OUTLINE TO BE USED AS A GUIDE TO THE EVALUATION OF TREATMENT IN A PUBLIC PSYCHIATRIC HOSPITAL

Formulated by
The Committee on Hospitals of the Group for the Advancement of Psychiatry

GENERAL COMMENTS:
This Outline Guide is offered as one aid in the evaluation of treatment in a public psychiatric hospital. Although not intended to take the place of other weighing devices, it may be found useful as a supplementary tool. Employed as a check list, it will direct attention to many aspects of hospital operation sometimes thought of as outside the realm of treatment. Since everything associated with the comfort, basic care and well-being of the patient is intimately connected with his therapeutic course, aspects of the hospital program relating to these matters must, in fact, be regarded as part of the total treatment process.

The Outline should be of use to any qualified individual interested in the operation of a public psychiatric hospital, and particularly to the administrator, physician, trustee, and department head. It not only serves as one means of gauging staff achievement, but helps in the evaluation of specific aspects of the hospital program in their relation to treatment, thus stimulating the staff toward further improvements in therapy.

Because of the variations in hospital structure, size and available appropriations, it would be difficult for all hospitals to meet each of the goals implied in this guide. Such variations must be taken into consideration in any evaluation. The present outline will fulfill its purpose if it serves as a reminder of the complex nature of hospital operations and as a guide and help in their continued improvement.

1. Does the hospital provide active treatment and humane care for its patients, as well as educational and research facilities for its staff?1

2. Is the Superintendent, Manager or Director:
   a. A well qualified physician and an experienced psychiatrist with administrative ability?
   b. The chief professional and administrative officer of the hospital?
   c. Free from partisan political interference?
   d. Given authority commensurate with his responsibility?
   e. Administratively responsible only to the appointing authority?

3. Is the treatment of patients the primary responsibility of physicians only?

4. Is the medical staff composed of ethical, competent physicians in sufficient number to furnish effective treatment and care of patients, with opportunity for individual therapy?

5. Are adequate ancillary services provided by well trained personnel, properly organized and under competent supervision?

6. a. Are there adequate diagnostic, therapeutic and rehabilitation facilities?
   b. Is the technical staff for their operation sufficient in number and under competent medical supervision?

7. a. Are accurate and complete medical records kept?
   b. Are records promptly written and filed so as to be accessible for use in clinical reference and research?

8. Is competent personnel provided to carry out the necessary administrative and maintenance functions of the hospital?

9. Is the physical plant free from hazards, properly equipped, and with adequate space for the comfort and scientific care of the patients?

10. a. Is the location of the mental hospital accessible to the population it is intended to serve?
    b. Is it in close proximity to medical schools or similar centers of medical activity?

1Rephrased from the Standards of the American Psychiatric Association, for Psychiatric Hospitals, 1951. Obtainable from 1785 Massachusetts Ave., N.W., Washington, D.C.
11. Is the hospital integrated with the other resources of the community?

FOOD
12. Does the menu provide well-balanced meals that include sufficient quantities of the seven basic dietary ingredients?
   a. leafy, green vegetables?
   b. citrus fruit?
   c. potatoes and other vegetables?
   d. milk?
   e. meat or fish?
   f. bread or cereals?
   g. butter or margarine?

13. Do patients and employees receive the same standard menu?

14. Are all patients in the institution fed the same standard menu, whether they are on the front, or so-called back wards?

15. Is the caloric value of the diet adjusted to the requirements of patients who are:
   a. normally active?
   b. sedentary?
   c. overactive?

16. Does the menu planning insure variety?

17. Is food of good quality insisted upon? (Meat inspected by U. S. Dept. of Agriculture; milk Grade A quality, etc.?)

18. Are foods inspected properly and preserved to insure high quality?

19. Is there a regularly scheduled and accurate check of food consumption in effect?

20. With this basic information, are unacceptable food items deleted from the menu?

21. Is the kitchen well-lighted and ventilated, and free from objectionable odors?

22. Is there equipment for the following:
   a. refrigeration and storage?
   b. meat-cutting and slicing?
   c. baking?
   d. pastry-making?

