MODE OF ENTRY AND MENTAL HOSPITALIZATION:
A COMPARATIVE STUDY OF VOLUNTARY OR INVOLUNTARY ADMISSION
AND LENGTH OF HOSPITALIZATION FOR FEMALE SCHIZOPHRENIC
PATIENTS, AGNEWS STATE HOSPITAL, 1965-1967

by
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A thesis
submitted in partial
fulfillment of the requirements for the degree of
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ACKNOWLEDGEMENTS

It would not be possible individually to mention everyone involved in the completion of this project. I would like to express special thanks to my thesis advisor, Professor Henry Van Veldhuizen for his continued help, encouragement and patience during this undertaking. I also would like to express my appreciation to my thesis committee, Dr. Barbara K. Varley and Dr. Burke Zane for their help.

As the collection of data was an essential part of the research, I would like to state my gratitude to Mrs. Mabelle Hargrove, Chief Social Worker at Agnews State Hospital and Mr. John Klotter, Supervising Psychiatric Social Worker at the Bureau of Social Work in Santa Cruz, California. These people not only made it possible to collect data in their agencies, but their cooperative attitude in making necessary data readily available was of tremendous help in facilitating this segment of the research.
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CHAPTER I

INTRODUCTION

Mental illness ranks high as one of the seriously debilitating illnesses in America today. "Despite the enormity of the problem, little is known about the etiology, development, treatment, prevention or cure of mental illness." 1

In California a new law will go into effect this year which will change the picture of mental hospital commitments. 2 It will emphasize initial care for the mentally ill at the local level and on a voluntary basis. While this law provides a more humane approach to the mentally ill person requiring treatment, more research is needed to determine the effect on the course of the illness of the patient who hospitalizes himself voluntarily.

Theoretical Formulation

Any free act implies from the start a process of


2 State of California Department of Mental Hygiene, California Mental Health Progress (Sacramento, California: California Office of State Printing, November, 1967), p. 2.
self-determination. The process of self-determination presupposes the reality of an ego-in-action.\(^1\) Erikson has indicated that the strength of the ego depends upon mutual activation of the individual and the environment; that is, how the ego functions in actual operation.\(^2\) When self-determination is particularly difficult, it is an indication that the person is either in a permanent state of maladjustment or in a temporary condition of confusion and mental disturbance.\(^3\)

When an individual through the process of self-determination elects to enter a mental hospital voluntarily for treatment, he is displaying a degree of ego-strength. He enters the hospital because he wants help.\(^4\) He accepts the role of being sick and hopes the hospitalization will modify his sick role. Acceptance of the sick role does not mean that he understands the implications of his illness. He may even deny mental illness. It means that he perceives himself as being sick and needing help. He determines to seek help through hospitalization.

If the person has the ego-strength to make the


\(^3\)Zavalloni, _op. cit._, p. 244.

decision regarding hospitalization, he should be able to take advantage of the treatment methods available to him. Consequently, these persons should have a shorter period of hospitalization than those persons who lack the ego-strength to make this decision and have to be forced into necessary treatment through court commitment.

**Purpose**

Care and treatment of the mentally ill is of concern to social workers, particularly those in the psychiatric field of social work practice. Limited research has been done regarding the prognosis of voluntary mental patients as opposed to court-committed mental patients.

Is there something in the voluntary act itself, or in the result of this process of self-determination, which would shorten the hospitalization period? It is thought that the person who has the ability to make this decision demonstrates his awareness that he needs help. This awareness, coupled with the ability to take action toward obtaining treatment, could be utilized by the person in a positive way toward his recovery.

In California, mental hospitalizations have increased

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1 Voluntary Patient: any woman who enters a state mental hospital for treatment of mental illness with hospital admission status as a voluntary patient.

2 Court-Committed Patient: any woman who enters a state mental hospital for treatment of mental illness by a signed order of the court.
from 129.9 per 100,000 population in 1955 to 141 per 100,000 population in 1965. Because of the increase in mental illness and the effects of the illness on the patient, his family and society, research is needed not only to determine the causes of mental illness, but also, the most effective methods of treatment. If the value of early and voluntary hospitalization could be shown, and this knowledge utilized in working with the mentally ill, it would help these people to receive hospital treatment at the time most appropriate to the favorable outcome of their illness.

In relation to social work practice, if the results of this research were to indicate that the average voluntary patient was released after a shorter period of hospitalization than was the court-committed patient with the same diagnosis, the social worker would have a tested fact to introduce to the patient and/or his family in making preadmission plans. The introduction of the additional reality factor of improved prognosis for voluntary patients should make the patient's choice more truly free and his self-determination more truly operable.

**Problem**

This research was designed to test the comparative length of hospitalization for voluntary and court-committed patients.

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mental patients by studying a group of former female schizophrenic patients who had been released from Agnews State Hospital between July 1, 1965, and June 30, 1967. Some of the factors which might have contributed to the length of the hospitalization period were considered.

Information was being sought regarding a correlation between length of mental hospitalization and the right of the individual to determine his own need for hospitalization by voluntarily admitting himself to a state mental hospital for treatment. Specifically the focus of the study was to ascertain if persons who entered a state mental hospital voluntarily could be expected to have a shorter average period of hospitalization than those who were committed by the court.

In attempting to determine whether a relationship exists between mode of entry and the length of mental hospitalization the following hypotheses were advanced:

Working Hypothesis: Among women with the diagnosis of Schizophrenia who enter a state mental hospital for treatment, the average period of hospitalization will be less for those who enter voluntarily than for those who are committed by court action.

Null Hypothesis: There is no difference in the average length of mental hospitalization between women admitted voluntarily and those who are committed by court action, beyond that attributable to chance.

If the null hypothesis is rejected, voluntary patients would have a shorter average period of mental hospitalization.

