

But there's a hopeful side

Although the overall picture remains dismal, signs of better treatment are beginning to appear. Since 1964, San Francisco has been attacking the problem at its root, with a Geriatrics Screening Project aimed at keeping the elderly out of mental hospitals by finding alternative local care and treatment facilities for them. Within the hospitals, often with the aid of the federal National Institute of Mental Health grants, new rehabilitative techniques are being tried in an effort to restore patients' dignity and self-respect, and to prepare them for possible return to the community.

For example, at Kerrville State Hospital in Texas, elderly patients previously given up as hopeless are encouraged to care for themselves, have pets, go on picnics and outings, attend discussion groups. They select self-government ward councils, establish their own rules on dress, smoking, and general appearance. The result: healthier, happier, more alert people. At Manteno State Hospital in Illinois, the Remotivation Service staff now calls patients "Mr." and "Mrs.", rather than addressing them curtly by their first or last names. Also in Illinois, new community-based mental health "zone-centers" are treating elderly patients locally, instead of arbitrarily packing them off to an institution. In Bronx State Hospital, New York, self-sufficient old patients live in a pleasant "hotel ward," and only call on the staff in case of emergency. At Cushing Hospital in Framingham, Mass., an unusual "beer project" serves beer, cheese, and crackers to old men at 2 p.m. daily in a ward. Formerly these men sat silent and withdrawn all day, now they look forward to their daily beer break, dress up for it, sing old-time songs, converse with each other, act like human beings once again.

Staff spirit counts

Other hospitals are similarly finding that better medical care, rehabilitative therapy, reorientation sessions, "work for pay" in workshops, good activity programs and more socialization between the sexes can help redeem human beings on whom society, their families, and even the hospital have given up. Wherever staff attitudes have changed from negative to positive, amazing results have been achieved, and many old people once regarded as hopeless cases have been discharged from the mental hospital.

It will never be pleasant to live out one's last days in an institution, but at least dedicated doctors, nurses, staff workers and administrators are proving today that it need not be the dead-end road of despair and degradation.



FELLOWSHIP—Afternoon beer parties at Cushing Hospital, Framingham, Mass., not only break up the day, but give these men a sense of being wanted and again belonging to the human community.



FRIENDSHIP—Helping hand of nurse at Richmond State symbolizes what touch of warmth means to the old and lonely. Most institutions lack manpower and time to provide this essential need.



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