Spring 1978

Nursing in Montana: Institutional and Organizational Changes, 1961 - 1976

Lynnette Carter
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March 31, 1978
"Nursing in Montana: Institutional and Organizational Changes, 1961 - 1976"

A Thesis Submitted To The Faculty Of The Department of Nursing In Candidacy for Honors Designation

Department of Nursing

by

Lynnette Haegele Carter

Helena, Montana

March 1978
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Part I

Statement of the Problem
A) Care of Mentally Ill

Overview

Mental illness has long been viewed by some as a punishment, or revenge, mystically leveled against the poor victim.

Primitive men viewed mental illness as a revenge leveled for offenses against the spirits, or as the possession of the victim's body by a demon force. The victims were ostracized and left to die alone far from the village.

The fifteenth to the seventeenth century saw the treatment of the mentally ill as demons and witches -- agents of the devil subject to imprisonment and execution.

Early colonial times placed emphasis on productivity and community advancement. Naturally the mentally ill were incapable of participating effectively on meeting work expectations, so they were cast out and forced to wander the streets or locked in their rooms. The belief was that the people needed to be punished and if they recovered they were accepted back into the family and the community.

In the nineteenth century the mentally ill were gathered together and a keeper was paid to watch over

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them. Sadly, this was the initiation of our institutional care of the mentally ill. The institutions operated on the theory of custodial detention, rather than treatment. Mental illness was believed permanent, so the focus was placed on protecting society from the "deranged."

The nineteen hundreds saw American institutions as custodial centers whose goals were to keep the patient safe, guard him, and manage him as he was incapable of managing himself. The early institutions stripped the client of his rights, choices, and ability to think for himself, forcing the patient to be completely reliant on the institution, and rendering him even further incapable of assuming responsibility for functioning.

Growing numbers of individuals were institutionalized and often times the government subsidized or completely financed the cost of this custodial system. The institutionalized included mentally retarded individuals along with the mentally ill.

World War II brought increased interest in the care of the mentally ill and psychiatric care methods. In 1946 the National Mental Health Act was passed into law initiating the development of patient treatment and providing funds for expansion, improvement and initiation of educational programs for mental health professionals. This program began the awakening process. That forced the country and the health care delivery
system to evaluate and initiate steps that would update the care of the mentally ill.

B) The Problem

General Problem: What is the impact of legislation on Health Care?

Specific Problem: What is the impact of current state legislation (1975 to 1978) on nursing care of the institutionalized mentally ill in Montana?

C) Purpose of the Study

The purpose of this study was to investigate the legislation enacted from 1975 - 1978 that pertained to the care of the mentally ill. The writer hoped to evaluate the effect of these pieces of legislation on the institutional care of the mentally ill.

It was the hope of the writer that she gain insight into the meanings of legislation and its interpretations and applications to patient care policies.

D) Limitations

The following are acknowledged by the writer as definite limitations of this study:

1) The source materials utilized by the writer were elicited primarily by written requests and not by face-to-face interviewing and observation. Much data selected for use by the writer consisted of pamphlets and circulars prepared by the given institution for
circulation to the public and therefore reflect the image of the institution that said institution wishes to reflect.

2) The materials contained within this report were chosen by the writer from a larger assemblage of materials and they were selected independently and singularly. Therefore, the study reflects the value judgements of the writer as to the importance of said materials.

E) Definition of Terms
Hospital: For the purposes of this study the writer utilizes the term hospital to refer to an institution devoted to the maintenance and operation of facilities which, under the supervision of an organized medical staff, provides for the diagnosis, treatment and care of persons admitted for overnight stay or longer, in order to obtain medical, surgical and/or, nursing care of illness, disease or injury.

Mental Illness: For the purposes of this study the writer utilizes the term mental illness as that condition of an individual in which there is either psychological, physiological or biochemical imbalance which has caused impairment in functioning and/or behavior.

