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## **Fifty-Sixth Biennial Report of the Mississippi State Hospital, Whitfield, Mississippi, from July 1, 1965 to June 30, 1967**

W. L. Jaquith M.D.

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FIFTY-SIXTH BIENNIAL REPORT  
OF THE  
**Mississippi State Hospital**

WHITFIELD, MISSISSIPPI  
FROM JULY 1, 1965  
TO  
JUNE 30, 1967



1855-1967

NOW IN ITS SECOND CENTURY OF SERVICE TO  
THE MENTALLY ILL OF MISSISSIPPI

W. L. JAQUITH, M.D.  
Director

**BOARD OF TRUSTEES OF MENTAL INSTITUTIONS**

**JUNE 30, 1966**

Mr. Thomas M. Alewine, Chairman  
Judge Lester Clark, Vice Chairman  
Dr. J. Grant Thompson  
Mr. S. D. Long  
Dr. Victor E. Landry  
Mr. C. S. Hudspeth, Executive Secretary

**BOARD OF TRUSTEES OF MENTAL INSTITUTIONS**

**JUNE 30, 1967**

Mr. Thomas M. Alewine, Chairman  
Dr. J. Grant Thompson, Vice Chairman  
Mr. Theron D. Harden  
Dr. Victor E. Landry  
Mr. C. S. Hudspeth, Executive Secretary

**MISSISSIPPI STATE HOSPITAL**  
**ADMINISTRATIVE STAFF**  
**For the Year Ending June 30, 1966**

Class of Officers and Employees	Male	Female
Directors .....	1	0
Office Managers .....	1	0
Bookkeepers and Assistants .....	0	2
Physicians (Staff) .....	14	3
Psychologists .....	2	0
Externs .....	8	0
Dentists and Assistants .....	2	2
Pharmacists .....	1	0
Technicians .....	2	4
Graduate Nurses .....	0	22
Occupational Therapists .....	2	20
Practical Nurses .....	3	45
Attendants .....	271	575
Anesthetists .....	0	1
Supervisors and Assistants (Ward) .....	13	11
Dietitians .....	2	0
Other Dietary Employees .....	80	82
Farming Supervisors and Employees .....	7	0
Social Workers .....	3	3
Clerical Employees, Stenographers-Clerks .....	2	44
Telephone Operators .....	0	5
Guard Patrol .....	14	0
Housekeeping Supervisors and Employees .....	1	21
Beauty and Barber Shops .....	8	12
Recreation .....	3	7
Industrial Supervisors and Employees .....	76	30
Pastoral .....	3	0
Personnel Directors .....	2	0
	<hr/>	<hr/>
Total Officers and Employees .....	520	889
TOTAL .....		1,409

## REPORT OF THE DIRECTOR

August 2, 1967

To the Board of Trustees of Mental Institutions  
and to the Members of the Mississippi Legislature:

Gentlemen:

As the director of the Mississippi State Hospital, I again have the honor and privilege of submitting to you the hospital's Fifty-Sixth Biennial Report. This report covers the hospital's activity from July 1, 1965 to June 30, 1967.

The Mississippi State Hospital is now in its one hundred and twelfth year of service to the mentally ill and mentally retarded of this state. This hospital first opened its doors to receive patients on January 8, 1855 in North Jackson on the present location of the University of Mississippi School of Medicine.

The Director wishes to express his sincere gratitude and thanks to our Governor, the Honorable Paul B. Johnson. Governor Johnson has assisted this institution during his term of office in many ways and has been instrumental in a great deal of the progress that has been made during the past four years. Without his understanding and assistance many of our goals would not have been attained.

To the members of the Mississippi Legislature, I wish to extend my sincere thanks for the many fine things they have done for this institution and its patients. Their understanding of the problems of the mentally ill and the mentally retarded as well as the multiplicity of the problems which confront this particular institution has aided the director and his dedicated staff to overcome many obstacles and to give to the people of Mississippi a better mental hospital. During my eighteen years of hospital administration both the Governor and the Legislature have always assisted us in any way possible and given us financial assistance in many instances when monies were scarce and the budget was quite tight. Without the assistance and understanding of the legislature during these critical periods, the mental health program in this state would have certainly suffered.

I wish to express to the Board of Trustees of Mental Institutions my deep gratitude for the wonderful guidance and wise counsel they have given me during the past four years and during my eighteen years of administration. In these eighteen years of administration the governors, the legislatures, and the members of the Board of Trustees have faced many difficult

problems. These people have always been very understanding of these problems and have given much support toward solving them.

To the dedicated hospital employees within this institution, the director can only say we could never have functioned with any success were it not for them. As director of the hospital, I wish to take this opportunity to express to the employees of this hospital my deepest and sincere thanks for their devotion to duty. There are no words adequate to give them the praise and honor they are so justly due. These fourteen hundred people have made it possible for the hospital to succeed in many categories in spite of many difficulties. Had it not been for their desire to serve the mentally ill and their loyalty to this institution under trying conditions, the Mississippi State Hospital could not have survived or could it have operated with any success. Always dogged by low pay and many other problems which beset the employee, it is a small wonder that many of these people have continued to labor for the mentally ill of this state. I am sure in many instances it was with charity and feeling for their fellow man that motivated them to remain in the hospital and to serve so nobly as many of them did.

### THE HOSPITAL BUDGET

During the 1966-68 Biennium the hospital has operated on a budget of state appropriated funds of roughly \$13,600,000. We had requested a budget in excess of \$14,000,000 to meet the hospital's demands for vital necessities to make our operation successful. The legislature and the Budget Commission were as generous as possible. As usual, due to a shortage of monies for all institutions and departments, we did not get a full budget.

The hospital is requesting for the 1968-70 biennium a state budget of \$17,385,424. This is approximately a 41% increase. \$5,113,424.00 is the approximate increase requested.

I am sure that all members of the legislature as well as the Budget Commission are aware of the fact that the Congress of the United States in 1966 passed a new minimum wage law. State institutions such as ours and many other state departments and divisions were never covered under a federal minimum wage law. During the 1966 session of the legislature we brought to the attention of the legislature and the governing bodies that this minimum wage was to take effect on February 1, 1967. It was to be for \$1.00 per hour. This was to be based on a 44-hour week for the first year. After this the wage was to go to \$1.15 per hour in February of 1968. In February of 1969 it is to go to \$1.30. In February of 1970 the wage is to go to \$1.45.

More than twenty-eight states filed a suit in federal court with reference to the minimum wage act and its effect upon the budgets and operating expenses of these states, their institutions, and the various departments of state. After many weeks of hearing in the U.S. District Court in Baltimore, the three federal judges ruled that the minimum wage was constitutional. There was some disagreement on the overtime provisions of the minimum wage act. Two of the judges felt it was constitutional and one judge felt that it was not constitutional. As far as I can determine, the three judges felt that this payment of the minimum wage should be delayed until such time as the U.S. Supreme Court could review the Minimum Wage Act of Congress as passed in 1966.

We are computing our budget on the fact that the minimum wage will be found constitutional by the U.S. Supreme Court and this hospital as a state agency must meet minimum wage. Due to the fact that the minimum wage must be paid, all employees must be raised in step raises over the next few years. In our nursing service alone which has almost one thousand attendants the cost will come to some two and one-half million dollars per biennium. This is a tremendous amount of money but it appears that all of the states under the Act of Congress in 1966 are going to have to meet the minimum wage. We were always excluded prior to this.

If we are to meet the minimum wage our average payroll expenses will be \$472,000 per month as against \$371,000 per month with no minimum wage. The additional cost per month for wage and hour amounts to some \$100,550 per month. Add to this the cost of social security and retirement another \$8,000. The total additional cost per month with minimum wage from 1967, 1968, 1969, and 1970 amounts to \$108,566.00 per month.

All of this will be presented to the Budget Commission and to the Legislature in detailed form when our budget requests for 1968-70 are filed with these commissions and with the legislative committees.

During the early part of 1966 due to a tight labor market the nursing service, or attendants, was in a very critical condition. For more than one year prior to 1966 it was almost impossible to get adequate nursing care at the attendant level for our patients. We could not compete in the labor market at salaries of \$100.00 per month. Although we worked a forty-hour week, we could not find anyone to staff the wards. Our situation was so critical at times that we had to use the better orientated patients to care for some wards especially during the night hours. We could not compete with the minimum wage of many federally operated and state operated as well as private programs.

Due to the foresight of the legislature, we were given additional funds for the 1966-68 budget. We immediately put these funds to work on our low employee pay scale. We immediately gave these employees a raise raising the minimum to \$120.00 on July 1, 1966. By carefully watching our budget we were able on April 1, 1967 to give every employee who made less than \$400.00 per month a 15½% salary increase. This brought many of our employees up to the minimum wage or better. At the present time some 250 employees do not make the minimum wage. At the present time we are paying attendants \$140.00 to start work in the institution for a 40-hour week. We are still critically short of white male attendants. During the summer months many college students fill the gaps for us but when they leave in September our situation is always critical. For many years the wages in the mental institutions at the attendant level have continually lagged behind the growing industry of the state and other state services and institutions. Although we raised the pay to \$140.00 to start in April of 1967, we do find some difficulty especially in the male category. We have been able to staff the hospital fully with this increase in pay but still lack good supervision since our supervisory pay is not good.

At the present time the hospital has approximately 45% white employees and 55% non-white. There has been no discrimination practiced in this institution in the employment of any person since 1954. The salaries and fringe benefits have always been the same and if a person is qualified he is not denied employment because of race, color, or creed.

Even with the raises in salaries we are forced to take at times what appears to be the dregs of the labor market. Many people who wish to hire in at our low rates are drifters, alcoholics, drug addicts, and have criminal records. The turnover in our attendant category is tremendous. The hospital loses thousands of dollars each year on processing employees for employment and then losing them. We now have a training program and train many of them only to lose them to other hospitals and agencies within the state.

In requesting our new budget, the largest increase is in the nursing service. We trust that we will be able to meet the minimum wage. This will amount to about \$173.00 per month for a 40-hour week. I doubt if our situation will be improved unless we meet the minimum wage. In contemplating this budget the director and the hospital business manager have done everything possible to be practical as well as economical. I must state facts and I feel that the future stability of this institution and our mental health program is in the balance. We must improve or we will certainly see our total program de-



teriorate. Without adequate pay we cannot attract good employees.

This hospital operates a large security section. Here are kept the patients which the lay person refers to as the criminally insane. This ward at the present time houses more than fifty negroes and some forty white mentally ill persons. Some are charged with serious crimes within the state and are mentally incompetent. In this particular building there are many highly dangerous mental patients with criminal tendencies but have no particular charge against them. Some of them have committed bizarre and bloody crimes. We are faced with a shortage of qualified personnel in this particular category. We are now paying a starting salary of \$200.00 per month. This building must be staffed with good able-bodied males. No females are allowed within this particular building. At the present time many of the attendants in this building are growing older. They have worked here since the building opened in 1956. At times we are dangerously short of qualified people to staff this particular building. This poses a tremendous danger to the hospital, to the employee, and to society in general. I am sure if some of these mentally ill persons were to escape the institution with their background it would certainly not be helpful to the reputation of the hospital or to the responsible political bodies. This particular matter has been brought to the attention of the legislature and governing bodies for a prolonged period of time.

The security section of this hospital must process for the courts of this state as well as the federal courts between 120 to 160 criminal cases each year. The hospital receives no compensation for these cases except the federal cases which do pay cost. The counties and other courts of the state pay the institution nothing. We are contemplating in our budget that the minimum salary in the security unit be raised to a point where able-bodied, well trained people can be attracted. Unless some relief is given to us in this matter we will not have adequate personnel to staff the security section of the hospital and a tremendous danger to many people will exist.

We feel this will not be neglect on the part of the institution since we have done everything possible to staff the building adequately at the present salary level. It is imperative that we be given some protection in this particular area since we do process practically all of the dangerous criminal cases sent to us by the courts of this state.

These particular cases run the gamut of everything from disturbing the peace to worthless checks and on to major types of crimes.

There are not many people in the state of Mississippi or in its political subdivisions that realize in the operation of the Mis-

Mississippi State Hospital the Board of Trustees of Mental Institutions and its administrative officials within the Mississippi State Hospital are responsible for the operation of a municipality of more than 6,000 persons. This hospital must maintain all of its utilities except the telephones. We maintain our own electrical system, our own gas system, our own water supply, and all of our sanitary facilities as well as sewage lagoon and even operate a large grave yard. As we explained in the previous paragraph, we also operate a security unit which some people look upon as a jail. This completes the municipal aspects of this hospital. In 1940 an act of the legislature stated that the roads within the institution would be maintained by the Mississippi State Highway Department. These have not been adequately maintained to my personal knowledge since 1948 when they were re-surfaced. We maintain our own streets as well as our own police and fire departments as will appear later in this report.

With such a large institution as a municipality it is difficult to maintain. Everyone knows the cost of operating a municipality and the high tax burden therein. The maintenance problems within this institution are a continual problem. With good maintenance you can keep your cost down. With poor maintenance your cost certainly zooms.

