which is located in eighteen classrooms around the grounds. A building was planned for the school, but the plan had to be dropped due to lack of funds. Money for the project comes through the State Department of Education. As can be seen, progress is being made with new programs such as this one.

Georgia Mental Health Institute The ground breaking for Georgia Mental Health Institute was held in December, 1962. This is a \$12 million Mental Health Center located on thirty-five acres of land in east Atlanta.⁷⁷ This is a drawing of this lovely center.



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⁷⁶

Ibid.

⁷⁷ "Picture of a Dream About to Come True," Georgia's Health, April, 1963, p. 2.

⁷⁸

Brown, p. 587.

This institute was dedicated on Thursday, November 18, 1965, by former governor Ernest Vandiver. It has a capacity of 240 beds for inpatients and facilities for serving 300 patients on an outpatient basis. There is one locked ward; others are open. There is an administration building and eight cottages with twenty-five beds each. The patients will be selected. It is planned that beds will be used on a two-patient system. A patient may occupy the bed during the day and go home to his family at night (this is likely to be a woman) and then the working man will occupy the bed after work until morning. He will receive therapy in the evening and will sleep there at night. This will be very helpful for the family when the breadwinner is the one who becomes ill.

The opening of this institute will close the clinic at Grady Memorial Hospital (described on page twenty-two), and the staff will move to the Institute. The center will be used as a teaching facility for Emory University Medical and Nursing schools.

The Institute will also be used for research. In the future it is hoped that a children's and adolescents' unit will be provided in the Institute.

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Division of Mental Health, p. 61

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Mrs. Betty Hunt.

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Division of Mental Health, p. 35.

FUTURE PLANS

It will be no insignificant task to meet the increased demands for mental health services in the next decade, while at the same time improving the quality of care. These figures point to one fact -- Georgia will have to run to stand still.⁸²

The statistics presented in this paper do show a great need for growth. Progress has begun, but it must move much faster or all new developments will be outmoded before they are really put in action. At the Governor's Conference on Mental Health in May, 1965, the State Board of Health asked for immediate work to be earmarked on six regional state hospitals. Each of these should be located within a fifty mile radius so home care is possible. At first, accomadation for 1,000 patients should be planned, but this capacity should slowly decrease in a relatively short time. For these six regional state hospitals, the number of personnel will have to be increased greatly which may be difficult in this state presently.

It was also suggested that centralized treatment for alcoholics and addicts be inaugurated at both Milledgeville State Hospital and each new regional hospital.

Another suggestion was the establishment of community mental health programs in nineteen counties. These would have special emphasis on education of the public. Again an increase in personnel will have to be gained before these programs will be effective. A claim of recognition of the

⁸²Ibid., p. 26.

need for help for mentally ill, instead of letting the insane take care of the insane, has been heard.⁸³ This claim must be built upon. An attempt should be made to educate teachers, ministers, and businessmen on how to cope with and work with the emotionally handicapped. Emphasis must be expressed on hiring the discharged mentally-ill person as a part of his rehabilitation and resocialization into the society.

A further recommendation has been made for the improvement of the Milledgeville State Hospital. It is believed that, if many of the recommendations made in studies five or six years ago were enacted now, they would be of great value. One of these recommendations includes an effort to try to reduce the number of patients who are admitted to Milledgeville. This hospital should not be responsible for young or old non-psychiatric individuals. The care of the elderly seems to have been the problem in the past. More careful screening of patients is definitely needed to keep the population of the hospital lower.

The writer of this paper has several recommendations which are very similar to those presented at the Governor's Conference in 1965. She supports entirely the branching out of the mental health facilities. Through her own experience she has seen the impossibility of care when one nurse is responsible for one hundred patients. With this ratio it is difficult to even give custodial care. As has been shown,

⁸³"Georgia's Mentally Ill Deserve Adequate Care," Atlanta Constitution, Monday, January 5, 1965, p. 4, col. 3.

the change in nursing care and psychiatric care has been very small in the last six years. These needs will need to be fulfilled to make these new mental health facilities effective.

Certainly the improvement in the education of personnel has been great in the past five years. It is well known that, if a state does not provide the education for a particular occupation, it is not likely this state will have people move into the state with that skill. Hopefully, with the increase in schools, there will be an increase in personnel.