Public Psychiatric Hospital: For the purposes of this study the writer defines a public psychiatric hospital as an institution provided by the community, whether
city, state or county, for the purposes of diagnosis, treatment, and care of patients with psychiatric and neurological disorders. It will provide both short-term and long-term care and treatment and admit both patients committed voluntarily or by legal commitment. The institution should develop a wide range of services including programs of varying degrees of hospitalization, outpatient services, rehabilitation, vocational guidance, and after-care in addition to the intensive inpatient treatment program.

Legislation: For the purposes of this study the writer utilizes the term legislation to refer to policies and statements established by the government of the United States or the State of Montana in the form of either laws or codes. The legislation specifically cited in this paper includes: Montana Revised Codes: Title 38-1301, 38-1317, 38-1314, 38-1324(2) and 38-1317(13) and SB 377.

F) Methodology

The writer chose the historical approach to gain insight and a sense of perspective regarding the changes which have occurred at Warm Springs State Hospital and their relation to legislation regarding the care of the mentally ill.

The writer began her study with a systematic search of the legislation passed regarding the
management and utilization of health resources for the mentally ill from 1975 - 1978. It was the writer's contention that a study of legislation in conjunction with a study of the development trends of the hospital would be profitable.

The writer secured data concerning the Warm Springs State Hospital through a request for data by correspondence. The writer obtained the names of the state's hospitals and hospital administrators from the State Department of Institutions. Although many hospitals were surveyed, a total of seventy-five requests being mailed, the final materials utilized were selected from the correspondences with Warm Springs.

Data requested included: population of service area, structural and physical changes within the institutions, staffing changes, financial statements, funding and appropriation resources, major changes in institutional policy or philosophy, inservice and community education or screening programs. The writer's correspondence consisted of numerous phone calls, taped interviews and the above mentioned correspondences.

Data reviewed and selected for this study by the writer included U.S. government documents, State of Montana legal documents, pamphlets and circulars prepared by the hospitals surveyed, interviews with hospital administrators and directors of nursing procured by correspondence and from nursing and hospital
professional publications.

It was the intent of the writer to demonstrate that changes did occur in reaction to or in compliance with the legislation studied. It is the intent of the writer to demonstrate that changes occurred in the following areas:

1) Definition of seriously mentally ill
   A) Patient criteria for admission
   2) Definition of Patients' Rights
   3) Patient Care Planning - Treatment Planning.

Utilization of staff. Number and variety of Treatment Plans.

It is not the purpose of this paper to evaluate the value of the institutional changes, but merely to acknowledge their existence and relate them to the appropriate legislation.
Part II

Survey of Related Literature
Warm Springs State Hospital

A) Background

Warm Springs State Hospital was founded in 1877 by Dr. A.H. Mitchell and Dr. Charles F. Mussigbrod. The partners entered into a contract with the Federal Government and the Territory of Montana to care for the "insane" of the Territory, at Warm Springs. The original patient load consisted of thirteen patients for which the Territorial government paid $100 per day per patient. Dr. Mussigbrod lived at Warm Springs until his death, devoting most of his life to patient care. Together with Dr. Mitchell the partners ran the institution until their deaths, at which time their heirs assumed the institutional duties. The State of Montana purchased the Hospital in 1912.

The Montana State Hospital for the Insane became an institution by the popular vote of the electorate at the general election of November, 1912. The vote authorized the issuance of state bonds in the amount of $650,000.00 to cover the purchase price. The hospital passed from private to state ownership on January 1, 1913.

1) Major Historical Achievements

a) Warm Springs removed the iron manacles from

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patients long before Dorothea Dix began her campaign for humane treatment for mentally ill.

b) Warm Springs was created and for many years remained a model psychiatric institution respected throughout the United States.

c) At one time, Warm Springs State Hospital was the only non-university affiliated hospital in the United States approved by the Rockefeller Foundation for the use of experimental drugs in research and treatment of certain physical diseases.

d) In 1924, the Hospital was named the first state-supported psychiatric hospital to be recommended for placement on the list of "standardized" hospitals of the American College of Surgeons.

e) Warm Springs hospital was one of the first institutions to utilize modern chemical therapy with the result that during the years 1956 and 1957 the hospital demonstrated the highest patient recovery ratio in the nation.

