INQUIRIES TO A MENTAL HEALTH ASSOCIATION CONCERNING TREATMENT FACILITIES

Melly Simon,[1] Dorothy G. Wiehl,[2] Katharine Berry,[2] and Ernest M. Gruenberg, m.d.[2]

An important goal of mental health organizations is to increase public acceptance of treatment for emotional and mental disorders and, to this end, active campaigns are conducted to teach the public to recognize these disorders and to seek professional care. An awareness of a mental illness or of a personality or behavior problem may be aroused and an interest in treatment may be stimulated but the pathway to obtaining the proper professional service is not so clear to many people as it is in the field of medical care for physical illness. The great variety of problems included in the neuropsychiatric category, sometimes of an urgent nature and sometimes only vaguely recognized, together with lack of knowledge of available community services for specific problems frequently make it difficult for an individual to find his way to the proper service. To meet the need for advice and guidance concerning mental health facilities, some community mental health associations have provided a telephone referral and information service.

A study of the experience of the Brooklyn Mental Health Association with a telephone information service was sponsored jointly by the Brooklyn Mental Health Association and the Milbank Memorial Fund. This report is based on a tabulation of the records for all inquiries during the eleven months July, 1956, to May, 1957, and a followup call to a sample of the inquirers to find out whether recommendations had been followed and with what results. Except for very few, the requests for information were taken care of by one of us (M.S.), a psychiatric social worker with long experience. At the time

[1] Formerly with the Brooklyn Mental Health Association Information Service.
[2] Milbank Memorial Fund.

the service was being given, no study of the inquiries had been planned and the information recorded for each inquiry was that volunteered by the caller or elicited for the purpose of understanding the problems sufficiently well to make a proper recommendation. The data available on the records are described more fully below. Since considerable information had been recorded for nearly all the inquiries, this analysis of the inquiries was undertaken in order to obtain some statistical estimate of the frequency of different types of problems for which people sought advice. Such data on how the information service was being used would be helpful, it was thought, in evaluating the need for a telephone referral service.

Tabulations of the calls for advice, however, cannot reveal the element of great personal need often expressed nor the value to the caller of the advice received. Some calls, of course, are simple requests for a service, such as an evening psychiatric clinic or a low fee clinic, but more are for guidance and advice on what to do. In this latter group, the situations presented cover a wide range; there may be a threat of suicide or a complaint about the long waiting time for therapy after being accepted at a clinic. Before the statistics on inquiries and referrals are discussed, it may be helpful to point out some special qualities of a telephone service. Policy and judgment with regard to the value of a telephone referral service should take into account any special functions it may serve as well as the quantitative demand for referrals.

There are two aspects of a telephone service that make it different from clinic or agency services. First, it takes less motivation to pick up the phone and dial a number that one has heard about than to make the effort to choose a place to go, accomplish the necessary transportation, face a building, an elevator, a secretary or receptionist and finally be face-to-face with the person to whom one must talk. Second, the telephone contact that is so quickly and easily made has an anonymity and impersonal quality and in response to the simple question "What can I do for you?" the caller immediately pre-

sents the core of the problem. The answering professional is sympathetic and understanding and by giving encouragement and reassurance can establish a relationship which sustains the continuing confidence of the caller. It was a surprising experience to M.S. to learn how completely the public trusts the answering service. Unfaithful husbands and wives gave their names and addresses and others gave facts that could damage their personal security seemingly without worrying about being betrayed.

A telephone service is a challenge to the advisor who must be sensitive to diagnostic manifestations and quick to react to the caller's anxieties. An emergency situation is present only rarely, but frequently there is need to find a proper resource without delay. A few examples will show how this service was called on to advise and help the caller to solve a problem rather than simply to direct a person to a clinic or therapist.

Depression and contemplated suicide were discussed and the need for prompt action was indicated. For example, a frightened eighteen-year old young man asked for an analytically-trained Catholic psychiatrist who accepts the commands of his Church and is accepted by official Catholicism and will also accept instinctual deviations. This young man was a homosexual who became infected with syphilis. As a result of this, anal surgery had to be done and the surgeon, who was to be paid by the boy's mother, thought it wise to tell the mother the cause of the illness. She was threatening suicide from shame.