The writer would recommend a raise in pay scale from the present level for the personnel in mental health. Possibly this would draw more qualified individuals to the community.

She would recommend a greater emphasis on recreational and occupational rehabilitation. An individual who has nothing to do with his hands or mind very well may begin to dwell on his problems and become so inward directed that he will become more emotionally ill than he was previously.

She would also recommend that the public health nurses have a more extensive in-service education concerning mental health. This would facilitate a better aftercare program in the state. Of course, after this education is provided, a better communication system must be set up between the institution and the local health departments so that referrals can be made and will be effective.

With Emory University located so close to the new Georgia

Mental Health Institute, the writer would recommend and encourage more research in the area of mental disorders and treatment. This is a medical center with many graduate students who would be vitally interested in research. Mental health is an open field of research today and one which requires a modern facility such as this one.

In summary, the writer believes that Georgia is definitely making great strides in the field of mental health. Presently the state does not have enough mental health facilities to meet its need. The need is growing rapidly. The task is a large one to just meet needs, but the future problems are also great and must be met. Much effort is now being put forth in study groups of the legislature to improve the quality of care and the facilities provided for care.

Georgia, in October, 1965, according to Representative Charles Weltner, still ranks 48th in the nation in the amount of money spent on individual mental patients and their care. It also ranks last in the nation of full time staff personnel to mental patients.⁸⁴ This is an indication of the gargantuan task which is facing Georgia. Certainly, the state is presently lagging, but the effort is being made to improve the situation. If education, legislation, and expansion continues at its present rate, soon Georgia will begin to gain in its crusade in mental health.

⁸⁴Medlin, John, "State Mental Health Rank Low Despite Strong Effort," Atlanta Journal, Tuesday, October 19, 1965, p. 4, col. 6.

Appendix

Estimated Number of Patients Receiving Services in Inpatient and Outpatient Facilities
During a Year by Diagnosis and Age Group (1963)

Diagnosis (A.P.A. Code*)	Total	0-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65-74	74-up	Unknown
TOTAL	46,722	309	1,115	1,540	6,731	8,859	10,957	8,821	3,978	2,326	1,166	920
Acute Brain Disorders (01-09)	1,173	2	2	5	37	126	360	403	159	50	6	23
Chronic Brain Disorders(10-19)	6,232	51	67	138	473	492	619	718	1,049	1,367	1,041	217
Psychotic Disorders (20-25*)	17,116	113	20	112	2,592	4,446	4,521	3,115	1,303	401	60	433
Psychophysiologic, Autonomic and Visceral Disorders(29*-39)	406	-	9	7	37	64	117	112	31	28	-	1
Psychoneurotic Disorders(40)	8,523	22	87	113	866	1,670	2,595	2,164	664	269	17	56
Personality Disorders (50-53)	6,842	8	62	164	838	1,183	1,949	1,833	586	110	2	102
Transient Situational Personality Disorders (54)	1,201	14	315	352	372	34	61	23	5	15	-	10
Personality Disorders, Unclassified (59*)	214	-	-	-	78	52	43	26	12	3	-	-
Mental Deficiencies (60-63*)	2,900	28	143	254	988	567	444	282	102	25	4	63
Diagnosis, Unspecified and Unknown (91)	1,777	64	376	367	412	166	173	88	47	42	33	9
Other	338	7	34	28	38	54	75	57	20	16	3	6

Division of Mental Health. A Proposed Comprehensive Mental Health Plan (Georgia Department of Public Health: Atlanta, Georgia, May, 1965), p. 14

Cost of Care and Collections

Institution	Per Diem Cost of Care	Per Diem Collections	Total Amount Collected
Milledgeville (1961)	\$ 2.87	\$.06	\$280,235.81
State Hospital (1962)	3.35	.07	327,844.34
(1963)	3.45	.08	341,670.83
(1964)*	3.83	.09	291,565.85
Gracewood (1961)	4.73	.14	69,092.13
State School (1962)	4.64	.16	79,983.79
and Hospital (1963)	5.36	.18	86,874.36
(1964)*	6.23	.22	79,415.04

*Calculations through month of September, 1964.

