

Social Class and the Pre-Hospitalization and Post-
Hospitalization Experiences of the Mentally Ill.

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ABSTRACT

This research project was undertaken to determine if there are social class differences in the pre-hospitalization and post-hospitalization experiences of individuals defined as mentally ill. Social class was defined through the application of educational level and occupational status.

The data obtained from the Riverview Hospital covered a two year period from April 1, 1965 through March 31, 1967.

Three main hypotheses were formulated to deal with the following topics:

- (1) The relationship between social class and employment.
- (2) The relationship between social class and duration of illness prior to admission to hospital.
- (3) The relationship between social class and contact with family or relatives.

Significant trends were found to exist. Representative of these were:

- (1) Relating social class and employment before admission to hospital and following discharge from hospital, more higher class subjects than lower class subjects were employed before admission to and following discharge from hospital.
- (2) Relating social class and the period of mental illness prior to hospitalization, the results show more higher class subjects than lower class hospitalized within a one year period for psychotic mental illness.

The findings of this research project support the stated hypotheses, confirm the results shown by other studies, opened new areas for further research, and indicated possible application of findings for social work practice.

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Social Class and the Pre-hospitalization and Post-hospitalization Experiences of the Mentally Ill.

Introduction

The rationale for this study is twofold. If a relationship can be shown to exist between social class and the (pre-hospitalization and post-hospitalization) experiences of the mentally ill, these findings could be applied either toward the adoption of preventive measures or toward the differential treatment of the hospitalized patients. In addition to the practical application for prevention and treatment, this study may raise questions for further Canadian research. To date most research relating social class and mental illness has been done by social scientists in the United States.

It is only through the diligent application of research methods, the intelligent collection, compilation and interpretation of data that reliable information can be obtained for practical use by workers in the field of social work.

In this study, those assumed as mentally ill are those who were hospitalized at Riverview Mental Hospital. This study will be analyzing the data concerning those patients who were discharged during the two year period from April 1, 1965 through March 31, 1967.

A patient's social class will be evaluated in the manner of Hollingshead and Redlich's assessment of class status using the variables of education and occupation. (3)

It is assumed that social stratification exists in Canada and can be indicated by using occupational status and educational level. Consequently, the operational definition of social class combines occupational status and education level. To distinguish two groups of contrasting social class status; a higher class composed of patients who had professional or managerial occupations and had completed grade twelve or more (including university degrees) and a lower class composed of those in semi-skilled or unskilled occupations whose completed education was grade eight or less were used.

Recent studies have shown a correlation between social class and mental illness. However, social class does not appear to be a direct cause of mental illness. (8 - p.248) It is the purpose of this research project to establish whether there is a relationship between a patient's social class and some of his pre-hospitalization and post-hospitalization experiences.

Statement of Hypotheses

One concern which patients have upon discharge from a mental hospital is the task of re-establishing themselves in the community. If there is some relationship between the social class of the patients studied and adaptability in the community, one indication would be that of securing employment. This concern leads to the statement of the first main hypothesis.

Hypothesis I - The higher the social class of the patient, the greater the probability he would be employed pre-hospitalization and post-hospitalization.

This hypothesis was categorized into three sub-hypotheses.

- I A - The higher the social class of the patient the more likely he would be employed full time before admission to hospital.
- I B - The higher the social class of the patient the more likely he would be employed following discharge from hospital.
- I C - The higher the social class of the patient the more likely he would return to the same job upon discharge.

These sub-hypotheses considered for study were based on the following assumptions. There is a greater understanding and acceptance of mental illness by the higher classes and it is the higher class patient who is more likely to be employed by someone of the higher social class. In Canada, those with higher education have greater employment opportunities. Also, there is less possibility of replacement of personnel in the professional and managerial positions than in the unskilled or semi-skilled positions.

A second concern is the duration of the mental illness pre-hospitalization. There may be a relationship between the social class of the patient and the length of delay before hospitalization.

Hypothesis II - The lower the social class of the patient, the longer the duration of his mental illness prior to hospitalization.

Higher social classes are presumably more knowledgeable of the antecedent pathological symptoms of mental illness. Witmer and Conover (II) found that there was less recognition of pathological symptoms than of the subsequent behavioral symptoms. Assuming it is the lower class rather than the higher

class that fail to recognize pathological symptoms, their finding may have been influenced by including more lower class than higher class subjects in their study. Therefore, the higher social class would detect mental illness earlier and, consequently, make an earlier referral. The lower social class would be more disposed to base their recognition of mental illness on behavioral symptoms. The lower social class may have a greater tolerance of deviance. Furthermore, they may not be aware of the treatment facilities for the mentally ill.

A final hypothesis concerns the social environment to which a patient returns upon discharge from hospital. Possibly the higher the social class, the more contact there would be with family and relatives.

Hypothesis III - The higher the social class of the patient, the greater the probability he would be discharged to the home of family or relatives.

Moore and Benedek (6) found that upper and middle class patients were discharged more often to their families. A stable family situation may be less available to the lower class patient upon discharge.