A Negro man and white girl from a coeducational university who were in love came to the office to ask about a psychiatrist for the girl's mother who threatened suicide if they married.

Relatives of patients in State hospitals often called with questions that should be answered either by the hospital physician or by the Social Service Department. The tremendous size of the hospitals seems to intimidate; and there is a need to help the relatives to relate to the hospital personnel, to discuss with them questions on discharge, rehabilitation, and after-care therapy.

Vocational problems were brought to the information service. A former U.S.A. flier who had an excellent combat record had a total breakdown in a highly competitive industrial plant. He did well in another job. Inquiries were made about finding employment for young schizophrenics, and about special training for persons of low I.Q. or for persons with some physical disability.

Worried, anxious mothers called to discuss their children's behavior and to get advice about whether psychiatric help was needed. Sometimes there was conflict between the parents over accepting psychiatric care that had been recommended for the child.

Quite a number of calls were from persons under treatment who were dissatisfied or finding the experience painful and wanting to escape. Usually some explanation of the therapy relieved their doubts. At times, the psychiatrist was called and told about the patient's difficulties.

For the population that used the telephone information service of the Brooklyn Mental Health Association, it is evident that referral to a resource where a specified service could be obtained was only one part of the help given to those who called. Equally important for many callers was the sympathetic understanding of the answering voice and the assurance given that they could be helped in finding a way to take care of their problem.

The present report is concerned chiefly with an analysis of the available information on characteristics and problems of the individuals for whom inquiries about care or service were made to the Brooklyn Mental Health Information Service (BMHIS) during the period July, 1956, to May, 1957. General inquiries about community resources that were not related to a specific individual have not been included. In addition, for a sample of inquiries, a follow-up call made to the inquirer from 8 to 19 months after the initial inquiry provides information on whether the recommendations were followed and what results were obtained.

Information Recorded for Inquiries

For each inquiry, information was recorded on an office slip for the following items:

1. Name of inquirer and date of call.
2. Name of person about whom the inquirer called. This person will be termed the "case."
3. Address of the case.
4. Sex and age of case.
5. Relationship of inquirer to case.
6. Agency or person who referred the inquirer to the information service.
7. Information requested, such as name of a private psychiatrist or reduced fee clinic; or a description of the situation or problem for which a recommendation for care or service was being sought.
8. Disposition of case, i.e. where the inquirer was referred for service.
9. Present treatment status or history of care for the case. There was no question on the record slip for this information, but it was obtained, and recorded, for many cases as a means of evaluating the problem before referring to a particular resource.

The data available for the above items have been tabulated and are discussed with reference to the following aspects of the information service:

1. Inquirers: who called and who referred them to the BMHIS.
2. Population for whom a service was desired: sex, age and district of residence.
3. History of previous care for cases.
4. Type of care or service requested and nature of the problems leading to request.
5. Disposition of cases: types of community resources to which referrals were made or nature of recommendation.

1. Source of Inquiries and Referrals

Inquiries for information were made for 1,166 persons during the eleven months included in this study. Regardless of the

number of telephone calls or interviews involved in completing referral or disposition of a case, an individual has been counted as one "case" with the exception of 24 persons for whom a second inquiry required a new referral. The initial contact was made by telephone in nearly all cases, but the 'phone call was followed by an office interview for 7.0 per cent of the cases. Inquiry was made by personal visit to the office for only 1.2 per cent of the cases. Type of inquiry for all cases was as follows:

	Number of Cases	Per Cent of Total
Total Inquiries	1,166	100.0
Telephone Only	1,070	91.8
Telephone and Office Visit	80	6.9
Telephone, Office Visit, and Letter	1	0.1
Office Visit Only	14	1.2
Letter	1	0.1

Relatives of the persons for whom care or advice was wanted make up the largest group of users of the BMHIS. As shown in Table 1, nearly one-half of the calls (47 per cent) were from relatives; and one-fourth of all calls were from parents. More than one-third of the calls (36 per cent) were made by the person who wanted help for himself, i.e., were self-calls.