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1 For the purposes of this study any person will be considered as having Schizophrenia if the hospital record lists this as a diagnosis.
than would court-committed patients. There may have been several reasons for this finding. Voluntary patients might have been more amenable to treatment when they were free to make the decision of need for treatment, or they might have cooperated more in the treatment process because of their awareness of the need for treatment. They might have been more motivated to seek treatment. The ego-strength displayed in making the decision to be hospitalized may also have been utilized in making the most effective use of treatment methods available to them. Their illness may have been in a less advanced stage at the time of hospitalization. They might have received preferential treatment from the hospital staff. The results might have been due to chance.

If the null hypothesis is confirmed it might be assumed that there was nothing about the voluntary admission per se which influenced the length of mental hospitalization. One of the reasons for this result might be that there was no difference in staff attitudes and treatment plans for voluntary and court-committed patients. There might have been something in the hospital setting which decreased awareness of the need to cooperate in the treatment process. The patients might have been fulfilling what they perceived as the role expectation for them. Perhaps the illness of the voluntary patient was of the same severity at the time of admission as the court-committed patient. Something in the hospital setting might have provided a feeling of security and lessened the desire to recover. The results
might have been due to chance.

The following basic questions were posed to be answered by the information obtained during this study:

1. What did the literature indicate regarding type of admission and length of mental hospitalization?

2. What were the baseline characteristics of the study sample and to what extent did these characteristics discriminate between the voluntary and court-committed mental patients?

3. Did eleven items of clinical information discriminate between the voluntary and court-committed mental patients?

4. Did the analysis of the data confirm or reject the null hypothesis?

In order to obtain necessary information to answer these basic questions the methods and procedures detailed in the section immediately following were utilized.

**Methods and Procedures**

The original study group was comprised of fifty-seven former women patients at Agnews State Hospital, San Jose, California who were released between July 1, 1965, and June 30, 1967, and who were referred to the Bureau of Social Work in Santa Cruz, California for after-care service. For the purposes of this study only the patients between twenty-one and sixty-five years of age with a hospital diagnosis of Schizophrenia were included. Upon further study of the case records, seven women were rejected from the sample as they did not fit the above criteria. The final study sample of fifty women included in this research was comprised of the total number of patients who met the criteria of age,
diagnosis, release time span and release plan as set forth above. There were seventeen patients who had voluntarily entered the hospital and thirty-three patients who had been committed by court action.

The data for this study were collected from patient records at the Bureau of Social Work in Santa Cruz, California, and at Agnews State Hospital, San Jose, California. A schedule including eight items of baseline characteristics was used covering age, ethnic group, religion, husband's occupation, educational level and so forth. A second schedule of eleven clinical information items included length of hospitalization, staff evaluation of patient's attitude, type of treatment received, person most responsible for patient's hospitalization, psychiatric treatment prior to hospitalization and other related items.

Information regarding staff attitudes and treatment procedures was obtained from the "release summary" in the patient's hospital record. These summaries are completed by a doctor at the time of the patient's release and describe the patient's attitude, behavior, and degree of cooperation during hospitalization. Additional information was obtained from the informal progress notes in the case records.

1Reference is made to State of California Department of Mental Hygiene Form #711-B. This form is entitled "Release Summary" and is completed for each patient when he leaves the hospital.
The unit of analysis was length of hospitalization dichotomized by shorter or longer. The data were distributed on $2 \times 2$ and $2 \times 3$ frequency tables and, where relevant, handled as percentages and proportions for descriptive purposes. Recapitulation tables were used. The difference between observed and expected frequencies was tested by the chi square using the $0.05$ level of significance and the formula $\chi^2 = \sum \frac{(O-E)^2}{E}$. The $T$ test was also used at the $0.05$ level of significance to determine significance of the difference between the length of hospitalization of the voluntary group and the committed group of patients. Background information for this study was taken from a review of available literature. All data were from secondary sources.

The first chapter has included a theoretical formulation regarding self-determination and ego functioning. The purpose was to provide further research on the relationship between mode of entry and length of mental hospitalization. The hypothesis indicated that voluntary patients would have a shorter average period of hospitalization than committed patients. The basic questions related to the pertinence of previous literature on this subject, the characteristics of the sample, and the way in which the baseline characteristics and the items of clinical information discriminated between the two groups. On the basis of analysis of the data the null hypothesis was to be confirmed or rejected.

It was stated that data was to be collected from
patient records at Agnews State Hospital and the Bureau of Social Work in Santa Cruz, California. A schedule of eight baseline characteristics and eleven clinical information items was to be used in collection of the data. Data was to be analyzed by use of frequency distribution tables, chi square test and T test.

Chapter II includes material on available literature and previous research, description of the agencies from which data were collected and a description of the fifty former mental patients who were included in the study sample. Chapter III includes the analysis and interpretation of the data. The conclusions of the study are presented in Chapter IV.

Previous Pertinent Research

Much previous research has been done on a variety of factors which might influence the length of hospitalization for a mental patient. Many of these studies could come under the general heading of attitudes. These studies indicate how the attitude of the patient affects the way in which he uses his hospital experience and how the attitudes of others, including hospital staff and family members, influence the length of hospitalization.

A study by Levinson and Callager is based on rese
BACKGROUND OF THE STUDY

This study originated as a result of interest in the proposed legislative changes governing commitment procedures in California and the effect on the outcome of hospitalization when the mental patient voluntarily seeks treatment. In this chapter, a review of previous pertinent research is given as a background for the study. The agency settings for the study sample, and the composition and baseline characteristics of the population are discussed.

Previous Pertinent Research

Much previous research has been done on a variety of factors which might influence the length of hospitalization for a mental patient. Many of these studies could come under the general heading of attitudes. These studies indicate how the attitude of the patient affects the way in which he uses his hospital experience and how the attitudes of others, including hospital staff and family members, influence the length of hospitalization.

