

PSYCHIATRIC SOCIAL WORK AT FORT SHERIDAN

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Last year the *QUARTERLY* printed full reports of Smith College's war emergency summer school. But, as one of these stated, the story could not be finished until the students in the course had completed their practice period, which lasted until February, and indeed not even then. Believing that the alumnae will want to know what some of the graduates of the school found to do, the editors asked Miss May, of the class of 1916, for an account of her work at Fort Sheridan. Miss May was one of fourteen graduates of the course who fulfilled its primary purpose by going into military hospitals as reconstruction aides. She is at present employed in the Public Health Service Hospital at Dansville, N. Y., as director of Home Service under the Red Cross. There are about 250 psychopathic patients at Dansville, most of them discharged soldiers, and the work is similar to that at Fort Sheridan.

In the summer of 1918 between sixty and seventy students from all parts of the country gathered at the Training School of Psychiatric Social Work at Smith College. There were some who had had experience in the field of mental hygiene, but nevertheless felt the need of more training. Others were less familiar with the field, but were enthusiastic and eager to make its acquaintance. Whether they were old hands at the game, or whether they had never before played it, the underlying purpose and desire of the majority of the students, I feel sure, was to give efficient and intelligent war service in this rather new field of psychiatric social work.

When the eight weeks of didactic instruction and study were over, we left Northampton and separated to thirteen different hospitals and social agencies for six months of practical field work. We each took with us a store of knowledge which had been acquired intensely, rapidly, and enthusiastically during the eight short weeks at Smith. We had had splendid courses in sociology, psychology, and social psychiatry, mental testing and social case work, which were given by resident instructors. We had heard a series of stimulating and wonderfully interesting lectures presented by twenty-six visiting lecturers, many of whom are eminent psychiatrists of this country. We had attended bi-weekly clinics at the Northampton State Hospital, which were conducted by Dr. Houston and were most illuminating and helpful in enabling us to see at first hand the types of cases described in the lectures. The remaining cracks and crevices of our summer time were crammed with outside reading and an occasional tea party or Connecticut River "bat."

And, going into the extra-Northampton world with all this knowledge tucked neatly away, we wondered where and when and how we should use it all. We speculated upon the possibility of the Surgeon General's really wanting us when we had our certificates in hand in March. Most of us audibly and anxiously longed for a military hospital appointment.

In little groups of five or six we began our practice case work. It was interesting to apply our recently acquired knowledge to actual human problems. I think we were all able to attack our cases with a definite feeling of "knowing what we were doing," which we should not have had without our previous eight weeks' training. During these six months we learned much of human experience and became more or less able to distinguish normal from

abnormal behavior. We had valuable training in history and fact-collecting under competent supervisors; and, as the weeks went by, we gained a great deal from the various resources which each particular hospital or social agency had to offer us.

About the latter part of January, Miss Jarrett told us that the Surgeon General of the U. S. Army was about to make appointments of social workers to military hospitals in this country. We were most gratified that our efforts had not been in vain and that our primary purpose in entering the course was to be fulfilled. We were to be employed as psychiatric social workers in the hospitals, with the status and salary of reconstruction aides.

My appointment was to U. S. Army General Hospital No. 28, at Fort Sheridan, Illinois. I arrived in February and found another student from the Smith College School already there, enthusiastically starting things.

One's first impression of the hospital is that it stretches out endlessly, so that, in order to reach a given point, one must walk forever through closed connecting corridors. During the hospital's maximum enrollment there were some 3500 patients. Of these about 250 were in the neuro-psychopathic wards, which were eight in number and were in the far end of the hospital where it was quiet and remote from the lively activities always in evidence around the entrance buildings. The psychopathic patients were assigned to the various wards according to the type of the case. Each ward was adapted to its particular type, ranging from those which were necessarily kept locked and screened, to the open ward where the "nearly well" patients were free to go in and out around the grounds.

We found that there was a definite place for the social worker who understood mental and nervous cases. The ward surgeons had their very important places to fill; the nurses had theirs; the occupational and recreational aides had theirs; the physio-therapists had theirs; the corps men or orderlies had theirs. But there was still the place for the social workers—a place which had its own clearly defined duties, together with countless little "odd jobs" which were really nobody's duty, but which, if done, added greatly to the comfort and happiness of the patients.

We were fortunate in having a staff of very coöperative ward surgeons who gave us many valuable suggestions and helped us in every way possible. One of them held weekly clinics so that we and the occupational aides might more intimately know the cases with which we were working. The head of the department early encouraged us by asking for social histories for nearly every patient. We worked out a questionnaire completely covering points of family and personal history. One of these we sent to the local Red Cross Home Service Section for each patient. We asked that a visitor go at once to the home of the patient, fill out the set of questions from the information given by the parents or near relatives of the patient, and, besides, make a detailed report of home conditions, attitude of the family toward the patient, and any other information which might be of interest and aid to the doctors in treating the case.

