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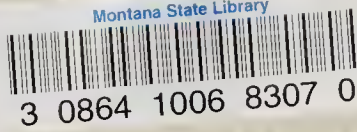
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Helena, Montana

project OM - 421 (CI) grant USPHS Nat. Inst. for Mental Health



PROJECT STAFF

G. D. Carlyle Thompson, M. D., M.P.H., Director
(Resigned October 1961)

John S. Anderson, M. D., M.P.H., Director
(Appointed December 1961)

Wava L. Dixon, Assistant Director

Esmer S. King, Mental Health Nursing Consultant
(Resigned December 1961)

Virginia G. Kenyon, Generalized Public Health Nursing Consultant

K. Elizabeth Burrell, Coordinator of Mental Health Education
Activities

Cornelia Robinson, Health Education Consultant in Mental Health

Butte-Anaconda Field Office

Edna Kuhn, Supervisor
(Appointed January 1962)

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Elinor Bowman, Public Health Nurse

Montana State Board of Health -- Mental Health Project

ANNUAL REPORT -- January 1, 1961 - December 31, 1961

FAMILY HEALTH SERVICES FOR THE MENTALLY ILL
Project OM-421(C1)

G. D. Carlyle Thompson, M. D., Director

John S. Anderson, M. D., Director

Helena, Montana

SUMMARY

The second year of the project saw the planning stage give way to a full-scale program. The impact of the program both state-wide and in the counties of intensified service -- Butte-Anaconda area -- can be seen.

The total number of public health nursing visits in mental health in the State increased from 2,026 during the first year to 3,439 the second year. This is an increase of almost 70 per cent and is most gratifying.

In the Butte-Anaconda area the caseload has grown to 53. The public health nurses in this area are becoming more aware of the health problems of other family members and are seeing the family as a unit.

In the Butte-Anaconda area there is a growing interest and understanding by the private physicians of the help the public health nurses can give the mentally ill patients. An example is the request to the public health nurse by a private physician for the nurse to visit one of his patients in the general hospital to see if she could get information from the patient that would help in his appraisal of the patient's problems.

The physicians are also growing more conscious of their need for other community facilities and are beginning to make inquiries about them.

The working relationship between the project staff and the local Mental Hygiene Clinic is much closer and this in itself is strengthening the family health services.

The health education program in mental health is showing that the citizens are interested and are actively participating in community education programs. This has far surpassed expectations. One of the most rewarding aspects is the fact that education programs are extending far beyond the "organized education groups" and reaching other community groups. Although this is a usual objective of any health education program too often it has not been carried through very extensively.

The members of the education groups themselves see progress. This is expressed in the words of one of the county chairmen who said, "I can see a definite increase in the interest in this community in mental health since we began the education programs."

Although it was expected that phase three, or "prevention" would be a part of the education program right from the start, it has been surprising that this has been the chief interest of the community groups. It is distinctly different than citizen interests in other public health programs where they have wished to concentrate on "illness and death" rather than on prevention.

Liaison meetings between the Mental Health Nursing Consultant of the State Board of Health and Field Supervisor of Montana State Hospital continued with focus on effective operation.

The annual conference with full staff participation from State Board of Health and Montana State Hospital was held in August.

Consultation from United States Public Health Service Regional Mental Health Staff was utilized in several instances with one meeting involving the whole staff.

Evaluation of the project and submission of a request for a supplemental grant to make possible the continuation of the project through the third year was done in January.

The nursing staff reached full complement status toward the end of the second year when a supervisor was employed in the two-county demonstration area.

State Board of Health consultants have spent time with each public health nurse in the State in consultation on mental health cases. Plans were made for launching Phase II of the project which includes the public health nurses working with patients and families during the crisis situation when a person is in process of commitment or considering hospitalization for mental illness, (or at Montana State Hospital).

Orientation of public health nurses to Montana State Hospital was completed for all available public health nurses in Montana during the second year, with plans to continue this for the few who were unable to be included, and for new staff.

The position of Supervising Public Health Nurse for the Butte-Anaconda area was filled. All local public health nurses statewide received consultation regarding mental health activities from State Board of Health consultants responsible for supervision in local areas.

Community organization for mental health education was initiated in the Butte-Anaconda demonstration area and Flathead County on an intensive basis. Emphasis was placed on mental health education throughout the State by the generalized public health education consultant working in their respective areas.

The Butte-Anaconda Advisory Committee was established and held its first meeting early in the year. An exhibit on "Mental Health in the Schools" was prepared for use in statewide teachers' meetings and for special local programs.