A study by Levinson and Gallager is based on role
treatment during hospitalization. It was also seen that a change in nursing staff attitudes toward the patient occurred simultaneously with a change in the clinical course of the patient. However, it was not established whether the change in nursing staff attitude was responsible for changed behavior in the patient or vice versa.

A study by Cumming and Cumming indicates a relationship between outcome of illness, or length of hospitalization, and the degree to which the patient conforms to the norm. In this case the norm would be determined by the way in which hospital staff and other persons expect the patient to act. The closer the patient's behavior is to the staff norm, the greater is the prediction that the patient will gain the maximum benefit from his hospital experience.

Kramer made a study in 1955 in an attempt to determine causes for the trend at that time toward a decrease in patient population in public mental hospitals. Several factors were considered. Particular emphasis was

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placed on chemotherapy as the widespread use of this therapy occurred at the same time as the above mentioned decline in patient population. Based on the findings of the research, he concluded that it should not be assumed that chemotherapy was responsible for increased numbers of persons leaving the hospital.

Demographic characteristics have been studied in an attempt to predict length of hospitalization. Lindemann and his associates established an index consisting of five demographic characteristics. By using this scale they were able to predict with 77 per cent accuracy whether patients tested would have a shorter or longer period of hospitalization. Shorter period of hospitalization was defined as less than ninety days, whereas a longer period of hospitalization consisted of ninety-one days or more.

Studies have been conducted on the relationship of social class position to the length of hospitalization. In one such study conducted on a group of male schizophrenic patients, the findings indicated that the lower the social class the higher the percentage of long term hospitalizations. It was suggested that this was not

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related to class differences in admission policies or the clinical characteristics of the patients. It was proposed that it might be related to different patterns of interaction, information and attitudes which could, in turn, be related to patient improvement and discharge.

Agency Settings

Agnews State Hospital, located in San Jose, California, is one of ten state hospitals operating under the State Department of Mental Hygiene for the care and treatment of the mentally ill in California. At present the patient population is approximately two thousand.

In 1965, Agnews developed the "regionalization plan" in accordance with the Department of Mental Hygiene objectives: to utilize human and physical resources to provide adequate treatment (1) as early as possible, (2) as continuously as possible with, (3) as little dislocation as possible, and with, (4) as much restoration as possible.

In order to provide continuity of care and a close liaison with the community mental health resources in a given area, patients have been grouped into divisions which

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1 All of the factual material regarding Agnews State Hospital was obtained in the form of notes and unpublished mimeographed material from Mrs. Gwen Sundsten, Fresno State College Field Instructor at Agnews Hospital on January 18, 1968.
serve as specified geographical area. The regular catchment area served by Agnews includes six counties: Santa Clara, Santa Cruz, San Benito, Monterey, Southern Alameda and San Mateo.

Each division is under the medical direction of an assistant superintendent of psychiatric services. Professional staff within each division includes physicians, nurses, psychologists, rehabilitation therapists, and psychiatric social workers.

Agnews' therapeutic program includes the use of all generally accepted psychiatric treatment methods including pharmacotherapy, electric shock therapy, group and individual psychotherapy, therapeutic community, and various rehabilitation and motivation programs. Patient turnover is rapid. Hospital policy is that patients be intensively treated and returned to the community as soon as possible. They are not necessarily free of symptoms of their illness, but are able to return to community treatment facilities, and resume a productive place in society.

The Bureau of Social Work is a public social service agency operating as the Protective Social Services Division of the State Department of Social Welfare. As one of its main functions, the Bureau provides services for mentally ill and mentally retarded patients who are on leave of absence

from state mental hospitals.\(^1\)

The primary goal of working with these patients is to help in their transition from hospital to community living. The social work services given are flexible in nature and are determined by the needs of the patient. As long as the patient retains his leave of absence status from the hospital, the Bureau worker has the responsibility to keep the hospital informed of the patient's progress through regular reports.

**Descriptive Characteristics**

The sample for the study consisted of a total of 50 former female schizophrenic patients who had been released from Agnews State Hospital between July 1, 1965, and June 30, 1967. These patients were then divided into 2 groups. Those who had been committed numbered 37 and those who had entered the hospital voluntarily numbered 17.

An overall view of the women included in the study sample reveals that the majority were between 36 and 49 years of age, both at the time of admission to the hospital and at the time of release. The mean age at admission was 41.08 years and at the time of release it was 43.52 years. The group was comprised primarily of Protestant, Caucasian and married patients. Many had minor children at the time of

admission to the hospital. Most of the patients had at least a 10th grade education. Of the women who were married, their husbands were employed mainly in lower income producing occupations.¹

The baseline characteristics for both groups included eight items—age at entrance and release from the hospital, marital status, education, husband's occupation, religion, minor children and ethnic group. The only baseline characteristic in which the two groups differed significantly was marital status. However, in reviewing the data, it was noted that there were other items which, while not statistically significant, did tend to differentiate the two groups. The tabulation of the baseline characteristics, including the results of the chi square test and probability values, are presented in Table 1 (p.19).

The committed patients were seen to be a younger group on the average. Almost twice as many committed patients fell below the mean age of 41.08 years at the time of admission. The age range was also somewhat smaller for the committed group, being 34 years as opposed to 42 years for the voluntary patients.