2) Recent History

In 1943 the Montana State Legislature renamed the institution Montana State Hospital. The 1949 legislative session created the Department of Mental Hygiene which administered regulations for the Hospital.

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Until 1965, the Warm Springs hospital was a separate state administrative unit under the supervision of the Board of Commissioners. The Board of Commissioners consisted of the Governor, the Attorney General, and the Secretary of State. In 1965 the legislature established a Board of Institutions to be appointed by the Governor. The five member board administers all Montana institutions. Under this system the Division of Mental Hygiene was formed as one branch of the Department of Institutions. The Division of Mental Hygiene, located at Warm Springs, assumed responsibility for creation of Comprehensive Community Mental Health Centers throughout Montana. In 1967, the Montana State Legislature renamed the institution: Warm Springs State Hospital.

B) Purposes and Functions of Warm Springs State Hospital

Warm Springs, like many mental institutions, has a history of care focused on custody rather than treatment. Mentally ill patients have long been subjected to substandard care and little more than board and room. The advent of new medications; patients' rights advocacy and the introduction of the humanistic concept of care have been instrumental in bettering conditions.

4Interview with Jane Edward, Director of Nursing, Warm Springs State Hospital, by correspondence, 23 August 1977.
C) Effects of Legislation on Warm Springs

1) **Senate Bill 377**

In 1975, the legislature passed a bill which changed many aspects of care at Warm Springs. The bill passed was Senate Bill 377, the Mental Commitment and Treatment Act. According to Senate Bill 377, the "seriously mentally ill" is one who suffers from mental disorder which has resulted in self-inflicted injury or injury to others, or the imminent threat thereof; or which has deprived the person afflicted of the ability to protect his life or health.

This bill had two major effects on Warm Springs: 1) regulation of patients admitted, 2) determination of treatment regimes that insure "quality care." Up until this time the hospital admitted everyone who was committed either voluntarily or by the court, regardless of whether the patient was seriously mentally ill or not.

2) **Title 38-1301**

Title 38-1301: Revised Codes of Montana, 1975, summarizes the manner in which the mentally ill and mentally handicapped were to be cared for and confined for treatment. Title 38-1301 states: (1) To secure for each person who may be seriously mentally ill or

5 Helena, Montana, Mental Commitment and Treatment Act, 1975, Bill 377.
6 Helena, Montana, Title 38-1301 Revised Codes of Montana, 1975.
suffering from a mental disorder such care and treatment as will be suited to the needs of the person and to assure that such care and treatment are skillfully and humanely administered with full respect for the persons' dignity and personal integrity. 2) To deprive a person of his liberty for purposes of treatment or care only when his safety or the safety of others is endangered and to provide for due process of law when this is done.

3) Title 38-1317

Title 38-1317, Revised Codes of Montana 1975, states that patients admitted to a mental health facility, whether voluntarily or involuntarily, have certain rights. The basic right that was emphasized was the right to treatment, and included the right to privacy, dignity and the right to least restrictive conditions necessary to achieve purposes of commitment. The patients were guaranteed right to visitation, access to telephone communication, right to send sealed mail, access to letter writing materials including postage, right to have personal possessions and clothing, right to spend reasonable sums of money, right to religious worship, and the right to physical exercise several times a week. Patients were assured rights to interact with members of the opposite sex, right to

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7 Helena, Montana, Title 38-1317 Revised Codes of Montana, 1975.
receive prompt and adequate medical treatment for physical ailments, the right to a proper balanced diet, right to have a humane psychological and physical environment.