23. a. Is all food protected against contamination during transportation?
   b. Does it arrive at its destination in the best possible condition (either hot or cold?)

24. Are there grills and toasters at all serving counters for the fresh preparation of food items?

25. Are there coffee makers at each feeding center for the fresh preparation of beverages?

26. Are cooking methods used that insure palatable, nutritious, safe meals?

27. Is the service of food efficient?

28. a. Is a knife, fork, spoon, and napkin given to each patient?
   b. Are place settings complete? (plate, glass, etc.)?
   c. Are attractive trays skillfully presented?

29. Is the appearance of the dining room bright and clean?

30. Is it possible for the patient to get drinking water in the dining room?

31. Are the patients properly supervised at meals?

32. Are patients who need help with their meals given it?

33. Can patients smoke after meals if they wish to do so?

34. Are dishes pre-rinsed and properly washed in mechanical dish-washers that have gauges indicating safe sterilization temperature?

35. Are stains regularly removed from silverware and dishes?

36. Are pots and pans thoroughly washed and sterilized?

37. Is garbage kept refrigerated in water-tight cans with tight fitting metal lids?

38. Are garbage cans properly cleansed and regularly steam-sterilized?

39. a. Are patient and employee toilet rooms located adjacent to dining rooms and food preparation areas?
   b. Are they provided with soap and towels?

40. Are kitchen personnel thoroughly trained in hygiene, sanitation, and in various duties connected with the service of food?

41. Are food handlers given regular medical examinations?

42. Is an effort being made constantly to improve food service?
43. Are special diets available for the:
   a. medically sick?
   b. aged?
   c. infirm?
   d. special groups?

44. Is special attention paid to the likes and dislikes of patients?

45. Is there time enough to eat without being hurried?

46. Are the meal hours set for the maximum benefit of the patients rather than for the convenience of the employees?

47. Are there enough properly trained dietitians to supervise the food service and to supervise the preparation of special diets?

CLOTHING

48. Are all patients properly dressed?

49. a. Is there an adequate supply of clean clothing?
   b. Are laundry facilities adequate to keep clothing clean?

50. Are suitable articles of clothing, as far as possible, individually marked for each patient?

51. Are patients allowed a choice in color, style, etc. of clothing?

52. Do working patients have proper clothing?

53. Is there proper inclement and cold weather outer clothing?

54. Are bedgowns or pajamas, bathrobes, and slippers available for all patients?

55. Is there an adequate supply of washable clothing that will enable untidy patients to be properly dressed at all times?

56. Is there an adequate supply of women’s underclothing with supportive garments?

57. Is there an adequate system for keeping account of clothing to prevent loss?

58. Is a periodic check made of clothing for condemnation of worn out articles?

59. Is patient clothing neatly ironed, and does it reach the patient in attractive, wearable condition?

60. Is there a dry cleaning plant available for the proper cleansing of silks and woolens?

61. a. Is there proper provision for sewing on of buttons, mending and repair of clothing?
   b. Are shoes kept in good repair?

62. Is there a suitable, locked storage area on each ward, where patients can keep their clothing?

63. Are there individual lockers?

64. Is the space adequate for folded clothing as well as for hanging suits, dresses and coats?

65. After bathing, do all patients get clean clothing when ready to dress?

66. Is shoe shining equipment available to patients?

67. Is every effort made to secure patient clothing from the family?

WARD LIVING

68. Are the hospital wards attractive and colorful, reflecting a homelike atmosphere?

69. Are windows, floors, furniture and walls and stairways clean?

70. Is there good maintenance?

71. Are wards properly lighted?

72. Are there enough attractive, clean lavatories? (1)²,³

73. Are there enough toilets and urinals? (2)⁴

74. Are the bathing sections:
   a. adequate in number? (3)⁵
   b. efficiently designed?
   c. attractive in appearance?
   d. clean?