PROGRAM DEVELOPMENT

1. Administration: Changes were made in the administration of the Mental Health Unit affecting the project. Wava L. Dixon, Public Health Nursing Director, was appointed Assistant Director of the project in charge of operations. Mrs. K. Elizabeth Burrell, Director of Health Education, was given a more direct assignment for health education in the project than heretofore. This change made it possible to coordinate the administration of the project and the two service divisions, and with the Health Education Director as a part of the operating structure. This made possible more effective coordination of health education activities. G. D. Carlyle Thompson, M. D., Project Director, resigned in October. John S. Anderson, M. D., was then appointed Director of the Project. Mrs. Esmer S. King, Mental Health Nursing Consultant, resigned in December 1961. Recruitment for this position will continue, however personnel shortages in this field make recruitment for this position very difficult. Plans are under way for a nursing consultant who is on the staff to have educational leave to prepare for the mental health nursing consultant position.

The need to request additional funds for the third year of the project was necessary because recruitment had been so difficult and therefore, the first year was not as productive as had been anticipated. The request for funds should have been more for the second year rather than the large budget for the first year. During this second year with more of the staff positions filled, services have been so fruitful that every effort is being made to continue with this program in the future.

2. General: The local Advisory Committee was appointed and held two meetings: one in May and one in August.

The Advisory Committee is made up of representatives from various groups: law enforcement, employment service, welfare, Vocational Rehabilitation, churches, schools, medical and nursing groups from the demonstration area. Individual members of this group have been extremely helpful to local staff and have participated in local community education groups in addition to their participation on the local Advisory Committee. A statement on "Functions and Relationships of Staff and Advisory Groups for the Project" was prepared and used by the staff working with the Advisory Committee and the community education committees.

The Annual Conference was held in Helena in August with full participation of the staffs involved in the project from Montana State Hospital and the State Board of Health.

An overview of the Project and a report of the Director's contacts with the medical society was given. Additional reports of the Liaison Committee, Social Service activities, Public Health Nursing, and Health Education were presented and discussed. The nursing and health education reports included the activities in the demonstration area as well as other project counties.

Mental Health Unit Staff Meetings were held regularly twice a month; programs and future plans were discussed. Some such meetings were held at the Butte-Anaconda Field Office.

A one day meeting with the United States Public Health Service Mental Health Staff from Region VIII (Denver) was held with the Mental Health Unit Staff of the State Board of Health to discuss program activities and plans.

The project has been the topic for discussion at various meetings including the State Board of Health Staff Seminar (for the benefit of the professional staff in acquainting them with the SBH programs), and the Montana Health Planning Council composed of statewide organization representatives interested in statewide health programs.

Activities of the Mental Health Unit staff have consisted of meetings with college groups and others to discuss the program; preparing the quarterly and annual reports, previewing films for possible purchase, ordering literature and other materials, preparing exhibits, and in-service education.

Related Activities: Staff of the Mental Health Unit have participated in many and varied programs involving other agencies or groups including:

- Epidemiology Workshop in Helena
- Cardiac Nursing Workshop in Great Falls
- Gallatin County and Cascade County Health Departments regarding mental health
- Joint Meeting of Montana Nurses' Association and Montana League for Nursing on Research in Helena
- Joint Meeting of Montana Public Health Association and Montana Association for Mental Health in Butte
- Butte Mental Health Association's regular meetings
- Helena Mental Health Association organization meeting
- Montana Association for Mental Health (Board meetings as a member and Annual meetings)
- Regional Annual Meeting of Mental Health Authorities, Missoula
- Rocky Mountain Retarded Children's Group, Butte
- Fifth Institute on Maternal and New Born Care in Great Falls
- American Public Health Association in Detroit

3. Agency Relationship: The two state agencies, Montana State Hospital and the State Board of Health, have worked cooperatively on the mental health project through liaison and other joint meetings. During the year frequent meetings were held between the State Hospital's Field Service Supervisor and the State Board of Health's Mental Health Nursing Consultant. In addition, other meetings were held in which other staff of each agency participated, including the Hospital's Director of Social Service, Director of Activities Therapy Department, the State Board of Health's Project Generalized Public Health Nursing Consultant, Senior Nurse of the Butte-Anaconda Field Office, and other staff. Also, the Board's Mental Health Nursing Consultant met often with the Hospital's

Director of Nurses to discuss Orientation In-service Education Program in which she participated. Discussions of these staff members from both agencies involved patient referrals, commitments and releases from the Hospital, "civil rights" and "legal competency". Information on this was prepared and made available to the Division of Public Health Nursing of the State Board of Health for the use of all public health nurses in the State.

PUBLIC HEALTH NURSING

Statewide Area

Summary: Program planning for the various phases of program development in public health nursing was done through Mental Health Staff meetings, conferences with the Director of Public Health Nursing, generalized consultants, Director of Health Education, statician, and the Mental Health Consultant in Nursing from Region VIII Public Health Service. Topics discussed included administrative aspects of travel, supplies, secretarial duties, reports; inter-agency nurses meeting; revision of referral and report back forms; confidentiality and privileged communications; out-of-state referrals; and other planning necessary to carry out public health nursing activities statewide. Written manual material for public health nursing manuals was prepared for distribution to local public health nurses.