Study Design

"In the past, social work research has given priority to diagnostic-descriptive studies essential for agency administrative purposes, for assessment of need and for communicating and understanding professional helping processes." (5 - p.58)
To assess the relationship, (or its absence) between social

class and the pre-hospitalization and post-hospitalization experiences of the mentally ill, a descriptive-diagnostic study was undertaken.

The data used in this study included all those patients who were discharged from Riverview Mental Hospital during the two year period from April 1, 1965 through March 31, 1967. During this time 8,708 patients were discharged, including some who were discharged more than once. For the purpose of the present research, this was the most recent period for which data were available. As such, the data are considered representative of the usual patient population.

The educational level of the study population was compared with that of the total British Columbia population¹ to assess the validity of the sample population.

TABLE 1 - COMPARISON OF EDUCATIONAL LEVELS OF THE TOTAL RIVERVIEW HOSPITAL POPULATION WITH THAT OF THE BRITISH COLUMBIA URBAN POPULATION.

	Hospital Population N = 8708	British Columbia Urban Population N = 768, 811
Grade 0 through grade 8	38.53 percent	30.98 percent
Grade 9 through grade 11	33.66	34.34
Grade 12 and 13, some university education or university degree.	23.51	34.68
Not Known	<u>4.30</u> 100.00 percent	<u>0.00</u> 100.00 percent

1 The educational level was taken from the Dominion Bureau of Statistics, 1961 Census of Canada.

Although the direction of the difference between these two populations is toward lower education among the hospital population, the hospital population does not differ markedly from the British Columbia urban population.

The data collection was undertaken routinely by Riverview Hospital personnel for hospital records, and for provincial and federal statistics on mental illness.

The data were recorded on the Riverview Hospital Admission and Discharge Statistical Sheets (See Appendix A). Items down to and including column thirty were completed by the admitting nurse upon admission. Columns thirty-one through fifty were completed by the attending physician within ten days of the patient's admission. The discharge history, recorded by the attending physician, was compiled on every patient upon discharge from hospital. Although written instructions for completing these forms are now available, at the time of data collection only verbal instructions were given the recorders.

Since the data collection was not done by the research team and was designed for other purposes, several limitations were inherent. For those patients who were not the head of their household, there was no listing of the head of the household's occupation. Several of the recorded occupations were combined into categories without sufficient regard for the continuum of social class. Finally, categories of living arrangements pre-hospitalization and post-hospitalization did not completely correspond. A greater number of categories of living arrangements

appeared on the statistical sheets at discharge than at intake.

Plan Of Data Analysis

Throughout the study the independent variable of social class was used.

Within the professional and managerial occupations those with grade twelve educational level or higher were selected to compose the higher social class. The lower social class was composed of those in the semi-skilled or unskilled occupations who had grade eight education or less. Limiting the educational levels in the occupational groupings as indicated, insured a distinct social class differentiation in the sample population.

As there was no record of the occupation of the head of the household of some women patients, and the classification of housewife was insufficient as a determinant of social class, male patients only were used in the sample population. Those between the ages of twenty-one and sixty-five only were considered. This excluded students or those over employment age. Only first admissions were used to insure that there would not be a duplication of data by including the returning patients. Thus the constant controls in this study are sex, age and admission.

Hypothesis I concerns the relationship between social class and employment. The sample population was male, first-admission

patients between the ages of twenty-one and sixty-five. The hypothesis was divided into three sub-hypotheses.

Hypothesis I A - The higher the social class, the more likely the patient would have been employed full time prior to his admission to hospital. The patient's employment status prior to hospitalization (full time employed, versus regular part time, seasonal, unsettled, unemployed or retired) was compared for higher and lower social classes.

Hypothesis I B - The higher the social class, the more likely the patient would be employed following discharge from hospital. In the sample population patients who died in hospital were excluded. The patient's employment status on discharge from hospital (to old job, to new job, or unemployed-employable) was compared for higher and lower social classes.

Hypothesis I C - The higher the social class, the more likely the patient would return to the same job on discharge from hospital. In the sample population those who died in hospital and those who were unemployed prior to hospitalization. The sample population was male, first-admission patients between the ages of twenty-one and sixty-five. This population was divided into three diagnostic categories: (1) psychotic - affective psychosis, schizophrenic psychosis, (2) sociopathic - antisocial and immaturity reactions, personality pattern disturbances, and personality trait disturbances, and (3) neurotic - phobic and anxiety reactions, depressive reactions, obsessive-compulsive reactions, hysterical reactions. Duration of

illness prior to admission (less than or greater than one year) was compared for higher and lower social classes within each of the three diagnostic categories.

Hypothesis III concerns the relationship between social class and contact with family and relatives. The higher the social class, the more likely the patient would be discharged to the home of his family or relatives. The sample population was male, first-admission patients, between the ages of twenty-one and sixty-five. Living arrangements on discharge (separate living, institutional living, or living with family or relatives) were compared for higher and lower social classes.

Results.

Hypothesis I A

TABLE 2 - EMPLOYMENT BEFORE HOSPITALIZATION BY SOCIAL CLASS.

	Full employment prior to admission	Not fully employed prior to admission	TOTAL
Higher Class	46 (58.97%)	32 (41.03%)	78
Lower Class	130 (19.14%)	544 (80.86%)	674

The sample population was male, first admissions, between the ages of twenty-one and sixty-five. The category "not fully employed prior to admission" includes regular part time employment, seasonal employment, unsettled, unemployed, and retired.