Special provisions were included in Title 38-1317 for the treatment of children or young adults who become patients of mental health facilities. Some of these provisions include: 1) Opportunity for attending publicly supported educational programs suited to level of patient's needs; 2) treatment plans that consider the patient's chronological, nutritional and developmental level; 3) staff members, professional persons, and teachers dealing with these patients must have specialized skills in caring for the young; 4) play and recreation should be available in the open air if at all possible; 5) young adults and children should be housed in separate facilities apart from adult patients, whenever possible; and 6) special arrangements should be made to keep the family in close contact with the faculty to provide for continuity of care.

4) Title 38-1324

Title 38-1324(2) helped to define the exact time frame required for initial onset of treatment, thus providing for the initiation of treatment with as little delay as possible. The Title states: "Each

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8Helena, Montana, Title 38-1324 Revised Codes of Montana, 1975.
patient who is committed to a mental facility for a period of more than seventy-two (72) hours must receive a comprehensive physical and mental examination and review of behavioral status within forty-eight (48) hours after admission. Within five (5) days after the patient's admission, an individualized treatment plan must be developed and implemented for the patient by a team of professional persons. (38-1324(2))."^9

Individualized care plans or treatment plans include many aspects of the patient's unique needs. The plans include: a statement of problems, statement of least restrictive condition required to achieve purposes of the commitment, description of short and long-term goals, with a timetable for achieving them, and a statement of how the various members of the staff intended to accomplish the stated goals. The final portion of the treatment plan defines what tasks the patient must accomplish to justify release. Finally, the plan must include an after care plan, which will aid in assuring continuity of care for the newly released patient. The treatment plans must be reviewed and a complete mental examination repeated every ninety (90) days, if not more often, which is usually the case.

^9Helena, Montana, Title 38-1324(2) Revised Codes of Montana, 1975.
5) **Title 38-1317(13)**

Title 38-1317(13) requires that the physical surroundings must be clean, safe, decent and appropriately modified to accommodate special needs of geriatric or handicapped patients including wheelchairs, special bathroom facilities and rampways for accessibility.

6) **Title 38-1317(2)**

Title 38-1317(2) was instituted to assure that patients receive a diet that is not only balanced, but nourishing and palatable. Attempts are made to allow patients a choice of foods within their diets.

7) **Summary on Legislation**

Many new laws have been passed to assure proper treatment of the mentally ill patient in our state. Montana has been a leader in the passage of legislation affecting her institutionalized. What differences have these laws produced in the actual treatment of persons at Warm Springs? What changes have been effected?

The new bills have created a system of safeguards to protect and assure help for the mentally ill person. Initially the laws assure that the patients have a lawyer present during all commitment processes and that

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10 Helena, Montana, Title 38-1317(13) Revised Codes of Montana, 1975.
11 Helena, Montana, Title 38-1317(2) Revised Codes of Montana, 1975.
preliminary evaluations be extensive. These stipulations aid in insuring the patient's rights are respected and that the patient is indeed mentally ill. If the patient's evaluation reveals that the patient is indeed not seriously mentally ill and thus in need of institutionalization the law provides for alternative modes of care such as community mental health facilities. Many professions are now being utilized in the evaluation process in contrast to the traditional evaluation by one physician. Now included in evaluation are Social Workers, psychologists, physicians, psychiatrists, and psychiatric nurses. Obviously, this diversified evaluation brings into focus many different facets of the patient's problems. The new laws spell out the specific rights of the clients in the areas of treatment, safety, health, and cure areas. The rights are assured by the regular visitation of the Mental Disabilities Board of Visitors. The laws also provide for periodic review by the courts of long-term confinement patients.

D) Warm Springs State Hospital - A Pledge to Individualized Care and Treatment

The staff at Warm Springs has established a program aimed at providing individualized patient treat-

12 A Century of Service: Warm Springs State Hospital, no page numbers.
ment. The program of treatment includes:

1) Treatment plans in which the individual patient can participate effectively.