Only a few inquiries were made by a physician or psychiatrist on behalf of a patient, 1.1 per cent of all calls. Also, an occasional inquiry came from an employer, lawyer, or church representative. Somewhat more often a "friend" called, 3.7 per cent of calls. It is probable that some of these were really self-calls.

Representatives of various social and health agencies called the information service to obtain advice about resources for care for specific cases and these comprised about 11 per cent of the calls to the information service. Social agencies of the service type were the most frequent users of the information service with 4.5 per cent of calls. Medical and psychiatric clin-

Inquirer	Number	Per Cent
Total Persons Advised	1,166	100.0
Person with Problem	419	35.9
Relative: Total	548	47.0
Spouse	87	7.5
Parent	295	25.3
Son or Daughter	41	3.5
Other Relative	125	10.7
Other Non-Agency: Total	72	6.2
Physician or Psychiatrist	13	1.1
Church Representative or Lawyer	8	0.7
Employer	8	0.7
Friend	43	3.7
Agency: Total	127	10.9
Social Agency	52	4.5
School Representative	13	1.1
Public Health or Related Service	6	0.5
Industrial Clinic	5	0.4
Brooklyn Clinic—Psychiatric	11	0.9
—Medical	11	0.9
Outside Brooklyn—Psychiatric	6	0.5
—Medical	13	1.1
Court and Related Services	10	0.9

Table 1. Classification of person making inquiry about services.

ics in Brooklyn or other boroughs also asked advice on behalf of patients, and made 3.4 per cent of the calls.

Inquiries made by representatives of agencies are an incomplete measure of the use of the information service by these agencies. Many callers had been referred to the BMHIS by the social and medical agencies. Table 2 shows the referral source reported by the inquirer.

It is evident in Table 2, that Brooklyn hospitals and medical clinics referred many persons to the BMHIS and 17 per cent of the inquiries were from these sources, in addition to the 2 per cent of calls made directly from these clinics. Medical services outside Brooklyn referred about 9 per cent of the inquirers. In all, 30 per cent of the cases had applied to or received service from a medical or psychiatric resource before

Agency or Individual Referring	Referral Source		Number of Calls from Agency	Total Calls Made or Referred by Agency	
	Number	Per Cent		Number	Per Cent
Persons Advised	1,166	100.0	127	627	53.8
Agency Call	127	10.9			
Agency Referral	500	42.9			
Kings County, Clinic or Hospital	111	9.5	4	115	9.9
Other Brooklyn Clinic or Hospital	89	7.6	18	107	9.2
Clinic or Hospital Outside of Brooklyn	103	8.8	19	122	10.5
Social Agency	92	7.9	52	144	12.3
Public Health or Medical Agency	50	4.3	6	56	4.8
School Representative	52	4.5	13	65	5.6
Union or Industrial Clinic	0		5	5	0.4
Court or Related Services	3	0.3	10	13	1.1
Community Organization, Non-service	118	10.1			
Psychiatrist—Private	20	1.7			
Relative, Friend or Acquaintance	71	6.1			
No One Referred, Publicity, etc.	215	18.4			
No Information	115	9.9			

Table 2. Agency or person referring inquirer to BMHA information.

calling the BMHIS. An additional 1.7 per cent were referred by a private psychiatrist or physician.

Eight per cent of the calls were by persons referred by a service-type social agency, in addition to the 4.5 per cent which were calls by an agency representative. Also persons associated with the schools in the City referred 4.5 per cent of the inquirers to BMHIS and called direct on behalf of an additional one per cent of the cases.

Thus, it appears that this information service of the Mental Health Association was used extensively by other agencies to assist persons with problems involving mental health in finding proper and available resources.

