

COMMITTEE ON SOCIAL SERVICE AND FOLLOW-UP

New Business

Members:

Dr. H. A. Pattison, Chairman,
Dr. D. J. McCarthy,
Dr. D. A. Thom,
Dr. L. I. Dublin,
Dr. W. C. Rappleye.

1. Consideration of the development of social service work and a review of the situation with reference to the out-patient clinics, and the part they are playing in keeping men out of the hospitals.
2. Consideration of the following:
 1. To what extent can the Bureau feel justified in requesting the services of local social agencies and welfare organizations in connection with its work with various types of beneficiaries?
 - (a) In securing social histories
 - (b) In carrying out social treatment (social adjustment of paroled patients, etc.)
 2. To what extent should the Veterans' Bureau furnish social service to the various types of its beneficiaries; i. e., how important or necessary a facility is social service in a hospital caring for tuberculous or general medical patients.
 3. At what point is it possible to draw a line differentiating the functions of so-called "personal service" work from social work in the professional meaning of the term, at Veterans' Bureau hospitals? Should these "personal service" functions be considered.
 - (a) to be entirely separate
 - (b) to be carried out under social service supervision
 - (c) or to be the incidental or the secondary functions of the social worker? In such case, would so-called "personal service" functions serve as a handicap or as an aid to the social worker's primary duty of case work with patients?

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Report on Psychiatric Social Work

Since the last meeting of the Medical Council, 23 additional psychiatric social workers have been authorized and 20 additional workers appointed. Eighty-three psychiatric social workers, two of whom are juniors are now on duty. With two exceptions, all hospitals specializing in the care of neuropsychiatric patients, and four general hospitals have one or more psychiatric social workers on the staff. Thirteen hospitals specializing in the care of tuberculous and general medical patients have the part-time services of a social worker from an adjacent regional office. The greatest unfilled need for social workers at the present time is in the middle West and South. As rapidly as suitable social workers can be found available, appointments are being made.

Because of the necessity for adequate social data for the understanding of patients admitted to out-patient clinics and hospitals, the examination of family and community relationships as an aid to diagnosis has demanded a large share of the psychiatric social workers' attention. However, intensive social treatment of paroled patients is being increasingly stressed, as is shown by a comparison of the February, 1927, and February, 1928, reports from all stations on this phase of the work.

The number of investigations prior to parole increased from 77 to 200

The number of investigations of paroled patients increased from 122 to 318

The number of patients on parole status increased from 188 to 296 (57%)

The number of social problems handled increased from 1747 to 2488 and in addition 377 were handled by the part-time workers mentioned above,

The American Association of Hospital Social Workers have invited the Veterans' Bureau to hold a round table at their Annual Convention during the National Conference of Social Workers at Memphis in May, 1928.

COMMITTEE ON SOCIAL SERVICE AND FOLLOW-UP

Unfinished Business

1. Consideration of the progress report of Chief of Social Service, Central Office as follows:

"Social Work Included in Budget

Under date of May 1, 1926, a letter was sent out to all regional offices and hospitals suggesting that their social service requirements be considered and included in the budget estimates for the years 1927-1928. Individual estimates were presented to the Budget Committee June 1, 1926. It was estimated that the minimum number of social workers essential to the beginning of a Social Service Section was 36 social workers stationed in hospitals and 61 social workers stationed in regional offices. This required a budget for salaries

For hospitals	\$ 75,600
For regional offices	<u>\$128,100</u>
Total	\$203,700

The Budget officer approved this appropriation for 1927 and agreed to increase the estimate for 1928 if proved necessary.

General Order No. 351 - subject - "Organization and Duties of Social Workers" was approved and adopted June 16, 1926.

Director's Approval for Appointments:

Under date of August 2, 1926, the Director approved the immediate appointment of psychiatric social workers to regional offices and hospitals, but because of limited funds available, restricted the number to 75 instead of 97, the minimum number required in Medical Service estimate.

Red Cross Withdraws from Veterans' Bureau Hospitals:

The American Red Cross was notified that under date of September 1, 1926, the Veterans' Bureau would assume full responsibility for psychiatric social work in all hospitals and regional offices. The Red Cross withdrew their social workers from neuropsychiatric hospitals September 1, 1926.

Veterans' Bureau Appointments are begun:

Immediately after the Director's approval was secured appointments of psychiatric social workers were begun, all appointees being selected from the Civil Service register. To date the following number have been nominated and are either now on duty or will be at an early date:

In hospitals	14
In regional offices	<u>22</u>
Total	36

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In accordance with the previous recommendations of the Medical Council, it was decided to place on duty a full quota of social workers at three of the regional offices, New York, Boston and Chicago, making these three stations centers for a demonstration of psychiatric social work. At the same time a skeleton force is being placed on duty throughout the entire country. This force will be augmented as the needs of the service indicate.

The three regional offices named are to have the following number of psychiatric social workers:

New York	6
Boston	5
Chicago	5

Civil Service Examination Reopened:

In order to obtain more eligibles the Civil Service examination has reopened and all schools of social work have been contacted with a view to obtaining the required number of social workers.

Forms Adopted for use in the Social Service Section: (Sept. 1, 1926).

Monthly statistical report form for Social Workers adopted and sent to field with instructions.

Standard Outline for Psychiatric Social Histories adopted and sent to field with instructions for its use by all Social Workers.

