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PRELIMINARY REPORT ON THE QUESTION OF A HOSPITAL FOR
THE MENTALLY ILL--SPONSORED BY THE CHURCH OF THE BRETHREN

I. Introductory Statement.

This report does not attempt to cover the subject in detail nor answer fully the question as to whether the Brethren Church should sponsor a hospital for the mentally ill. The report is a brief look into the methods, results, and costs of the three Protestant Mental Hospitals in the United States. The time and expense required for an adequate investigation, if such a project is undertaken, did not seem proper at this point. A group of CPS men from our Lyons, N.J. unit is making a more complete study of the needs and possibilities in the field of church participation in the care of the mentally ill. Periodic reports released by Messrs. William Ray, Milton Weisshaar, and Phillip Orpurt are attached to the original copy of this report. Lewis Baldwin, at our Newtown unit, and Henry Warren, of Lyons, have also participated in these studies. We also acknowledge the survey which the Mennonite Central Committee is making in this field.

II. Values.

It seems to us that the distinctive values of a Christian Psychopathic Hospital are twofold: first to provide sympathetic and understanding care for the mentally ill, and second to apply the religious approach in psychotherapy. Regarding the first value, no one will question the statement that the mentally ill should be given kindly, intelligent care. It is also known that this kind of care cannot always be assured them in State Hospitals which are inadequately staffed; and their meager budgets keep salaries at such a low level that inferior employees are usually the only ones who will work on this scale. A Christian hospital would need to be very selective in choosing its employees and would need to keep absolute control over every phase of the patient's care and treatment, keeping it up to high standards. Under this regime it would not be easy to maintain an adequate staff, but it could be done if salaries were sufficiently generous.

The second value, the use of religion in psychotherapy, is not so easily estimated. Though the teachings of Christ answer many emotional disturbances, it must be remembered that psychotics are not always receptive to psychotherapy in any form, except in certain phases of the illness. Each superintendent of the hospitals studied was asked the question: "In approximately what percentage of patients could the religious approach be utilized?" One reply said 50%; the second was vague; the third put the value at approximately zero. This third gentleman feels that religion is seldom useful in the treatment of a psychosis, arguing that because the patient's disturbance is emotional, one should keep the treatment in a neutral emotional zone rather than introducing new emotional factors. The superintendents were also asked the question: "What does the church hospital do for patients that a state hospital cannot do?" One replied, "As to acute conditions, I find that our patients are better understood by doctors and nurses who share with them the same religious beliefs. As to the chronic conditions, the patient remains in the same religious atmosphere he enjoyed while at home."

III. Methods and Costs

The methods used are directly related to the amount of money available. One hospital caring for 160 patients has a capacity for 180 patients, but part of the hospital is closed because it cannot keep enough employees to maintain the hospital at capacity. At this hospital fees range from \$25 weekly on up; there is some provision for a limited number of people who cannot pay this cost. The treatment is almost entirely custodial care, and the actual cost of this is \$17.50 per week. The value of the grounds and equipment is \$450,000. Income from patients is \$150,000 annually, and expenditures \$148,000.

The second hospital allegedly provides all types of modern therapy. This institution has an average of 333 patients. Expenditures last year were \$270,000. From the patients the hospital received \$187,000; and \$64,000 was from donations. The balance was from investments.

The third hospital is a very progressive hospital, providing all forms of modern therapy, teaching facilities, and research. The weekly rates are \$50 and up. There is provision for a few free beds. Value of the grounds and equipment is \$2,500,000. The endowment is \$300,000 and this produces about 4% of the income. Income from patients was \$355,000 last year. Expenses and reserves were \$385,000. Endowments and investments earned \$30,000.

IV. Results.

Statistical comparisons were attempted but are of doubtful value because of the personal equation in determining whether a patient is recovered, improved, or unimproved--this classification varying with the liberality of interpretation. One would conclude that the percentage of improvements and cures in private hospitals is larger than in State hospitals, if it were not for the following:--

1. State Hospitals have very limited opportunity for selectivity of admissions; the superintendent must accept the obviously incurable as well as those with a hopeful prognosis. In a private hospital the superintendent can to a large extent select his patients.
2. Chronic cases tend to accumulate in state hospitals because the state provides permanent care if necessary. Private hospitals tend to get rid of their incurables because families cannot indefinitely pay the fees and must either care for the patient at home or have them committed to a public hospital.

V. Conclusion.

If enough money is available a Christian psychopathic Hospital might render a splendid service to a limited number of mentally ill. This number might be one hundred or perhaps three hundred patients annually. Though this scarcely touches the problem of helping the mentally ill, it would require the expenditure of many thousands of dollars annually; and the church would have to decide between this value and that of other church activities for which the money might be spent. Dr. Samuel Hamilton, the Mental Hospital Advisor for the U.S. Public Health Service, was asked for an opinion. He replied: "Whether you can run a church institution depends on men and money; and your group should be well advised before undertaking it. The cost of operating a good private institution these days is staggering."

VI. Recommendations.

Upon the basis of our findings through this study and discussion with other staff members and other leaders, including our young men and women working in State Mental Hospital, and in view of the tremendous needs in other areas of our service program, we recommend that:

1. The Brethren Service Committee should not at this time undertake to operate a mental hospital.
2. In the event the Mennonite Central Committee decides to undertake the establishment of a Mental Hospital, the B.S.C. should study carefully its findings, follow the progress of its project, and perhaps explore with the Mennonites the possibilities of cooperative effort in this field.
3. That instead of establishing and operating Mental Hospitals, the B.S.C. encourage the Church of the Brethren, through the several agencies involved, to inaugurate an adequate Mental Hygiene Program, which might include, among other things:
 - a. Literature in the field of mental health.
 - b. Encouragement to our young ministers to include clinical training in mental hospitals in their preparation for pastoral leadership.
 - c. Increased attention to education in mental hygiene in the curricula of our summer camps, work camps, and colleges.
4. That the B.S.C. in cooperation with other agencies encourage and support financially the Mental Hygiene Program initiated by CPS men in cooperation with the National Committee of Mental Hygiene and other recognized groups.
5. That interested Brethren qualify as attendants, psychologists, chaplains, nurses, dieticians, managers, and psychiatrists in public mental hospitals.
6. That the B.S.C. commend Bethany Biblical Seminary for its leadership in the field of mental hygiene.