

CAMARILLO STATE HOSPITAL  
CAMARILLO, CALIFORNIA

GOVERNOR'S COUNCIL REPORT  
TO  
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OCTOBER 1960

INDUSTRIAL THERAPY

Realizing the need for more concentrated effort on Industrial Therapy than was possible with only two Industrial Therapists, the present Budget allotment in the Camarillo State Hospital, we organized, about a year ago, what is called the Department of Industrial Therapy. In order to gain the necessary initial recognition and momentum, we assigned a psychiatrist to head it up temporarily. He was subsequently replaced by a psychologist, working under the direction of the Assistant Superintendent of Ancillary Services. A social worker, assigned full-time, relates the work with our release program, and the two budgeted positions for group leaders were filled with personnel suitable for assisting in the selecting and escorting of new patients to their various assignments. This organization has its headquarters in the new office building.

The justification for this program, in general, was two-fold. First, we have long wished to convert our patient work program from one of service to the hospital to one of service and therapy to the patient. This could not be done without additional help, i.e. more than the two industrial therapists allowed by the Budget: Nor could a gross change be made, consisting of scientific evaluation of the patient and assignment, producing the desired results, without the addition of professional personnel. Secondly, the intensification and expansion of our therapy program was not only depriving the patients of the benefits of work therapy by breaking up their days and weeks into segments too small for the usual staff to deal with, but also, by speeding up the flow of patients through the hospital and their having to spend so much time in treatment situations, the hospital industries were suffering from a shortage of man power. The transition from custodial care to intensified treatment has revealed a marked shortage of budgeted help to properly operate the many industries involved in the operation of the hospital and, incidentally, we feel that no industry in the hospital should be dependent upon patient help to carry out its functions, below minimum standards. There will always be a place for the patient who needs the therapy involved, or the training in skills, even with well staffed industries.

In order to illustrate some of the problems as well as some of the achievements of this group of therapists, I quote a few paragraphs from the monthly report for October 1960, and attach a copy of their general distribution report entitled, "November Report - Department of Industrial Therapy."

"During the past four weeks, the Industrial Therapy Department received 280 referrals, 288 assignments were made, the assignments of 44 patients were changed and 16 patients were relieved of their assignments. Also during the month a total of 1605 Monthly Progress Reports were received. The progress reports number more than the patients who are actually employed through the Industrial Therapy Department. Undoubtedly two reports on some patients have been received during the four week period, which reflects the efforts of the

industrial therapists to encourage industrial employees to report on all patients in their areas by the first of the month.

"We are exploring the possibility of having a one day industrial therapy work shop, perhaps in April 1961. Camarillo might invite nearby hospitals, such as Patton, Metropolitan and maybe Napa, to join us in such a work shop. There is a need to share ideas from other hospitals as well as stimulate our own staff to the whole idea of work therapy as a vital part of the treatment program.

"Also, we are exploring the possibility of establishing a local vocational rehabilitation program with a sheltered work shop, and association with "Handcraft Industries of Los Angeles." It is possible that we can obtain funds and personnel from the State Office of Vocational Rehabilitation. We will develop this area through the Department of Research here at the hospital."

### NURSING SERVICES

#### New Admissions

The wards have received a good many new patients during the past month, some needing more attention at times than we are able to give on the admitting wards. However, the new program of admissions is coming along in good order. All of the morning supervisors and over half of the charges have made a tour of the Admission Suite. They found this very interesting and helpful in their after care of the new patient.

#### Admission - Stimulating Interest

One of the new admitting wards reports that with the coming of a number of new patients the ward is now a rather mixed group and this has brought about many changes. The newer and younger patients are interested in their appearance and they enjoy social activities. This group also enjoys working off the ward and with rehabilitation groups. All this has caused more of the older hospitalized patients to take more pride in their personal appearance and surroundings, and to become interested in doing something. (This was envisioned in our new admission procedure.)

