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SUPERINTENDENT'S ANNUAL REPORT

GARDNER STATE HOSPITAL

Fiscal Year Ending June 30, 1960

	<u>Male</u>	<u>Female</u>	<u>Total</u>
<u>Number of Admissions:</u>	203	168	371
<u>Number of Discharges:</u>			
Discharged from Books	129	74	203
Deceased	63	70	133
Visits Confirmed	32	39	71
Transferred to Other Institutions	7	0	7

Census as of June 30, 1960:

In Hospital	603	514	1117
In Family Care	0	50	50
Visit & AWA	35	91	126

It will be noted that the decrease in our population through discharge, death and transfer (totaling 414) is considerably in excess of the admissions (totaling 371). This has been a consistently growing trend in recent years and the present policies of the hospital are such that one may reasonably anticipate a continuation of this trend. We still have a large "backlog" of older patients who have survived at this institution from the days when this institution was a "colony" and one may naturally anticipate a continued high death rate particularly among this group, plus the fact that we are currently admitting a fairly large number of elderly people among whom the death rate of necessity will be high.

The Superintendent would like to stress that this trend is obviously going to result in a steady decline of our population and I believe that this clearly points towards the need for re-allocation of hospital territory. The matter of massive transfers from other institutions has repeatedly been discussed in the past and I believe that I can safely say here without further discussion that for many years we have all been in unanimous agreement that massive transfers from other institutions represent a highly undesirable policy which certainly should be avoided in the future. The Superintendent is aware that the matter of re-distribution of hospital territory is an extremely complex one which, to be carried out properly, I believe would entail a complete revision of the present districting throughout the state. If and when this is done, I believe that this institution will be in a very good position to ultimately afford some relief to the alarming growth of hospital population which is taking place in other areas.

By far our greatest problem this year and in fact throughout the fiscal year has been that of shortage of medical staff. In April of this year we were hard hit by the sudden loss (almost simultaneously) of two staff members through illness. One of these men has since died and the other is under treatment in another institution and it is not anticipated that he will ever be able to resume his services at this institution. At the time of the present writing our medical staff in addition to the Superintendent and Assistant Superintendent consists of only four members, one of whom intends to leave us sometime during the month of July, which means that we will be entering the summer season with only three physicians assigned to our wards.

Closely related to our present shortage of numbers in our medical staff is the fact that we are without the services of a Director of Psychiatry. This position has been vacant since the retirement of Dr. Janet Barnes on August 31, 1957. The Superintendent has attempted to tap every available resource and has explored far afield in an attempt to locate a suitable incumbent for this position, so far without any success. I have it on reliable authority from agencies which make it a business to find placement for such people that qualified men by and large are currently not considering such appointments at a figure of less than \$15,000 a year which, of course, is far in excess of what we are going to pay. I understand that a number of other institutions are faced with a similar problem and in my opinion no final solution will be found until such time as we are able to offer a competitive salary. I have repeatedly sought the help of the Department of Mental Health in this matter and I am currently in communication with a very promising young man who has been referred to me by the Department. This doctor is extremely well qualified and I liked him very much when I met him, but there seems to be very little assurance that he will accept our offer.

Great progress has been made throughout the year in our Occupational Therapy Department. For the last several years our trend has been away from work in a centralized occupational therapy "shop" and towards more diversified activity within the various buildings. At the present time virtually every building on the grounds has some form of occupational therapy activity. A most interesting feature of this program has been that of developing properly graded activities among our more regressed and deteriorated patients. This is the group of people who up until a few years ago we felt very little could be done with. Up to the present time the results with many of these people has been most gratifying. Not only are these people now kept occupied whereas formerly they sat idly, but in many instances we find considerable improvement in their behavior and their ability to socialize with other individuals up to a limited level. One will scarcely look for recovery among this type of population, but the Superintendent feels that any efforts which bring about any considerable improvement in the lot of individuals who are going to require permanent institutionalization is certainly a most worthy one. The Superintendent believes that this particular program is

capable of further development and its development will be encouraged throughout the coming year.

We have undergone considerable change in recent years in our thinking in regard to our farm program. This hospital has always had a most productive and efficient farm which in the past has always been run almost entirely on a production basis and while this has provided wholesome outdoor activity for a certain number of people who might otherwise have been idle, by and large any therapeutic benefits (which, indeed, have been many) have been largely incidental.