2) Deciding on specific concrete achievable goals which can be met by the patient and the patient's family, the Warm Springs State Hospital Treatment Team, and the community.

3) Utilizes the broad spectrum of professional services which cannot be rendered by one specific person.

4) Approaches a philosophy of mental illness which views mental illness as a multi-caused phenomenon tied to the patient's total life style, physical condition, psychological status, social capabilities, and living working environment and spiritual interests.

All of these treatment goals serve as testimony to the increasing emphasis that health professions are placing on the importance of treating the person as a unified whole of many parts; the quality care and accountability for care provided.

1) Care and Custody

Care and custody are two terms often confused and interchanged in speaking about the mentally ill.

Care and custody have been defined by the Warm Springs State Hospital in an attempt to clarify the

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13A Century of Service: Warm Springs State Hospital, no page numbers.
role of the institution in the treatment of the mentally ill patient.

Care: Adequate physical care of all patients must be given to each patient's need for relief from pain and discomfort. Patients must be given protection from injury and infectious disease. Medical treatment must be available to all patients, twenty-four hours per day. Diagnosis and individualized treatment must be developed in regard to each patient.

Custody: Custody services include: 1) protection in regard to the rights of individual patients; 2) a secure environment for patients who are potentially dangerous to themselves or others; 3) broad spectrum medical-psychiatric services; 4) placement of patients in appropriate "prosthetic" communities within the Warm Springs State Hospital institution; 5) long-term environment conducive to the individual patients' self-respect, comfort and happiness.

In addition to custody and care the State Hospital strives to treat the patient through three additional services: Development Services, Community-Related Services, and Administrative Services.

2) Developmental Services

Developmental Services consists of a program focused on the implementation of an individual's

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14 A Century of Service: Warm Springs State Hospital, no page numbers.
treatment plan. Activities of this program include: arriving at a differential diagnosis and implementation of long and short-term goals. This is an ongoing process that is constantly revised as the patient's status changes.

Programs established under Developmental Services include: individual and group therapy, medication monitoring, rehabilitation therapy (occupational, recreational, patient employment, education, library, music therapy, and religious program) and nursing service.

3) Warm Springs State Hospital - Nursing Service

Warm Springs State Hospital maintains an ongoing, twenty-four (24) hours per day, nursing service, every day of the week. The nursing personnel include registered nurses, usually specialized in psychiatric nursing, licensed practical nurses, and psychiatric aides. The disciplines are involved in the implementation and revision of treatment plans for all patients at the institution. Nurses participate actively in renovation groups, reality orientation, individual counseling and individual one-to-one, or small group projects approved by the treatment team.

15 Interview with Jane Edward, Director of Nursing, Warm Springs State Hospital, by correspondence, 23, August 1977.
The nurses are also active in the documentation of the results of intervention which lead to the improvement of the treatment program. Nursing personnel are also responsible for the in-service education of those within their own ranks.

4) **Community Related Services**¹⁶

Community related services include all the processes and procedures established to facilitate the patient's smooth return to the community. This process begins with the admission of the patient and is integrated throughout his treatment. Planning the program includes a Pre-Release Evaluation aimed at determining which of the patient's needs have to be fulfilled in order for him to return to the community. The program also includes an after-care program aimed at aiding the patient adjust outside the hospital and making available to him resources that will continue to provide aid and support in the community setting.

E) **Recent Accomplishments**¹⁷

Warm Springs has made many outstanding steps forward in the last two decades, adjusting and incorporating new legislation and concepts that have greatly contributed to upgrading quality of care and

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¹⁶ Interview with Jane Edward, Director of Nursing, Warm Springs State Hospital, by correspondence, 23, August 1977.