Generalized public health nursing consultants in giving assistance to local public health nurses through case discussion during their visits to their various areas, reported an increase in the number of such discussions in terms of problems encountered in the field (referral to clinics, obtaining mental health materials, and individual case discussions) as well as mutual exchange in calling attention to articles in professional journals and other articles of interest in the area of mental health.

Referrals: (from Montana State Hospital) At the beginning of the year (1961) there were 26 counties participating in the project. This is in addition to the two counties -- Silver Bow and Deer Lodge -- designated as the demonstration area. In April a new county (Beaverhead) was opened for referrals, and on September 1st one county (Musselshell) was closed to service with the resignation of the county nurse. By the end of the first quarter all participating counties had received at least one referral since opened for service in May, 1960.

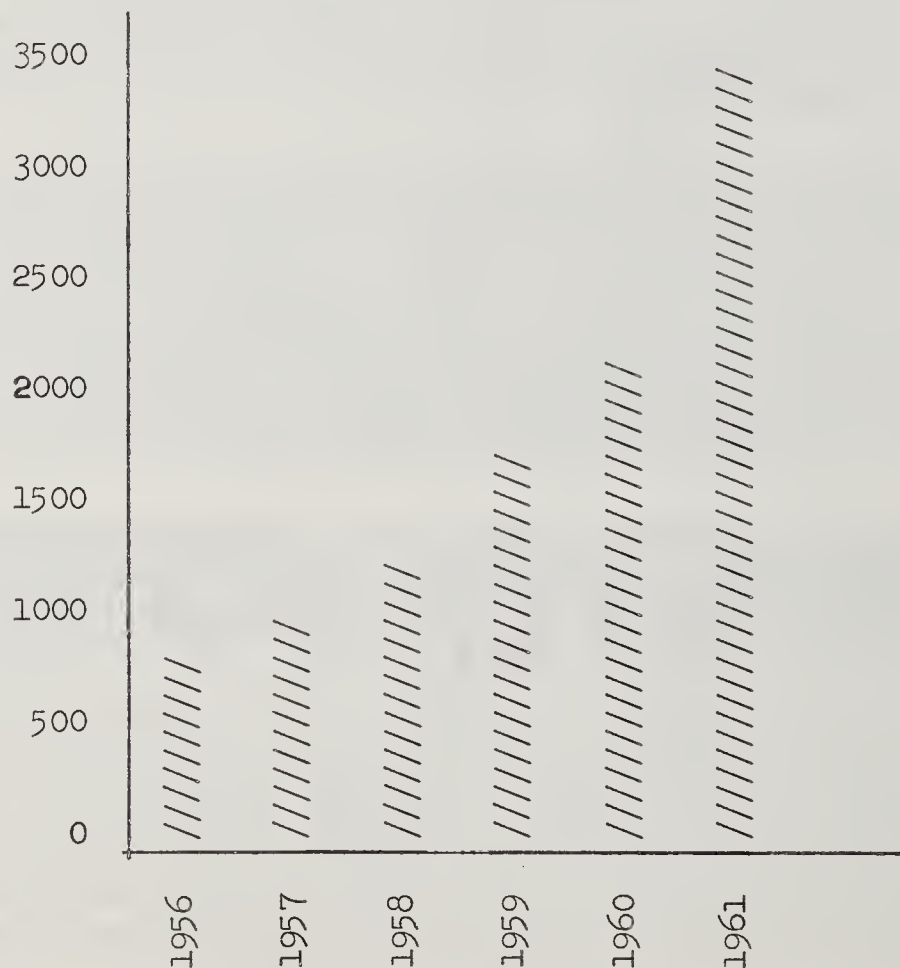
There was a significant decrease in the number of referrals (only five referrals to four counties) sent to public health nurses in the last quarter as compared to the first three quarters of this year as illustrated by the table on page 6.

NUMBER OF REFERRALS FROM MONTANA STATE HOSPITAL
TO 28 COUNTIES PARTICIPATING IN THE PROJECT

	<u>Jan-Feb</u> <u>March '61</u>	<u>April-May</u> <u>June '61</u>	<u>July-Aug</u> <u>Sept '61</u>	<u>Oct-Nov</u> <u>Dec '61</u>
Total to Project Counties	53	61	29	5
Total to Inten- sive Counties:	11	14	8	5
Silver Bow:	6	11	7	3
Deer Lodge:	5	3	1	2

It has been noted that the number of referrals from the State Hospital to local public health nurses is less than originally anticipated, and in the two counties of intensive service (Silver Bow and Deer Lodge) the number of referrals has been approximately one-third the number that was originally anticipated.

During 1961 statewide statistics showed a total number of 3,439 public health nursing visits in "Mental Health". The graph below shows a definite increase in public health nursing visits in their services to the mentally ill.



In-service Education: The Orientation In-service Education Program at Montana State Hospital for local public health nurses, and other public health personnel, which was initiated in June 1960 again resumed in March and was completed by the end of June, 1961. Arrangements were made to extend the size of the groups to six instead of four. During January two area nursing conferences were held in the southeast section of the State to evaluate last year's program and to provide an opportunity to discuss its application.

