THE VALUES OF VOLUNTEERISM: II

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I speak to you today as a representative of a treatment team at Philadelphia State Hospital. This team is becoming increasingly aware of the present value and future potential of volunteers in the treatment and rehabilitation of its patient population. I would like to report to you some of the developments we are now experiencing, especially with regard to the expanding role of volunteers in our own setting.

To maintain a proper perspective, a brief look at our hospital in the past is helpful. Byberry, as it is commonly known, is the largest mental institution in Pennsylvania. In 1948 and 1952, *Life Magazine* featured Byberry as one of the most deplorable mental institutions in the country. This article enhanced a stigma already placed on every person granted an admission number at Philadelphia State Hospital, the stigma of being a "mental case." Obviously the *Snake Pit* stereotype is no longer accurate, thanks to the extraordinary advancement of psychopharmacology. The volunteer has also been the victim of stereotyping. Until recent years, the volunteer at Byberry was envisioned by staff and patient alike as a bearer of gifts. There was a perpetuation of the "Lady Bountiful" image. Fortunately, attitudes are changing and we are moving ahead to the 70's anticipating more community awareness regarding mental illness as well as more efficient and productive use of volunteers.

Today, the scene has changed. In three years, the patient population has decreased from over 6,000 to approximately 2,400. The team concept is becoming more prevalent and will probably be the major treatment modality in state institutions during the coming years. There is a staff to augment the treatment possibilities. Volunteers play a vital role by providing the needed manpower to increase our services to our patients. Various treatment disciplines are represented on our team; they include volunteers, psychology, social service, chaplaincy, nursing and therapeutic activities. The patients we work with are older women whose average age is sixty-two years and who have been hospitalized, on the average, more than twenty years. As a result, we are primarily concerned with rehabilitating an individual whose foremost problem is institutionalization. These people are the "remnants" of the mass exodus of patients into the community during the past few years. Presently, we are directing our efforts on two fronts. Our primary goal is to enable the patient to return to the community. A secondary goal is to educate the community so that it will be better able to help its new or returning citizen. The concerted team effort of staff and volunteers is the first step in achieving these goals.

The roles that volunteers can assume in the treatment setting are ex-

tremely diverse. The following are a few ways in which we now use volunteers. One gentleman, a retired high school teacher, gives about three full days a week to the hospital. After receiving some information regarding the needs of our patients, he began working with one of our groups exploring their knowledge of present day food and clothing prices. One of our ladies, who had been hospitalized more than twenty years, wrote up a food shopping list and then totaled the amount she thought it would cost her; her total was $5.10. Were she to have actually purchased the items in the market, her bill would have been close to $30.00. This prompted the volunteer to ask the team to bring empty food cartons which he used to construct a market situation in which patients could select desired grocery items and then get a more realistic appraisal of current price trends. Another volunteer, who teaches music privately, spends one day each week leading a music appreciation group with interested patients. Others are involved in arts and crafts, personal hygiene, community trips, discussion groups . . . all of which are programs designed for the resocialization of our patients, There are still a large number of individuals and groups in the community who make their annual pilgrimage at Christmas time to show kindness to those less fortunate than themselves. We are trying, however, to spread the joy throughout the year. Many of these people are becoming atune to the fact that they can do more than entertain; they can help patients leave the hospital and return to the community.

An extremely important facet of working with volunteers is enabling or training them to work with patients. Some people who volunteer are professionals who need little or no training. Others are people who are offering their willingness to work with people, but probably need some academic information about mental illness, and more particularly, information about our type of patient. Training has been primarily on a one-to-one basis—staff supervisor-to-volunteer. Our program is now in the process of planning two other methods of training which will improve quality and quantity of help given to volunteers. We are attempting to draw as many of the volunteer team members together to form a regular seminar or problem solving group. A major benefit of this type of group will be to increase cohesiveness among volunteers working with a particular team. (Propagating the feeling: "We are volunteers.") It would expedite the educational and counseling process. Various discipline representatives could have sessions with the volunteers in which they could clarify their role in the treatment of patients. In this training seminar the participants could canvass each other for ideas in developing their various programs, thus enhancing the creativity so necessary in working with our type of patient. This group meeting might serve as a communication meeting for the volunteer coordinator during which time he could simultaneously contact all volunteers connected with a particular team. Another training process to be used by our treatment team will be the structuring of the age-old technique—to learn from experience. We hope as a team to groom two or three volunteers, who have been working with us for an extended period of time, to begin

training volunteers who are having their first experiences in a state institution. This also implies that one volunteer who may have a certain skill, would, if possible, share his expertise with other volunteers. Both of these training methods will give staff more time to work with patients or expand the existing program.

Volunteers are not only an integral part of our present operations but are a major factor in our plans for the future. There will be numerous opportunities for the community to be socially involved in the 70's. The team has drawn up and is now presenting to the community an expanded program we have called "Focus on People." We are asking individuals and groups in the community to join with us at the hospital in helping to rehabilitate our patients by volunteering their manpower and resources. We are requesting more than one hundred volunteers to come into our building and be a friend to a patient. As a treatment team we become increasingly aware of the need to establish relationships on an individual basis. This has been a void for most patients during their stay at the hospital. As we have brought in more volunteers to be a friend, we have seen more interaction and better social adjustment. Relationships established in the hospital could be continued when the patient returns to the community. A federally-funded, experimental program at the hospital has shown that individuals who return to the community and are aided in their adjustment by "enablers" have a better chance of succeeding in the community. Volunteers can be "enablers." Pennsylvania has made a step in this direction with its various conferences on "Transitional or Alternate Planning."

Finally, where do we see the volunteer coordinator in this operation? We see him right in the middle of it. Ideally, every team should have its own volunteer coordinator. Practically, the state can't afford it. I suppose the next step is to develop volunteer volunteer coordinators. I'm sure that this is currently planned in many places. With the ever-increasing volunteer force, we need careful recruitment. The volunteer coordinator is usually the first screening device. Consequently, most overt problems are avoided prior to the placement interview. The coordinator is our liaison with the community. In our case the coordinator, on occasion, has made the initial contact in the community. Then the team is contacted, and a representative delegation including the coordinator presents its needs personally to the individuals or groups involved. Our treatment team could not have developed or continued to develop without the ambitious efforts of two excellent volunteer coordinators.

It seems that we are in a continuing state of "transition for progress." If the present trend of volunteerism can be sustained, then we can anticipate great progress in the field of mental health.