Fifty-nine percent of the patients in the higher class and nineteen percent of the patients in the lower class were employed

on a full time basis prior to admission.

Hypothesis I B

TABLE 3 - EMPLOYMENT ON DISCHARGE FROM HOSPITAL BY SOCIAL CLASS.

	Employed on discharge	Unemployed on discharge	TOTAL
Higher Class	50 (67.57%)	24 (32.43%)	74
Lower Class	241 (41.80%)	271 (58.20%)	512

The sample population was male, first admissions, between the ages of twenty one and sixty five. Those who died in hospital were excluded.

Sixty-seven percent of the patients in the higher class and forty-two percent of the patients in the lower class were employed upon discharge from hospital.

Hypothesis I C

TABLE 4 - EMPLOYMENT ON DISCHARGE FROM HOSPITAL BY SOCIAL CLASS

	Returned to old job	Went to new job	Unemployed after discharge	TOTAL
Higher Class	37 (75.60%)	3 (6.00%)	9 (18.40%)	49
Lower Class	86 (54.00%)	17 (10.70%)	56 (35.30%)	159

The sample population was male, first admissions, between the ages of twenty-one and sixty-five. Those who died in hospital and those who were unemployed prior to hospitalization were excluded.

Seventy-six percent of the patients in the higher class and

fifty-four percent of the patients in the lower class returned to their old job upon discharge from hospital.

Six percent of the patients in the higher class and eleven percent of the patients in the lower class went to a new job upon discharge from hospital.

Eighteen percent of the patients in the higher class and thirty-five percent of the patients from the lower class were unemployed upon discharge. The indications are the higher the class the more likely the patient will be employed upon discharge. The trend is similar to that in hypothesis I B.

Hypothesis II

TABLE 5 - DURATION OF ILLNESS PRE-HOSPITALIZATION BY SOCIAL CLASS.

	Duration less than one year	Duration more than one year	TOTAL
Higher Class	46 (59.75%)	31 (40.25%)	77
Lower Class	287 (47.21%)	321 (52.89%)	608

The sample population was male, first admissions, between the ages of twenty-one and sixty-five.

Sixty percent of the patients in the higher class and forty-seven percent of the patients in the lower class were admitted within a years duration of illness.

TABLE 6 - DURATION OF ILLNESS, PRE-HOSPITALIZATION BY SOCIAL CLASS-PSYCHOSIS.

	Duration less than one year	Duration more than one year	TOTAL
Higher Class	11 (91.65%)	1 (8.35%)	12
Lower Class	167 (50.31%)	165 (49.69%)	332

The sample population was male, first admissions, between the ages of twenty-one and sixty-five. The sample population included the affective psychosis and schizophrenic psychosis.

Ninty-two percent of the psychotic patients in the higher class and fifty percent of the patients in the lower class were hospitalized within a years duration of illness.

TABLE 7 - DURATION OF ILLNESS, PRE-HOSPITALIZATION BY SOCIAL CLASS-SOCIOPATHOLOGY.

	Duration less than one year	Duration more than one year	TOTAL
Higher Class	7 (29.16%)	17 (70.84%)	24
Lower Class	78 (40.21%)	116 (59.79%)	194

The sample population was male, first admissions, between the ages of twenty-one and sixty-five. The sample population included anti-social and immaturity reactions, personality pattern disturbances, and personality trait disturbances.

The illness of seventy-one percent of the sociopathic patients in the higher class and sixty percent of the patients in the lower class continued for more than one year prior to hospitalization.

TABLE 8 - DURATION OF ILLNESS, PRE-HOSPITALIZATION BY SOCIAL CLASS-NEUROSIS.

	Duration less than one year	Duration more than one year	TOTAL
Higher Class	17 (73.91%)	6 (26.09%)	23
Lower Class	76 (53.15%)	67 (46.85%)	143

The sample population was male, first admissions, between the ages of twenty-one and sixty-five. The sample population included phobic and anxiety reactions, depressive reactions, obsessive-compulsive reactions, hysterical reactions.

Seventy-four percent of the neurotic patients in the higher class and fifty-three percent of the patients in the lower class were hospitalized within a years duration of illness.

Hypothesis III

TABLE 9 - LIVING ARRANGEMENTS AT DISCHARGE BY SOCIAL CLASS.

	To family	To separate living arrangement	To institution	TOTAL
Higher Class	54 (65.36%)	1 (1.20%)	28 (33.44%)	83
Lower Class	372 (50.41%)	27 (3.66%)	339 (45.94%)	738

The sample population was male, first admissions, between the ages of twenty-one and sixty-five. Family includes with parents, with siblings, with spouse, with adult children, with other relatives. Institution includes private hospital or nursing home, boarding or foster home, penal institution, mental health in-patient, out of province hospital.

Sixty-five percent of the patients in the higher class and fifty percent of the patients in the lower class were discharged to the home of family or relatives.

One percent of the patients in the higher class and three percent of the patients in the lower class were discharged to separate living accommodations.

Thirty-four percent of the patients in the higher class and forty-six percent of the patients in the lower class proceeded to another institution upon discharge.

