TO: MEDICAL DIRECTORS AND ADMINISTRATORS, HOSPITALS FOR MENTALLY ILL

FRO: David J. Vail, M.D.
Medical Director

SUBJECT: Agenda for Goals Seminar Monday, January 6, 1964, Centennial Office Bldg., Room 548, 9:00 A.M.

Morning Session:

Further definition (fractionation) of Dehumanization.

This model is that of a grid, or warp and woof of a loom. There are two main dimensions: (1) segments of experience, against which, under each heading, can be checked against certain (2) ordinary rights.

Dehumanization is used here to denote practices, or things done to, after official intervention (i.e., arrest, pickup, commitment, and/or admission) have occurred.

1. Segments of Experience.

   1. The day's schedule:

      Rising

      Post-rising activities (dressing, lavatory, etc.)

      Meals

      Occupation (a) work, and (b) hospital-sponsored activities

      Leisure (time allowed to or used purposefully by patient for his own ends)

      Dead space (occupation time minus leisure time)

      Bed-time preparations

      Bed time

      Night time

   2. Phases of institutionalization involving procedures (the institution machinery)

      Admission

      Visiting off grounds

      Having visitors

      Transfer to other wards

      " " " hospitals, states

      Obtaining treatment (treatment itself)

      Getting upset

      Discharge

      Dying
II. Ordinary rights (Partial list, not necessarily in priority order. Some overlap. Refinement needed.)

Communication (a) access to tools; (b) opportunity to contact loved ones; and (c) access to staff; being listened to, getting explanations

Free choice of companions
Privacy
Free movement in space
Kindness and courtesy
Normal social contacts between sexes
Solitude when desired
Cleanliness
Attention to health problems
Free choice of leisure-time interest
Opportunity to attend to personal obligations (e.g., home business, etc.)
Right to legal counsel
Concept of closure
Opportunity for interpersonal relationships
Customer's rights

The morning session will be devoted to a discussion of the above. I will want to explore the usefulness of this model for developing standards, measurements, in-service training, and research (e.g., questionnaires).

Afternoon session


Procedures and definitions in relation to the voluntary admission process itself (e.g., forms, statistical counting, etc.)

DVM: rcj
cc - Mrs. Sally Luther
Mental Health Executive Council
DPW Cabinet
Institution Committee - Mental Health Planning Council
SIMPLE SYSTEMATIZATION OF IMMEDIATE OBJECTIVES

THE RIGHT TO MAINTAIN SOCIAL IDENTITY

Contacts with family and friends. 1. Communications (without physical presence) with friends and family.
   a. Access to communication tools
      (1) Writing equipment
      (2) Phone
   b. Privacy
      (1) Cell phones
      (2) Internet

2. Opportunities for continued awareness and identification with home community.
   a. Communication encouraged
      (1) Local newspaper
      (2) Bulletins from home, church, clubs
   b. Contacts facilitated
      (1) Volunteers from own community
      (2) Visits to community activities (club meetings, church, etc.)
      (3) Use of community resources during time of sickness (shopping, etc.)

   a. Opportunities to practice relevant role or similar
      (1) To maintain appropriate skills
      (2) To practice appropriate work role (e.g., call home, etc.)
   b. Communications from employer or organization encouraged
      (1) Receive house organ from plant
      (2) Receive trade journal
         (1) Personality
         (2) Available in library
3. Contacts with members of one's work group facilitated
   a. Visits from shop, etc. encouraged
   b. With employees in comparable hospital work

D. Lack of deterrents to renewal or continuation of civic participation
   1. Voting privileges
      a. Retained or readily restored
      b. Opportunity to exercise while in hospital
   2. Drivers license
RIGHTS WHICH SEEMED TO BE EXPRESSED IN PATIENTS' COMMENTS ABOUT HOSPITAL LIFE

The right to receive care, treatment and supervision which is appropriate to needs and procedures established by people adequately prepared and accepting medical staff, with adequate time to discuss their needs and desires, with regular opportunities for consultation and a means of expressing concerns or needs.

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The right to receive information on services affecting oneself.

The right to receive information on staff members and facilities.

The right to receive information on social identity.

The right to legal counsel to preserve civil liberties.

The right to feel that one's person is not an object of evidence by staff.

6. MANAGING

Free choice of companions solitude.

Free choice of leisure-time activities interests.

Free control in areas.

Freedom to carry out responsibilities and obligations.

Pleasure.

Continuity (regard as an individual).

Attention to health problems.

Opportunity for one's own wishes, interest and needs (e.g., training needs) to play a part in work placement.

Opportunity for continuing learning and development.

Freedom of religious worship.

Respect of one's expressions of emotion (right to express and to receive response appropriate to emotion shown).

Property rights.

Recognition of one's role and/or capabilities in the welfare and quality.

Tolerable physical conditions.

Protection from threats to one's physical integrity.

Opportunities for physical activity or relaxation.

Involvement in decisions and processes concerned: freedom to select what is relevant and vital that is inappropriate.