An inquiry to evaluate the Orientation In-service Education Program and to determine future needs was sent to local public health nurses in August:

- What about the program was particularly important to you?
- On what kinds of things would you like to have had more time spent?
- In your work, what things learned at Montana State Hospital have you been able to use?
- How might the program have been made more meaningful for you?
- Would you like a follow-up day at Montana State Hospital at some future date? If so, what would you like included?
- Other comments or suggestions?

Plans were made for the Mental Health Nursing Consultant and the Director of Nurses at Montana State Hospital to review the responses to this inquiry and to make recommendations for future in-service education. Total attendance was as follows:

	<u>1960</u>	<u>1961</u>	<u>Total</u>
<u>State Personnel</u>			
Nursing Consultants	5	2	7
Medical Social Work Counselor	1	0	1
Health Education Consultants	2	0	2
<u>Local Personnel</u>			
Public Health Nursing Supervisor	4	0	4
Assistant Supervisor	1	0	1
Local Public Health Nurses	22	28	50
School Nurses	<u>0</u>	<u>4</u>	<u>4</u>
Totals	35	34	69

At least one local public health nurse from all but three of the twenty-nine counties covered by generalized public health nursing service attended the five day program at the Hospital.

The nursing department at the Hospital is willing to plan with the State Board of Health and to offer this program once a year for newly employed public health personnel. Cascade and Gallatin County Health Departments were willing to orient selected Hospital Nursing personnel to their Departments. A tentative plan has been developed for this.

Staff Development and Program Activities: One county (Cascade) held a two day staff in-service meeting on the topic of "Mental Health Concepts on Nursing Practice" in which the Mental Health Nursing Consultant participated. The Richland County Public Health Nurse selected "mental health" as the theme for her school and community programs this year. The Flathead County Public Health Nurse requested consultation regarding the mentally ill in her caseload. It was noted that one county (Gallatin) sent admission information to the State Hospital on a patient's return to the Hospital.

Significant Problems: During August an administrative change was made in the State Hospital's procedure regarding referrals. Instead of sending a copy of the letter that is sent to the physician in addition to the referral sent to the nurse, only the referral will be sent to the nurse. Information on diagnosis will have to be obtained from the physician that receives the letter from the Hospital.

- statewide data collection regarding impact of referrals on caseloads and of services to the mentally ill.
- re-establishing liaison committee meetings between Montana State Hospital and State Board of Health
- recruitment for a Mental Health Nursing Consultant (vacancy developed in December)

Public Health Nurse prepares to leave patient's home.



Butte-Anaconda Area

Summary: One of the purposes of the establishment of the intensive public health nursing services in the Butte-Anaconda area was to develop procedures, policies, and materials which could also be utilized by public health nurses on a statewide basis in their services to the mentally ill. Some of the more important were:

- guides for written reports to physicians
- procedure for disposition of referral when patient no longer resides in the county
- classification for patient status (active or inactive) and criteria for closure of cases
- plan for orientation of new public health nursing staff
- "working" definitions for: reporting back, referral, case clearance, case discussion and case consultation
- procedure and policy for reporting back to Montana State Hospital regarding service to patients on "convalescent leave"
- procedure for disposition of referral after four "not home" visits without a contact with patient
- role of the public health nurse in court hearings for standard commitments to the State Hospital

In addition, progress reports on the following topics were relayed to the Project Director:

- a. frequency of public health nursing visits
- b. continuity of care for the mentally ill
- c. requests for public health nursing services
- d. relationship with local physicians
- e. other community resources available.

The Mental Health Nursing Consultant served as supervisor for the Butte-Anaconda Field Office. Because of changes in the public health nursing staff there was a period of four months when only one staff nurse was serving both Silver Bow and Deer Lodge Counties, in addition to helping orient a new nurse.

In-service Education and Coordination and Integration of Nursing Services: Programs concerning procedures, policies and materials needed in giving services to patients and their families were developed as part of in-service education.

Four regular meetings were held with all the Butte public health (and/or school nurses) nurses who visit in the homes to clarify each agency's policies and to develop working relationships. These nurses were from School District No. 1, Silver Bow Tuberculosis Association, and Silver Bow County.

The Medical Social Worker from the State Board of Health and the Psychiatric Social Worker from Montana State Hospital's Field Service Program participated in a staff discussion on "marital counseling".

A one day area conference on public health nursing, conducted by the State Board of Health's Generalized Public Health Nursing Consultant assigned to this area, was attended by the two staff nurses.

Collection of Data: Since this is a research project the collection of data which will be useful in analysis of services to the mentally ill continues.

Direct Services: - Referrals. There were 43 referrals from Montana State Hospital this year to these two demonstration counties. This makes a total of 64 since the project was opened for referrals August 1, 1960. Five of these were re-referred after admission to the State Hospital. They were not closed for nursing service, but were visited at the Hospital and their families were also visited.