Discussion

The trends that emerged from the analyzed data suggest a number of things. That more people in the higher class appear to be employed both prior to and after discharge from hospital may mean that there are more jobs available for those with higher education, an indication of higher class.

The trend of more higher class people returning to their old job after discharge might be related to higher class people having more skills and hence, being less dispensable in their jobs, regardless of their past illness.

In both social classes few people obtained new jobs on discharge from hospital. This might be related to their having to divulge their history of mental illness to the prospective employer, which may affect their chances of obtaining new employment.

The data studied regarding hypothesis I suggest subjects

from the higher class tend to be employed before admission and also after discharge from hospital. The higher class subjects also returned to their old jobs more than the lower class. The fact that few people obtained new jobs on discharge from hospital, regardless of class, supports the possibility that those in the higher class have more connections with past associations, and utilize these resources in the community when discharged from hospital.

Regarding hypothesis II, without taking into account the diagnosis, it was found that higher class patients were more likely than lower class patients to be hospitalized within a year of the onset of their mental illness. To account for this slight trend towards earlier hospitalization among the higher class one might assume that there is less recognition of mental illness or greater tolerance of deviance, among the lower class. For the latter, referral is later, after the illness has progressed for some time. Taking only those forty percent in the higher class whose illness had continued for more than one year before hospitalization it is possible that some were receiving treatment from other resources, such as private psychiatry or mental health clinics, the use of which may be less for lower class patients, especially since knowledge and acceptance of mental illness is less among the lower class. This might account for the difference in duration of illness pre-hospitalization.

By considering the total number of patients falling into

each diagnostic category, there appears to be a higher incidence of psychosis than neurotic or sociopathic personality disorder among the lower class than among the higher. This finding is consistent with those of Hollingshead and Redlich. (3)

Among the higher class, hospitalization for psychosis takes place much earlier than among the lower class. The higher classes may feel that Riverview is a more appropriate setting for the treatment of psychosis and, therefore, they do not delay admission by referring the patient to private psychiatrists or mental health clinics.

From the findings, patients, particularly in the higher class, suffering from sociopathic personality disorders are unlikely to be admitted to the hospital until after a year's duration of the illness. The symptoms of sociopathology may be hard to detect and sociopaths are unlikely to refer themselves for treatment. Perhaps lower class sociopaths are confined more often in correctional institutions and referred from there for psychiatric treatment. Since psychotics are referred earlier, there may be an indication that those displaying sociopathic symptomatology are tolerated more readily in the community.

In contrast to the long duration of illness before hospitalization for sociopaths, neurotics (especially the higher class) are more likely to be hospitalized within a year's duration. Presumably there is better understanding of the symptoms of neurosis and Riverview is seen as an appropriate source of

treatment. Perhaps more than in any other type of mental illness, it is the neurotic patient who seeks treatment shortly after becoming ill.

If public education about mental health more frequently reaches the higher class, they are probably more conscious of Riverview as a resource for treatment and so make a referral directly through their physician or psychiatrist. This implies a certain initiative on their part. The lower class may be less knowledgeable about the resource, and thus require an intermediary agency to make referral.

Proceeding to hypothesis III, it was found that higher class patients more frequently than lower class patients were discharged to their family. This confirms the findings of Moore and Benedek. (6) Within both classes, but particularly the higher class, slightly more ex-patients were living with their families rather than on their own or in institutions. If the lower class in general reflects a higher incidence of institutionalization, then the present results concerning the mentally-ill corresponds with this distribution. It would seem the hospital attempts to discharge its patients to families where possible, and higher class patients are more likely to have a more stable family group.

Very few patients are discharged to separate living arrangements, which may suggest that the hospital discourages independent living for ex-mental patients, and refers the patient to some group within the community. This further confirmed the results of Table 8 (b) in Appendix B, showing living arrangements of the upper class patients pre-hospitalization

Many more individuals entered hospital from separate living arrangements than were released to a similar living situation. Perhaps many of those without families were referred on discharge to institutional living, especially "group living".

In Appendix B, Tables 1 (a) through 8 (a) demonstrate the percent of subjects falling into each category when class distinctions are made on occupation alone and the total range of educational level is included. Since the results remain relatively unchanged (apart from the fact that the differences between higher and lower classes become slightly smaller) it can be assumed that in Canada occupation and educational levels correspond, so that one or the other may be an index of social class. John Porter states in "The Vertical Mosaic:"

"As suggested earlier educational and occupational levels are highly correlated; that is, people who have little education are not likely to have high class positions as measured by occupation." (9 - p.155)

The data in Table 10 (See Appendix B) indicate that regardless of social class, fewer neurotics are re-admitted to hospital than psychotics or sociopaths. Interpretation of this fact might be that neurotic symptoms are more acceptable in the community.

Summary of Findings.

From the preceding discussion, several major findings were evident concerning social class and mental illness within

the hospital population sampled. Only those differences of fifteen percent or more between the higher and lower social classes are noted here.

Briefly stated, these findings are as follows:

1 - The higher class subjects were more likely to be employed prior to hospitalization and following discharge than the lower class subjects. (Thirty-nine percent more higher class than lower class).