75. Are soap and towels available in sufficient supply?

76. Are there curtains at the windows on the wards?

77. Is there a chair for each patient?

78. Is the ward day-hall attractively furnished and of sufficient size?

79. Is there a bedside cabinet or some place to which the patient has access where he may put his personal property?

²“Standards of the American Psychiatric Association.”
³Specify: (1) Lavatories: 1 per 6 patients.
⁴(2) Toilets: 1 for 8 patients.
⁵(3) Tub or Shower: 1 for 15 patients.
80. Is the patient allowed any decoration in his room?
81. Is there at least four feet of space between each bed?
82. Are the beds comfortable, satisfactory in appearance; and are the springs in good condition?
83. Are the mattresses clean and comfortable?
84. Are there two sheets on each bed?
85. Is the pillow clean and comfortable?
86. Is there a pillow case?
87. Is there a sufficient number of warm, clean blankets?
88. Is there a bed spread?
89. Are mattress pads used on wards that need them?

PERSONAL HYGIENE
90. Are baths available more often than once a week for all patients in accordance with their needs? For example: daily baths for workers, untidy, etc.
91. Are all showers and tubs protected with heat control regulators to prevent scalding?
92. Are there proper safeguards such as rubber mats in bathing section to prevent slipping and falling?
93. a. Is the patient’s body examined after each bath?
   b. Is attention paid to fungus infection of the foot with proper foot care for those who require it?
94. Are proper dressing rooms affording some privacy available?
95. Are soap and towels available to each patient upon arising?
96. Does each patient have his own comb?
97. a. Does each patient have his own toothbrush?
   b. Is a dentifrice available?
   c. Are patients encouraged to practice dental care?
98. Is there proper equipment for the sanitary storage of toothbrushes?
99. Is an effort made to develop regular elimination habits in patients who are untidy?

100. Is a record kept of menstruation in female patients?
101. Are sanitary pads and belts available as required by female patients?
102. Are provisions made for female patients to remove superfluous hair?
103. Are personal deodorants available?
104. Is proper care available for nails?

BARBER SHOP
105. Are haircuts available to male patients every 21 days?
106. Are shaves available at least three times a week for male patients who cannot shave themselves?
107. Is there an adequate technique for the supervision of patients who can shave themselves daily?
108. Are the barbers registered?
109. Are clean towels and neck strips used with each patient?
110. a. Are regular inspections made of the scalp?
    b. When an abnormality is found, are reports made to the physicians?
111. Is there an adequate supply of proper barbering equipment?
112. Are instruments regularly sterilized?
113. Do barber shops meet the sanitary standards of those in the community?
114. Does the State Board of Barbers examine or make regular inspections of the hospital’s barber shops?

BEAUTY SHOP
115. Are shampoos, hair styling, and waves available to all female patients?
116. Are the facilities used by all patients?
117. Do bed patients receive hair care by beauticians?
118. Are the beauticians registered?
119. Are beauticians supplied with proper equipment in sufficient quantity?
120. Are clean towels and neck strips used with each patient?
121. Are instruments and equipment regularly sterilized?
122. a. Are regular inspections made of the scalp?
   b. When an abnormality is found, are reports made to the physicians?

123. a. Do beauty shops meet the sanitary standards of those in the community?
   b. Are they conveniently located and attractive in appearance?

**DENTAL CARE**

124. Is a dental examination chart made for each patient upon admission?

125. Is emergency dental work promptly carried out?

126. Is there a satisfactory method which insures an annual dental examination for each patient?

127. Is an attempt made to preserve teeth if at all possible?

128. Is there continuing education of the entire staff in the recognition and reporting of patient's dental needs?

129. Are dentures marked for identification?

130. Is there a program for oral hygiene?

131. Are dentures available for those who cannot pay?

132. Is the Dental Department using modern techniques?

133. Is there adequate consultation service to insure good dentistry?

134. Is there one qualified and licensed dentist for each 1,000 patients?

135. Are there two dental hygieneists for each 1,000 patients?

136. Are adequate records of dental care kept?

137. Is there proper equipment for carrying out all types of dental procedures including dental X-ray?

**OCCUPATIONAL THERAPY**

138. Is there an active, functioning, occupational therapy department with a supervisory staff of registered occupational therapists?