Division of Mental Health. A Proposed Comprehensive Mental Health Plan (Georgia Department of Public Health, Atlanta, Georgia, May, 1965) p. 94

Persons Without Care

- 407,500 Estimate of the number of mentally ill or psychologically disturbed in the population.
- 42,508 The unduplicated count by facility of persons receiving service.
- 15,842 Estimate of the number of persons receiving services from private psychiatrists and psychologists.
-
- 349,150 The minimum estimate of the number of persons with unmet mental health in Georgia in 1963.

Division of Mental Health, A Proposed Comprehensive Mental Health Plan (Georgia Department of Public Health, Atlanta, Georgia, May, 1965) p. 34.

Estimated and Projected Number of Patients Utilizing Mental Health
Resources, by Type Service, By Age Group, 1963 and 1975

Age Group	Total		Inpatients		Outpatients		Office Visits to Private Psychiatrists and Psychologists	
	1963	1975	1963	1975	1963	1975	1963	1975
TOTAL	62,564	80,125	35,709	46,341	11,013	13,833	15,842	19,951
0-4 years	311	413	117	158	192	252	2	3
5-9	1,661	2,032	115	141	1,000	1,200	546	691
10-14	2,219	2,897	397	519	1,143	1,463	679	915
15-24	9,799	14,609	5,204	7,717	1,527	2,214	3,068	4,678
25-34	12,120	16,905	7,058	9,805	1,801	2,446	3,261	4,654
35-44	14,904	16,767	8,259	9,263	2,698	2,958	3,947	4,546
45-54	10,964	12,998	6,984	8,266	1,837	2,126	2,143	2,606
55-64	4,771	7,136	3,387	5,057	591	862	793	1,217
65-74	2,706	4,409	2,144	3,486	182	288	380	635
75 and over	1,170	1,959	1,151	1,929	15	24	4	6
Unknown	1,939	-	893	-	27	-	1,019	-

Division of Mental Health. A Proposed Comprehensive Mental Health Plan (Georgia Department of Public Health: Atlanta, Georgia, May 1965), p. 27.

Milledgeville State Hospital Organization Chart

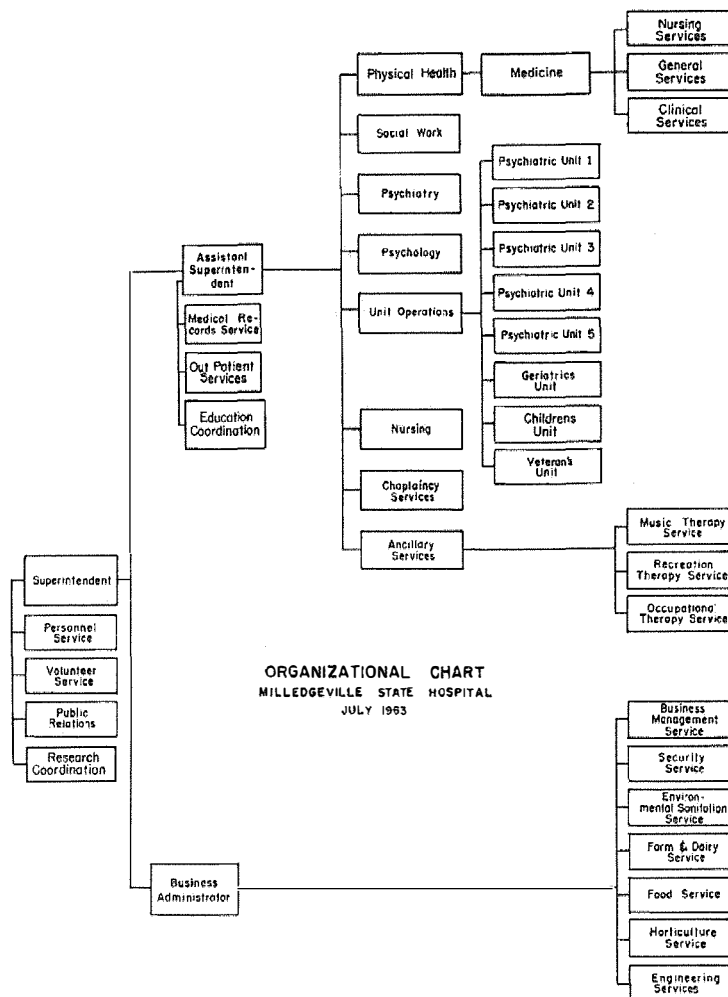


Chart shows administrative and functional relationships of professional and administrative services and the eight psychiatric units.

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