The most striking difference between the groups was seen in the factor of marital status. While a larger proportion of committed patients were married at the time of admission, the majority of those who were single were married at the time of admission to the hospital. Most of the patients had at least a 10th grade education. Of the women who were married, their husbands were employed mainly in lower income producing occupations.¹

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<td>Ethnic Group b</td>
<td>1</td>
<td>.0000</td>
<td>0</td>
<td>.0000</td>
<td>0</td>
<td>.0000</td>
<td>0</td>
<td>.0000</td>
</tr>
<tr>
<td>Caucasian</td>
<td>30</td>
<td>.9091</td>
<td>16</td>
<td>.9412</td>
<td>46</td>
<td>92.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mexican-American</td>
<td>1</td>
<td>.0303</td>
<td>1</td>
<td>.0588</td>
<td>2</td>
<td>4.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negro</td>
<td>1</td>
<td>.0303</td>
<td>1</td>
<td>.0588</td>
<td>2</td>
<td>4.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oriental</td>
<td>0</td>
<td>.0000</td>
<td>0</td>
<td>.0000</td>
<td>0</td>
<td>.0000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>.0303</td>
<td>1</td>
<td>.0588</td>
<td>2</td>
<td>4.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*a Data in brackets collapsed for chi square test.

*b Data did not lend themselves to chi square test.

*c An N of less than 50 means that information was not available or was not applicable.
entry to the hospital, there were approximately 5 times as many committed patients who were single (never married) as were found in the voluntary group. This included 10 (30 percent) of the committed group as contrasted to only 1 (5 percent) of the voluntary group. A chi square test was run on this data and the results indicated significance at the .05 level.\(^1\)

In examining the results in terms of religion, considerable differences can be seen in the composition of the two groups. Only 3 persons in the total study sample of 50 persons were not designated as being either Catholic or Protestant. While the committed group showed only one-third of the members as being Catholic, in the voluntary group over one-half of the patients were designated as being Catholic. It has been suggested that the Santa Cruz area, from which the majority of the patients came, has a higher than average Catholic population. However, this would not account for the large difference between the two groups. These data were tested by the chi square, but were not shown to reach the .05 level of significance.\(^2\)

From the standpoint of education there was little difference between the 2 groups in the 10-12 year educational level. The majority of patients in both groups were in this subcategory. More of the voluntary group were in the

\[ \chi^2 = 6.701, \ d.f. = 2, \ .05 > P > .02. \]
\[ \chi^2 = 1.732, \ d.f. = 1, \ .20 > P > .10. \]
pertinent research. Earlier studies indicated that patients who conform to staff norms of behavior tend to have a shorter period of hospitalization. The way in which the patient perceives his illness is an important factor in length of hospitalization. Previous studies also showed that predictions of the period of hospitalization can be made by using a scale based on certain demographic characteristics. It was also shown that patients from the lower socioeconomic classes tend to have longer average periods of hospitalization. Staff attitudes can be affected by the patient's mode of entry to the hospital with the result that the voluntary patients frequently receive differential treatment.

Agnews State Hospital was identified as a state hospital operating for purposes of care and treatment of the mentally ill. The Bureau of Social Work was described as a community based, state operated social agency, having as one of its main functions the provision of social services to mentally ill patients on leave of absence status from state mental hospitals.

The baseline characteristics of the study population showed that voluntary patients in the sample were, on the average, somewhat older; more were, or had been, married. They had a greater degree of Catholic religious affiliation and somewhat less education than had the committed patient group. Very little difference was seen between the two groups from the standpoint of husband's occupation
or ethnic group membership.

In the third chapter the items from the clinical data schedule are presented and analyzed to show the way in which these items discriminate between the voluntary and committed patient groups. The fourth chapter includes the findings of the study and interpretations of these findings. Suggestions are made for further research regarding mode of entry and mental hospitalization. The means by which the study findings can be related to social work practice are pointed out.

Inspection of the data relative to clinical items reveals that the majority of the patients had been court-committed. Most of the patients were hospitalized for less than one year. They were residents of Santa Cruz County prior to admission. The majority had not received outpatient psychiatric counseling prior to hospital admission. In most instances a family member was responsible for taking action which resulted in hospitalization. There was almost universal receipt of drug therapy for patients in the sample. The majority of the sample had been hospitalized
CHAPTER III

ANALYSIS OF THE DATA

This chapter includes an analysis of items of clinical data related to hospitalization history, course of illness and treatment methods for voluntary and committed patients. Three additional factors are included which do not cover the period of hospitalization. It was considered that they might be influential in determining the mode of entry into the hospital. For this reason, in addition to the clinical items above, data were also collected regarding county of residence, psychiatric counseling prior to hospitalization, and the person most responsible for hospital admission.

Inspection of the data relative to clinical items revealed that the majority of the patients had been court-committed. Most of the patients were hospitalized for less than one year. They were residents of Santa Cruz County prior to admission. The majority had not received outpatient psychiatric counseling prior to hospital admission. In most instances a family member was responsible for taking action which resulted in hospitalization. There was almost universal receipt of drug therapy for patients in the sample. The majority of the sample had been hospitalized
previously and prior hospitalizations had been primarily through court commitment.

Comparisons were made between court-committed and voluntary patients to determine differences between the two groups. Although much of the data did not lend itself to chi square testing, the results of comparisons between the two groups are shown in Table 2 (p. 27).

The first clinical item, mode of entry, was used only for purposes of dividing the total sample into the two groups to be studied. The factors of date of admission and date of release were obtained to provide material for further analysis regarding length of hospitalization.

Another factor studied was the staff evaluation of the patient's attitude during hospitalization. In comparing the 2 groups certain differences can be observed. Only 5 (15 per cent) of the committed patients were described as being very cooperative, as opposed to 8 (47 per cent) of the voluntary patients. By contrast, almost one-half of the committed patients were viewed as being somewhat cooperative while only approximately one-fourth of the voluntary patients were so described.