There have been many times when this hospital did not have a qualified plumber within the institution or did it have a qualified electrician. We have been able to alleviate during the past biennium due to better salaries some of our plumbing difficulties. We have had difficulty within the electrical field. Our electrical system is supposed to undergo major overhaul very shortly. At the present time due to the severe overload on the electrical system we are running a standby generator night and day. We lose many of our good employees in maintenance for better paying jobs. If we are going to continue to lose these maintenance workers there are going to be many serious major breakdowns and expensive maintenance costs within the hospital. These maintenance costs at the present time are quite heavy. Part of our increase within the budget is to increase wages within the maintenance department to get qualified personnel to protect the multimillion dollar investment, the property and equipment the taxpayers of this state have.

We still continue to have difficulty in the secretarial field. We admit more than 4,000 patients per year. Adequate and complete records must be kept on all of these patients. This is required by law. Many of these records are from time to time highly important in court cases, criminal cases, and the various types of litigation. It is imperative that we have good secretaries to keep our medical records and to handle the volumes of cor-

respondence which come to this institution with reference to our patients. We continually lose all of our good secretarial help to competing industries as well as to state agencies. We cannot afford to pay secretaries a minimum of \$160.00 to \$190.00 per month when other state agencies and industries are paying them a starting salary of \$300.00 per month.

In the professional category of medical and surgical services we are asking for an increase due to the opening of several new departments. For the first time in the history of this institution we have a full-fledged child psychiatrist. He will become our Director of Children's Services. In conjunction with the Medical School we must also train all of the young medical students as well as the psychiatric residents. We now have a Director of Training who is a qualified psychiatrist. Due to the heavy court load we must also have a qualified psychiatrist heading our criminal or forensic section. He spends much of his time in court testifying. We have also opened up a research department which has done basic research in many fields which are quite rewarding and offer a great deal of promise with reference to the alleviation of mental illness in many people. Every time we hire a new psychiatrist, and these people are scarce, we run into a salary in the \$18,000 to \$20,000 range. This is the only way we can keep these people competitive.

During the critical years in 1965 and 1966 we lost many of our professional staff members. Most of them were doctors. We are still critically short in the medical and surgical category. At the present time one physician must take care of this heavy burden backed by our consulting staff. We hope to alleviate this within the next few years when some of our grant-in-aid physicians return to us. We know that many people look upon the salaries paid in this institution to doctors as very high. With these salaries not adequate and competitive with other southern states, we would not have a medical staff and many of our physicians would leave the employment of this institution to accept better paying jobs elsewhere.

There is a critical shortage of registered graduate nurses. We have attempted to keep the pay in this category competitive with all other institutions within the area. We are now paying our starting nurses \$425.00 per month. Most of our nurses are now making in excess of \$500.00 per month but this is competitive for the area. We have to continually raise nurses' salaries to keep those that we have. The competition for professional people especially nurses is tremendous.

In our nursing service budget we have a request for competitive salaries for nurses. We are asking for a total of seventy-five licensed practical nurses and forty registered nurses at com-

petitive rates. At the present time we only have forty-seven licensed practical nurses and seventeen registered nurses. Due to the lack of adequate nursing personnel many of our wards are not adequately supervised or staffed.

Most of our employees must commute to and from work. If they live in Jackson or Brandon this entails a round trip of approximately twenty miles per day. They pay their own gasoline and transportation. While we do furnish employees three meals a day, we do not have adequate living quarters for them to stay on the grounds. In the old days when the institution was small we were able to offer everyone room, board, and laundry. With the large number of employees needed to operate a hospital of this size, it is now impossible for us to give only about fifty percent of our employees any type of maintenance.

The demands for service upon this hospital grow each day. Each year sees an increase in the number of patients asking for service and being admitted. The other institutions, Meridian and Ellisville, are faced with the same problem. There is no relief in sight until such time as the community mental health centers can be built and begin to function. Other than one center in Northeast Mississippi, there is little hope that our burden will be alleviated any time soon.

The national trend for the admission rates in all hospitals continue to go up as our population increases and more people suffer from a nervous disorder or suffer a major mental breakdown. The hospital must have adequate support to continue its treatment program for the state.

I do not need to tell the members of the legislature and the Budget Commission how hospital costs have skyrocketed. They continue to go up each day. A lot of this is due to the increased cost of labor. A great deal is due to the increased cost in every type of supplies we buy. Since 1958 hospital costs have jumped 80%. Our budget for the past ten years will well show the fact that the cost of operations of this hospital as well as all the other hospitals in the state has risen sharply. The American Hospital Association now reports that the average daily costs in hospitals over the country is about \$50.00 per day. This has risen from about \$15.00 a day in 1950 to its present high of approximately \$50.00. Here at the Mississippi State Hospital we operate on an average cost of \$3.15 per day. The average cost per day in a mental hospital in other states is approximately \$6.00.

Most of the increases we are going to ask for in our 1968-70 budget are going to be payroll expenses. This represents about 50% of the money we spend within the hospital. In other hospitals labor costs average about two-thirds of every dollar spent.

Due to the minimum wage situation we have no other alternative but to submit our budget predicated upon the minimum wage standards.

I feel that in all honesty and sincerity I must tell the Budget Commission as well as the Legislature our situation has improved but still remains lacking in many categories. In all of my years here at Whitfield, and they now total twenty, I have never seen the situation so critical as it was last year. Due to the efforts of the Budget Commission and the legislature, some of this was alleviated. Last year morale was quite low. This was due to the shortage of personnel and to low pay. I am sure that with the minimum wage law upheld and we meet the minimum wage, our general situation will continue to improve but again in all categories we must remain competitive.

As hospital costs continue to soar we have no alternative but to predicate our budget on these increasing costs. Drugs, equipment, food, and the many things we must buy to maintain our patients in a good state of health and welfare I am sure will continue to show an increase over the next few years.

The demands for service upon this institution will continue. There must be a good mental health program. Unless we offer help to everyone who seeks it within our limitation, we will not have a very good situation on our hands. This hospital has built a good reputation through the efforts of the past governors and the legislature as well as the Board of Trustees and the hospital staff.

I have always been indebted to the Budget Commission and to the Legislature for their past favors and understanding. I realize that members of the Budget Commission and the Legislature have always been as generous as possible with this institution in the face of a shortage of state funds in their attempt not to raise taxes. I have long well realized the financial situation within this state as I am a native of the state and have been associated with the hospital for twenty years. I can only be honest with the Budget Commission and the Legislature in presenting my views and the budget. I can only assure the commission and the legislature that we have never predicated a budget with any type of luxuries. I trust that you will continue to support us in our efforts to give the people of Mississippi a good mental health program.

Our hospital like many hospitals of this type must continue to serve the mentally ill of this state. We must continue to upgrade our services as well as our employees to remain competitive and not see our highly trained professional people as well as our trained ancillary people go elsewhere.

Competition for people in the mental health field is great. All of the states of this United States are suffering from an acute shortage of trained people in the field of psychiatry and mental health.

We have been able to augment our medical staff somewhat but we are still short. The most serious shortage is in the nursing profession. We still operate with only two trained psychologists. We have upgraded our social service staff and now have a large competent group in the social service department. We have lost some of our trained people because of better paying jobs, and they leave us to better themselves financially.

During the twenty years that I have been in this institution the so-called skeleton crew of trained people has had the grave responsibility of keeping the mental health program in operation and to train the many people who came to our institution. We have now seen a turn for the better in this particular category and we trust that with better pay we will be able to retain many of the people we have seen fit to train in our training programs.

During the 1965-67 period of this report we have lost a great many employees. The labor market I feel is not as tight now as it was in April of 1966. The hospital loses approximately thirty to fifty thousand dollars per year in employee turnover. It certainly costs money to process employees and since they will not remain in the hospital we lose our investment in these particular employees.

Again, if we are to maintain a good treatment program it is imperative that we have good people. We must stabilize our employment situation and attract good workers at the attendant level. Unless we do this we are going to have a chaotic condition within the hospital. We cannot let the entire mental health picture within the state lag since the demands for service upon this institution continue to grow.

#### ADMISSIONS AND DISCHARGE RATE

During the statistical year 1966 and its beginning there were 4,469 patients within the hospital. During this particular year there were 4,290 admissions to the hospital. There were 246 deaths within the hospital. During the fiscal year ending June 30, 1967 the hospital began with 4,326 patients. During this period ending June 30, 1967 there were 4,176 admissions. There were 243 deaths within the institution. These figures are given in their entirety in another section of this report.

Many of the citizens of this state have no idea that this hospital admits so many mentally ill or emotionally ill people

each year. We also admit many mentally retarded persons of the white and negro race.

The hospital through better medical care continues to maintain one of the lowest death rates of any of the large mental hospitals within the southern states. This also holds true for the nation as a whole.

One of the big problems which faces all of the mental institutions in this state is the high return and re-admission rate. During the statistical year 1966, 1,488 patients were re-admitted. Eight hundred and sixty-six patients were returned. During the statistical year 1966-67 there were 1,507 re-admissions and 765 returns.

Many of the people would not be coming to a state hospital such as this if there were adequate community facilities within the area wherein they live to support them.

A complete breakdown of the admission figures for the past biennium in detail by sex, race, age, and diagnosis is available in the hospital record room for anyone who desires to see it.

The hospital's record librarian is a Registered Medical Librarian. She has successfully completed her training and successfully passed the national medical librarian's registration course. She has rendered invaluable service to this institution. She has been honored by appointments to many national commissions and regional commissions because of her knowledge and know-how in this particular department. She has also assisted the general hospitals within the area with their record problems. The hospital is certainly indebted to Mrs. Mary Williamson for her many years of devoted service and the wonderful department that she so efficiently manages.

As the admission rate increases from year to year or holds steady we must continue to serve the mentally ill with an aggressive treatment program. We can certainly have no such program without legislative and public support. I feel that the necessary funds must be forthcoming to continue this operation. We ask the support of the Legislature and the Budget Commission.

## COLLECTIONS

For more than ten years the director of this hospital with the Secretary of the Board of Trustees of Mental Institutions, Mr. C. S. Hudspeth, attempted to get the legislature to pass a re-imbusement act wherein those persons able to pay would pay the hospital something for their services.

In 1962 we finally got the legislature to pass the Re-Imbursement Act. At the present time this act has been in operation for five years. It has shown a marked increase in our collections as well as the collections of other institutions within the state who are under the jurisdiction of this act.

At the present time it costs the taxpayers of Mississippi some \$95.00 per month to maintain a patient within the institution. Under the Re-Imbursement Act we are allowed to collect the amount of \$90.00 per month in this institution. Many families see fit to help us with this particular matter. We also have more and more insurance companies who are paying for the treatment of patients within a mental hospital. For a long time such state hospitals were excluded from insurance. Mental illness was also excluded from many insurance contracts.

The Re-Imbursement Act has certainly brought additional funds into the hospital and into the state treasury. Without these funds which are spent at the discretion of the Budget Commission, the hospital Board of Trustees, and the hospital Director from time to time we would be in serious budgetary trouble. These collection funds allow the hospital to do many things such as repairs of a major nature as well as maintenance which could not be afforded in the general state budget.

#### SENILES OR CARE OF THE AGED

In spite of Medicare and many of the federal programs, this remains the hospital's oldest and most acute problem. The director of this institution has presented this problem personally to the 1950, 1952, 1954, 1956, 1958, 1960, 1962, 1964, and 1966 sessions of the legislature. During special sessions I have also appeared before committees to discuss this problem when they called me. In spite of more than seventeen years of effort nothing has been done with reference to the care of seniles and their heavy demands for admission to this institution. This problem is both an acute and a chronic one.

I have often said that practically all members of the legislature have been approached by some family with reference to the placement of an elderly person in one of the mental hospitals of this state. Each day when I come to my office I receive many telephone calls with reference to the admission of aged people. The facilities for the care and treatment of these patients within this hospital have long since been jammed to capacity. At the present time there are more than 900 elderly people within this institution alone. At one time we had a long waiting list with more than 1,000 people who had applied for admission to this institution because they were over age sixty-five. We have since reworked this list and find that many of those who waited have since died or have lost interest or withdrawn their applications.



In each of my biennial reports since 1949 I have requested that you take some action to alleviate the deplorable situation that exists with reference to the care of seniles. In spite of many requests, many commissions, and many investigations, no positive action has ever been taken. The pressure still remains on the mental institutions for the care and treatment of seniles. Many of these people are not mentally ill but have no place to go.

This hospital at one time operated two tuberculosis hospitals. Due to the decline of tuberculosis within this institution through better care and better medical attention, one of our tubercular hospitals has been closed. We have proposed to the Budget Commission and to the Building Commission that the closed tubercular hospital be converted into a senile screening unit for the state of Mississippi.

This unit would have 120 beds. We received bids several months ago for the renovation of this building. They ran from \$206,000. This proposal is still under study. As soon as this unit can be activated we do plan to take people on a selected basis and screen them. If they are mentally ill we will retain them for treatment. If they are not mentally ill it will be the responsibility of the families to remove them from the hospital. I certainly wish that some positive action would be taken on this particular matter as soon as possible.