2 - The higher class subjects were more likely to be employed following discharge from hospital than the lower class subjects. (Twenty-six percent more higher class than lower class).

3 - The higher class subjects were more likely to return to their old jobs following discharge from the hospital than the lower class subjects. (Twenty-one percent more higher class than lower class).

4 - The higher class subjects were less likely to be unemployed following discharge from the hospital than the lower class subjects. (Seventeen percent more of the lower class were unemployed following discharge than the higher class).

5 - The higher class subjects were more likely to be admitted to hospital within a one year period than the lower class. (Twenty-three percent more of the higher class were admitted to hospital within a years duration of their illness).

6 - The higher class subjects were more likely to be hospitalized within a one year period for psychotic illness.

than the lower class subjects. (Forty-two percent more of the higher class were hospitalized for psychotic illness before their mental illness had progressed beyond one year than the lower class).

7 - The higher class subjects were more likely to be hospitalized within a one year period for neurotic illness than the lower class subjects. (Twenty-one percent more of the higher class were hospitalized for neurotic illness before their mental illness had progressed beyond one year than the lower class).

8 - The higher class subjects were more likely to be discharged to the home of family or relative than the lower class. (Fifteen percent more of the higher class were discharged to the home of family or relative than the lower class.)

Conclusions

These findings confirm the original expectations of this research project. It is found that there is a higher probability for the higher class to be employed before admission to and following discharge from hospital. The assumption is that the higher class have more access to employment because of their educational background, and more understanding and acceptance of mental illness. Whether indeed, there is more understanding and acceptance of mental illness in the higher social classes than in the lower social classes could well be a topic for further study and research.

More of the higher class subjects were hospitalized within

a one year period for psychotic mental illness. Presumably there is more tolerance of psychotic behavior among the lower classes, and less likelihood that they will be hospitalized upon first demonstrating this behavior. This finding also could be a topic for further research.

Since differences in the higher class and lower class regarding awareness and acceptability of mental illness were suggested, these should be considered in the treatment of hospitalized patients and outpatients. Various articles suggest a difference in value orientation between social classes. The social worker involved in treatment with patients in mental hospitals should be aware of these differences in values and the consequent differences in tolerance of deviant behavior. These differences have implication for the assessment, diagnosis and treatment of higher and lower class patients in a mental hospital, and for those treated on an outpatient basis.

A means of lessening the number of admittances to mental hospitals is through a program of community education regarding mental illness. A concerted effort in this direction could result in treatment being given in the community before the illness reaches the point where institutional care is necessitated.

Through research techniques the solutions to these problems can be realized and applied in practice. The first step is research. The second step is application of the research findings in actual practice, with individuals, groups and communities.

This research project has confirmed existing research findings, uncovered some new problems, and suggested the relevance and applicability of these findings in social work practice.