Type of treatment during hospitalization was studied in order to determine whether there were significant differences in treatment according to mode of entry. If a specific type of treatment was not indicated as having been given, it was assumed not to have been given. For purposes of this study, group therapy was considered to include only
### TABLE 2.—Fifty released mental patients by thirteen clinical items and by mode of entry, chi square and probability

<table>
<thead>
<tr>
<th>Schedule Items</th>
<th>Committed N=33 Proportion</th>
<th>Voluntary N=17 Proportion</th>
<th>Total N=50 Per Cent</th>
<th>Chi Square d.f.</th>
<th>Probability Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mode of Entry</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voluntary Commitment</td>
<td>17</td>
<td>1.0000</td>
<td>33</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date Admitted</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date Released</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Length of Hospitalization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prior to Admission</td>
<td>Yes</td>
<td>6</td>
<td>14</td>
<td>2.712</td>
<td>1 .10 &gt; P &gt; .05</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>11</td>
<td>36</td>
<td>.679</td>
<td>1 .50 &gt; P &gt; .30</td>
</tr>
<tr>
<td>County of Residence</td>
<td>Santa Cruz</td>
<td>17</td>
<td>40</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>10</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person Most Responsible for Admission</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient</td>
<td>6</td>
<td>.3529</td>
<td>14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family member</td>
<td>11</td>
<td>.6470</td>
<td>36</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Values for chi square and probability are calculated based on the observed and expected frequencies.
TABLE 2.—Continued

<table>
<thead>
<tr>
<th>Schedule Items</th>
<th>Committed N=33</th>
<th>Voluntary N=17</th>
<th>Total N=50</th>
<th>Chi Square d.f.</th>
<th>Probability Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staff Evaluation of</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient's Attitude^a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very cooperative</td>
<td>5</td>
<td>.1515</td>
<td>8</td>
<td>.4706</td>
<td>13</td>
</tr>
<tr>
<td>Somewhat cooperative</td>
<td>16</td>
<td>.4848</td>
<td>4</td>
<td>.2353</td>
<td>20</td>
</tr>
<tr>
<td>Indifferent</td>
<td>2</td>
<td>.0606</td>
<td>1</td>
<td>.0588</td>
<td>3</td>
</tr>
<tr>
<td>Uncooperative</td>
<td>10</td>
<td>.3030</td>
<td>4</td>
<td>.2353</td>
<td>14</td>
</tr>
<tr>
<td><strong>Type of Treatment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>During Hospitalization^ac</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual therapy</td>
<td>0</td>
<td>.0000</td>
<td>0</td>
<td>.0000</td>
<td>0</td>
</tr>
<tr>
<td>Group therapy</td>
<td>4</td>
<td>.1212</td>
<td>0</td>
<td>.0000</td>
<td>4</td>
</tr>
<tr>
<td>Drug therapy</td>
<td>32</td>
<td>.9697</td>
<td>17</td>
<td>1.0000</td>
<td>49</td>
</tr>
<tr>
<td>EST</td>
<td>19</td>
<td>.5758</td>
<td>1</td>
<td>.0588</td>
<td>20</td>
</tr>
<tr>
<td>None</td>
<td>0</td>
<td>.0000</td>
<td>0</td>
<td>.0000</td>
<td>0</td>
</tr>
<tr>
<td><strong>Previous Mental Hospitalization</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>22</td>
<td>.6666</td>
<td>15</td>
<td>.8823</td>
<td>37</td>
</tr>
<tr>
<td>No</td>
<td>11</td>
<td>.3333</td>
<td>2</td>
<td>.1176</td>
<td>13</td>
</tr>
<tr>
<td><strong>Number of Previous Hospitalizations</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-2</td>
<td>14</td>
<td>.6363</td>
<td>6</td>
<td>.4000</td>
<td>20</td>
</tr>
<tr>
<td>3-4</td>
<td>7</td>
<td>.4000</td>
<td>7</td>
<td>.6000</td>
<td>14</td>
</tr>
<tr>
<td>5 or more</td>
<td>3</td>
<td>.3636</td>
<td>2</td>
<td>.6000</td>
<td>17</td>
</tr>
</tbody>
</table>

^a An N of less than 50 was the information was not available or was not applicable.

^b Some patients had more than one type of therapy.
<table>
<thead>
<tr>
<th>Schedule Items</th>
<th>Committed N=33 Proportion</th>
<th>Voluntary N=17 Proportion</th>
<th>Total N=50 Per Cent</th>
<th>Chi Square d.f.</th>
<th>Probability Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Hospital Status&lt;sup&gt;a&lt;/sup&gt;&lt;sup&gt;b&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voluntary</td>
<td>2 0.0909</td>
<td>6 0.4000</td>
<td>8 21.62</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Committed</td>
<td>20 0.9090</td>
<td>7 0.4666</td>
<td>27 72.97</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both</td>
<td>0 0.0000</td>
<td>2 0.1333</td>
<td>2 5.41</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Length of Previous Hospitalization&lt;sup&gt;a&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<sup>a</sup>Data did not lend themselves to chi square test.

<sup>b</sup>An N of less than 50 means that information was not available or was not applicable.

<sup>c</sup>Some patients had more than one type of therapy.

<sup>d</sup>Data in brackets collapsed for chi square test.
group association with a psychotherapeutic focus and led by a professionally trained psychiatrist, psychologist or psychiatric social worker.

In reviewing the type of treatment, it was observed that neither group of patients received individual therapy. None of the voluntary patients were involved in group therapy, whereas 4 (12 per cent) of the committed patients had this type of treatment. Drug therapy was almost universal. Of the 50 patients in the study sample, 49 received medication.