The primary responsibility of the Mississippi State Hospital is the care and treatment of the mentally ill and to them alone do we owe our resources. We have no legal, no moral, or no medical responsibility to an old person who does not suffer from a mental disorder. Those not suffering from mental illness cannot be legally retained within a mental institution. This is the law within this state. People who do not suffer from mental illness are the responsibility of other departments of this state and the community and could well qualify for some type of federal assistance or a medicare program.

I have strongly recommended again and again that some priority be given to the needs of our senior citizens. I know that medicare has certainly helped them. This will not answer the growing and chronic problem in all cases. We will continue to be criticized by our refusal to accept old people but we have no other alternative as we are jammed to capacity in all categories.

#### EMOTIONALLY DISTURBED AND MENTALLY ILL CHILDREN

During my twenty years within this institution there has been a great increase in the demands on this hospital for service to children suffering from some type of emotional or mental

disorder. As you know, the Children's Code Commission which was abolished some years ago worked long and hard on this problem. In June of 1961 the committee was appointed by the Governor to study the needs of these children. This committee filed its report with the Governor in 1962 and no action was ever taken upon its recommendations.

Our hospital is continually bombarded with pleas from parents, teachers, agencies, and communities to treat and process children who are in trouble. We never had any facilities for their care. We have always admitted these children as an emergency only and during the past several years have seen a marked increase in the number of admissions of children as well as the demands for service in the field of child psychiatry. We now process between 75 and 100 such children each year.

As of July 1, 1967 a fully trained child psychiatrist, Dr. Jerry Ross, has joined our staff. He has been appointed Director of our Children's Services. Doctor Ross in the next few months is going to formulate a plan for a children's service within this institution and we hope for the state at large. I know that Doctor Ross is going to be overwhelmed and his responsibilities are going to be tremendous. We have also assigned to Doctor Ross a building which we hope to open sometime soon as a children's facility. Due to construction of this particular building, it will be necessary that we confine the patients to one particular sex. As time goes on we hope that we can expand our service to children as they certainly need it.

I do not need to remind anyone that the emotionally ill child of today is certainly the mentally ill adult of tomorrow. This problem has been thoroughly studied by the Mental Health Planning Group and the Interagency Commission on Mental Health and Mental Retardation. They have many specific recommendations in the overall program for the emotionally disturbed child. This group continues to work to open the community centers where service will be available to such children.

I can only conclude by saying that a program in the field of child psychiatry is desperately needed and we wish Doctor Ross every success. He is certainly going to be a pioneer in this field in the state of Mississippi and will need understanding and support from everyone.

#### MENTAL RETARDATION

The Mississippi State Hospital houses mentally retarded patients, adults and children of all races. The vast majority of the mentally retarded who are admitted to the Mississippi State Hospital at Whitfield come here because no other facilities are available for them in the state. Both the mental re-

tardation area at this hospital and the Ellisville State School have had long waiting lists for many years.

In 1962 a mental retardation facility was opened at this hospital. It was immediately filled with a long waiting list. When this unit was built due to a lack of funds several buildings were lacking. Two of these buildings have since been completed and a third is under construction. At the present time the Mississippi State Hospital is taking patients from its waiting list. We hope by October 1 to take all the patients now awaiting a bed within this institution. As soon as these beds are filled there will be no other beds available for this type of case. I know that a long waiting list will be built up rapidly as has been the case in the past.

Of course, the Interagency Commission has many plans for mental retardation as well as mental illness. Some study should certainly be given to the idea of constructing more facilities for the mentally retarded within the state. Those persons suffering from mental retardation should be removed from the mental institutions into separate facilities. They require and deserve specialized training as well as good care both medical and physical.

#### CRIMINAL OR FORENSIC PSYCHIATRY

One of the most amazing and demanding increases on the hospital for service is in the number of patients with criminal charges who are processed by the Mississippi State Hospital at the request of the legal and judiciary professions of this state.

In 1956 we opened a security section. Since that time this section has remained full with observation cases for the courts. At times there are more than thirty patients awaiting entrance into this unit for psychiatric observation before, during, or after trial. These patients are studied and if they are found to be mentally competent they are returned to the custody of the courts. If they are found to be mentally ill, they are retained in the institution until such time as they have regained their competency. During the past biennium the hospital has processed more than 300 criminal cases for the courts of this state as well as some isolated federal court cases. In approximately 70% of the cases the patients have been returned to the courts as competent. Approximately 30% have to be retained within the institution since they are mentally ill and are not able to return to trial.

At the present time this unit is headed by a well trained young psychiatrist. He has been given the title of Director of Forensic Services. In the past the hospital physicians have spent

a great deal of time away from the hospital testifying in court. The psychologists and other hospital personnel are also subpoenaed from time to time. This works quite a hardship on the hospital personnel. It is also a hardship on hospital patients since the doctor must leave them in the care of another physician while he remains away from the institution testifying. None of the courts pay any expenses for this and the whole expense is borne by the hospital budget. We sincerely believe that the courts of the state should defray some of the expenses of the criminal examination as well as the travel expenses of the state hospital witnesses. The hospital wants absolutely no fee for any individual person but our budget should be reimbursed for the expenses of criminal investigation as well as the expenses of court travel. At times these are quite high.

In 1966 we appeared before the legislative committee and asked that we be given an appropriation to enlarge the security section of the hospital. This was given in the sum of \$150,000. As yet the Building Commission has not appointed an architect and has not allocated this money. It is of the utmost importance and urgency that this construction be gotten under way as soon as possible. We have already lost a year in this particular matter. The security section of the hospital is crowded. Unless we can immediately expand this unit we are going to have a definite danger to the hospital and to its security as well as the security of society in general. I have spoken of this dangerous matter in my letters to the Budget Commission with reference to personnel. Many of the patients within this unit are of potential danger to themselves and to others. Many have committed serious crimes. There are also patients within this unit who are quite dangerous but have committed no crimes. It is tantamount that the security of this building be maintained at all times for the protection of the patient and again of society. We would like very much to have this unit expanded and this construction get under way as soon as possible.

Many of the patients who come to this hospital charged with a crime remain for a period of thirty days or more to undergo psychiatric, psychological, and physical evaluation. On occasions some of these patients have made escape attempts. None have been successful but I must again emphasize the importance of this unit and the importance of maintaining its security. It is certainly in need of more personnel and better paid personnel.

#### PSYCHIATRIC NURSING AFFILIATION

To become a registered graduate nurse all nurses must have three months training in a psychiatric hospital. There are many nursing schools within the state. Since 1958 Mississippi State

Hospital has offered psychiatric nursing affiliation to the nursing schools of the state. This includes the degree schools, the associate degree schools, as well as the diploma schools of the state. All schools of nursing within the state with the exception of three now use this facility. During the coming few years we are sure that all schools of nursing within the state will be sending their nurses to this institution for training.

The psychiatric nursing center is maintained entirely at the Mississippi State Hospital expense. Since this is a very expensive item within the hospital budget, some study should be given to charging some tuition to the schools of nursing within the state who send their nurses here for training. At the present time no fees are charged for this service although one school of nursing within the state intends to begin paying this soon.

It is our pleasure to serve the training schools of the state. We trust that other hospital administrators and directors of nurses will see fit to give us their constructive criticism and suggestions in this program. We also feel that as time goes on this program can be expanded to orientate other people in the field of nursing. The hospital also offers this unit to serve as a source of short term courses and workshops to the nursing profession of the state.

#### RESIDENCY TRAINING IN PSYCHIATRY

Mississippi State Hospital was approved for one year of training in psychiatry by the American Medical Association Council on Medical Education and Hospitals in 1955. This program was re-evaluated in 1958, 1960, and 1962. On each occasion the American Medical Association gave full approval of the residency training program.

As of July 1, 1965, the one-year residency training program at this hospital was closed. We have now combined our residency training program with the University of Mississippi School of Medicine, Department of Psychiatry. This is a full three-year program for the psychiatric resident. The first year resident spends a full year here at the Mississippi State Hospital where he learns the basic concepts of psychiatry. He then transfers to the University for the next two years of training.

#### DRUG PROGRAM

The hospital continues to maintain a drug program as described in previous editions. During the past biennium more than 40,000 drug orders were mailed out to patients who were on leave or discharged from the hospital. This program was instituted eight years ago and has been successful. The hospital

sells tranquilizing, energizing, and epileptic medication only to patients who are taking them when they leave the hospital. Many patients cannot afford these drugs at prices outside the institution and they buy them from the hospital at cost plus postage and sales tax. The director believes were it not for this service as previously stated many patients would necessarily have to return to the hospital after discharge because of the inavailability of the type of medication they need to continue and to keep their mental illness in remission.

### FOLLOWUP PROGRAM

In conjunction with the Mississippi State Board of Health, for the past seven years the hospital has operated a followup program in four counties adjacent to the Mississippi State Hospital. These counties are Smith, Scott, Jasper, and Newton. The State Board of Health through its Department of Mental Hygiene furnishes a psychiatric social worker and public health nursing personnel to follow the patients admitted to Mississippi State Hospital and later discharged or placed on leave to the four named counties. This project has now been expanded into other counties. This program was made possible under a grant from the National Institute of Mental Health which ended on June 30, 1963.

The project continues to work well. We feel that its facilities should be expanded when additional personnel is made available to the hospital and to the State Board of Health.

### MEDICAL SCHOOL AFFILIATION

Since the building and opening of the University School of Medicine in Jackson the hospital has offered its facilities to the University.

For the past ten years the nurses from the University of Mississippi School of Nursing have used our facilities for psychiatric affiliation.

Senior medical students are sent to the hospital in groups of six to twelve and spend six weeks within the institution working in the psychiatric services here to gain first hand knowledge and good clinical teaching with reference to psychiatry and psychiatric treatment.

As previously mentioned, the hospital has now combined its residency training program with the Medical School Department of Psychiatry.

### GRANT-IN-AID SCHOLARSHIPS

In 1958 the hospital Director in conjunction with the Clinical Director and the approval of the Board of Trustees of Mental

Institution decided that if we were to get personnel to work within the institution we would have to train them ourselves as other states were doing.

With the approval of the Board of Trustees of Mental Institutions, a grant-in-aid scholarship program was instituted. To selected professional personnel a stipend was given so that they might pursue their studies in a specialty of their choice.

The first grant-in-aid scholarship went to our present Chief of Psychological Services, Dr. James Stary. This grant-in-aid scholarship aided Dr. Stary in attaining his Doctor of Philosophy degree in psychology at Louisiana State University. Dr. Stary was followed by seven physicians who pursued a specialty of psychiatry. These physicians, Doctors White, Dudley, Ritter, Hogan, Anderson, Charles Bell, Walterine Bell, Robinson, and Sledge have completed their training or have several more years to go.

Through the efforts of this grant-in-aid scholarship program we were able to bring back into the State Hospital system seven board eligible or board certified psychiatrists. One more is still to join the staff in 1968. At the present time one physician is studying in internal medicine and when this is completed in 1969 he will return to the hospital as our Director of Medical and Surgical Services.

Under the grant-in-aid program we have successfully trained and returned to employment within the institution three nurses with their Master's Degrees. At the present time one Master Degree nurse is at Mississippi State University and will receive her Doctor of Philosophy degree in Sociology. She will return to the institution upon the completion of this degree.

One social worker will enter Tulane University in the fall of this year to pursue a Master's Degree in social work.

Through the use of grant-in-aid stipends the hospital has been able to get many well qualified people. Without this grant-in-aid program, I am sure the hospital and the state system as a whole would be woefully lacking in qualified people. I strongly recommend the grant-in-aid scholarships be continued and that this program be expanded so that the growing mental health complexes of this state can be properly staffed.

#### RE-HAB PROGRAM

During the past biennium in conjunction with the State Department of Education, Vocational Rehabilitation Division a very fine rehabilitation program has been instituted.

For the first time in the history of the institution full time vocational counselors and personnel are quartered here on the

hospital grounds with adequately staffed offices. This program is working real well in the rehabilitation of patients. Many patients whose chances for rehabilitation were rather slim have been fully rehabilitated and are now out in the community working and making a contribution to the welfare of this state and to society in general.

The rehabilitation program is a joint program. It is funded primarily with federal monies with the Vocational Rehabilitation Department of the State Department of Education and the Mississippi State Hospital paying a prorated share.

Workshops for vocational rehabilitation counselors from all over the state have been held within the hospital. These have been very beneficial to the hospital as well as to the vocational rehabilitation counselors.

This program has added a new treatment tool to the institution which was badly needed. For many years our patients left the hospital with no place to go and no type of help. Through Vocational Rehabilitation they do have some assistance now in finding gainful employment and being guided into channels where their talents can best be used.

We are very grateful to the Department of Education, Vocational Rehabilitation Division for their interest and their sharing of this program with the Mississippi State Hospital and its patients.

