EFFECT UPON THE FAMILY OF
TRANSFER OF MENTAL PATIENTS

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Mental patients do not always remain in the hospital to which they are first admitted; they may, after brief or extended periods, be transferred to other hospitals. This is the report of an exploratory study of the attitudes, perceptions, and reactions of patients' families to their transfer to or from a state hospital and of the relationships between the families' attitudes to the change and characteristics of the patients and their hospital experiences. Of 27 variables studied, 11 are strongly correlated with negative attitudes toward transfer, including a number of hospital-associated measures. The conclusions suggest modifications in hospital practices which may substantially reduce these negative attitudes.

Practitioners more and more have come to look upon the assignment of patients to state hospitals as a last resort. A growing number of the patients admitted to state hospitals have had previous treatment; at present — and we may expect more in the future — a significant proportion of them constitute the residue of the mentally ill. Many are transfers from general and private hospitals, and from outpatient clinics. While there are many reasons for transfer, little is known of the reactions to it of members of the patients' families. There has been no systematic attempt to describe ways in which the change is rationalized.

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to the families, or to find means to alleviate the problems thus forced upon them. The lack is curiously inconsistent with current philosophy, which emphasizes the roles, attitudes, and expectations of families in rehabilitation.

The family's part in the rehabilitation of the mental patient is documented in a variety of studies, including, for example, one on the relationship between the type of family and the patient's posthospital performance (Freeman & Simmons, 1958). A number of reports show that admission to a state hospital is a traumatic experience for the patient, and it may be assumed, for the relatives as well (Hunt, 1958). Problems of admission to a state hospital are ventilated in various papers in the Greenblatt-York-Brown volume, particularly in their description of change over the years in admission procedures at Massachusetts Mental Health Center (Greenblatt, York, & Brown, 1955).

Further, the problems of patients in relation to their familial contacts are demonstrated in a study of a relatively isolated state mental hospital in Texas (Belknap, 1956), and the relationship of visiting to patients’ prognosis is described in a paper from England by Brown (Brown, 1959). We may end the list of examples with Clausen and Yarrow, who note:

It was also assumed that the way in which husband and wife interacted during the period of developing symptomatology of the husband and the way in which the wife related to her husband while he was in the hospital would have tremendous influence upon the kind of relationship that is resumed or created when the husband returns home after his illness [Clausen & Yarrow, 1955].

Thus the problem has been recognized for some time, but, although there is peripheral literature, a fairly exhaustive survey of current research reveals no study with the problems of transfer as its primary subject.

Method

The patients were selected from Medfield State Hospital, an 1100-bed psychiatric hospital with a three-year approved residency training program and a research unit for the study of mental disease. A training institution, it is affiliated with the Boston University School of Medicine. The patients accepted for treatment at Medfield include residents of 17 surrounding cities and towns.

The study group consists of consecutive transfers, admitted from February to December, 1962, to Medfield State Hospital from other psychiatric hospitals and consecutive dismissals from Medfield to other psychiatric hospitals in the same period. Of the 24 cases studied (12 males and 12 females), 10 were admissions and 14 were dismissals. No patient over 70 years of age was included; 15 patients were between 16 and 45 years old, and 9 were between 46 to 70. There was no limitation on diagnosis, which was determined from the hospital records: 10 patients were classified as schizophrenic, 7 as personality disorders, and the remaining 7 as other psychoses, either affective or organic disorders.

The study group was predominantly Catholic (17), but included 6 Protestants and 1 Jew; 12 were single, 5 married, 2 separated, 4 divorced, and 1 widowed. The total time the patients had spent in mental hospitals varied from less than one to more than ten years, and previous hospitalizations prior to transfer ranged from one to seven. The length of continuous hospitalization prior to transfer was less than six months for 18 patients; the remaining six were in the same hospital for up to 20 years prior to transfer.

Within six weeks after the patient's admission into or transfer from Medfield, the "key" relative in the family—5 spouses, 10 parents, 8 siblings and 1 daughter—was interviewed in a home visit. A semistructured interview was developed following a data guide inquiring into 17 major topics. The interviewers, two trained psychiatric social workers, attempted to discover the relatives' feelings regarding the transfer itself, their visiting or relating to the patient while hospitalized, their understanding of the reason for transfer and the manner in which it was effected, and their views of the appropriateness of each hospital setting in the treatment of the patient. Hospital records were examined to obtain additional material on the characteristics of the family and of the patient, as well as on the latter's history of hospitalization and treatment.

Analysis

The procedure was to correlate the former and present treatment experience and the outcome of hospitalization with the views of members of the patients' family regarding transfer, and to discover the relationship between their attitudes to the transfer itself and to variables such as reasons for transfer, frequency and dif-