139. Is there a ratio of at least one worker for every 100 patients?

140. Are there attractive, well-equipped, well-lighted and ventilated occupational clinics and shops?

141. Are they conveniently accessible to ward buildings?

142. Is there proper storage space available for equipment and materials?

143. Are men and women permitted to work in the same shop?

144. Are noisy crafts separated from quieter ones?

145. Is there proper work space?

146. Are there sufficient tools?

147. Is there sufficient variation in the availability of different types of work to appeal to all patients?

148. Is a patient allowed to keep articles he makes?

149. Is there proper control of tools and equipment?

150. Is work graded so that there is pressure upon the patient to constantly advance to a higher level of achievement?

151. Is there proper storage space for each patient's project during the time he is not working on it?

152. Is an effort made to build a personal relationship between patients and therapists, and do the therapists have good understanding of the problems of patients?

153. Does the doctor make regular inspections of the O.T. Department and keep himself informed as to the progress his patients are making?

154. Is there an out-door activities program?

155. Do patients on wards have a chance to develop their own flower gardens; are there seeds and tools available and encouragement to use them?

156. Is there a program of industrial therapy?

157. Are industrial therapists trained in patient management?

158. Is sufficient effort made to promote the patient, as he improves, to a position of greater responsibility?

159. Is everything done to make industrial placement truly therapeutic?

160. Are opportunities for work in the hospital surveyed and catalogued as to progressive complexity; and are work assignments made with this in mind?
161. Are patient ward workers assigned to work on some other ward than the one in which they live?

162. Is there proper supervision to protect the patient's interests?

163. Is a record made of the progress shown by the patient, and is this communicated to the physician?

164. Is the patient who lacks a vocation trained to do something that he can use to support himself when he leaves the hospital?

165. Do physicians inspect industrial therapy placements to insure proper medical supervision?

166. Is the occupational therapy department fully supported by hospital budget?

RECREATION

167. Is there a competent recreational therapy staff?

168. Is there an adequate program of recreation?

169. Does the program reach each patient in accordance with his need during some time in the day?

170. Is there a chance for active participation by those who are able to do so?

171. Are recreational areas conveniently accessible to ward buildings?

172. Is equipment adequate?

173. Are patients encouraged to use the facilities available?

174. Does the entertainment program include?
   a. movies?
   b. radio?
   c. television?
   d. live entertainment?

175. Are entertainments scheduled so as to avoid conflicts with prescribed therapy programs?

176. Are recreational activities equivalent to those which persons in the community from the same station in life would normally enjoy?

177. Are there:
   a. croquet courts?
   b. tennis courts?
   c. volley ball courts?
   d. athletic fields?
   e. out-door, hard surface play areas?
   f. horse shoe pits?
   g. badminton courts?

178. Is equipment adequate for full utilization of these facilities?

179. Is there a swimming pool?

180. Is there an indoor gymnasium?

181. Is it used in inclement weather?

182. Is the number of trained recreational aides sufficient to maintain a proper program?

183. Is encouragement given to patient-sponsored activities, patient self-governing organizations, patient clubs, patient newspapers, etc.?

RELIGIOUS SERVICES

184. Is the number of full-time Chaplains sufficient to meet the spiritual needs of patients?

185. Are Chaplains trained for work with the mentally ill?

186. Is a Chaplain notified of the admission of each new patient?

187. Do all new patients have the opportunity to see a Chaplain?

188. Are the respective Chaplains notified of the seriously ill patient?

189. Are Sunday services and other religious observances available to patients in accordance with the practices of their faith?

190. Is there opportunity for counseling by the spiritual advisor?

MEDICAL AND SURGICAL SERVICE

191. Is there a separate medical and surgical building for the care and treatment of patients with physical illnesses?

192. Is the medical and nursing care offered in this building equal to that which non-paying patients would receive in a good general hospital?