#### INTERAGENCY COMMISSION ON MENTAL HEALTH AND MENTAL RETARDATION

The 1966 session of the legislature authorized and funded the organization of the Interagency Commission on Mental Health and Mental Retardation. Many of the staff members within this hospital take an active part in this commission and its functions. We have contributed a great deal of professional talent to the planning of the community mental health program within this state.

The hospital will continue to support the Interagency Council in any way it can. We feel that the Interagency Commission will bring a great deal to the state of Mississippi and will certainly assist in the bringing forth of a dynamic mental health program.

#### POLICE TRAINING ACADEMY

In 1965 the Mississippi State Hospital through its Board of Trustees of Mental Institutions gave to the Highway Patrol and to the state of Mississippi 242 acres of beautiful land.



On this land was constructed the Police Training Academy for the police and law enforcement officers of this state. This academy was opened in 1966.

During the construction of the academy the hospital lent all types of assistance to the Highway Patrol in the construction and maintenance of the buildings. For a prolonged period of time the hospital furnished the water to this unit. They have recently drilled a new water well and now have their own system. The hospital lent to the Highway Patrol heavy equipment and other necessary items to get the academy operating.

Members of the hospital staff now instruct police officers in mental illness. They are also given instruction in sexual deviation as well as drug addiction, general mental illness, and the admission procedures to the state hospitals. Each police class during the past year has received four hours of instruction in these particular areas. Each police officer has been presented with the compliments of the hospital a police officer's manual on How to Recognize and Treat Mentally Ill People. Each group who goes through the academy is given a tour of the mental hospital as well as a tour of the security section.

The coming of the Police Academy to the vicinity of this hospital is a real asset. Because of the proximity of the hospital and the close association between the police and the mental hospital, every police officer within this state who comes to the academy will be given a basic course in mental illness. The police officer sooner or later has some contact with a mentally ill or emotionally ill person. Through this our police will be better informed as to the procedure for admission of a person to a mental hospital. There is no need for any person within this state to be more than an hour or so away from immediate treatment. This is stressed with all of the police officers who attend the training academy.

We are indeed happy to have the Highway Patrol Training Academy near us. It adds much to this community. We trust that at a later date other state agencies will seek plans in the immediate vicinity. This general area should one day be a very fine state complex with many state departments and institutions.

#### NEW BUILDINGS AND CONSTRUCTION

During the past biennium under legislative authorization the two general hospitals have been completely air conditioned. One general hospital is now in use. It was completely renovated by hospital personnel.

The other general hospital has been completely renovated and is now air conditioned, and is undergoing minor repair. It will soon be opened. We plan to use one general hospital after

the completion of the second hospital. This will allow us to concentrate our sick people in one area and use for nursing and medical personnel which is in short supply to better advantage.

The legislature also authorized the funds to complete the retardation unit. One male retardation building of 100 beds has been completed and is now occupied. An annex building for agitated or disturbed patients is now under construction and will be completed in September of 1968.

During the past biennium our laundry was completely expanded in new equipment and a new annex. This has helped the laundry situation tremendously. Without these additions to the laundry we would have been in a critical condition for clean linens and clothes. The hospital through its funds purchased \$105,000 worth of new automated laundry equipment. This has certainly eased the situation in the laundry considerably.

During the past biennium there have been some major repairs which were made on an emergency basis. We had several roofs to get in a bad state of repair and collapsed. The state Building Commission made available the funds to repair these roofs.

In the bond issue we were given \$150,000 to expand the criminal unit. We were also given \$200,000 to build a laboratory and x-ray building. More than a year has passed since this money was allocated. Neither of these projects have been funded and no architect has been appointed. We certainly think that the criminal building should be expanded immediately as this is a priority item and is critical.

We should also like very much to get the laboratory and x-ray building under construction. By doing this we can further concentrate our personnel and cut down on the expense of running ambulances all over the hospital. When we get into one general hospital we can build our laboratory building in the immediate vicinity and there effect some economies in personnel and transportation.

I see no need during the next biennium for any type of major construction. The hospital as it is is quite big, is quite unwieldy, and is hard to administer and to maintain due to the gigantic proportion into which it has grown during the past few years. Our biggest need is for the general repair of many of our buildings. Many of the hospital buildings are more than thirty-five years old and are in need of a general overhaul. We would request from this legislature a grant of at least \$750,000 to rehabilitate many of the buildings. In many areas the electrical system and plumbing are in bad shape and need

extensive repairs. When this hospital was planned more than thirty-five years ago the bathing facilities and electrical facilities were not planned for modern day demands. At the present time both bathroom and electrical facilities are heavily overloaded. Many of the buildings are in need of complete rehabilitation. Plastering, painting, plumbing, electrical, and inside repairs are certainly needed. If we were able to get this grant from the legislature and to rehabilitate these buildings the hospital would certainly be a thing of beauty. At the present time many of the wards are rather drab and have shown the ravages of time and use.

Our electrical system at the present time is heavily overloaded. We are on standby power most of the time during the summer months due to the heavy demands upon our electrical system. I would strongly recommend that the funds be made available so that we may completely overhaul our present electrical system and bring it up to a 13,000 volt distribution system. This is going to have to be done soon. At the present time our voltage in many areas is not adequate. We are hurting or destroying much electrical equipment as well as many electrical motors due to poor voltage. An emergency appropriation has been given to bring the system up to 4,000 volts. The reworking of the electrical system is a high priority item.

We have continual complaints from relatives and friends as well as the patients themselves as to the lack of air conditioning within the hospital. This hospital has many buildings, more than sixty of them for patient care. At the present time only the female receiving ward and the two general hospitals are air conditioned for patient comfort. To air condition this institution would be a problem and a very expensive one. The cost of air conditioning the entire hospital would be enormous. Following this the cost of maintenance would also be quite an item.

I would not recommend the construction of more buildings at this institution unless it becomes absolutely essential in the mental retardation area. With the coming of the community mental health centers in the next five to ten years, I am sure some of the burden on this institution will be alleviated although a hospital of this type will always be needed to render service to long term patients as well as to some short term patients in the immediate area. With the advent of psychiatric units in general hospitals all over the United States more and more people are being treated in these areas and not coming to state hospitals although the state hospitals continue to show an increase in their admissions. With this increase in admissions there are certainly far more discharges. In practically all states of the union the populations in mental hospitals have

declined. This has been due to better treatment as well as to general hospital psychiatric units and to community mental health centers. We have more or less shown an increase in our population due to the fact we activated a 1000-bed mental retardation unit. I believe that this unit should be separated from that of the mental patients for statistical purposes and give everyone a better picture of mental patients and those suffering from mental retardation.

### RECOMMENDATIONS

Within this report I have tried to make my recommendations and will try to summarize them briefly. The legislative committee has recommended that biennial reports be brief. I have tried to be as factual as possible. If any additional information is needed, please feel free to call upon the hospital Director or his personnel for additional facts and figures.

The hospital Director agrees with the recent Committee on Salaries and Expenses that biennial reports for the most part are a waste of time, energy, and money. It has been my experience that very few people take time to read these reports. The biggest use we have of these reports is to send them to high school students, to interested parties, and to college students who are writing term papers on mental illness or making speeches for some community research project.

The first concern in this hospital is an adequate budget. We must have this if we are to give the services demanded of us and keep abreast of the present labor market and to have adequate personnel. There have been many critics who say we spend too much money. Nothing else could be further from the truth. As I have stated time and time again in legislative committees, we are the lowest per diem state within the fifty states spending about \$3.15 per day per patient when other states spend \$6.00 or more. The people of Mississippi get their money's worth for the program put on by this hospital and the other hospitals of this state. Without sufficient monies we will be unable to continue our program. There will be a real crisis in all categories especially in mental health if adequate personnel and monies are not offered.

A great need is for training and research. As I explained in our grant-in-aid section, if we had not trained many of the doctors in psychiatry who are with us now we would have had no staff. It is essential that we train people in all fields of mental health. Our needs are not as desperate as in the past but we do need psychiatric personnel such as doctors, nurses, psychologists, and social workers.

Research should be stepped up in this hospital. At the present time we have a Director of Research, the first in the history of the institution. Dr. Robert Ritter is to be commended for his work in many fields. Within the next few months he is going to publish a paper on some of his recent research. Some of the newer drugs are offering us a wonderful opportunity to alleviate the suffering of many people. We are happy that research is being stepped up in this institution. We are always looking for new advances. We hope they can be made in the treatment of those suffering from mental illness or emotional disorders.

I have stated in many biennial reports that we give study to the expansion of the hospital and bed space for patients within the state. This is now being undertaken by the Inter-agency Commission on Mental Health and Mental Retardation. These recommendations should be reviewed. I believe that we must build regional hospitals and community centers within the state if we are to continue an active treatment program. The Mississippi State Hospital and the existing hospitals within this state cannot continue to take the increasing loads of patients without some assistance and some bed expansion. The Community Mental Health Act of the National Congress will offer alleviation when funds are available. All of this will be reported by the Interagency Commission I am sure.

There are many emotionally disturbed children. We have made a breakthrough in this particular category and are going to open a small facility. This must be expanded in time. More and more demands are made upon this institution for the care of emotionally disturbed children. We cannot begin to render any type of care in this particular category but are now in a position to do so with trained personnel especially a new child psychiatrist.

The largest area in which we must expand and the most important one is in the community resources area. Here we must have outpatient clinics, rehabilitation centers, and more beds within general hospitals. Much of the study now being done by the members of the Interagency Council on Mental Health and Mental Retardation has already been reported to the legislature and to the people of this state. There are many bills in Congress giving monies to communities to assist them with mental health centers and facilities. We in Mississippi are tremendously short of any type of community resources although we are at last having a breakthrough with the opening of a regional center in Tupelo soon. We trust that in time the communities of this state will open general hospital beds to psychiatric patients and treat them within the communities. The biggest problem is the lack of trained personnel to staff

such units. We also hope that within the near future more regional mental health complexes supported by the communities will begin to rise to treat the ever increasing number of persons seeking assistance in the field of mental health.

During the past biennium I recommended the discontinuation of the hospital dairy and general farm. The hospital Board of Trustees gave to the new Police Training Academy 242 acres of land. This brought about the closing of the hospital dairy farm. The dairy herd was sold off during the last biennium and all the dairy facilities have been closed. We opened during the last biennium a large new modern processing plant for milk products. We are now purchasing our milk from the Mississippi State Sanatorium. The patients now get ample milk well prepared in a modern sanitary plant.

At the present time we maintain a beef herd on the existing acreage but this is also under study by other agencies of this state who will in time request acreage of the hospital. Here at Whitfield is one of the largest acreage plots available to the state of Mississippi and its various departments and institutions. As previously stated, we trust that other state agencies will come to this area for their complexes. At the present time we have turned over to the State Surplus Property Commission some 30 acres and to the Highway Patrol 242 acres. The Forestry Commission is requesting and has been allocated 150 acres near the present War Surplus Property to erect their facility.

During the past biennium the hospital, although it went through a real crisis in 1966, has begun to show progress. We have improved the basic wage of our employees raising it to \$140.00 per month to start. We have well discussed in this report the coming of the minimum wage to this institution. We are always attempting to better the hospital in every way but this certainly costs money. The chronic lack of finances and good personnel has always hurt us. This is especially at the attendant level. After eighteen years of service as Director of this hospital, I trust that during the next few years we will be able to report further progress. I certainly do not care to go through another critical period such as occurred in the spring of 1966. It appeared at that time that the hospital was going to be in a chaotic condition due to the exodus of employees and professional personnel. We must certainly plan for expansion in the fields of finance, personnel, research, training, and community construction if we are to meet all of the demands made upon us.

As in the past years, many members of the hospital staff have attended national and local conferences and conventions relative to the use of good psychiatric principles, hospital ad-

ministration, and allied fields. All traveling expenses with reference to this have been paid from the hospital's collection funds. We do not spend tax monies. We try to control our travel expenses. A full report of all travel expenses has been made to the appropriate legislative committee. If further information is needed on this, the hospital and its business manager will be happy to inform the committee of our expenses in this particular area. For a budget as large as ours and with as many employees and personnel as we have, we spend a very small amount on official travel.

There is still a great need in the field of public education with reference to mental illness. Very few people know what a problem it is until it strikes home. They have no idea of the vast economic, medical, and social impact mental illness has upon the United States. We sincerely hope that the members of the legislature will see fit to continue their support of a good mental health program in this state as they have done for the past twenty years. During my eighteen years of administration in this hospital, the legislature has been very generous with me and for the past twenty years we have made some improvement but we certainly have a long way to go to make this hospital an outstanding institution.

We trust that during the 1968-70 biennium the members of the legislature will see fit to support this hospital as they have in the past with necessary funds. The responsibility of the treatment of the mentally in this state lies with the legislature and them alone. We are well aware of the demands made upon the legislature for monies as I have attended legislative sessions since 1950 as director of this institution. We realize that our hospital has many shortcomings but we feel in time with public support and legislative support most of these problems will be conquered and overcome. We have certainly alleviated a great many of them but there are still others that need solution. We solicit the understanding of the legislature and their support as we work with this national problem.