#### Personnel Problems

As a result of the new admissions procedure, several wards have shown a stress situation this past month. Both morning and afternoon groups have been short-staffed and the work load has been rather heavy, causing many to feel the pressure. Supervisors are striving to keep alert to these situations, giving encouragement, support, and assistance when possible. Interest and morale appear to be at a good level, and personnel continue their efforts for patients' welfare and comfort.

### PSYCHIATRIC SERVICE

RT-6, a research ward, has instituted daily meetings to teach and discuss nurse-patient relationships. This has been very stimulating to the

staff and has boosted employee morale, which slumped after the regressed patients for the Salkin-Schoop research program were admitted to the ward.

The Salkin-Schoop program is still in the stage of testing and evaluating the patients. Dr. Thiele has evaluated half the group and one patient has completed the Rorschach test. The patients have adjusted to their new ward and have received their complement of state clothing, individually marked. A weekly question and answer type of meeting is held on the ward, to which all are invited.

Visitors and new employees who are being oriented to the hospital are much impressed with the Day Hospital; not only with the attractive physical set-up, but also the purpose of this important part of the Camarillo Hospital. It is still carrying a patient load of around two dozen.

#### REHABILITATION SERVICES

During October, we were most fortunate in obtaining two concerts in Hagerty Auditorium; the first, a program of vocal, violincello, piano and organ music from the University of Southern California Music Department, played to a full house on October 1. The second concert was by the Santa Barbara Light Opera Company and included solo singers and choral music as well as a number of dances with colorful costumes and clever staging. Both of these concerts were greatly enjoyed by our patients.

The basketball team got off to a fine start this season by winning the first two games they played. Games are scheduled once each week in the Auditorium Gymnasium during the winter season. The sports fans have been filling the bleachers at every game.

The Halloween dance had the largest attendance since we opened the auditorium, with nearly 800 patients dancing. The auditorium was decorated lavishly for the occasion with witches, bats, scarecrows and, of course, pumpkins in profusion from the Ranch. One of the features was a broom dance with one broom dressed as a boy and the other as a girl. When handed the broom you had to give up your partner and the person receiving the broom then had to pass it on to someone else. Refreshments were served, and the hospital combo provided the music.

#### CONVALESCENT LEAVE PSYCHIATRIST PROGRAM

On August 18 last, the Camarillo State Hospital placed a psychiatrist on duty with the Bureau of Social Work, Southern Region. He is headquartered in the Los Angeles Regional Office. Generally speaking, he is carrying out those functions formerly performed by the Out Patient Clinic psychiatrist from Camarillo. This includes conducting psychiatric examinations and evaluations, consultation with field staff, administration and supervision of ataractic and anti-convulsant medication, emergency medical consultations, and making those administrative decisions for rehospitalization and discharge where psychiatric consultation and examination are indicated. As of this date, two months later, no other hospital has a full-time psychiatrist in the program.

Forms are now available for monthly reports to the hospital, listing services rendered, for whom, and approximate time required. This information will then be forwarded to Sacramento.

Along with the Assistant Superintendent Ancillary Services of the Camarillo State Hospital, this psychiatrist has made two trips to Sacramento, September 30 and October 24, to "explore methods in which he might be of maximum service to the Bureau of Social Work offices." Among the items discussed were some which have long range implications for understanding and evaluating the merits or demerits of programs related to the whole area of "After Care." They report that Dr. Lieberman has indicated that the follow-up of the patients in the community should be seen as a functional whole, with the after care facility, and the consultant psychiatric help to be contained in "one basket" of clinical activity. We are not in agreement with that concept, in that we believe the consultant psychiatric service, and the hospital after care clinic should constitute a functional unit. It is to be hoped that the hospitals may retain some jurisdiction over their own Convalescent Leave Psychiatrists.

It is evident that one psychiatrist can add very little to the overall program, and even with an additional psychiatrist from each of the hospitals, to cover the vast area, and the great number of patients on leave, very little supportive treatment can be offered.

Respectfully submitted,

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SUPERINTENDENT AND  
MEDICAL DIRECTOR