This form used April 1, 1965 to March 31, 1967

7-8 INSTIT.		THIS IS TO CERTIFY THAT THE UNDERMENTIONED WAS ADMITTED TO THIS HOSPITAL ON THE DATE SHOWN BELOW:									
1-6 HOSP. NO.	SEX	ALIAS	10 1ST ADM.	RE-ADM.	UNIT	SOC. INSUR. NO.					
SURNAME		GIVEN NAMES			TIME	11-13 DATE		MILITARY NO.			
14-16 ADDRESS		W.C.B. NO.									
19-20 AGE	DATE OF BIRTH	21 MARITAL ST.	BORN CAN.	22-23 YR. TO CAN.	YR. TO B.C.	RESPONSIBILITY					
24-25 RELIGION	26 OCCUPATION	27 OCCUP. ST.	28 SCHOOL	29 METHOD ADM.	NO. ON F.A.						
FAMILY PHYSICIAN			PHONE NO.		ADDRESS						
REFERRING PHYSICIAN			PHONE NO.		ADDRESS						
NEXT OF KIN	NAME		PHONE NO.		ADDRESS						
COL. 30 SOURCE OF ADMISSION		<input type="checkbox"/> 1 PRIVATE PHYSICIAN <input type="checkbox"/> 2 PENAL INSTITUTION <input type="checkbox"/> 3 MENTAL HEALTH CENTRE			<input type="checkbox"/> 4 PSYCH. UNIT - GENERAL HOSP. <input type="checkbox"/> 5 AFTER CARE CLINIC <input type="checkbox"/> 6 PRIVATE MENTAL HOSPITAL			<input type="checkbox"/> 7 MENTAL HOSPITAL - INPATIENT <input type="checkbox"/> 8 OTHER (SPECIFY) _____			
COL. 31 WAS PREVIOUSLY UNDER CARE OR ADMITTED TO:		<input type="checkbox"/> 1 NONE <input type="checkbox"/> 2 PRIVATE PSYCH. — NO. OF EPISODES _____ <input type="checkbox"/> 3 MENTAL HEALTH CLINIC — NO. OF EPISODES _____			<input type="checkbox"/> 4 PUBLIC MENTAL — NO. OF HOSPITAL TIMES _____ <input type="checkbox"/> 5 PSYCH. UNIT GEN. HOSP. — NO. OF TIMES _____ <input type="checkbox"/> 6 OTHER PSYCH. UNIT _____						
COL. 32 DURATION OF ILLNESS BEFORE ADMISSION:		<input type="checkbox"/> 0 NOT KNOWN <input type="checkbox"/> 1 UNDER 1 WK. <input type="checkbox"/> 2 1-2 WEEKS <input type="checkbox"/> 3 3-4 WEEKS			<input type="checkbox"/> 4 5 WEEKS - 4 MONTHS <input type="checkbox"/> 5 5-6 MONTHS <input type="checkbox"/> 6 7 MOS. - 1 YR. <input type="checkbox"/> 7 OVER 1 YR.						
COL. 33 PRECIPITATING FACTOR:		<input type="checkbox"/> 1 NOT STATED <input type="checkbox"/> 2 SEXUAL OR MARITAL <input type="checkbox"/> 3 EMPLOYMENT, UNEMPLOYMENT OR SCHOOL PROBLEM			<input type="checkbox"/> 4 PREGNANCY <input type="checkbox"/> 5 PHYSICAL ILLNESS <input type="checkbox"/> 6 DEATH OR ILLNESS OF CLOSE RELATIVE			<input type="checkbox"/> 7 PARENT PROBLEM <input type="checkbox"/> 8 OTHER: (SPECIFY) _____			
COL. 34 NATURE OF RESIDENCE:		<input type="checkbox"/> 0 NOT APPLICABLE <input type="checkbox"/> 1 WITH PARENT <input type="checkbox"/> 2 WITH SIBLINGS			<input type="checkbox"/> 3 WITH SPOUSE <input type="checkbox"/> 4 WITH ADULT CHILDREN <input type="checkbox"/> 5 WITH OTHER RELATIVES			<input type="checkbox"/> 6 SEPARATE LIVING OR WITH INFANT CHILDREN <input type="checkbox"/> 7 GROUP LIVING <input type="checkbox"/> 8 PRIVATE HOSP. OR NURSING HOME <input type="checkbox"/> 9 BOARDING OR FOSTER HOME			
OBSERVED MENTAL STATUS		COL. 35 AFFECT			COL. 36 STREAM OF THOUGHT			COL. 37 THOUGHT CONTENT			
		<input type="checkbox"/> 1 NORMAL AND APPROPRIATE <input type="checkbox"/> 2 FLATTENED <input type="checkbox"/> 3 ANXIOUS <input type="checkbox"/> 4 INAPPROPRIATE <input type="checkbox"/> 5 EUPHORIC <input type="checkbox"/> 6 DEPRESSED WITH OR WITHOUT SUICIDAL TENDENCIES			<input type="checkbox"/> 1 NORMAL <input type="checkbox"/> 2 SLOWED <input type="checkbox"/> 3 SPEEDED <input type="checkbox"/> 4 DISCONNECTED OR BIZARRE <input type="checkbox"/> 5 SENSORIUM CLOUDED <input type="checkbox"/> 6 COMBINATION OF 3 & 4			<input type="checkbox"/> 1 NO ABNORMALITY <input type="checkbox"/> 2 DELUSIONAL <input type="checkbox"/> 3 HALLUCINATED <input type="checkbox"/> 4 PREOCCUPIED WITH OBSESSIONS, PHOBIAS SOMATIC COMPLAINTS, ETC. <input type="checkbox"/> 5 DELUSION AND HELLUCINATIONS			
COL. 38 MOTOR ACTIVITY		COL. 39 BEHAVIOUR			COL. 40 ORIENTATION			COL. 41 MEMORY			
<input type="checkbox"/> 1 NORMAL <input type="checkbox"/> 2 OVERACTIVE <input type="checkbox"/> 3 SLOW <input type="checkbox"/> 4 INADEQUATE <input type="checkbox"/> 5 BIZARRE		<input type="checkbox"/> 1 COMPULSIVE <input type="checkbox"/> 2 AGGRESSIVE <input type="checkbox"/> 3 MIXED <input type="checkbox"/> 4 ANTI-SOCIAL <input type="checkbox"/> 5 SEXUAL ABERRATION (OBSERVED) <input type="checkbox"/> 6 LACK OF INITIATIVE			<input type="checkbox"/> 1 NORMAL <input type="checkbox"/> 2 DISORIENTATED IN ONE OR MORE SPHERES			<input type="checkbox"/> 1 INTACT <input type="checkbox"/> 2 IMPAIRED			
DIAGNOSTIC IMPRESSION											
COL. 42-45											
OTHER SIGNIFICANT CONDITIONS											
COL. 46-49											
COL. 50 <input type="checkbox"/> 1 EPILEPSY <input type="checkbox"/> 2 MENTAL RETARDATION <input type="checkbox"/> 3 BOTH <input type="checkbox"/> 4 NEITHER											



PROVINCE OF BRITISH COLUMBIA
 MENTAL HEALTH SERVICES BRANCH
 DEPARTMENT OF HEALTH SERVICES AND HOSPITAL INSURANCE
 RIVERVIEW HOSPITAL
 ESSONDALE, B.C.