I wish to express to the members of the legislature, past and present, as well as to my hospital Board of Trustees, the State Building Commission, and the citizens of this state, and to my loyal employees my deep and sincere gratitude for the patience, understanding, and the support they have given me. We feel that through the aforementioned parties better things will come as they have in the past to the mentally ill of our beloved state. This is the constant prayer and every day hope of the director, his patients, and his staff.

It has been my great honor and privilege to direct this institution now for eighteen years. I have now completed twenty

years of state service. I feel that we have accomplished little when I look back over these eighteen years of administrative efforts. The hospital receives many compliments with reference to its improvements. I always take these compliments with a great sense of guilt because I feel that little has been done and we still have many deficiencies which need correction. We must realistically face our deficiencies and in time trust we can correct them. I feel that if all of the people of this state join with us we will succeed. I am sure that with prayer, with patience, with hope, and with God's charity and blessing we in Mississippi will one day emerge with a good mental health program. This program will be a credit to the state and will offer to our fellow citizens who suffer from mental or emotional disorders every hope to become well and to be useful citizens again.

W. L. JAQUITH, M.D.  
Director

### PASTORAL CARE

Each Protestant chaplain has college and seminary degrees. Each chaplain is ordained and has entered this work with the approval of his denomination. Each chaplain had adequate experience in the pastorate before entering this work.

This department has two Baptist chaplains and a Methodist chaplain. There is a part time Catholic chaplain who holds services for those of his faith. The following chaplaincy services are rendered at Mississippi State Hospital.

#### 1. Worship Services for Patients:

Worship services in the auditorium, in the chapel, and on the wards are planned to meet specific needs. These services provide Christ-centered group worship experiences which emphasize communion with God and fellowship with one's neighbor. Life situation sermons from the scriptures give guidance, comfort, support and encouragement.

#### 2. Pastoral Care of Patients:

The chaplains' pastoral work involves a pastoral care ministry to all patients. This ministry is rendered at every level or phase of the hospitalization of the patient according to the resources available to the chaplain. The chaplains minister to new patients, convalescent patients, alcoholic patients, narcotic patients, chronic patients, maximum security patients, and medical patients.

#### 3. Pastoral Care of Families of Patients:

Families of patients frequently request interviews with the chaplains. Also families are referred often to the chaplains



by the Social Service Department and members of the hospital staff.

The chaplains seek to provide a listening and supportive ministry for families that are particularly upset over the hospitalization of a relative. The chaplains also correspond with families of patients according to their needs.

The chaplains minister to the families of surgical, critical, or deceased patients. When a patient expires, the chaplain writes the family a letter of consolation.

#### 4. Pastoral Care of Hospital Personnel:

Worship services are held weekly for the hospital personnel.

The chaplains also render a pastoral care ministry to the employees on the job and in the employees' dormitories. In addition, the chaplains visit sick employees' ward of the general hospital. The chaplains minister to employees and their families in medical, surgical, critical, and bereavement situations.

The nearby pastors are notified when a person of their denomination is employed at the hospital. There is a close working relationship with the churches in ministering to all employees.

#### 5. Inter-professional Cooperation:

The chaplains attend psychiatric staff conferences and often make "rounds" with the doctors. The chaplains participation on such occasions is limited primarily to getting acquainted with the patients and learning how to best minister to them.

The chaplains also participate in teaching the various training programs which are conducted in the hospital.

The chaplains attempt to plan and coordinate their work with the work of other professionals and departments in the hospital.

#### 6. Relationship to Ministers:

The chaplains correspond with ministers in the state and maintain referral relationships with them. When a minister visits at the hospital, the chaplains often advise with him about the mental patient's religious life. After consultation with the doctor, the chaplains interpret to the minister the religious factors in the patient's mental illness.

The chaplains attend ministerial meetings. Occasionally such meetings are held at this hospital at which time consideration is given to the pastoral care of the mentally ill.

Ministers of all faiths are welcome to visit in the hospital at any time. A visit from the patient's pastor in many cases will play a part in his recovery.

7. Church Responsibilities:

The chaplains are members of local churches. The chaplains and their families take an active part in the work of their respective churches, and they represent the hospital in visiting other nearby churches.

The chaplains are available to supply in Mississippi churches and to participate in teaching programs of Christian leadership training in the churches.

8. Cooperation with the Volunteer Department:

The chaplains cooperate with the Volunteer Department in supervision of any church group which may prefer to render principally a religious ministry in the hospital. This ministry is limited to group singing of acceptable hymns followed by a brief message and prayer by one of the chaplains after which there is a short time for friendly visitation among the patients.

9. Study in Pastoral Care and Pastoral Theology:

Journals, books, and other literature in pastoral care and pastoral theology pertinent to the pastoral care of the mentally ill are studied carefully by the chaplains. The chaplains in a clinical situation have the unique advantage of being in a position to use both the clinical inductive method and the theological deductive method in considering the pressing theological and ethical problems of our day.

10. Clinical Pastoral Education:

The hospital budget provides for one chaplain intern. At the present time this internship is established on a three-month basis. In the near future it would be advisable to consider the addition of another chaplain internship.

It is hoped also that six week courses in clinical pastoral education for ministers and seminary students will be resumed in the hospital. Such courses should be undertaken when it is deemed advisable by the hospital administrators and chaplains.

11. Administrative Responsibilities:

The chaplains are responsible to the Director of the hospital through the Clinical Director for the planning of the program and the budget of the Department of Pastoral Care.

The chaplains are responsible for the supplies, equipment, and facilities in the Department of Pastoral Care. At the present time the facilities of the Department of Pastoral Care consist of a chapel, three offices, and a conference room.

Through the years the Director, the Clinical Director, and the staff of the hospital have demonstrated a keen interest in the spiritual welfare of the patients. This has been a constant source of encouragement to the chaplains in their hospital ministry.

### PSYCHOLOGY SERVICE

During the past two years the permanent staff of this department consisted of two psychologists (one Ph.D. and one M.S.). There were two temporary psychologists for periods of three and five months. There is one secretary in the department. During this period three graduate students from North Texas State University spent six weeks clinical clerkships with this department giving a total of eight students who have gone through this program since it began in June, 1963.

A total of 475 patients were administered 2161 individual psychological tests. Of this number 169 were patients who had criminal charges against them. Individual psychotherapy totaled 106 hours and 90 hours were devoted to departmental and inter-service research. Educational efforts in the nature of lectures to student nurses, psychiatric resident conferences, work with clinical psychology trainees and tours of student groups totaled 355 hours.

### DEPARTMENT OF NURSING EDUCATION

The Department of Nursing Education was officially opened on September 1, 1961. The building was completed in December, 1961, and offices were occupied in February, 1962.

The present faculty consists of: Director, Master of Science, University of Maryland, joining the faculty in February, 1965; two instructors, Bachelor of Science in Nursing, University of Mississippi, joining the faculty in January, 1962, and August, 1962.

One faculty member is due to return from educational leave in June, 1967, following study for a Master of Science. In February, 1965, the faculty gained two instructors with Master of Science Degrees from the University of Maryland. One instructor joined the white female service of the hospital in May, 1966; the other instructor assumed responsibility as Director of this department in January, 1967, when the director

of the department left on educational leave to study for her doctorate degree.

Eight of the fifteen schools in the state presently use this facility for psychiatric experience. One Associate Arts program decided to utilize services in the Gulf Coast area and did not renew contract with this department. Two other schools, one of which is a diploma program, now utilize East Mississippi State Hospital.

From June, 1965 to June, 1966, a total number of 257 students have received psychiatric experience. This is an increase of 124 students for this biennium.

The faculties of schools, who utilize this facility, assist this faculty in the education of students from their schools. The schools are now assisting the hospital in sharing the economic burden of maintaining this educational facility. At the present time individual student and/or schools contribute to the cost of maintenance.

This department held a workshop on interpersonal relationships and communication problems in June, 1965. The purpose of this workshop was to aid faculties in nursing education in Mississippi to clarify and identify problems in total curriculum planning and to integrate psychiatric principles into the total curriculum.

The faculty of this department and of participating schools held a meeting in January, 1967 to coordinate educational objectives with hospital facilities. It was decided that an annual meeting of this kind would be held in the future.

Faculty members are active in professional organizations with members in both the American Nurses' Association and the National League for Nursing.

This department is presently utilizing a clinical area where drug studies are being held. The faculty and students have an active part in evaluation of this study.

We feel that progress in this department has been evident in involvement of faculties and increased interest of students in this clinical experience.

Recommendations from this department include continuation of a program of collaboration with participating schools and with other departments within the hospital to increase communication and education goals for upgrading nursing practice.

Items of educational need for this department include the following:

One overhead projector

One small copy machine (which copies both transparencies and typed print)

Three additional fans (for offices being occupied by associate faculty in summer)

#### INSERVICE TRAINING PROGRAM

On July 1, 1964, the hospital received its first federal grant in history, one which is awarded to institutions for the purpose of training personnel to function as psychiatric aides. The grant was awarded for four years at \$25,000 a year, totaling \$100,000, and is renewable at the end of four years if the need still exists.

As Director of the attendant training program is a highly qualified psychiatrist who is over all inservice training for the entire hospital. He is assisted by the following full time staff: one Registered Nurse, two full time Licensed Practical Nurses, all of whom have had teaching experience, and one secretary.

Prior to the inception of the grant, the hospital had no means whatsoever for orientation or indoctrination for the newly employed attendants who were assigned to the wards; now, however, this situation no longer exists. Proceeds of the grant have provided for a two weeks basic orientation program for all newly employed together with some of the currently employed aides. During that time each trainee receives classroom instructions consisting of lectures, discussion periods, and films, along with supervised clinical experience. Each trainee is taught basic nursing skills and technics while, at the same time, being introduced to personnel in other departments with instructions as to interrelationships. To date, 996 individuals have received the benefits of 24,698.5 classroom hours and 8,451 hours of supervised clinical practice.

College students from 22 colleges in our state and from several colleges outside our state enter this program each summer June through August. Almost without exception each of these is majoring in some field related to mental health.

The effect of this training program throughout the hospital has been so satisfactory that we have in progress our plans for extending our training program to include training supervisory personnel and to enable them to train others to become supervisors. This is the program that we propose to effect as we request a renewal of our grant to follow after 1968.

## SOCIAL WORK DEPARTMENT

The Social Service Department provides a link between the mentally ill patient, his family and the community. The members of the family or friends who accompany the patient to the hospital give social and medical information about the patient. They describe the onset of the illness as they see it. This is used by physicians and other staff of the hospital in evaluation and in working with the patient. These contacts with the family give them a better understanding of the hospital procedure and the part that the family must take in the eventual return of the patient to home and community.

This department is open every day during the year including holidays. The department of public welfare has been most cooperative with the hospital. In instances where families do not come to the hospital to give information, the staff of the welfare department talks to them for us. Many of the patients who come to this hospital receive public assistance. On all of these cases medical information is given to the welfare department to help them determine eligibility and to give them a better understanding of the patient's needs. They also work with us in the placement of babies who are born in the hospital. We have a constant exchange of information in regard to cases of children. By law they determine the residence of people who come to this hospital if there is any doubt about it.

The Director of the Social Service Department is also Deportation Officer for the Board of Trustees which is the authority for deportation of out-of-state patients. As Deportation Officer, we authorize return of patients whose residence is Mississippi, and we return patients to other hospitals in other states.

This department is in charge of requests for medical and social information for patients who have been hospitalized before coming to this hospital. We also handle information requests from insurance companies, penitentiaries, civil service, selective service, etc.

The regional office of the Veterans Administration and the Veterans Hospitals work very closely with us in the transfer of patients to Veterans Hospitals and on pensions, compensation and other benefits available to veterans as they come and go to this hospital. Medical information from Mississippi State Hospital is accepted as a valid part of the veteran's record in the regional office.

Each year the Social Security Act has liberalized the insurance benefits offered to people. Many of the former patients in the hospital meet the requirements for this insurance. A representative from the Social Security Administration comes to

this hospital once a week and we have worked very closely with them. During the past year everyone over sixty-five was registered for hospital benefits and since none of the patients in this hospital could benefit from medicare, policies were worked out which would keep the hospital from paying \$3.00 per month for patients over sixty-five. All patients seventy-two years of age and older are now receiving \$35.00 per month under the new policy making them eligible.

The Social Work Department is responsible for all contact with social agencies outside the hospital. Referrals are made to the health departments on all patients from the eleven counties involved in the continued care project. Many are also referred to mental health and out-patient clinics where these are available. Vocational Rehabilitation has three counselors in the hospital and we work very closely with them in referrals for people to be given vocational counseling and to secure employment. In some instances where patients are not eligible for vocational rehabilitation services the State Employment Service helps us in aiding patients in job placement. We have worked closely with the Hinds County Mental Health Association and the Alcoholic Information Center as well as Goodwill Industries and Allied Industries.

Patients on the continued treatment services are allowed to mail letters directly. However, on the receiving wards all of the mail is read before it goes out so that patients will not be embarrassed by what is sent from the hospital. Every effort is made to see that patients and families are encouraged to keep in close contact through visiting and correspondence. Routine dental work is a part of the hospital service. However, if a patient needs a pair of dentures or glasses plans are made with the family and the communities to pay for these.