The chart below shows the characteristics of the total (64) referred as to age, sex, marital status, and living arrangement:

Age Groups	# in Age Group	Sex			Widow or Wder		Dvrsd or Mrd Sep		Maritl. Status		Lives Alone	Lives with Spouse	Lives with other memb. of family
		F.	M.	Sngl	Wder	Mrd	Sep	Unknown					
1-10 yrs.													
11-20	4	4		4						2			2
21-30	10	7	3	3	1	5	1				6		3
31-40	9	5	4	1		8					8		2
41-50	18	14	4	5	1	8	4			2	8		7
51-60	13	7	6	2	1	7	2	1		2	6		5
61-70	9	5	4	1	2	4	2			2	4		2
Over 71	1	1				1					1		

Living arrangements of two are unknown.

64 per cent of patients are over 40 years of age and there are twice as many females as males. 16 patients or 25 per cent of the caseload are single people and one-half of these lives alone. 33 or 51.5 per cent of patients live with their spouses and 21 or 31.2 per cent live with other members of their families.

Diagnoses of referred patients:

9 schizophrenics	3 alcoholics
7 chronic brain syndromes	2 personality disturbances
6 involuntions	1 depressive reaction
6 psychoneurotics	1 anorexia
1 thrombosis spinal artery	1 mental retardation
1 unknown	

Caseload: At the end of the year, December 1961, there were 41 active cases, 2 inactive, and 3 closed in Silver Bow County; and 12 active cases, 2 inactive and 4 closed in Deer Lodge County.

In addition to this patient caseload, 50 family members were also carried for nursing services.

Number of Public Health Nursing Visits to the Mentally Ill: A total of 701 home visits and 36 office visits were given to the mentally ill. The frequency of visits varied from twice a week to once every three to six months. The frequency of visits is based on the expressed need of the patient, the judgment of the nurse, the requests by the private physician, and the State Hospital staff. There were only a few who required visits twice a week.

Public Health Services to Family Members:

Ages	Health Guidance	# Visits	Mental Health	# Visits	Acute Ill. (Spec)	# Visits	Chronic Illness (Spec)	# Visits	Mater-nity	# Visits
Un.1 yr	2	13								
1-10	10	23			2 otitis med.	3				
					1 urinary infect.	1				
11-20	7	18			1 ring worm	1			1	2
					1 otitis media	2				
					1 pneumonia	3				
21-30									2	4
31-40	1	3	3	9			1 orthopedic	1		
41-50	1	6	2	4			1 varicosities	1		
51-60	3	3	2	14	1	2	2 diabetic	6		
							1 cataract	1		
61-70			1	5			1 cardiac	1		
71 & over	1	4					1 hyper-tension	4		

The analysis of records indicates that as the project developed and nurses had more experience and self-assurance in dealing with mental patients, that they have been more aware of health problems of other family members.

Local Resources: Local resources were used for case consultation, case clearance, or for obtaining information to enable the nurse to function more effectively. A roster of community resources, their policies, programs, and services is being assembled for use by the nurses.

Physician Contacts by Public Health Nurses: The public health nurses have made a total of 73 office visits to 14 private physicians and sent 142 letters to them reporting the progress of their patients. The physicians have been most cooperative and appreciative of this service.

HEALTH EDUCATION

Summary: The health education phase of the project followed a similar pattern of procedure as that of any other public health program in which health education is involved. After the pre-planning conferences with the Project Director and staff in the Mental Health Unit, and followed by staff conferences from time to time, the activities included general program planning, group meetings for mental health education, previewing films for possible purchase, selecting and ordering literature, preparing exhibit material, quarterly and annual reports, minutes of staff meetings, publicity, organization chart, and other materials to be used in the mental health program.

Community groups participating in programs on mental health education included schools, colleges, parent organizations, women's clubs, and others. This was in addition to the "Community Education Groups on Mental Health" which were organized in the Butte-Anaconda demonstration area, and in Flathead County to help plan and promote the education program in these three counties.

Program Development:

Community Organization - Health education to be effective must involve active participation of the people it is aimed to reach. It is dependent upon their help in planning, promoting and sponsoring a community program as their own, not one funnelled down to them.

In order to involve community citizens in a health program, it is necessary to form a local nucleus group or committee that will take the responsibility to help plan and promote the community program. This, in turn, helps the group involved to learn more about the health program they are promoting and thus increases their interest, and through them the interest of the community.

A "Community Education Group on Mental Health" was organized in each of three counties: Silver Bow and Deer Lodge in the Butte-Anaconda demonstration area, and Flathead in the statewide area. Health education activities in forming these "community groups" consisted of the following:

- A. Personal contacts and individual conferences with the presidents of local clubs and organizations to explain the program idea and ask them to find an "interested

member" of their group to come to the "first or organizational" meeting. Some of the presidents remarked, "Yes, I'll find someone to come. Our club would want to be included." Then added, "I'd like to come too; I'm interested." (Official representation of a group was not necessary.)