¹⁷ Ibid
institution of advanced new programs. Some of these changes and advances are well worth recognition:

1) **Regionalization**

Warm Springs State Hospital has been regionalized into five (5) geographic areas corresponding to the five (5) geographic areas served by the Montana Community Mental Health Centers. The purpose of this program is to develop an effective team approach to care, to facilitate a coordination between the institutional care and the community resources to which the individual will likely return upon his discharge. Regionalization has resulted in improved continuity of care which will hopefully eliminate the problem of frequent reinstitutionalization.

2) **Treatment of Seriously Mentally Ill Children**

Warm Springs has a Children's Unit that supplies intensive inpatient treatment to a maximum of forty (40) patients under the age of eighteen. When admitted the child receives a complete evaluation including: physical status, laboratory workup, chest or other x-rays, psychiatric interviewing, psychological testing and social background analysis. The program also incorporates schooling, vocational rehabilitation, recreational and music therapy, as well as individual and group therapy. This program is the only one in the State of Montana designed to handle the treatment of mentally ill children.
3) **Millieu Therapy**

Millieu is a term used at Warm Springs to describe to "therapeutic environment". The environment is designed to make every aspect of life a therapeutic experience. Social contact is stressed and interactions of a social nature are rewarded openly by the staff. The move is now taking form that will establish patient's advisory councils and ward governments. Under these councils the patients will be encouraged to participate in treatment planning and in ward activities. The object of the council and ward government is to create a pseudo-normal atmosphere to help the patients establish skills in citizenship, social responsibility, renew self-respect, gain inter-personal skills and learn the give and take necessary to function in today's society.

4) **Establishment of Case Coordination System**

The case coordination system is a very new program which was initiated in 1976. The program is aimed at meeting the diverse needs of each patient within the institution. Each patient is assigned a case coordinator who is a member of the treatment team. This person could be a psychiatrist, psychologist, social worker, nurse, rehabilitation therapist, or psychiatric aid. The case coordinator is responsible
for implementing the treatment plan and for observing the patients progress and coordinating the referral of the patients' to the various needed disciplines within the Team.

5) **Geriatric Release Program**

This program is aimed at placing geriatric patients in suitable community environments. This program has been instrumental in reducing the patient population at Warm Springs.

In recent years the state legislation has appropriated monies which have enabled the hospital to improve staff-patient ratios as well as renovate and improve the physical environment at the State Hospital.

F) The Future

The Warm Springs State Hospital staff feel that the institution will serve as the primary inpatient treatment resource for these persons who cannot be treated by community mental health agencies.\(^{18}\) Warm Springs has shown, by its past record, an ability to adapt to change with the result of improved care. With these examples of forward movement we can be reasonably sure that the Warm Springs State Hospital will continue to strive toward improved and advanced patient care and service to the State of Montana.

\(^{18}\) Interview with Jane Edward, Director of Nursing, Warm Springs State Hospital, by correspondence, 23, August 1977.
| 1. Number of Patients in Residence on July 1, 1974 | 1,057 |
| Number of Patients in Residence on June 30, 1976 | 668 |
| Net Population Reduction | 389 |
| 2. Average Daily Census for FY 1975 | 953 |
| Average Daily Census for FY 1976 | 772 |
| 3. Number of Patient Days of Care Rendered FY 1975 | 348,217 |
| Number of Patient Days of Care Rendered FY 1976 | 282,578 |
| 4. Total Number of Admissions FY 1975 | 1,962 |
| Total Number of Admissions FY 1976 | 1,457 |
| 5. Total Number of Releases FY 1975 | 2,115 |
| Total Number of Releases FY 1976 | 1,693 |
| 6. Regional Breakdown of First Admissions Fiscal Year 1975: | |
| Western | 201 |
| Central | 109 |
| Eastern | 82 |
| Forensic | 42 |
| Total | 434 |
| Regional Breakdown of First Admissions Fiscal Year 1976: | |
| Region I | 23 |
| Region II | 62 |
| Region III | 37 |
| Region IV | 107 |
| Region V | 58 |
| Total | 287 |
| 7. Percentage of Occupancy FY 1975 | 72% |
| Percentage of Occupancy FY 1976 | 72% |
| 8. Length of Stay for Patients Admitted and Discharged in FY 1974: | 51 days |
| Length of Stay for Patients Admitted and Discharged in FY 1975: | 55 days |
| Length of Stay for Patients Admitted and Discharged in FY 1976: | 41 days |
| 9. FY Daily Expenditure Per Resident Patient Per Day | $26.93 |
| FY 1976 Daily Expenditure Per Resident Patient Per Day | $46.28 |