The most meaningful difference in treatment between the two patient groups is seen in the use of electric shock treatment. Of the committed patients, 19 (58 per cent) received this type of treatment as opposed to only 1 patient in the voluntary group. These observations did tend to indicate a differential treatment between the 2 groups. However, it is assumed that this reflects a medical decision based on the needs of the patient, rather than staff attitudes. Lanterman and Petris, in their recent study found that in most instances electric shock treatments were not used indiscriminately.¹

Four additional factors regarding previous hospitalization were considered to determine whether a relationship existed between them, or if individually or collectively, they influenced the patient's mode of entry for the

¹Lanterman and Petris, op. cit., p. 67.
hospitalization period included in the study. Although the statistical analysis did not reveal any significant findings, some minor differences between the committed and voluntary patients were observed. A larger number of voluntary patients, 15 (88 per cent) than of committed patients, 22 (66 per cent) had been previously hospitalized. Of the 37 patients previously hospitalized, the committed group had had fewer hospitalizations with 14 (64 per cent) having 2 or less. Of the voluntary group 9 (60 per cent) had previously been hospitalized 3 or more times.

In comparing the 2 groups according to previous hospital status, marked differences were seen in the previous mode of entry. Over 90 per cent of the committed patients in the sample also had entered the hospital previously by court commitment. In contrast, the voluntary patients were about equally divided in previous mode of entry.

A category for length of previous hospitalization had been included in the sample schedule. Accurate data were available for only 17 patients and consequently, no attempt was made to analyze the data obtained.

Three additional factors were included for study. Although they do not reflect directly on the patient's hospital course it was believed that they might be significant in determining the mode of entry into the hospital and therefore pertinent to this research. Data were obtained for county of residence, psychiatric counseling prior to
hospitalization, and the person most responsible for the patient's hospital admission.

The county of residence was taken into consideration because a previous study had indicated that in some counties there were obstacles to voluntary admission.\(^1\) Review of the data showed that all of the voluntary patients entered from Santa Cruz County. While 10 (30 percent) of the committed patients had entered from other counties, upon release they had resided in Santa Cruz County.

The study sample represented a total population and was dependent in part on county of residence at release, rather than at admission. The 17 voluntary patients represent over one-third of the total sample and over 42 percent of the sample having residence in Santa Cruz County prior to admission to the hospital. These results would only tend to indicate that a person would not be unduly hampered in attempting to admit himself voluntarily from Santa Cruz County.

It was believed that a relationship might exist between the person most responsible for hospitalization and the mode of entry by the patient. Lanterman and Petris had indicated in their study that most voluntary patients have a dependent relationship on a close family member.\(^2\) They

\(^1\) Lanterman and Petris, op. cit., p. 21.

\(^2\) Lanterman and Petris, op. cit., p. 162.
suggested that the decision for hospitalization in these cases is made by the family member rather than the patient.

In determining the person most responsible for hospitalization, the intake interviews in the case records were reviewed, particularly in reference to circumstances leading to hospitalization. In choosing the person most responsible, consideration was given to the one who took the initiative in obtaining help in behalf of the patient. In most cases this did not coincide with the person or agency who took formal steps for application for admission or legal commitment.

A review of the data revealed significant differences in the degree of responsibility the patient took to obtain care for himself. Of the voluntary patients, 10 (77 per cent) were seen to be directly responsible for taking action which resulted in their hospitalization, whereas only 1 (3 per cent) of the committed patients had done so. An overwhelming majority of the committed patients 28 (97 per cent) were hospitalized as the result of action taken by a family member.

Perhaps these findings relate to a difference in ego-strength of the two groups with the voluntary group showing a greater ability to utilize self-determination in making decisions. Relating back to data on previous hospitalizations, it was seen that the voluntary patients as a group

\[ \chi^2 = 25.067, \text{ d.f.} = 1, P < .001. \]
had been hospitalized a greater number of times. These past experiences may have made them more aware of the need for treatment.

The final factor for consideration in this study was psychiatric counseling prior to hospitalization. For the purposes of this study, psychiatric counseling was considered as counseling done by a professionally trained psychiatrist, psychologist or psychiatric social worker in any setting other than as in-patient treatment in a private or public hospital. This latter type of treatment was considered as previous hospitalization and was included with data in that category. It was thought that professional counseling would not only tend to make a person more aware of his need for hospitalization but also would be helpful in making him aware of alternate choices to meet this need.

A review of the data indicated that more of the voluntary group, 6 (35 per cent), had some type of psychiatric counseling prior to hospitalization, as opposed to 8 (24 per cent) of the committed group. However, a chi square test of these data showed the difference between the 2 groups was not significant.\(^1\)

The hypothesis of this study indicated that the average period of hospitalization for the person who enters a mental hospital voluntarily would be less than the average period of hospitalization for the court-committed patient.

\[ \chi^2 = .679 \text{ d.f.} = 1, \quad .50 > P > .30. \]
In order to test out this hypothesis the actual dates of hospitalization were taken for each of the 50 patients of the study sample by years, months and days. Distribution of the length of hospitalization for each patient, according to months of hospitalization, is shown in Table 3.

Table 3.—Fifty released mental patients distributed by length of hospitalization and by mode of entry

<table>
<thead>
<tr>
<th>Number of months in hospital</th>
<th>Committed N=33</th>
<th>Voluntary N=17</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 1</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>1 - 2</td>
<td>4</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>2 - 3</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>3 - 4</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>4 - 5</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>5 - 6</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6 - 7</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>7 - 8</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>8 - 9</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>9 - 10</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>10-11</td>
<td>0</td>
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</tr>
<tr>
<td>11-12</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>12-13</td>
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<tr>
<td>13-14</td>
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<td>14-15</td>
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<td>15-16</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>16-17</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>17-18</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>18 and over\textsuperscript{a}</td>
<td>18</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td>Total</td>
<td>33</td>
<td>17</td>
<td>50</td>
</tr>
</tbody>
</table>

\textsuperscript{a}Deliberately collapsed because of scattered frequencies.