We received a splendid response from the Home Service sections, which

returned to us comprehensive and interesting reports. Most of our patients came from isolated mid-western farms, and we were especially grateful to the workers who often took journeys of two days or more in order to reach the homes. When these reports were returned to us, we summarized them and submitted them to the ward surgeons in a concise form which could be permanently attached to the medical record. Most interesting details of past life and family tendencies came to light, which I am sure were valuable to the ward surgeons in supplying a background for the patient, as well as in many cases deciding the advisability of discharge or furlough.

Through daily ward visits and the study of the histories, we grew to know each patient intimately. We knew him as a patient, set in a more or less definite background of military life, and we knew him as a one-time civilian, surrounded by a certain type of home life which had been described for us by a Red Cross worker. And, in the majority of cases, we were able to supply a connecting link between these two background pictures by means of seeing and knowing the relatives whose influence was so predominant in both phases of the patient's life. Mothers, fathers, and wives, sisters, brothers, aunts, and uncles, streamed into the hospital daily. Some of them had taken journeys of several days. Some had spent almost their last dollar for carfare. But, if it were at all possible, they came.

I think it was to these relatives that the social service workers gave the most valuable service. One mother had not seen her son for months. Although she had heard that he was ill and "shell-shocked," she was not at all prepared for the severity of the case. It was as if she had come to find the boy who had left home some eighteen months ago, but must instead accept a substitute. She could not believe this boy with such a strange expression and such unfamiliar actions was her boy. It was all a terrible shock to her. Other mothers and fathers felt the same way about their sons. We hope it was a comfort to them that they were able to sit down and talk things over with the social worker and to ask the hundred and one questions which they had had bottled up for months. The ward surgeons were always glad to talk things over with the relatives, but even after a thorough discussion of the case, they invariably wanted to talk more. They wanted to know countless little things. How did the patient pass his time every day? What seemed to interest him? What did he talk about? Did he often ask about his mother? Did he ever speak of his sweetheart? Did he sometimes play the harmonica, as he used to at home? There were questions about insurance, back pay, Liberty bonds, personal effects, discharge, transfer, and many other things, which the social worker could answer and adjust for the relatives.

Usually the relatives stayed overnight and it was the social worker who found a place for them to sleep and to eat. When they left the hospital, they went with at least one comforting thought—that there was the social worker to whom they might write as often as they pleased, ask as many questions as they pleased, and be assured that they would receive an answer from someone who knew their boy well and saw him every day. This correspondence with the families kept us very busy. Of course we urged the patients to write home

often themselves. But there were many who could not write because of their mental condition. We tried to write to the families of these boys especially often—perhaps once a week or once every two weeks. Each letter we received in return gave us a better understanding of the patient's life and family problems.

Of course, much of the work which we tried to accomplish could have been done by a general social worker. But our special psychiatric training enabled us to do many things which we could not have done without it. Because we had some understanding of mental and nervous diseases we knew what questions to ask of the Red Cross workers so that facts which were particularly pertinent in dealing with a case would come to light. A great deal of information which is interesting to a layman is of no value to the physician in treating a case. So, knowing what to look for, we extricated the really helpful factors which were involved in the patient's past life and presented a report of them to the physician. There was also much that we could explain to the family of the patient because of our knowledge of his mental and nervous condition. It was difficult for them to understand certain actions or lapses of interest on the part of the patient, and often a little explanation on our part would smooth things out and enable the parents to look at the case in a much more intelligent and helpful way.

When the happy time of discharge came to a patient, there was again a most important duty for the social service worker. Just before the patient left the hospital, we sent a letter to the Red Cross of his home town. In it we stated that the patient was about to be discharged and that he would soon return to his home. We briefly described the illness from which he had been suffering, told his present condition, amount of disability, his occupation prior to entering service, what sort of occupational or educational work he had followed during service, and, most important of all, we gave the ward surgeon's recommendation as to type and amount of future work, recreation, beneficial living conditions, etc. With this information on hand, we asked that a Red Cross worker visit the boy as soon as he returned home and help him in every way possible to readjust himself to civilian life and to aid him in securing suitable employment.

And so the psychiatric social worker had her place in the military hospital. Certainly our entire success in this new military field is based upon the Smith College Training School. I have often tried to analyze our course and to decide just which part of it helped most. Was it the knowledge of mental and nervous diseases which we gained from the lectures and clinics? Was it our general knowledge of sociology, combined with our special knowledge and practice of scientific case work? Or was it the fuller understanding of human nature which psychology had taught us? It was no one of these factors, but the sum total of them all. They all combined into a solid force which enabled us to "put the job across." And so I am sure that we all feel a deep and lasting indebtedness to the Smith College School for Psychiatric Social Work and shall always be grateful to fate for leading us to its doors.