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19 Interview with Jane Edward, Director of Nursing, Warm Springs State Hospital, by correspondence, 23 August 1977.
Table II
NUMBER OF PROFESSIONAL DISCIPLINE TREATMENT HOURS\textsuperscript{20}
PER WEEK AVAILABLE
TO EACH WARM SPRINGS STATE HOSPITAL PATIENT DURING
EACH FISCAL YEAR
1973-1979

<table>
<thead>
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<th>Code Key</th>
<th>ADC - Average Daily Census during Fiscal Year</th>
<th>ANS - Average Number of staff in Each Discipline during Fiscal Year</th>
<th>THPPW - Number of Treatment Hours per Week Available to Each Patient</th>
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*Projected

\textsuperscript{20} Interview with Jane Edward, Director of Nursing, Warm Springs State Hospital, by correspondence, 23 August 1977.
### Table III
PATIENTS AT THE WARM SPRINGS INSTITUTION

<table>
<thead>
<tr>
<th>Period of Time</th>
<th>Average Daily Census</th>
<th>Admissions</th>
<th>Releases</th>
<th>Year-End Population</th>
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21 Interview with Jane Edward, Director of Nursing, Warm Springs State Hospital, by correspondence, 23 August 1977.
Part III

Analysis of Findings
Analysis of Findings

The intention of the writer in conducting this research was to demonstrate changes had occurred at Warm Springs State Hospital in reaction to and in compliance with state legislation instituted in 1975 through 1978. The findings obtained from the literature search were categorized by the area of care effected and the legislation specifically responsible for mandating change in said area. It is the writer's intention in this analysis to discuss each area of care with respect to positions or policies prior to legislation as compared to implementation following legislation:

Areas of Change

1) Definition of Seriously Mentally Ill
2) Definition of Patient's Rights
3) Patient Care Planning - Treatment Planning, utilization of staff, number and variety of treatment programs.

Analysis

1) Definition of Seriously Mentally Ill.

Pre-Legislation

Prior to 1975 Warm Springs State Hospital admitted everyone who was committed either voluntarily or by the court, regardless of whether or not the patient was seriously ill.
Post-Legislation

Senate Bill 377, the Mental Commitment and Treatment Act, defined the requirements and standards for classification as "severely mentally retarded".

"The severely mentally ill is one who suffers from mental disorder which has resulted in self-inflicted injury or injury to others or the imminent threat thereof or which has deprived the person afflicted of the ability to protect his life or health." 22

Following the enactment of this legislation patients were necessarily evaluated prior to admission to the hospital. The change resulted in the "weeding out" of patients who were not in need of such serious care as is involved in institutionalization.

2) Definition of Patient's Rights.

Pre-Legislation

Warm Springs was like many hospitals for the mentally ill in the United States in the nineteen hundreds. Care was basically custodial, consisting of protection for the patient and society and board and room. Unlike many hospitals however, Warm Springs has long realized the importance of humane treatment, discarding the iron manacles long before

22Helena, Montana, Mental Commitment and Treatment Act, 1975, Bill 377.
many institutions. However, the ill patient was considered incapable of functioning at all and consequently was cared for by others. Patients became more and more dependent and less and less capable of functioning outside the institution.

**Post-Legislation**

Title 38-130 emphasized the right of the patient to expect treatment of his illness (to be discussed again in No. 3 and 4) and the right to be treated humanely and with full respect for the patient's dignity and personal integrity.