- B. The "organization meeting" was later held at which there were persons from many and varied groups including medical, nursing, welfare, school, church, law enforcement, labor, civic and social clubs, women's groups, and just interested citizens not from any group. There was explanation of the program idea, and discussion on which all had a chance to participate. It was agreed that community education on mental health and a group to sponsor and promote the program was needed. They selected a temporary chairman who then proceeded to form a program committee and a special committee in one area, and set a date for the next meeting.



Flathead County citizens participate enthusiastically in mental health education discussion.

Procedures and Program Plans - The Community Education Group in each of the three counties followed its own pattern of procedures, but all chose to emphasize prevention, and the promotion of good mental health rather than on mental illness. This chief purpose of the group was not only to gain a better understanding themselves, but to arrange for programs on mental health within their own clubs and organizations, thus reaching more of the community's population.

Each group decided to meet monthly and conduct a discussion-type program with the use of a film on some phase of mental health, with a resource person either from the State Hospital as in the Butte-Anaconda area and/or the local medical society. The health education consultant served as discussion leader at the meetings and assisted the local chairman and program committee in program preparation and personal contacts previous to the meetings.

Now that there is considerable progress and definite information to report, plans are to bring in the public health nursing phase of the project. This will provide background so that these groups will all see the need for public health nursing services on local financing.

Other types of programs developed and conducted with the various groups included: (1) discussion-type program for Home Demonstration Club Leaders in a two-hour session. They are given guides for discussion, and a bibliography of material and film lists so they in turn can conduct this type program in their local clubs throughout their counties. (2) discussion for classes in high school health education and psychology, with or without the use of films; (3) short talks at luncheon meetings; (4) discussion with the use of the exhibit on "Mental Health in the Schools" with teachers' groups; (5) discussion on the mental health unit included in the School Health Guide for teachers; (6) discussion-type program for classes in Education for Parenthood for expectant mothers (in cooperation with the Child Health Division); (7) seminars, panel discussions, and program planning for group discussion with school and health department personnel; (8) programs -- with discussion and use of film -- at monthly meetings of the Community Education Group on Mental Health, and including the general public.

Areas for reporting purposes, are divided into (I) the Butte-Anaconda area and (II) Flathead County in the Statewide area.

- I. Butte-Anaconda Area (Silver Bow and Deer Lodge Counties with a total population of approximately 65,000). The Community Education Group on Mental Health was formed in each county, separately as had been recommended by the project Advisory Committee in this area.

Programs and Activities: **BUTTE**

- A visit to the State Mental Hospital was the first activity of the Butte group arranged by the "special committee" at the suggestion of one of the members who remarked, "We should visit the State Hospital and learn more about what we are trying to prevent." Even though the Hospital was only 23 miles away, many of the group had never visited it. The Hospital Superintendent who conducted the two tours reported that the group expressed much interest and appreciation for the opportunity to gain more knowledge of their state institution and its program.
- Programs at monthly meetings of the two groups consisted of discussion with the use of appropriate films, and often

a resource person, on various topics on mental health including: (1) child growth and development, (2) the community's role in the rehabilitation of the mental patient, and (3) community understanding and desirable attitudes toward persons with mental or other illness (epilepsy for example). Films used in one or both groups were: CHILDREN'S EMOTIONS, SIBLING RELATIONS AND PERSONALITY, BITTER WELCOME, MAN TO MAN, and EPILEPSY. Program chairmen of P.T.A.'s, Home Demonstration Clubs and others were invited by the Anaconda Group to attend the program meetings, especially those on Child Growth and Development so as to acquaint them with this type program for their regular meetings. As a result, three P.T.A.'s scheduled programs soon afterward on "Childrens' Emotions" and planned for other such programs.

-- School health education on mental health was stimulated by the Butte High School health education teacher (member of the Butte Health Education Group) who arranged the following for her two classes in health education:

(a) A "tour" to the Butte-Anaconda Field Office of the State Board of Health's Mental Health Project at which the two public health nurses explained the project and its services to the mentally ill. A class report with discussion followed the tour.

(b) A class discussion-type program on mental health education in which the Project Health Education Consultant participated; a similar type program was later conducted on alcoholism with the use of the film, TEACHING TEEN-AGERS ABOUT ALCOHOL, in the two health education classes and also a biology class.

(c) Discussion on the Montana School Health Guide with emphasis on the Mental Health Unit was the topic of the program at a regular meeting of the School Health Council. The Health Education Consultant also discussed the Guide with school administrators in both the Butte and Anaconda school systems and made plans to meet with teachers' groups at a later date.

The Butte group discussed the formation of sub-committees of "special interest" groups such as industry, school, civic clubs, and young parents' groups in an effort to get wider community participation, and to gear program activities to the interest and needs of these groups. (This will be followed-up in 1962.)