Resignation of Chief Social Worker :

Miss Frances Foster, Chief Social Worker, leaves Central Office October 1st. Miss Irene Grant, Psychiatric Social Worker, U.S. Veterans' Hospital, Perry Point, Maryland, is being temporarily assigned to Central Office to head up this work. Miss Grant's educational and professional qualifications are beyond criticism. She is a graduate of Mt. Holyoke College and of the Simmons School of Social Work. She has had a number of years of experience in U.S. Veterans' Hospitals and is highly recommended by the medical officers with whom she has been associated."

Frances A. Foster,
Chief.

COMMITTEE ON SOCIAL SERVICE AND FOLLOW-UP

Unfinished Business

1. Further consideration of social service and follow-up nursing for tuberculous and general cases.

The need which exists for social workers in connection with diagnosis and treatment in the cases of neuro-psychiatric patients is being met in the Veterans' Bureau by the appointment of trained, experienced psychiatric social workers who are able to meet the requirements agreed upon by the Veterans' Bureau and the Civil Service Commission.

It is the policy of the Veterans' Bureau to concentrate this work in the regional office since this office is the center of the many phases of Veterans' Bureau service to the patient and since in the out-patient department there, practically every patient is given a full examination with consideration of the social history. When a period of hospitalization is authorized the work of the regional office social work unit is most carefully coordinated with the hospital affording this treatment. Hospitalization is merely one phase in the care given the patient. Upon his parole and discharge the regional office is again responsible for any further treatment indicated.

During his in-patient treatment the hospital worker makes every effort to continue the social work processes which the regional office worker has begun. In the hospital the social worker has the opportunity from her daily contacts with the patient and his physician to obtain a thorough understanding of the physical and mental processes influencing his behavior and philosophy of life; she has the opportunity to discover his personal assets and liabilities and his social problems as he sees them. This additional knowledge of the patient is given the regional office worker, who, being located nearer the patient's home, is in a position to secure any further social data needed, get in touch with the family, and prepare the way for his return to the community.

Cooperating with the hospital social workers in the various and sometimes distant hospitals where in the course of months he may be treated, the regional office worker continuously, during the entire period of out-patient and in-patient care, assists in solving the social problems which arise to interfere with his treatment, and in adjusting his relationship with environmental factors at home and with the resources in his community so that he can make as nearly normal an adaptation as possible to society.

DEVELOPMENTS IN THE SOCIAL WORK PROGRAM

1. Personnel:

Since the issuance of the General Order which was endorsed by the Medical Council at the April, 1926, meeting, defining the duties and the organization of social work in the Veterans' Bureau, the program has made slow but steady progress. On August 2, 1926, the Director authorized the appointment of 75 psychiatric social workers in regional offices and hospitals. On September 1, 1926, the American Red Cross was relieved of responsibility for psychiatric social work in all neuropsychiatric (16) and five general hospitals. At the time of the last Medical Council meeting 36 appointments had been made. At the present time there are 63 psychiatric social workers on duty (41 in 26 regional offices and 22 in 19 hospitals). The greatest problem in connection with the development of the program especially in the western and southern sections of the country, is the scarcity of qualified candidates from those localities. Many requests for social workers have come from regional offices to which it has been impossible to assign a worker on account of the lack of qualified candidates. In spite of the urgent need at those stations it has been the belief of this office that a firmer foundation would be laid for the social work program if the standards decided upon by the Commission and the Veterans' Bureau were maintained. In order to meet this need for workers which it is understood also exists among private agencies over the country, it is the plan of the Veterans' Bureau, at certain stations where a qualified psychiatric social worker is on duty, to train well educated social workers who have good case work experience but who may not have specialized in psychiatric social work. There are now three such workers in training (at the Baltimore Regional Office, the Bronx Hospital and Edward Hines, Jr. Hospital). As was recommended by the Council, a complete set-up was effected at the New York Regional Office and at the Bronx Hospital as centers where plans for ideal procedure and relationships between the hospital and regional office could be worked out. Plans similar to those found practicable at those stations are now being established throughout the country. The appointment of an additional worker at both the Chicago and Boston offices will make the set-up at those two stations also complete. This will be accomplished as soon as suitable candidates are found for those positions.

2. Procedure for making social data once assembled available at the stations where it is needed.

At the October, 1925, meeting of the Council it was recommended that the Social Work Section devise "a method of collecting and recording data that will be available and useful, avoiding duplications, and permitting of the ready transmission of information from one station to another; - - - - with the proper adjustment to the main medical record". It is believed this has been accomplished by the procedure outlined in Circular 414, issued March 23, 1927, regarding psychiatric social work. The social worker's record fastened together is filed in the medical folder (clinical folder) in regional offices and in hospitals. It is

the social worker's duty to see that the social history and any other pertinent social data is attached to the medical summary and forwarded the hospital in duplicate when authorization for the patient's admission is given. Upon discharge any additional social data secured is attached to the medical summary and returned to the regional office.

3. Cooperation with local social agencies.

Cooperation with existing social agencies is always essential to the carrying out of any social work program. This is especially true in the Veterans' Bureau, with the comparatively long distances between the patient's home and the regional office or hospital, and with many distinct limitations laid down by law, such as the impossibility of affording relief in the form of money when the patient's disability is not service connected. The interest of local social agencies is needed not only in securing social histories but in carrying out plans for treatment. In all sections of the country most generous assistance has been given the Veterans' Bureau social workers by local social agencies, not only in supplying social data, but also in furnishing resources for meeting the various phases of the problems interfering with the welfare of the patient and his family and the carrying out of the physician's recommendation.