In order to determine whether the observed differences in length of hospitalization were statistically significant a $T$ test was made on the data contained in the table. For the differences between the two patient groups it was seen that there were significant differences in the previous hospitalization history of the two groups. Never committed patients had been previously hospitalized, and of those who had been, there was a proportionately smaller number of hospitalizations than for the voluntary patients. The majority of committed patients who had previously been hospitalized had entered the hospital to meet commitment or other legal requirements, whereas the voluntary patients had entered the hospital for voluntary treatment. The small numbers in the 14-15 and 15-16 months of hospitalization for the voluntary patients were indications of different treatment conditions.
Table 3. The T test results indicated a statistically significant difference in length of hospitalization. On the basis of this information the null hypothesis was rejected.

In summary, in establishing differentiations between the two patient groups it was seen that there were significant differences in factors relating to the person most responsible for hospitalization. While 77 per cent of the voluntary group had taken direct action leading to their hospitalization only 3 per cent of the committed patients had done so.

Although not statistically significant, there were marked differences in the previous hospitalization histories of the two groups. Fewer committed patients had been previously hospitalized, and of those who had been, there was a proportionately smaller number of hospitalizations than for the voluntary patients. The majority of committed patients who had previously been hospitalized had entered by court commitment.

There were indications of differential treatment of the voluntary patients, but this was not related to staff attitudes. The analysis of the data revealed that the shorter average period of hospitalization for voluntary patients was statistically significant. On this basis the null hypothesis was rejected.

\[ t = 1.3489, \text{ d.f.} = 48, .05 > p > .025, \text{ one tailed.} \]
A summary of the research with additional interpretations and conclusions is presented in Chapter IV. Limitations of the study are considered and recommendations for further research are made.

CHAPTER IV

SUMMARY AND INTERPRETATIONS

The purpose of this study was to determine, by examining a group of fifty formerly hospitalized mental patients, whether there was a difference in the average length of mental hospitalization between patients who hospitalized themselves voluntarily and those who entered the hospital through court commitment. A further purpose of the study was to attempt to determine differences existing between the two patient groups which might have an effect on their hospital stay.

The schedules, including eight baseline characteristics and eleven clinical items, were utilized for this purpose. Information for completion of these schedules was obtained from patient records at Agnews State Hospital, San Jose, California and the Bureau of Social Work, Santa Cruz, California, in January, 1963.

Previous research was reviewed to determine what information was available regarding type of admission and length of mental hospitalization. This review did not produce any studies specifically attempting to relate these two factors. However, there were several studies relating various other factors to length of hospitalization, such as
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Two schedules, including eight baseline characteristics and eleven clinical items, were utilized for this purpose. Information for completion of these schedules was obtained from patient records at Agnews State Hospital, San Jose, California and the Bureau of Social Work, Santa Cruz, California, in January, 1968.

Previous research was reviewed to determine what information was available regarding type of admission and length of mental hospitalization. This review did not produce any studies specifically attempting to relate these two factors. However, there were several studies relating various other factors to length of hospitalization, such as
role concepts, patient and staff attitudes, demographic characteristics and social class position. An attempt was made in this research to determine whether any of the previously studied factors might bear a relationship to the length of mental hospitalization according to entry status. Several of these factors were included in the schedule of baseline characteristics and clinical data.

Two separate research studies relate that staff attitudes toward the mental patient may affect the patient's hospital course.\(^1\) The outcome of one of these studies suggests that the mode of entry may affect the staff attitude and cause differential treatment during hospitalization. Another study suggests that if the person assumes the role expectations of the staff and others for him, he is likely to be released sooner than patients who do not assume these role expectations.\(^2\)

This research did indicate a major difference in treatment in the use of electric shock treatment. However, there were no marked differences in other types of treatment. Since the use of electric shock treatment is a decision to be made by a medical doctor, and does not involve other staff members, it could not be assumed that this reflects staff attitudes toward the patient. It may go back to the

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previously stated possibility that the committed patient's illness could be in a more advanced state by the time he enters the hospital.

Since a much larger proportion of voluntary patients were considered as being very cooperative, this might indicate a relationship between mode of entry and role expectation. However, these evaluations were made primarily by medical doctors and would not necessarily reflect the attitudes of the other staff who came into day by day contact with the patient. It should also be pointed out that over 60 per cent of the committed patients were evaluated as being either very cooperative or somewhat cooperative.

Other research studies indicate a relationship between social class and prognosis.¹ Findings show that the lower the patient's social class the greater the likelihood of a long term hospitalization. In this present research, attempts were made to collect data on educational level and husband's occupation in order to establish social class standings for the patients. However, insufficient material was available and this factor could not be checked out.

The second basic question related to the characteristics of the study sample and the extent to which they discriminated between the patient groups studied. Previous

¹Hardt and Feinhandler, op. cit., pp. 326-332.
Research has been done on the use of demographic characteristics to determine length of hospitalization.\(^1\) In this present study eight demographic characteristics were considered, including age at admission and release, marital status, education, husband's occupation, religion, minor children, and ethnic group. In the categories of age, education, husband's occupation, and ethnic group the two patient groups were relatively homogeneous.

One of the largest distinctions between the two groups was observed in the marital status. When tested this was the only demographic characteristic shown to be statistically significant. While the two groups showed a fairly equal number of married patients, 30 per cent of the committed patients had never been married, as opposed to only 5 per cent of the voluntary patients.

Another major difference was noted in the religious composition of the two groups. Over one-half of the voluntary patients were Catholic, while in the committed group of patients only one-third belonged to this faith. The majority of voluntary patients did not have minor children although proportionately more of this group had been married.