STATISTICAL SHEET (DISCHARGE)

RIVERVIEW HOSPITAL, ESSONDALE

SURNAME		HOSP. NO.		INSITY. NO.	
CONFIRMED DIAGNOSIS COL. 42-45					
OTHER SIGNIFICANT CONDITIONS COL. 46-49					
COL. 50	<input type="checkbox"/> 1 EPILEPSY	<input type="checkbox"/> 2 MENTAL RETARDATION	<input type="checkbox"/> 3 BOTH	<input type="checkbox"/> 4 NEITHER	
TREATMENT					
DRUGS COL. 51	<input type="checkbox"/> 1 PHENOTHIAZINES	E. C. T. COL. 54	<input type="checkbox"/> 1 NO		
	<input type="checkbox"/> 2 OTHER TRANQUILIZERS		<input type="checkbox"/> 2 YES		
	<input type="checkbox"/> 3 NO TRANQUILIZERS				
COL. 52	<input type="checkbox"/> 1 MONO-AMINO-OXIDASE INHIBITORS	GROUP THERAPY COL. 55	<input type="checkbox"/> 1 NO		
	<input type="checkbox"/> 2 OTHER ANTI-DEPRESSANTS		<input type="checkbox"/> 2 YES		
	<input type="checkbox"/> 3 NO ANTI-DEPRESSANTS				
COL. 53	<input type="checkbox"/> 1 NO OTHER DRUGS	OTHER THERAPIES COL. 56	<input type="checkbox"/> 1 NO OTHER SPECIFIC THERAPY		
	<input type="checkbox"/> 2 ANTI-CONVULSANTS		<input type="checkbox"/> 2 SOMNOLENT INSULIN		
	<input type="checkbox"/> 3 DRUGS FOR PHYSICAL DISORDERS		<input type="checkbox"/> 3 LOBOTOMY		
	<input type="checkbox"/> 4 OTHER (SPECIFY)		<input type="checkbox"/> 4 COMBINATION OF (1) AND (2)		
DISCHARGE					
MEDICATION COL. 57	PHENOTHIAZINE	0	1	2	3
		N.A.	NONE	TRANS	MAINS
58	OTHER TRANQUILIZERS				
59	MONO-AMINO-OXIDASE INHIBITORS				
60	OTHER ANTI-DEPRESSANTS				
61	OTHER				
		LEVEL OF IMPROVEMENT COL. 62		<input type="checkbox"/> 0 NOT APPLICABLE	
				<input type="checkbox"/> 1 SYMPTOMS PRESENT - UNCONTROLLED	
				<input type="checkbox"/> 2 SYMPTOMS PRESENT - CONTROLLED	
				<input type="checkbox"/> 3 SYMPTOM FREE - NO INSIGHT	
				<input type="checkbox"/> 4 SYMPTOM FREE - PARTIAL OR MORE INSIGHT	
MEDICAL REFERRAL COL. 63	<input type="checkbox"/> 0 NOT APPLICABLE	<input type="checkbox"/> 5 OTHER HOSPITAL -IN-PATIENT	EMPLOYMENT STATUS COL. 64	<input type="checkbox"/> 0 NOT APPLICABLE	<input type="checkbox"/> 4 HOUSEWIFE
	<input type="checkbox"/> 1 NONE	<input type="checkbox"/> 6 AFTER CARE CLINIC		<input type="checkbox"/> 1 TO OLD JOB	<input type="checkbox"/> 5 STUDENT
	<input type="checkbox"/> 2 SOCIAL AGENCY	<input type="checkbox"/> 7 MENTAL HEALTH CENTRE		<input type="checkbox"/> 2 TO NEW JOB	<input type="checkbox"/> 6 UNEMPLOYED EMPLOYABLE
	<input type="checkbox"/> 3 FAMILY DOCTOR	<input type="checkbox"/> 8 GENERAL HOSP. -IN-PATIENT		<input type="checkbox"/> 3 RETIRED	<input type="checkbox"/> 7 UNEMPLOYABLE
	<input type="checkbox"/> 4 PRIVATE PSYCHIATRIST				
LIVING ARRANGEMENTS COL. 65-66	<input type="checkbox"/> 00 NOT APPLICABLE	<input type="checkbox"/> 05 WITH OTHER RELATIVES	<input type="checkbox"/> 10 PENAL INSTITUTION		
	<input type="checkbox"/> 01 HOME WITH PARENTS	<input type="checkbox"/> 06 SEPARATE LIVING OR (WITH INFANT CHILDREN)	<input type="checkbox"/> 11 MENTAL HEALTH IN-PATIENT		
	<input type="checkbox"/> 02 HOME WITH SIBLINGS	<input type="checkbox"/> 07 GROUP LIVING	<input type="checkbox"/> 12 OUT-OF-PROVINCE HOSPITAL		
	<input type="checkbox"/> 03 HOME WITH SPOUSE	<input type="checkbox"/> 08 PRIVATE HOSPITAL OR NURSING HOME	<input type="checkbox"/> 13 NOT KNOWN		
	<input type="checkbox"/> 04 LIVING WITH ADULT CHILDREN	<input type="checkbox"/> 09 BOARDING OR FOSTER HOME			
NATURE OF SEPARATION COL. 67	<input type="checkbox"/> 1 ON MEDICAL ADVICE	<input type="checkbox"/> 2 AGAINST MEDICAL ADVICE	<input type="checkbox"/> 3 DEATH	DATE OF DISCHARGE OR DEATH COL. 68-70	DURATION OF STAY COL. 71 - 74 AUTOPSY
CAUSE OF DEATH COL. 75 - 76					

Appendix B

The following tables correspond with tables 2 through 9 but include all levels of education.