In actuality the patient received the following concrete rights never before guaranteed to mental patients: right to least restrictive procedures necessary for protection, right to have visitors, right to telephone communications, right to send sealed-uncensored or monitored mail, the right to retain personal possessions—clothes and objects, right to have, manage and spend money, and the right to have physical exercise, and to interact socially with members of the opposite sex, decent, nutritious food and a safe, psychologically and physically humane environment.

Physical changes in Warm Springs included updating of dormitories (wiring, plumbing, heating systems) and remodeling of kitchen facilities.
A "psychologically humane" environment was mandated and fulfilled by the implementation of "milieu therapy" to improve the social and psychological contact with patients. Socialization is emphasized and concretized in the initiation of patient advisory councils and ward governments.

3) Patient Care Planning

Pre-Legislation

Care planning is not a new concept at Warm Springs, but care prior to legislation was often times fragmented and based on only one criteria, the physicians diagnosis and recommendations. Treatment consisted of diagnosis, psychological examination, psychiatric treatment, chemical therapy, personal care, vocational training, counseling, domiciliary care, recreation, homemaking and some basic education. All the components of care were within reach but often unable to communicate the needs in a unified manner.

Post-Legislation

Title 38-1324(2) initiated the formalization of treatment planning at Warm Springs. The title mandated that patients committed for any length of time over seventy-two (72) hours must receive a comprehensive physical and mental examination of behavior status, within forty-eight (48) hours after admission that an individualized treatment plan must be
formulated, within five (5) days the implementation must be initiated. This care plan must be re-evaluated every 90 days and revised as needed. The Title also specified that professionals be the initiators and institutor of treatments.  

Title 38-1324 also mandated that the care plans include specific areas of concentration which included:

A) Statement of problems.
B) Statement of least restrictive conditions required for purposes of commitment.
C) Description of short and long-term goals and time frame for their accomplishment.
D) Definition of specific treatment tasks designed for obtaining goals—definition of tasks to be completed by the patient to establish justification of release.
E) Finally, an after-care plan to assure continuity of care following institutionalization.

In order to better meet the requirements of the law the staff at Warm Springs State Hospital established a "Case Coordination System". Each patient is assigned to a case coordinating team consisting

23 State Department of Health & Environmental Sciences: Division of Hospital & Medical Facilities, Helena, Montana, 1977 February, Licensing & Certification Bureau, Medical Services Unit.
of a psychiatrist, social worker, nurse, psychologist, rehabilitation therapist, and a psychiatric aide. From the team a case coordinator is assigned and this individual coordinates and represents the needs and treatments of the patients assigned to him. Thus the patient receives a comprehensive system of treatment. The facts indicate formalization, a systemization of treatment that facilitates total patient care.

Required treatment regimes include: psychiatric examination, social service evaluation, psychological evaluation, rehabilitation therapy evaluation, physical examination, laboratory workup, dental examination, forensic evaluation, radiology, electroencephalography, cardiology evaluation, nursing evaluation, and medical records workup history, ongoing reporting.

The patient then receives group therapy, individual therapy, medication monitoring, rehabilitation therapy, occupational, recreational and patient employment therapy, education, music therapy, religious counseling, nursing services, and milieu therapy.
Part IV

Summary
Summary

It is the intention of the writer upon the completion of this paper that legislation does effect change in the delivery of health care in the case of the mentally ill in Montana. Legislation that was initiated to increase and improve care and the quality of care can indeed be implemented at the hospital level and has been so implemented at Warm Springs State Hospital.

It is the hope of the writer that others reading this paper will gain an understanding of the importance of legislation and the impact it can have on the nursing profession and the health care industry.
Part V

Bibliography
Bibliography

Books


Pamphlets


Correspondence

Edwards, Jane. Director of Nursing, Warm Springs State Hospital, Warm Springs, Montana, Written Correspondence, 23 August 1977.

State Government Documents