A comparison was made of the two patient groups

according to the clinical schedule items. Data on mode of entry and dates admitted and released were taken for purposes of dividing the population into groups and determining actual length of hospitalization. No statistical significance was found in four clinical items relating to previous hospital history. A larger proportion of voluntary patients had a history of previous hospitalization and had been hospitalized a greater number of times.

The two most commonly used types of treatment were drug therapy and electric shock therapy. There was no distinction between the two groups in the application of drug therapy. However, a slight majority of committed patients received electric shock therapy as opposed to only one voluntary patient.

It had been believed that psychiatric counseling prior to hospitalization might be significant in determining the mode of entry to the hospital. However, there was very little difference observed between the two patient groups in this respect.

One schedule item which revealed statistically significant differences between the voluntary and committed patients was related to the person most responsible for hospital admission. In reviewing data on this item, a significantly larger proportion of voluntary patients had taken the initiative in action which led to their subsequent hospitalization. It might be assumed that the more the
patient was involved in the events leading to his hospitalization, and the more he felt that the decision was his to make, the more cooperative he might have been expected to be in the treatment process.

After the first three basic questions of the study had been answered, consideration was given to the final basic question: Did the analysis of the data confirm or reject the null hypothesis? Observation and tabulation of the data indicated that the average hospitalization period for voluntary patients was less than the average hospitalization period for court-committed patients. Actual length of hospitalization was determined in months for each of the two patient groups. These data were tested by the T test and the difference in length of hospitalization was found to be statistically significant. On this basis the null hypothesis was rejected.

One of the most important limitations in this study was the small size of the study sample. At the outset, it was believed that there would be advantages in taking a total population as opposed to a random sample. It was expected that there would be a larger sample than the fifty persons included in this research. The small size of the sample, in many instances, precluded the use of statistical testing to determine if the results were significant.

Additional limitations were brought about by the use of the schedules for this research. Too many factors were covered with insufficient focus on each one individually.
In some of the baseline characteristics and on treatment procedures the case records were inadequate to obtain all of the necessary data. Data in some instances would have been more accurate if the use of case record material had been combined with information obtained from patient interviews.

While the results of the study indicated that the null hypothesis could be rejected, the findings did not clearly indicate the relationships between various factors studied and the length of hospitalization. For future research consideration might be given to some of the items in this study which were statistically significant.

The results of this study indicate that voluntary patients have a shorter average period of hospitalization than do court-committed patients. Future studies might focus on the disproportionate number of single women in the committed patient group and the reasons for this. Consideration might also be given to the way in which marital status influences voluntary admission. Another study might attempt to determine if marital status is related to the fact that a significantly greater proportion of voluntary patients took the initiative in seeking treatment for their mental illness.

It was stated earlier that if the null hypothesis was rejected, one of the implications for social workers would be that they would have a tested fact to introduce to the patient and/or his family in making preadmission plans. The introduction of the additional reality factor of improved
diagnosis for voluntary patients should make the client's choice more truly free and his self-determination more truly operable.

In respect to the change in laws which will alter the commitment procedure in California, and result in most persons being admitted voluntarily for treatment, social workers will need to be aggressive in seeking out the mentally ill who need treatment, but who may be unable or unwilling to take advantage of it. The social worker must be firmly convinced of the therapeutic value of voluntary hospitalization and be able to impart his convictions to his client. Since much of the work for psychiatric social workers will involve working with the mentally ill prior to hospitalization, or in an attempt to prevent hospitalization, any additional information which can be obtained regarding the relationship between self-determination and mental health or illness will be of value.

The results of this study have indicated that the average period of hospitalization is less for the voluntary patient than for the court-committed patient. The reasons for this have not been made clear through this study. When the State of California is in the process of making drastic revisions in its commitment procedures, it is important that it be understood these changes will not only provide more humane treatment of the mentally ill but also will provide a more effective means of treating mental illness.
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APPENDIX

SCHEDULE OF DESCRIPTIVE AND CLINICAL ITEMS

Part I. Baseline Characteristics

1. Age on date of admission to the hospital ___ years

2. Age on date of release from hospital ___ years

3. Marital status at time of hospitalization
   a. married
   b. single
   c. widowed
   d. divorced
   e. separated

4. Education
   a. 1-6
   b. 7-9
   c. 10-12
   d. some college
   e. college graduate

5. Husband's Occupation
   a. I
   b. II
   c. III
   d. IV
   e. V
   f. VI
   g. VII

6. Religion
   a. Jewish
   b. Catholic
   c. Protestant
   d. Other
   e. None

7. Number of children under 17 years on date of hospitalization
   ___ years
APPENDIX

SCHEDULE OF DESCRIPTIVE AND CLINICAL ITEMS

Part I. Baseline Characteristics

1. Age on date of admission to the hospital ____ years

2. Age on date of release from hospital ____ years

3. Marital status at time of hospitalization
   a. married____
   b. single____
   c. widowed____
   d. divorced____
   e. separated____

4. Education
   a. 1-6 ____
   b. 7-9 ____
   c. 10-12 ____
   d. some college ______
   e. college graduate ______

5. Husband's Occupation
   a. I _____
   b. II _____
   c. III _____
   d. IV _____
   e. V _____
   f. VI _____
   g. VII _____

6. Religion
   a. Jewish____
   b. Catholic____
   c. Protestant____
   d. Other ____
   e. None____

7. Number of children (under 18 years) at time of hospitalization _____
8. Ethnic Group
   a. Caucasian _____
   b. Mexican-American _____
   c. Negro _____
   d. Oriental _____
   e. Other _____

10. Has the patient had previous mental hospitalization
    yes _____ no _____

11. How many times _____
12. Previous admission status
   a. voluntary _____
   b. committed _____
   c. both _____

13. Length of previous hospitalization
    from _____ month _____ year
    to _____ month _____ year