ANACONDA

The Anaconda group continued to grow and increase its enthusiasm and participation in helping to reach more of the community. At each monthly meeting there were "new persons" in attendance. The State Hospital only nine miles away, provided resource persons, as did the local Medical Society in the programs.



Pictured above is the Anaconda Program Planning Committee for Health Education Activities in Mental Health.

II. Flathead County in the Statewide Area

Community Organization: (Flathead County ... population 33,300. Kalispell is the County Seat.) The "Community Education Group on Mental Health" was organized in October at a meeting attended by 36 persons from 29 organizations. The procedure for initiating community organization in this county had been the same as in the Butte-Anaconda Area, with previous individual conferences with the presidents of clubs and organizations. The group at its organization meeting selected a temporary chairman, and a steering committee, and set a date for the next meeting. The Steering Committee met later, and selected a permanent chairman and a publicity chairman, and also discussed the possibility of sponsoring educational programs in various towns in the county.

Monthly program meetings of the Group were held in November and December in which the public was invited. The programs consisted of discussion on child growth and development, with the use of the film, CHILDREN'S EMOTIONS, and on the role of the community in the rehabilitation and adjustment of the mental patient returned from the State Hospital, with the use of the film, BITTER WELCOME. These programs also were conducted separately with two high school psychology classes, and the Baptist Men's Brotherhood arranged by members of the Group.

Publicity has included newspaper, radio, and the mailing of postal cards to members to remind them of the coming program meetings. Also the president of the Home Demonstration Club Council notified all of the clubs in her district.

General Program Activities:

Butte-Anaconda Area - Education for Parenthood Program: This discussion-type program for expectant parents is offered by the State Board of Health's Child Health Division. A major value lies in its contribution to mental health. Participation of the project's health educator, in Butte, was assistance to the local sponsoring group (Jayceens) and the "nurse leaders" to carrying out the program; also the organization of and arrangements for the first meeting of the County Professional Committee representative of medical, nursing, and sponsoring group, and others having a service or interest in the subject.

Statewide Area - The health education consultants of the State Board of Health included programs on mental health and related topics in their general program activities in several counties in their areas.

Sanders County - The Health Education Consultant in Public Health District II participated in a panel discussion relating to children and youth at a Woman's Club meeting at Plains.

Lewis and Clark County - Assistance was given by the health education consultant serving this county to public health and school staffs in the Helena schools in planning a discussion on retarded children for a staff meeting.

Carbon, Yellowstone, and Richland Counties - Home Demonstration Club Leader training sessions on mental health were participated in by the Health Education Consultant serving these counties. (This type program has been described elsewhere in the report.)

Note: Requests for these programs with Home Demonstration Clubs is an outgrowth of their statewide annual council meeting last year at which mental health was one of three major health topics for group discussion. The project Health Education Consultant served as discussion leader, with resource persons from other State Board of Health staff, the Gallatin County Local Health Department and the State Hospital.

Gallatin County - at Montana State College in Bozeman. At the request of the instructor of the Public Health Nursing Seminar a class discussion on "Health Education in Public Health Services" was participated in. The topic of mental health was discussed at length as an example of health education activities.

Beaverhead County - Western Montana College at Dillon -- In a health class of future teachers, the Health Education Consultant participated in the discussion on mental health in the school, with the use of the "School Health Guide".

Statewide Meetings: Programs on mental health were arranged and participated in at some statewide meetings including the Montana Public Health Association, the Montana Association for Mental Health (annual meeting) and at a regular meeting of the Montana Health Planning Council representative of thirty statewide organizations, both lay and professional. Other meetings participated in were: Mental Health Unit Staff, State Board of Health's Health Education Division staff,

and Staff Seminar, Annual Conference for Participants in the Mental Health Program (State Board of Health and Montana State Hospital staff), and Montana Association for Mental Health Board Meeting.

National Conventions attended by the project Health Education Consultant were: The American Public Health Association (section meetings on mental health), and the Society of Public Health Educators Annual Meetings in Detroit in November 1961.

Materials Prepared and Used in the Various Types of Programs on Mental Health:

1. Material on the "Role of the Health Educator in Mental Health" was prepared and multilithed in quantities for use in discussion at meetings of the staff of the State Board of Health, the Butte-Anaconda Advisory Committee, community education groups on mental health, and with other groups interested in knowing how the health educator functions in the mental health program. (copy attached)

2. The "Guide for the Montana School Health Program". This 439 page guide prepared by the State Board of Health and endorsed by the State Department of Public Instruction was published early in 1961. It contains a unit on Mental Health among the 23 units on various health topics. Health Education Consultants discussed the use of the Guide (and its purchase) with school administrators, teachers' groups, college classes, teachers' meetings, health department personnel, and other interested groups or individuals.