193. Are there one or more well-equipped operating rooms with facilities for the care of:
   a. all types of fractures?
   b. neuro-surgical cases?
   c. minor surgical disorders?
   d. major surgical problems?

194. Is there a properly trained and qualified staff of visiting physicians and surgeons on this service?

195. Are they used regularly on a consultation basis?
196. Are there one or more qualified anesthetists?
197. Is the number of specialty medical and surgical clinics adequate?
198. Is there a properly located central supply room functioning in accordance with approved general hospital practice?
199. Is there a properly equipped X-ray room with facilities for diagnostic, fluoroscopic, and general X-ray work?
200. Is there a portable X-ray for bedside and surgical use?
201. Are chest X-rays taken on every new patient and every new employee?
202. Is there a qualified radiologist in charge of the department?
203. Is there a properly equipped laboratory?
204. Are blood and urine examinations done on all new admissions?
205. Are there facilities for:
   a. pathological examinations?
   b. electrocardiography?
   c. electroencephalography?
   d. usual diagnostic tests?
206. Is the autopsy percentage above 20%?
207. a. Are there dispensaries and treatment units in the various ward buildings for the treatment of patients who have minor ailments?
   b. Are these staffed by a nurse?
208. Are medications given by registered nurses?
209. Are doctor's orders written and available for the guidance of nurses who give medications?
210. Are nursing service records adequate?
211. Is there proper control of poisons, hypnotic and sedative drugs?
212. Are all forms of chemotherapy available in accordance with the best medical practice?
213. Is there a properly equipped physical therapy department with a psychiatrist in charge?

GENERAL THERAPY
214. Does each psychiatrist in the hospital have an opportunity to carry at least one patient in intensive individual psychotherapy with hourly interviews two or three times a week?
215. Does each psychiatrist have the opportunity to carry at least one group of 10 to 15 patients in psychotherapy with scheduled sessions two or three times a week?
216. a. Do staff therapists have supervision in their psychotherapeutic work?
   b. Is a qualified psychiatrist available for such supervision?
217. Are there a sufficient number of electric shock units with properly trained nursing staffs and a skilled physician in charge in each service of the hospital?
218. Are techniques available for giving electric shock to those who cannot tolerate grand mal seizures?
219. Is there proper supervision during the convalescent phase of shock therapy?
220. Is insulin coma therapy available to all patients who require it?
221. Is the staff in the insulin coma unit adequate and well trained?
222. Is proper emergency equipment available?
223. Is the physician in charge expert in the therapy and does he properly supervise assistants?
224. Is narcosynthesis treatment available?
225. Is prefrontal lobotomy or other psychosurgical treatment available?
226. Is there a properly trained neuro-surgeon on the staff who is in charge of such surgical procedures?
227. Is the morbidity and mortality rate for surgical procedures on a par with that found in the best general hospitals?
228. Is there a formulated technique for follow-up therapy, following such operation and is it carried through?
229. Is physical therapy available for all patients who require it?
230. Does the physical therapy department have:
   a. adequate equipment?
   b. trained technicians?
   c. qualified consultants?
231. a. Is there a hydrotherapy unit providing continuous bath treatment with properly trained technicians available?
   b. Is the equipment safe, efficient, and adequate?
232. Are the ancillary techniques such as the use of
dance, music, psychodrama, special education,
instruction in art, and various activities of a
similar nature available for selected cases?
233. Is there a special facility for geriatric cases?
234. Is there a separate unit for children?
235. Is there an out-patient clinic for the after care
of released patients?
236. Is there a mental health clinic for the treatment
of non-hospitalized patients?
237. Is there a service for day patients?
238. Is there a volunteer program?
239. Is there a co-ordinator or director of volunteer
services?
240. Are volunteers properly screened and given
some training?
241. Is the supervision of volunteers adequate?
242. Is there an organized effort to create new areas
of hospital service for volunteer workers from
the community?
243. Are voluntary admissions to the hospital
encouraged?
244. Are patients and employees immunized for:
a. smallpox?
b. typhoid fever?
245. Are a significant number of patients permitted
the freedom of the grounds?
246. Has the use of restraint been abolished except
with acute medical and surgical cases requiring
enforced bed care?
247. Is all restraint and seclusion used only after
specific written prescription by the psychia-
trist?
248. Is a permanent written record kept of all seclu-
sion and restraint?
249. Is seclusion always sparingly prescribed for a
few hours a day only as a temporary expedien-
t?
250. a. Are there emergency trays with resuscitator
equipment, oxygen equipment, surgical kits,
etc., strategically placed and readily avail-
able for use?
b. Is the equipment in good working order?
c. Do those who must use it, know where it is?
d. Do they know how to operate it?
251. Is there an ambulance and a trained hospital
disaster team that can be instantly available
when required?