Throughout the spring of this year the Superintendent has been discussing this matter at some length with the Commissioner of Mental Health and other Departmental personnel and is entirely in agreement that in failing to develop the therapeutic possibilities of our farm to the utmost, we are missing the benefits of a most valuable asset. In order to fully develop the therapeutic possibilities of the farm, however, it will be necessary to make rather drastic revisions in our current program.

Throughout the years it has always been a practice at this hospital to try to produce a surplus of farm commodities which have been processed in a cannery operated by the institution. For a number of years both the Steward and the Superintendent have been of the opinion that this operation is not altogether profitable and have submitted figures which they believe have vindicated their conviction in this matter. This would indicate therefore that the production of farm surplus and the operation of a cannery can be justified only on their therapeutic value which in the opinion of the Superintendent is very limited. The Superintendent's recommendations for a farm program are as follows:

1. Dairy Program. I would not care to change the existing program in any way (except possibly for minor technical improvements from time to time and possibly instituting some type of program which would make the dairy of more interest to more people; just how this could be done I do not know at the moment). We have a very fine dairy herd which I think is very well managed and the existence of this herd has direct impact on the lives of at least 30 patients and an indirect impact on many more.

2. I would say very much the same of the hennery although fewer patients are directly involved here.

3. I would discontinue vegetable gardening on a "production" basis entirely and would limit our vegetable gardening to a very small amount to be determined at a local level purely for the purpose of providing fresh vegetables for local use during the growing season and would hope that we would be able to include certain luxury crops, such as green peas, asparagus, possibly strawberries, which we are not going to be able to purchase and which we have

been forbidden to raise in recent years. I have discussed this matter with the Head Farmer and he is of the opinion that this program would involve not more than five or six acres against some twenty acres which have recently been devoted to vegetable gardening.

4. I would eliminate the cannery as a "production" unit and would limit our canning to the preservation of very small amounts of unexpected surplus which we might have from time to time. (Reference is made to my letter to Mr. Gentile dated October 27, 1959.)

5. I would like to be able to re-establish the orchard which we were required to discontinue a number of years ago primarily for its "aesthetic" appeal.


I have discussed this matter with our Head Farmer at considerable length and he tells me that in his opinion our existing crew of employees and patients who are able to do real productive work can just about take care of our hay crop comfortably and that the program which I am outlining would make it possible for him to (1) produce the necessary hay for our herd, (2) give better attention to our lawns and landscaping which now frequently suffer from neglect through no fault of the Head Farmer who is under undue pressure, (3) assist and supervise patients who could work the relatively small vegetable garden areas which I am proposing.

I believe that this more permissive and relaxed program would make it possible for us to make relatively light gardening work available to more patients than we are now doing on a pleasurable and recreational basis. I believe that such a program once established could well be justified on a purely therapeutic basis and could rightfully take its place with any other portion of our Occupational Therapy program. With the possible exception of the dairy herd, I would not attempt to justify this program on any profit basis. Basically, I can see no more reason for attempting to keep our farm on a profit basis than I could see justification for trying to keep a recreational or occupational therapy program on a profit basis.

This reduced (or I would prefer to call it "relaxed") farm program would offer one important secondary gain to us. I am in the process of trying to develop a new occupational therapy program in conjunction with our greenhouse. As I believe you know, we have a very fine greenhouse but unfortunately this, too, has traditionally been run on somewhat of a "production" basis and as I review the program I am afraid that we have been more or less compulsively growing large amounts of potted plants, cut flowers, etc., which I have always insisted should find their way to our wards. However, as a practical matter, on our wards we find that the products of our greenhouse are spread rather thin and considering the effort involved, I would say that the benefit to patients is minimal at best. At the present time there are only four or five elderly patients who are directly involved with the greenhouse activity and I intend to expand this greatly. We are planning to turn the greenhouse over entirely to the Occupational Therapy

Department with farm and grounds personnel acting in an advisory capacity and encourage patients to make use of this facility under some supervision. I have been gratified to discern some enthusiasm for this program among our personnel and I am confident that it is going to be of value. At the present time throughout the latter part of the winter and early spring, the farm has been using at least half of the greenhouse area for "production" purposes. If we could be relieved of this necessity it would very nearly double the therapeutic value of the greenhouse.

Respectfully submitted,


Warren P. Cordes, M.D.
Superintendent

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18 MAR 1951

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