3. Exhibit -- "Mental Health in the School" --. This three-panel exhibit illustrates mental health in the school as a laboratory course in living, showing the needs of the school child, materials, and community resources in an effort to help teachers incorporate mental health principles in their instruction and guidance of the pupils. This exhibit was displayed and discussed by the Health Education Consultants at meetings:

- Montana Education Association District Meeting, Billings
- Montana Vocational Teacher's Annual Meeting, Helena
- Annual Conference of Participants in the Mental Health Program ... (State Board of Health and Montana State Hospital personnel)
- School and health department personnel in three counties: Treasure, Custer, and Gallatin. (This included personnel working in rural and city schools and a junior college.)

THE ROLE OF THE PUBLIC HEALTH EDUCATOR
IN MENTAL HEALTH

Montana State Board of Health

The role of the health educator in a mental health program is similar in most ways to the health educator's role in other health programs. The health educator may be called an "adult educator" working in health programs.

The health educator utilizes and assists the other professional workers in utilizing the best educational methods to bring about (1) the dissemination of accurate scientific information, (2) the acceptance of attitudes that contribute to good health practices, and (3) the motivation necessary to carry through, whether it be to take steps to improve one's individual health or to promote the establishment of needed action in community health protection. Some of the methods the health educator uses are traditional methods which include lectures, question-answer-type meetings, and written materials. In addition more emphasis is given to discussion wherein the "learner" has an opportunity to talk -- express his feelings, and share his information and ideas. These discussions vary from person to person, to small group and to large group meetings. The use of visual aids which includes motion picture films, slides, exhibits, flannelgraphs and graphs are also used extensively.

The four major groups in which mental health education activities are carried on are with:

1. mental health unit personnel
2. other State Board of Health staff working in mental health and related programs
3. the personnel and community persons in two main areas of the concentrated services -- Butte and Anaconda
4. the personnel and community persons in the twenty-six other counties which are included in the program. This will be done through the health educators assigned to these geographic areas with assistance from the health educator assigned full-time to the mental health unit.

OBJECTIVES

1. To develop a better understanding of mental illness in the families of patients, of citizens in the communities, and among professional workers.
2. To develop desirable and accepted attitudes toward mental illness in these groups.
3. To create a community climate that will:
 - A. Assist patients and families to accept hospital care when needed.
 - B. Sustain the patient's place in the community during hospitalization.

- C. Contribute to the patient's rehabilitation when he returns from the State Hospital.
- D. Help develop in individuals an awareness and acceptance of "help" in the early stages of mental illness.
- 4. To promote mental health as an essential part of total community health.
- 5. To promote the development of mental health education programs in schools.
- 6. To make mental health resources known.

THE HEALTH EDUCATION ACTIVITIES INCLUDE:

I. IN THE MENTAL HEALTH UNIT:

- 1. Assist in planning program activities in the ongoing program in evaluation and in regular unit staff meetings
- 2. Materials (1) Review books, pamphlets, films, etc. for educational content which will be processed through the Division of Health Education for purchase and cataloging.
 (2) Make exhibits and other visual aids; prepare informational materials (leaflets, pamphlets, etc., if needed, for use in group discussions or other programs); edit mental health articles and publicity materials.
- 3. Edit the quarterly and other reports of the Unit.
- 4. Provide health education services to the Advisory Committees
- 5. Serve as the coordinator for State and local meetings, conferences, institutes, etc., on mental health by assisting in program planning, suggesting appropriate educational methods, assuming responsibility for the "mechanics" of the meeting; participation in the meeting where needed; assisting in evaluating the meeting and editing the report if one is to be prepared.
- 6. Provide the health education assistance needed for in-service training of State and local workers.

II. OTHER STATE BOARD OF HEALTH STAFF

- 1. Participate in Health Education Staff Meetings and serve to coordinate, promote, and motivate the rest of the health educators in carrying out their responsibilities in mental health and assist them in a mental health program in their areas as deemed necessary.
- 2. Prepare agenda items and material for Treasure State Health or other publications on mental health.

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3. Call to the attention of other staff members new publications, films, etc., on mental health.
4. Edit mental health materials for reports, articles, pamphlets, etc.

III. BUTTE AND ANACONDA AREAS

(This is spelled out more specifically in "Functions and Relationships of Staff and Advisory Groups for 'Family Health Services for the Mentally Ill'".)

1. Work closely with local field nurses in relation to community activities and individual work with families.
2. Develop and work with local groups to help plan, promote, and participate in educational programs. There may be various subcommittees to carry out special activities planned.
3. Planning educational programs with:
 - A. Civic Clubs
 - B. School faculties; elementary, secondary, and college
 - C. Church organizations
 - D. Industries
 - E. Labor unions
 - F. Professional groups interested in or working in the area of mental health
 - G. Community organizations and other clubs
 - H. Interested individuals not represented in any group
 - I. Persons interested in patient rehabilitation
 - J. Family groups if interested in group meetings

IV. THE OTHER TWENTY-SIX COUNTIES WHICH HAVE PUBLIC HEALTH NURSING SERVICES

Assist health education and public health nursing consultants in planning as mentioned above.