FAMILY CARE
252. Is there a family care program?
253. Are the family care homes carefully selected
and supervised?

HOSPITAL AND COMMUNITY
254. Do the members of the hospital staff take an
active part in community organizations of a
professional, secular, and religious nature?
255. Do reputable professional societies hold meet-
ings at the hospital on invitation of the ad-
ministrator?
256. Is provision made for news releases on all sig-
ificant events?
257. Has the hospital established mutually satisfac-
tory relations with the local press?
258. Do members of the staff who are qualified fre-
quently address community groups?
259. Does the hospital adequately publicize its an-
nual open house?
260. Does the hospital take an active part in the lo-
cal mental health movement?
261. Does the hospital maintain a continuing educa-
tional program for business men directed to-
ward the employment of discharged patients?

NEUROLOGICAL CASES
262. Is there a special ward for neurological prob-
lems?
263. Is a neurologist available to the staff for con-
sultation?
264. Are neurological examinations made when in-
dicated and properly recorded?
265. Are diagnostic aids such as X-rays, air studies,
brain waves, carotid arteriography, electric
stimulation tests, etc. available when required?
266. Is adequate therapy available for those who
need it?

TUBERCULOSIS
267. Is there a systematic tuberculosis case finding
program in effect?
268. Are chest X-rays taken on every new admission and on every new employee?

269. Is there an annual health inventory with X-rays for every patient and each employee?

270. Is a tuberculin test performed on every new patient and employee?

271. Are patients who have had tuberculosis or employees who work on a tuberculosis ward X-rayed at least every six months?

272. Are there proper wards or buildings for isolation and segregation of tuberculosis patients?

273. Is there a properly qualified physician in charge of that unit?

274. Is there a consultant in tuberculosis?

275. Are proper precautions taken in the handling of clothing, linens, bedding, dishes, etc. used on this service?

276. Are all forms of modern tuberculosis therapy available?

277. Is the technique for safeguarding patients and employees equivalent to that found in the best tuberculosis hospitals?

278. Is there an adequate procedure to prevent spread of contagion by proper handling of all waste?

279. Is the personnel adequately trained and instructed in the care and treatment of tuberculosis?

PERSONNEL

280. Is there a Medical Executive Committee in charge of medical policy?

281. Is the medical staff organized:
   a. have by-laws and policies been formulated and written?
   b. have committees for the consideration of special problems been formed?

282. a. Are the Superintendent, Assistant Superintendent, and Director of Clinical Psychiatry, properly trained and qualified for their respective jobs in accordance with standards of the American Psychiatric Association?86
   b. Are they Diplomates of the American Board of Psychiatry and Neurology, with adequate experience in academic education or administration as the case may require?

283. Is there a properly qualified Director of the Medical and Surgical Services who has had experience in his field?

284. Are the senior and supervising physicians properly qualified to supervise the younger men under them?

285. Is there a properly qualified Director of the Clinical and Pathological Laboratory?

286. Are the junior physicians and residents:
   a. graduates of Class "A" medical schools?
   b. have they completed an approved internship?
   c. are they duly licensed to practice medicine?
   d. have they a serious interest in medicine and a capacity for self-development?

287. Is there a properly trained Chief Clinical Psychologist who has his doctor's degree in psychology?

288. Is there an adequate clinical psychological staff with at least one psychologist for every 500 patients in residence?