The supply of social workers in Mississippi is very limited. Competition for workers is very keen. We have had difficulty in securing workers who have their master's degree. We have two social workers with master's degrees, one with one year of training. We have several graduates from colleges who are working on the wards and get their training in our department. This means that the department has been able to extend our services in meeting the needs of patients, families and their communities by the use of college graduates. However, there is still a distinct shortage of staff in this department.

### DENTAL SERVICE

The dental service at Mississippi State Hospital is composed of two full time dentists and two dental assistants. Both men are State Board Certified, members of the American Dental

Association, Mississippi State Dental Association, and Central District Dental Society. Also, as an adjunct to treatment, a staff of consultants are available led by two oral surgeons. Frequently internal medicine and anesthetic consultations are obtained.

There are two complete and modern dental clinics where the latest techniques and procedures in surgery, denture prosthetics, crown and bridge, and operative dentistry are performed. A great amount of emphasis is placed on restoring the teeth and mouth to a normal and healthy state. This in combination with many other benefits obtained at the hospital restores confidence and plays a part in the rehabilitation of the patient. Approximately thirty patients a day are seen in the two clinics. Emergency treatment is constantly available as there is a dentist on call at all times, night and day. All new patients entering the hospital are given dental examinations and consultations.

### PHARMACY

There continues to be an increase in the number of patients, former patients, and employees; thus increasing the overall operation of the pharmacy. The pharmacy is an integral part of the overall hospital program.

The hospital continues to sell at cost, plus postage, any type of psychiatric drug that a patient needs after discharge. In 1966, 20,277 drug orders were mailed to former patients, an increase of 2,000 drug orders over the year 1965. Since January 1, 1967 to this date, 8,878 drug orders have been mailed to former patients.

Due to the increase and demand it has become necessary to employ an additional pharmacist. Both pharmacists are graduates of the University of Mississippi School of Pharmacy. The pharmacists supervise the purchasing and dispensing of all drugs and are in constant attendance to serve the needs of this hospital and its patients.

### BUSINESS OFFICE

The financial and fiscal records are maintained and handled through the Business Office. It is the responsibility of this office to see that all funds collected in the office or appropriated by the legislature are correctly receipted and placed in the proper account. It is likewise the responsibility of this office to disburse these funds for the benefit or purpose for which they were collected or appropriated. For this reason careful attention is given to the proper classification of items of expense to the end that the information assembled will be of statistical value in determining costs in the several departments



and in planning corrective measures in the future that may be beneficial to the hospital's operation.

**Patients' fund:** The Business Office acts as a bank for deposits sent in by friends and relatives of the patients. Receipts are issued for all funds received and withdrawals are made for them only by authorized personnel.

**Payroll:** The monthly payroll is processed and handled through the Business Office. By using the International Business Machine we have no difficulty in paying the employees promptly and correctly. Meal tickets to employees are issued.

**General:** Receipts for all items of revenue and invoices or documentary evidence of all payments of hospital funds are audited each year by the State Department of Audit. All employees handling funds are duly bonded. Under the supervision of the Business Manager are the laundry, storeroom, beauty shops, barber shops, telephone communications, and housekeeping. The personnel of the Business Office consists of the Business Manager, one payroll clerk, one secretary, one bookkeeper, one cashier, and one property clerk.

#### PERSONNEL DEPARTMENT

Even though the major function of the Personnel Office is to secure, select, process and assign employees, the duties of this office have become enlarged to the extent of covering many other matters of an employer-employee relationship.

The entire personnel numbers approximately 1400 with about one-half living in dormitory quarters furnished by the hospital. All employees are covered by social security, hospital and life insurance and retirement under provisions of the Public Employees' Retirement System. In addition to records and reports in these areas, all weekly and monthly time reports are posted and maintained in this office. A folder is maintained on each employee covering all phases of his activities from date of employment until his services are terminated with the hospital. During the fiscal years 1965 and 1966, a total of 1550 employees were employed and processed through this office. As a matter of recommendation, I feel that much of this turnover in personnel is due to inadequate living quarters as well as the low rate of pay. Also, I feel that one additional office clerk is needed to assist in the ever increasing load of posting and typing that we are currently faced with.

#### BUILDINGS AND GROUNDS

The Maintenance Department is generally responsible for the maintenance repair of all buildings and equipment located

on the hospital grounds. The following is a list of general areas for which routine maintenance is provided by this department:

- General Hospital, including operating room equipment
- Infirmaries and convalescent buildings
- Male and Female receiving buildings
- All patient dormitories and cottages
- Employees' Dormitories
- Staff housing and apartments
- Laundry building, boiler, and equipment
- Cold storage rooms and refrigeration units
- Warehouses
- Steam generating plant
- All electrical distribution systems within hospital grounds, including standby generators
- All utility tunnels, including hot water generators for buildings
- All sanitary sewers and sewage lagoons
- Ice Plant and ammonia refrigeration unit
- Milk plant and milk plant boiler
- All air conditioning systems and other refrigeration equipment including the morgue, blood bank, and kitchen refrigerators
- All hospital owned vehicles, cars, trucks, and tractors
- Bed and furniture repair

In addition to the normal routine repairs, the Maintenance Department provides equipment and personnel for the following services:

- Emergency repairs for lights and other critical electrical equipment twenty-four hours a day.
- Emergency repairs for all essential air conditioning and refrigeration equipment twenty-four hours a day.
- Emergency repair for all boilers, steam lines, hot water generators, and other essential water systems twenty-four hours a day.
- Around the clock production of steam for heating buildings and for the heating of water.
- The production of steam for use in the laundry, bakery, and milk plant.
- The maintenance and operation of water wells to supply all hospital needs.
- The operation of an ice plant and the delivery of all ice for hospital needs.
- The necessary equipment for the collection and disposal of all trash.
- Trucks and personnel for the delivery throughout the hospital of all food and store goods.
- Personnel to combat fires and to supplement the security forces when needed.

## VOLUNTEER SERVICES

The Volunteer Services Department works as a liaison between the hospital and the community, interpreting the program, policies, and needs of Mississippi State Hospital and its patients through the news media, volunteers, clubs, organizations, church groups, college and high school students.

In September, 1966, a Volunteer Services Council was formed composed of twenty-three state civic, service and church organizations representing a membership of approximately 200,000 throughout Mississippi. The purpose of this council is to work as a liaison between the hospital and the community, to improve the image of the hospital, to educate the public to the needs and better understanding of the hospital and to alleviate the fear and stigma attached to mental illness and the State Hospital. The council meets three times a year. An "In-service" committee composed of seven doctors, an R.N., a chaplain, the director of volunteers, O.T., Social Service and R.T. was formed the early part of 1967 to help coordinate and work with the Council and Volunteer Services.

On April 27, 1967 for the first time in the history of the hospital awards were given volunteers and organizations for services rendered. Certificates of membership were presented to council members. This will be an annual affair.

A used clothing room, "Outfits, Lt.", was set up by volunteers in May, 1966. In the year of its operation, 1436 patients received clothing from this project. A beauty shop for indigent patients is equipped, supplied and staffed by the Mississippi Association of Hair Dressers and Cosmetologists, Jackson Affiliate #9. Since the last report this organization has given 440 free permanents, 602 shampoos and sets, 645 hair cuts, and 250 hair colors.

Through this department the Christmas programs (gifts, parties and decorations) are coordinated with the various departments involved. Christmas gifts were donated by the community and every patient in the hospital received a package with his name on it. The estimated value of these gifts is between \$15,000 and \$20,000 a year with over 332 contributors. In the past two years 302 Christmas, birthday, and special parties have been given for patients.

Tickets for many types of entertainment in Jackson were obtained for patients, i.e., Symphony, Little Theater, Travel Series, etc. Several dozen bibles were secured for the chaplains' use in the hospital.

Three times a year an orientation class is held for volunteers with an average attendance of fifteen people. The greatest

handicaps in recruiting volunteers are fear and distance. Efforts to lessen the fear of the hospital and patients is being slowly overcome by community contact through the council, hospital tours, volunteers, clubs, and other organizations who come to the hospital. Approximately 1,000 volunteers come into the hospital each year to do some type of work. Since the last biennial volunteers have contributed 13,809 hours of service. News releases have been sent to all news media reporting events at the hospital of public interest and concerning hospital needs. Two (five and ten minute) television shows have been devoted to recruitment of volunteers.

To enumerate the many activities involving this department would be impossible. Much of the work is cooperating with other departments in group hospital tours, orientation for new employees and state welfare workers, career day for high school and college students, ministers' day and securing numerous small items for use of patients when requested by staff. The services of this department are utilized in almost every area of the hospital.

#### RECOMMENDATIONS

1. The name of this department be changed to Community Relations and Volunteer Services, and be listed on the hospital roster under "Official Affairs" rather than Industrial.
2. More space and a central location be secured for clothes room or set up another distribution center on negro service.
3. A continuing education program be set up for volunteers.
4. Council membership be increased to thirty members.
5. Since this department is the liaison with the community and in order to have more time attending meetings and luncheons of those organizations whose services are sought by the hospital. Some provision should be made to reimburse the expense for luncheons and transportation to attend these functions in the Jackson area.
6. A Polaroid camera, two desks that lock, a long carriage typewriter, and filing cabinet be secured.
7. Extension telephone for secretary.

#### OCCUPATIONAL THERAPY

Occupational Therapy employs creative, manual, educational, and pre-vocational activities in a manner so as to direct the patient's mind, energy, and time to something useful. Occupational Therapy is prescribed for the patient by our doctors and is administered by competent instructors to hasten recovery.

Prescribed patients work for specified periods of time in each of the craft departments, then rotate to another craft shop. When a patient has participated in all the classes he is then excused or retained according to doctor's instructions.

The Occupational Therapy Department offers the following crafts: Ceramics, plaster, art, leather working, needlecraft, sewing, cooking, and wood working.

Six different departments are: Male Occupational Therapy Building, Female Occupational Therapy Building, Occupational Therapy Department in the Female Receiving Building, Occupational Therapy in the Male Receiving Building, West Mending Room, and East Mending Room.

Volunteers working in cooperation with the O.T. Department teach art, flower arranging, gardening, embroidery and charm classes.

The hospital newspaper, "The Grapevine," is under the supervision of the Occupational Therapy Department with a volunteer as advisor.

In addition to the therapeutic value to patients, Occupational Therapy is also responsible for supplies for the hospital. The woodworking shop is responsible for upholstering and refinishing furniture, making small tables, etc.

The sewing classes make dresses and underwear for oversized ladies.

The mending rooms repair all hospital clothing, cover mattresses and pillows in plastic finishes, make surgical wrappers, clothing for the Annex and aprons for the entire hospital.

The twenty-two employees in the Occupational Therapy Department work with the Recreational Therapy Department by chaperoning patients to night dances and ball games and special events.

Christmas decorations are prepared by the Occupational Therapy Department. Each cottage has decorations on the outside as well as in the day rooms. Also, murals are painted and placed at various places around the grounds. Christmas presents are wrapped and delivered in cooperation with the Volunteer Services Department. Also, parties on each ward are assisted by O.T. personnel.

### RECOMMENDATIONS

1. More qualified personnel including one for East Mending Room and one for West Mending Room.
2. Personnel and equipment to set up O.T. shop on west side for male and female patients.

## RECREATIONAL THERAPY

We believe recreation speeds re-creation and that idleness hastens physical and mental deterioration. The recreation department provides physical and mental stimulation which the patient may use in combating idle hours. We have stepped up our recreation activities and our program has been widened greatly.

We are now open Monday and Wednesday evenings from 5 P.M. to 7 P.M. and every other Saturday morning from 9 A.M. to 11 A.M. for those who otherwise could not avail themselves of the daily recreational activities, and any others who are able to come to the recreation hall at these hours. A Bridge Club has been formed and a bridge party is held once a month.

Once a month alternately we take bus rides to various points of interest, the reservoir being the most popular, and picnic at Livingston or Riverside Park. We also take patients to see the decorations in town at Christmas time.

We attend many functions outside the hospital such as the Concerts, the Grand Ole Opry, State Fair, Rodeo, and many more activities that the patients show an interest in. We are handicapped by transportation and can take only a limited number. We do alternate patients and activities so we can include as many as possible.

Also, we have had some entertainment from the surrounding area to come into our hospital for various programs.

One of the newest and most widespread activities is our music program. We reach most of the cottages with a weekly music program on the cottage. This cottage program includes listening, singing, dancing (group and individual), keeping time to the music on rhythm band equipment, musical games, and live entertainment by patients wishing to play an instrument or sing.

At the recreation building four Music Appreciation Clubs have been organized including popular, gospel, classical, and hillbilly music. Once a month they meet together with entertainment from each group. This monthly meeting is supervised by a volunteer worker.

Music is played in Female Receiving Building for those patients waiting for electric shock therapy. This provides patients with listening pleasure and alleviates much of their anxiety. Coffee and toast is served in the recreation room on this building following treatment.