Hypothesis I

TABLE 2 A - EMPLOYMENT BEFORE HOSPITALIZATION BY OCCUPATION

	Full employment prior to admission	Not fully employed prior to admission	TOTAL
Professional and managerial	84 (60.86%)	54 (39.14%)	138
Skilled and unskilled	266 (21.00%)	990 (79.00%)	1256

The sample population was male, first admissions, between the ages of twenty-one and sixty-five. The category "not fully employed prior to admission" includes regular part-time employment, seasonal employment, unsettled, unemployed, and retired.

TABLE 3 A - EMPLOYMENT ON DISCHARGE FROM HOSPITAL BY OCCUPATION

	Employed on discharge	Unemployed on discharge	TOTAL
Professional and managerial	93 (70.99%)	38 (29.01%)	131
Skilled and unskilled	448 (44.93%)	549 (55.07%)	997

The sample population was male, first admissions, between the ages of twenty-one and sixty-five. Those who died in hospital and those who were unemployed prior to hospitalization were excluded.

Appendix B (continued)

TABLE 4 A - EMPLOYMENT ON DISCHARGE FROM HOSPITAL BY OCCUPATION

	Returned to old job	Went to new job	Unemployed after discharge	TOTAL
Professional and managerial	63 (71.59%)	9 (10.33%)	16 (18.08%)	88
Skilled and unskilled	168 (51.86%)	45 (13.89%)	111 (34.25%)	324

The sample population was male, first admissions, between the ages of twenty-one and sixty-five. Those who died in hospital and those who were unemployed prior to hospitalization were excluded.

Hypothesis II

TABLE 5 A - DURATION OF ILLNESS PRE-HOSPITALIZATION BY OCCUPATION

	Duration less than one year	Duration more than one year	TOTAL
Professional and managerial	70 (52%)	64 (48%)	134
Skilled and unskilled	535 (47%)	599 (53%)	1134

The sample population was male, first admissions, between the ages of twenty-one and sixty-five.

Appendix B (continued)

TABLE 6 A - DURATION OF ILLNESS, PRE-HOSPITALIZATION BY
OCCUPATION PSYCHOSIS.

	Duration less than one year	Duration more than one year	TOTAL
Professional and managerial	18 (78%)	5 (22%)	23
Skilled and unskilled	314 (49%)	326 (51%)	640

The sample population was male, first admissions, between the ages of twenty-one and sixty-five. The sample population included the affective psychosis and schizophrenic psychosis.

TABLE 7 A - DURATION OF ILLNESS, PRE-HOSPITALIZATION BY
OCCUPATION SOCIOPATHOLOGY.

	Duration less than one year	Duration more than one year	TOTAL
Professional and managerial	11 (23%)	37 (77%)	48
Skilled and unskilled	175 (41%)	253 (59%)	428

The sample population was male, first admissions, between the ages of twenty-one and sixty-five. The sample population included anti-social and immaturity reactions, personality pattern disturbances, and personality trait disturbances.

Appendix B (continued)

TABLE 8 A - DURATION OF ILLNESS, PRE-HOSPITALIZATION BY OCCUPATION NEUROSIS.

	Duration less than one year	Duration more than one year	TOTAL
Professional and managerial	25 (74%)	9 (26%)	34
Skilled and Unskilled	168 (54%)	145 (46%)	313

The sample population was male, first admissions, between the ages of twenty-one and sixty-five. The sample population included phobic and anxiety reactions, depressive reactions, obsessive-compulsive reactions, hysterical reactions.

TABLE 9 A - LIVING ARRANGEMENTS AT DISCHARGE BY OCCUPATION

	To family	To separate living arrangement	To institution	TOTAL
Professional and managerial	94 (63.90%)	1 (00.70%)	53 (35.40%)	147
Skilled and Unskilled	704 (51%)	50 (4%)	619 (45%)	1373

The sample population was male, first admissions, between the ages of twenty-one and sixty-five. Family includes with parents, with siblings, with spouse, with adult children, with other relatives. Institution includes private hospital or nursing home, boarding or foster home, penal institution, mental health in-patient, out of province hospital.

Appendix B (continued)

**TABLE 9 B - PRE-HOSPITALIZATION LIVING ARRANGEMENTS
INCLUDING ONLY HIGHER CLASS.**

	To family	To separate living arrangement	To institution	TOTAL
Higher Class	49 (63%)	22 (28%)	7 (9%)	78

Includes only those educational levels which distinguish higher and lower class.

Appendix B (continued)

TABLE 10 - READMISSIONS TO HOSPITAL.

	Psychosis	Sociopath	Neurosis	TOTAL
Higher Class	40 (45%)	30 (34%)	19 (21%)	89
Lower Class	460 (63%)	173 (23%)	99 (14%)	732

The sample population was male, ages twenty-one through sixty-five, who had been readmitted to hospital.

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