289. Does the Director of Nursing meet the standards set by the American Psychiatric Association as a properly qualified nurse administrator with experience in psychiatric nursing?

290. Are there also well qualified Assistant Directors of Nursing in charge of:
   a. education?
   b. administration?

291. Is there a faculty with properly trained instructors having degrees in Nursing Education for the training of students?

292. Is there an affiliate nurse training program?

293. Is there an adequate staff of supervisory nurses and head nurses to carry out the psychiatric nursing treatment?

294. Are there adequate training courses for the various categories of attendants or aides?

295. Are attendants selected from those who are sufficiently stable and interested in their work to be able to give good care and treatment to patients?

296. Are salaries adequate to recruit and hold good personnel?

297. Is there a properly trained Chief Psychiatric Social Worker, who is a graduate of an approved school of social work?

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86Obtainable from American Psychiatric Assn., 1785 Massachusetts Ave., N.W., Washington, D.C.
298. Is there a staff of social workers providing one social worker for every 80 new admissions per year and one psychiatric social worker for each 60 patients on convalescent status or family care?
   a. is the staff adequate for intake work with patient problems?
   b. for intramural work?
   c. to follow up convalescent patients?

299. Is there a properly qualified Director of occupational therapy?

300. Is there one registered Occupational Therapist for:
   a. each 100 acute patients?
   b. for each 500 chronic patients in residence?

301. Are assistants in occupational therapy available in a ratio of:
   a. 1-150 patients on the chronic service?
   b. 1-140 on the acute service?

302. Is there a properly qualified Pharmacist who is a graduate of an approved school of pharmacy and who is registered in the State?

303. Are the laboratory technicians graduates of schools approved for the training of technicians?

304. Is there a properly established personnel department in the hospital with a trained Personnel Manager in charge of the department?

305. Do the personnel quotas meet the ratios established by the American Psychiatric Association?

306. Are personnel policies formulated and followed?

307. Is counseling available for employees?

308. Is there good morale among employees?

TRAINING AND RESEARCH

309. Do all employees participate in a general orientation course at the start of their employment?

310. Is there an active in-service education program that reaches all professional groups and other employees having responsibility for patient care?

311. Is there a formulated plan for the training of students from nearby colleges and universities?

312. Is there a plan which makes possible integration of the work of various departments through conferences, seminars, etc.?

313. Is there a good medical library with current psychiatric journals available?

314. Are audio-visual aids available for use in group teaching?

315. Are any members of the staff actively engaged in research?

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7,8 Standards for Psychiatric Hospitals and Clinics, of the American Psychiatric Association should be consulted for details. Number specified is the personnel ratio recommended by that source.

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Employee morale is a reflection of the feeling that the hospital is a good place to work. The many factors that produce it include comfortable living quarters (for those who live on the grounds), good food, associates on the job that one enjoys working with, and rewards in the form of adequate salary, job satisfaction, interest in work, and a chance for promotion. Good morale is usually characterized by low turn over and absenteeism rates.

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Group for the Advancement of Psychiatry

The Group for the Advancement of Psychiatry has a membership of approximately 150 psychiatrists, organized in the form of a number of working committees of about 10 members each, which direct their efforts toward the study of various aspects of psychiatry and toward the application of this knowledge to the fields of mental health and human relations. GAP is an independent group and its Reports represent the composite findings and opinions of its members only, guided by its many consultants.

Collaboration with specialists in other disciplines is one of its working principles. Since the formation of GAP in 1946 its members have worked closely with such other specialists as anthropologists, biologists, economists, statisticians, educators, lawyers, nurses, psychologists, sociologists, social workers, and experts in mass communication, philosophy, and semantics. GAP envisages a continuing program of work according to the following aims:

1. To collect and appraise significant data in the field of psychiatry, mental health and human relations;
2. To re-evaluate old concepts and to develop new ones;
3. To apply the knowledge thus obtained for the promotion of mental health and good human relations.

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