The above-mentioned activities are additions to the weekly dances, active and quiet games (both indoors and outside),

movies, and a soft ball team made up of patients and employees which participate in the industrial league in Jackson.

A well-planned golf program encourages many patients to get outside and enjoy the pretty weather and get plenty of exercise. All the golfers work hard toward competing in the golf tournament. A barbecue is planned to climax the tournament at which time trophies are presented to the winners.

The Patient's Library comes under the heading of recreation. We have 2,084 volumes of fiction, and 1,303 volumes of non-fiction for a total of 3,387 books as of our last inventory, January, 1967. Eighty-three more books have been donated by the Mississippi Library Commission on a lending program and from other donors and clubs. We have a patient who is a very capable librarian and who does a superb job with our library.

We are using a patient to take books to the cottages so patients who are unable to get out may enjoy reading our books.

The most important recommendation I have is for additional personnel. Our present staff of eight are doing an adequate job with our program. Three additional persons, one male and two females, would help eliminate a lot of overtime hours which all of our present staff has to work and better coverage could be given to all areas.

#### DEPARTMENT OF POLICE

Synopsis of the Police Department activities for the biennium ending June 30, 1967:

Patrolled 20,000 miles.

Arrested 67 persons charged with public drunk, disturbing the peace, petty larceny.

Arrested 22 persons charged with traffic violations.

Issued 521 warning tickets for parking violations and traffic violations.

Investigated 12 wrecks involving motor vehicles.

Picked up and returned 682 patients who had escaped or wandered off the grounds.

The Police Department consists of the following personnel:

1 Chief of Police .....	\$13,200.00	Per Biennium
1 Asst. Chief of Police .....	9,000.00	Per Biennium plus quarters
2 Deputies .....	10,080.00	Per Biennium plus quarters
1 Guard .....	5,040.00	Per Biennium plus quarters
1 Guard .....	4,320.00	Per Biennium plus quarters
3 Guards .....	12,600.00	Per Biennium plus quarters
2 Guards .....	7,680.00	Per Biennium plus quarters
1 Guard .....	3,360.00	Per Biennium plus quarters

## Equipment of Police Department:

1 Paddy Wagon .....	\$600.00
4 38 S&W Pistols .....	160.00
2 Handcuffs .....	20.00
1 Base Two-Way Radio .....	200.00
1 Mobile Two-Way Radio .....	200.00
1 Walkie Talkie .....	100.00

## NEEDS OF DEPARTMENT

1 Patrol Vehicle .....	\$3,000.00
Repairs and upkeep .....	1,000.00
Miscellaneous equipment .....	3,000.00

Salary increases for all personnel in accordance with hospital policy is also recommended.

## FIRE DEPARTMENT

The fire department responded to 42 fires during the past year. Most of these were mattress fires on the cottages and as a result of the patients smoking in bed. The majority of these fires occur between 7 P.M. and 5 A.M.

On July 18, 1966 fire broke out in the attic of the east side general hospital causing considerable damage. This fire was reported at 1:10 P.M. and apparently started from an acetylene torch the contractors in the building were using.

Total number of runs .....	42
Mattress fires .....	25
Fan motors .....	4
Grease fires .....	4
Trash Cans .....	3
Grass fires .....	3
Automobiles .....	2
Total number of fire inspections .....	824

## DIETARY DEPARTMENT

The dietary department has approximately 175 employees serving an average of 18,000 meals per day to patients and employees. This includes meals served to night employees.

## Food Used

April 1, 1965—April 1, 1966 .....	\$1,139,810.27
April 1, 1966—April 1, 1967 .....	1,124,737.63



## Breakdown of Food Used

Meats, Eggs, Fish, Poultry .....	\$ 830,835.91
Fats .....	32,016.79
Fruits and Vegetables .....	626,681.24
Sugars .....	74,395.38
Cereals .....	57,577.26
Miscellaneous .....	215,767.24
Farm Foods .....	161,560.41
Commodities .....	226,374.47
Bakery Bought Food .....	39,339.21
Total Food Cost .....	\$2,264,547.90

We have added some new equipment since the last report.

The two T.B. Hospitals and the two Employees' Dining Halls have been consolidated since the last report.

The two large Patients' Kitchens and the Employees' Dining Hall are in need of major repairs which we hope to have done in the next biennium.

## NURSING DEPARTMENT

This constitutes the largest single department within the hospital and when fully and adequately staffed has more than 1,000 employees counting more than 900 attendants, attendant supervisors, maximum security attendants, licensed practical nurses, and registered nurses.

The director of this department resigned June 1, 1964. An adequate replacement has not yet been found in more than three years. This department at the present time is operated on a section basis by qualified registered nurses.

The nurses in charge of the various sections of the hospital consult with the Director and other department heads from time to time with reference to their needs and meet bi-monthly to discuss their mutual problems.

The needs of the nursing department have been well documented in our letter to the Budget Commission which has been printed in its entirety in the first section of this report. The hospital looks forward to the time when it can fully staff the administrative section of the nursing department so that it might better function and make still better contributions to the general nursing care of the patients within the hospital.

## MEDICAL SERVICES

The medical service is at the present time composed of the Director, the Clinical Director, and thirteen full time physicians. This service is further augmented by a group of consultants

of which some are full time and others part time. Of these fifteen full time physicians, two are certified by the American Board of Psychiatry and Neurology and six are eligible to take their examinations for the American Board of Psychiatry and Neurology within the coming year. The Director of the hospital is certified by the American Psychiatric Association's Committee on Certification of Mental Hospital Administrators.

Although many of our hospital physicians are not certified as psychiatrists by the Board of Psychiatry, they have years of experience in this field. This is of great importance in the therapeutic approach to the patients's problems and the ultimate rehabilitation of the patient.

At the present time the hospital has four residents in training at Whitfield. These four residents after one year of service in this institution will then go for their second and third years to the University of Mississippi School of Medicine, Department of Psychiatry. This residency training program has been explained in some detail in another section of this report.

At the present time two of our residents are in training at Norton Infirmary in Louisville, Kentucky. Their training there will be completed in June of 1967 and they will be returning to Mississippi State Hospital at that time. These young residents in training are given a grant-in-aid stipend by the hospital to complete their second and third years away from the institution.

The hospital operates in reality eight hospitals within the major hospital itself. There are two general hospitals for the care of the acutely ill. One of these is presently being renovated and expanded. In the future this one general hospital with expanded facilities will serve the entire hospital. The second general hospital building will be used for patients who are convalescing from serious physical illnesses.

There is one tubercular hospital to care for the psychotic tuberculars of the state. All patients suffering from tuberculosis and who are mentally ill are treated in this institution. The two other mental institutions within the state transfer their tubercular patients to Whitfield for care and treatment since they have no such isolation units. The hospital operates four large nursing infirmaries. These infirmaries are primarily for those patients suffering from some type of organic disorder of a longstanding nature who are bedridden or who are prolonged nursing care cases.

All of the medical and surgical problems which occur in the hospital are referred to the Chief of the Medical and Surgical Section. This position is presently filled by a staff physician

who worked closely with the previous Director of the Medical-Surgical Service. With the dedicated assistance of the consulting staff, the Medical-Surgical Service has continued to provide excellent medical care in spite of physician shortage in this area. A previous staff physician is presently taking specialty training in internal medicine at the University of Mississippi and will be returning to assume the duties of Chief of the Medical and Surgical Service.

The Chief of the Medical and Surgical Section has qualified general practitioners under his supervision who take care of the physical needs of the patients in the general hospitals, on the wards, in the tubercular hospital, and in the geriatric and nursing units. He is also the doctor responsible for the liaison between the hospital and the consulting specialists.

Our large consulting staff does the major portion of the specialized therapy in the medical and surgical field which our patients need. The consultants of the hospital are certified in the fields of orthopedics, internal medicine, pediatrics, general surgery, thoracic surgery, cardiac surgery, radiology, neurosurgery, neurology, obstetrics and gynecology, pathology, ophthalmology, otolaryngology, dermatology, plastic surgery, and the fields of dental surgery. The full time specialist devotes one day a week to the hospital in his particular field and is available for any emergency that may occur in his specialty of medicine. The full time consulting staff members are paid a monthly stipend for their services. The part time consultants are paid on a fee basis and are called as they are needed. The hospital has a full time registered anesthetist. When the service of an anesthesiologist is needed, this is procured on a fee basis readily. If the hospital ever needs specialized consultation not covered in the consulting field, funds are available to pay for any type of consultation the hospital physician deems necessary for his patient's recovery or care. Our oral surgeons assist the hospital dentists with their oral surgery problems.

Through the devotion of the medical and surgical section of the hospital and its many consultants, Whitfield enjoys a very low death rate. In recent statistics released by a southern statistical agency, Mississippi has the lowest death rate in its many hospitals of all the sixteen southern states in this area. It also ranks as one of the lowest death rate hospitals in the nation. This low death rate is a definite compliment to the Director of the Medical Services as well as to his fine full time hospital and consulting staffs.

The hospital enjoys a very good autopsy rate. Under the direction of our two consulting pathologists this rate now runs in excess of thirty-five percent per year. It could be higher but

in many cases autopsies are deferred in order that the Medical School may get the necessary bodies for medical dissection. Many of the bodies which could be autopsied are sent to the University of Mississippi Medical School, Department of Anatomy.

The hospital operates eight receiving sections which are quite active. There is a psychiatric receiving section for every unit within the hospital. These are the active and intensive sections of the institution.

Weekly staff conferences are held in each of the hospitals. These are diagnostic conferences and from time to time patients' cases are reviewed and re-evaluated at the weekly conferences. A large forensic or criminal conference is held each week in the security section of the hospital. Here approximately 150 criminal cases are processed each year for the courts of the state as well as for federal courts. From time to time various cases are reviewed in staff conference for eventual release from the hospital and for some therapeutic change or evaluation.

All hospital department heads hold regular meetings twice monthly. Here general problems of administration and inter-department problems are discussed. The department heads can bring all problems directly to the Director for discussion and resolution.

The Medical Staff meets once weekly following the forensic staff on Wednesday. Here the physicians are allowed to discuss any problems of importance relative to hospital policy or to individual patient care or any type of newer therapeutic method. General hospital policy as well as any other matters of importance to the medical staff are discussed at the weekly Wednesday meetings.

The hospital has a very active and interesting Journal Club which is held monthly by the hospital medical, dental, and psychological staff. The club meets on the first and third Tuesday of each month. These meetings are held from September through May. During the summer months and at vacation time the Journal Club is suspended.

All Journal Club meetings are preceded by a luncheon in one of the hospital dining areas. Following the luncheon more than an hour is devoted by one or several of the hospital physicians to a current journal or current medical publication. From time to time movies or other items of medical interest are placed on the agenda. The Journal Club is well attended and is a very stimulating experience for all of the hospital physicians, dentists, and psychologists.

A meeting similar to the Journal Club is held monthly by the nurses of the hospital. Here they discuss their problems in their particular field.

There is also a central service committee headed by a physician and the supervising nurse in charge of the central service department of the hospital. This committee usually meets monthly to discuss the problems of central supply and service.

### METHODS OF TREATMENT

The hospital makes every attempt to keep abreast of known acceptable types of psychiatric treatment. We attempt to offer the patient the most modern and best suited type of therapy. There is electroshock, and to selective cases, hydrotherapy, group therapy, antabuse therapy, drug withdrawal therapy; and during recent years the rapid rise of tranquilizing psychoenergizing drugs which are available to all patients.

From time to time in rare instances selective prefrontal lobotomies are still performed by the consulting neurologist. These lobotomies are not done until such time as every form of acceptable therapy has been tried and evaluated with this particular patient.

When prefrontal lobotomy is considered the staff of psychiatrists and the neurosurgeon hold special staffs on these particular patients.

During the past several years the hospital has continued to step up its program in the use of the newer psychiatric drugs. A great deal of our budget goes to the buying of necessary drugs. The physician can use any type of drug he deems necessary as long as it has been approved by the American Medical Association and has been released for general use by the Drug and Food Administration.

The medical and surgical forms of treatment are the best known to medical science. The hospital keeps abreast of all the most recent advances in the field of psychiatry and all branches of medicine. All hospital physicians are allowed to attend various national and local meetings and seminars to augment their medical knowledge as well as to keep them abreast of all the latest advances in the field of medicine.

There is a large occupational therapy as well as a recreational therapy department to keep the patients busy with various types of activities. The chaplain is accepted as a member of the therapeutic team and he and his assistants work with the patients as well as the staff physicians in the field of religion. There is a training program available for young ministers who wish to train in the field of psychiatry.

### CLINICAL LABORATORY

A well equipped laboratory is maintained by the hospital. Studies in hematology serology, clinical chemistry, urinalysis,

electrocardiography, bacteriology, parasitology and blood banking are available to the medical staff for assistance in diagnosis and in better patient care. A working agreement with the Mississippi State Board of Health results in their laboratories performing all the smears, stains and cultures for the diagnosis of tuberculosis and fungal infection. Tissue examinations and specialized studies are readily obtained through the laboratories of the consulting pathologist and the University Medical Center. A high autopsy rate is attained.

Minimum laboratory routine on each newly admitted patient consists of a urinalysis and serological examination; additional procedures are then ordered at the discretion of the examining physician. During the past biennium the clinical laboratory performed 89,275 determinations in the fields listed above. Included in this figure are 1414 units of blood cross-matched for 416 patients. Of this number 565 units were transfused. The laboratory has also participated actively in several drug evaluation studies. Tests performed outside the institution included 1,453 specimens sent to the State Board of Health for diagnostic studies and 2,865 to the consulting pathologist.

The primary problem of the laboratory at the present time is one which is shared by the hospitals all over the country; that of attracting and holding adequate professional personnel. One mode of solving this acute need must be at the salary level; the other lies in the maintenance of a growing laboratory service which challenges the interest of skilled persons. To this end the laboratory staff is eagerly awaiting action on the Laboratory and X-Ray Building. Adequate space and some proposed new equipment and procedures will help to attract well-trained personnel and will, in turn, promote even better patient care.

#### X-RAY DEPARTMENT

The X-Ray Department is completely adequate although it is quite crowded. Space for patient records and film file space is at a premium and the greatest existing need is for the larger facilities which have been authorized by the Building Commission. During this biennium 30,800 patients were seen and a total of 35,000 examinations were done.

At the present time a new x-ray machine is being installed. This 500 MA machine, with image intensification, will give the department the capabilities of doing the most up-to-date sophisticated procedures. This machine will be utilized in addition to the existing machine which is fifteen years old and, in many ways, obsolete. During the past two years an automatic film processor has been installed that has greatly increased the efficiency of the department. It is now possible to develop, fix,

wash and view a dry x-ray in three and a half minutes compared with the four hours necessary when films are processed manually.

The high speed photofluorographic unit continues to operate satisfactorily with the continued savings in film cost due to the reduced film size.

The hospital has the services of a full time consulting Board Certified Radiologist who makes two visits per week to the hospital. During these visits he interprets all the films that have been taken and performs all the fluoroscopic examinations. He is also available for consultations, radium insertions and is available for any emergency work necessary between visits.

The department has been short one, and for a brief period two, technicians during the past year. This was due to the chronic shortage of qualified technicians which exists state-wide and has been alleviated during the past month. The department now has three registered technicians with a fourth being considered due to the anticipated increase in work load that the new machine will bring. The department has two secretaries who do an outstanding job in performing the vast amount of necessary clerical procedures so vital to the efficient operation of this department. It is to be anticipated, however, that an additional secretary or file clerk will be needed due to the ever increasing work load.

A routine chest x-ray is done on all patients entering the institution and once each year a routine chest film is done on the entire hospital population. Each applicant for employment is also given a chest x-ray. These are in addition to the regular diagnostic services that all x-ray departments offer. The department continues to maintain a supply of radium for therapeutic use.

At the present time any patient who needs diagnostic radioisotope studies must be sent to one of the local radiological laboratories. It is our sincere recommendation that provision for a radioisotope scanner be allowed for and that this necessary equipment be installed in the new x-ray department. This equipment will be of untold diagnostic value in future years.

#### MEDICAL LIBRARY

The hospital maintains a very good medical library which is felt to be adequate to meet the needs of the professional staff. A full time librarian is employed who has a B.S. Degree in Library Science from Mississippi State College for Women.

The library subscribes to approximately 70 outstanding medical journals and periodicals. Some of these are bound.

At the present time there are more than 2,000 books with special emphasis on psychiatry and related fields. Any of the staff desiring additional material has the use of the local University of Mississippi School of Medicine Library, the Library of the Mississippi State Board of Health and the Mississippi State Library Commission.

A Library Committee has been appointed for the purpose of reviewing various library procedures and forming rules and regulations for the operation of the library.

A Medical Library Bulletin is published quarterly for the convenience of the professional staff. This bulletin contains a list of the current medical journals, new books and reviews on books and articles which are of interest to the professional staff.

#### BARBER AND BEAUTY SHOPS

The hospital operates barber and beauty services for all patients. At the present time there are nine beauty shops in operation. There are also eight barber shops which include service for all patients.

#### HORTICULTURE

The horticulture department under the supervision of the Superintendent of Grounds is concerned with the beautification of the hospital grounds and property. Two hot houses furnish flowers to the different buildings, the dining rooms, the dormitories, and to various hospital functions.

During the past biennium there has been a marked improvement in the hospital grounds. A great deal of old shrubbery has been removed and new shrubbery added.

#### STOREROOM, COLD STORAGE, AND BAKERY

The hospital operates two very large storerooms.

An adequate cold storage plant with a Zero Room is also operated in conjunction with the dietary department.

The hospital bakery is new and modern in every respect. Much of the machinery within this unit has been replaced during the past four years.

#### CONFECTIONARY OR HOSPITAL CANTEEN

The hospital until 1958 operated a canteen. In 1958 the operation of the hospital canteen was turned over to the Vocational Rehabilitation Department, Division of the Blind. The hospital found it impossible to operate these departments efficiently with paid employees.



Soon after we turned the canteen operation over to the Division of the Blind we saw a wonderful change in the canteen situation. These disabled people have proven their worth to the institution. During the past biennium the hospital canteen has operated at a profit for the blind operators and for the institution. Gross sales have climbed to more than \$150,000 per year. The hospital is paid a percentage of this gross profit and this money is placed in the General Fund to take care of recreational activities and equipment.

### PATIENTS' LIBRARY

The Patients' Library is maintained for the patients of the hospital. This library during the past few years has been completely refurbished.

A great deal of the credit for the library operation goes to the volunteer groups who staff the volunteers within the hospital. They have kept the library up to date by doing away with much of the obsolete reading material and replacing it with new material.

### HOUSEKEEPING DEPARTMENT

The Housekeeping Department in the hospital is composed of a head housekeeper in addition to matrons who are in charge of all of the employees' dormitories. The housekeeper is primarily responsible for the general cleaning of the employees' dormitories, assignment of employees' quarters, checking of dormitory property, and the general behavior of employees within the dormitories. She is also charged with the care and general cleaning duties of the Administration Building and the various reception areas within the hospital.

The vast majority of the housekeeping duties within the hospital and on the wards themselves is done by the patients and ward personnel. They have been complimented time and time again by visitors on the cleanliness and tidiness of the hospital.

### LAUNDRY

The hospital laundry serves primarily the needs of the patients and in a small way the hospital employees. The hospital with its average census of approximately 4,500 patients and some 1500 employees, is a community in excess of 6,000 people. The daily problems and tasks which face the laundry are of gigantic and tremendous proportions.

Approximately 200 tons of wet wash or some 250,000 items are laundered and turned out each week by the laundry.

### FARM

The hospital farming operation has been abandoned other than the maintenance of pastures and the cultivation of hay for the beef herd. A very capable farm manager also shares the responsibility for the upkeep of the hospital grounds. Since the hospital donated 242 acres to the Highway Patrol and 40 to the Surplus Property Commission, our tillable acreage has been markedly reduced as well as pasture lands.

### DAIRY

With the donation of land to other state agencies, adequate pasture was not available to maintain a dairy herd.

As previously reported, the hospital now has a modern milk processing plant and purchases milk from the Mississippi State Sanatorium herd. Patients are adequately supplied with wholesome milk which meets the Board of Health's standards through this new plant. The dairy herd was sold at public auction in 1966.

### BEEF HERD

The beef herd is maintained on existing pasturage. At the present time there are approximately 458 head of cattle maintained by the institution.

**MOVEMENT OF PATIENT POPULATION****For Year Ending June 30, 1966****RESIDENTS IN HOSPITAL AT BEGINNING**

OF YEAR .....	4469
Total on Leave at Beginning of Year .....	2033
Total on Books at Beginning of Year (Items 1 + 2)...	6502

**ADMISSIONS:**

First Admissions .....	1934
Re-Admissions .....	1488
Returns .....	866
Transfers to Hospitals .....	2
<b>TOTAL ADMISSIONS .....</b>	<b>4290</b>

**SEPARATIONS:**

Leaves .....	4814
Direct Discharges .....	1318
Discharged from Leave .....	2116
Deaths .....	246
Transfers from Hospitals .....	3
<b>TOTAL SEPARATIONS .....</b>	<b>7863</b>
<b>RESIDENTS IN HOSPITAL AT END OF YEAR ...</b>	<b>4326</b>
Total on Leave at End of Year .....	1917
Total on Books at End of Year .....	6243

**FINANCIAL STATEMENT****Year Ending June 30, 1966****Revenue Receipts**

State Appropriations .....	\$4,716,750.00	
Inmate Fees .....	355,616.96	
Miscellaneous & Refunds .....	288,910.69	\$5,361,277.65
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**Non-Revenue Receipts**

Patients Deposits .....		175,004.84
		<hr/>
TOTAL RECEIPTS .....		5,536,282.49
CASH BALANCE JULY 1, 1965 .....		639,923.64
		<hr/>
TOTAL TO ACCOUNT FOR .....		6,176,206.13

**Expenditures****Operating Expenditures**

Salary & Wages .....	2,586,675.19	
Food .....	924,138.20	
Fuel & Lights .....	225,773.34	
New Equipment .....	99,154.68	
New Bldg. & Major Repair .....	237,448.55	
All Other Expense .....	1,388,514.63	5,461,704.59
		<hr/>

**Non-Operating Expenditures**

Patients Withdrawals .....		168,387.92
		<hr/>
TOTAL EXPENDITURES .....		5,630,092.51
CASH BALANCE JUNE 30, 1966 .....		546,113.62
		<hr/>
TOTAL ACCOUNTED FOR .....		6,176,206.13

**MISSISSIPPI STATE HOSPITAL  
ADMINISTRATIVE STAFF**

**For the Year Ending June 30, 1967**

Class of Officers and Employees	Male	Female
Directors .....	1	0
Office Managers .....	1	0
Bookkeepers and Assistants .....	0	2
Physicians (Staff) .....	16	3
Psychologists .....	2	0
Externs .....	8	0
Dentists and Assistants .....	2	2
Pharmacists .....	2	0
Technicians .....	3	3
Graduate Nurses .....	0	21
Occupational Therapists .....	0	25
Practical Nurses .....	3	43
Attendants .....	290	620
Anesthetists .....	0	1
Supervisors and Assistants (Ward) .....	13	11
Dietitians .....	2	0
Other Dietary Employees .....	60	125
Farming Supervisors and Employees .....	5	0
Social Workers .....	2	5
Clerical Employees, Stenographers-Clerks .....	4	49
Telephone Operators .....	0	6
Guard Patrol .....	14	0
Housekeeping Supervisors and Employees .....	1	22
Beauty and Barber Shops .....	9	8
Recreation .....	3	11
Industrial Supervisors and Employees .....	82	27
Pastoral .....	3	0
Personnel Director .....	1	0
	<hr/>	<hr/>
Total Officers and Employees .....	527	984
TOTAL .....		1,511

## MOVEMENT OF PATIENT POPULATION

For Year Ending June 30, 1967

RESIDENTS IN HOSPITAL AT BEGINNING OF YEAR .....	4326
Total on Leave at Beginning of Year .....	1917
Total on Books at Beginning of Year .....	6243

### ADMISSIONS:

First Admissions .....	1903
Re-Admissions .....	1507
Returns .....	765
Transfers to Hospitals .....	1
<b>TOTAL ADMISSIONS</b> .....	<b>4176</b>

### SEPARATIONS:

Leaves .....	3965
Direct Discharges .....	1821
Discharged from Leave .....	1539
Deaths .....	243
Transfers from Hospitals .....	2
<b>TOTAL SEPARATIONS</b> .....	<b>7568</b>
<b>RESIDENTS IN HOSPITAL AT END OF YEAR</b> ..	<b>4292</b>
Total on Leave at End of Year .....	1757
Total on Books at End of Year .....	6049

**FINANCIAL STATEMENT****Year Ending June 30, 1967****Revenue Receipts**

State Appropriations .....	\$6,138,500.00	
Inmate Fees .....	422,350.28	
Miscellaneous & Refunds .....	284,009.48	\$6,844,859.76

**Non-Revenue Receipts**

Patients Deposits .....		250,592.82
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TOTAL RECEIPTS .....		7,095,452.58
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CASH BALANCE JULY 1, 1966 .....		542,643.12
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TOTAL TO ACCOUNT FOR .....		7,638,095.70
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**Expenditures****Operating Expenditures**

Salaries & Wages .....	3,295,614.87	
Food .....	978,960.29	
Fuel & Lights .....	219,110.81	
New Equipment .....	219,150.07	
All Other Expenditures .....	1,380,727.99	6,093,564.03

**Non-Operating Expenditures**

Patients Withdrawals .....		216,569.64
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TOTAL EXPENDITURES .....		6,310,133.67
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CASH BALANCE JUNE 30, 1967 .....		1,327,962.03
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TOTAL ACCOUNTED FOR .....		7,638,095.70
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