Those who called the BMHIS on their own initiative as a result of publicity, or other general information, constituted

Source of Referral	Total Except Agency	Inquirer				
		Self	Spouse	Parent or Child	Other Relative	Other Non-Agency
	Number of inquirers referred by specified source					
Total	1,039	419	87	336	125	72
Publicity	215	76	24	70	24	21
Friend, Relative	71	26	4	26	11	4
School Representative	52	15	2	34	1	0
Public Health or Medical Agency	50	19	4	18	7	2
Kings County Hospital	111	71	7	21	10	2
Other Brooklyn Clinic or Hospital	89	40	10	21	16	2
Clinic or Hospital, Other Borough	103	55	10	24	10	4
Private Psychiatrist	20	12	0	7	1	0
Social Agency	92	24	5	49	10	4
Other—Miscellaneous	121	43	15	30	20	13
No Information	115	38	6	36	15	20
	Per cent of inquirers referred by specified source					
Total	100.0	100.0	100.0	100.0	100.0	100.0
Publicity	20.7	18.1	27.6	20.8	19.2	29.2
Friend, Relative	6.8	6.2	4.6	7.7	8.8	5.6
School Representative	5.0	3.6	2.3	10.1	0.8	0
Public Health or Medical Agency	4.8	4.5	4.6	5.4	5.6	2.8
Kings County Hospital	10.7	16.9	8.0	6.3	8.0	2.8
Other Brooklyn Clinic or Hospital	8.6	9.5	11.5	6.3	12.8	2.8
Clinic or Hospital, Other Borough	9.9	13.1	11.5	7.1	8.0	5.6
Private Psychiatrist	1.9	2.9	0	2.1	0.8	0
Social Agency	8.9	5.7	5.7	14.6	8.0	5.6
Other—Miscellaneous	11.6	10.3	17.2	8.9	16.0	18.1
No Information	11.1	9.1	6.9	10.7	12.0	27.8

Table 3. Referral source for inquirers having different relationships to person in need of care or service.

18 per cent of the inquirers. If persons who had been referred by non-service agencies, such as the Manhattan Mental Health Association and other information centers are included, and also some for whom no referring source was recorded, the number seeking guidance from the BMHIS without any known intermediate contact with a service resource would constitute 44 per cent of the inquirers.

Referral Source in Relation to Self-Calls and Others. Of the 419 persons who called about themselves, 42 per cent had been referred to BMHIS from a medical or psychiatric facility. (Table 3.) Presumably most of these had applied for or were

receiving treatment and were unacceptable for service or for continued service. Reasons for non-acceptance are not known, but 13 per cent were referred from facilities outside of Brooklyn and 17 per cent from Kings County Hospital where overcrowding of psychiatric clinics was the rule. Only 5.7 per cent of those making self-calls had been referred by a social agency and 18 per cent had not been referred by anyone.

When a spouse was the inquirer, the referral source for 31 per cent of the calls was a medical or psychiatric facility. Nearly 28 per cent of inquiries by a spouse were made to BMHIS as a result of publicity or general knowledge of the service, and another 17 per cent were directed to BMHIS by a non-service community organization.

A parent calling about a child or a child calling about a parent had been referred by a medical or psychiatric facility for only 22 per cent of the calls. Nearly 15 per cent were referred by a social agency and 10 per cent by a school representative.

In summary, the largest percentage of referrals from medical and psychiatric facilities was for the self-calls and the smallest percentage of referrals from this source was for inquiries by parents or children, that is, calls for service for the young and the old people and for inquiries by persons not related to the case. A relatively large percentage of the parents were referred by school or social service representatives. The maximum percentage of calls made without any referral by a service facility is found for the inquiries concerning a spouse. The percentage of non-referred calls also is high for those made by persons not related to the individual concerned.

2. CHARACTERISTICS OF THE CASES

Color. The cases, or persons for whom some type of help was sought, were white persons with the exception of possibly three or four.[3] This information was not asked, but probably almost

[3] About 12 per cent of the population of Brooklyn was nonwhite according to the 1957 Special Census.

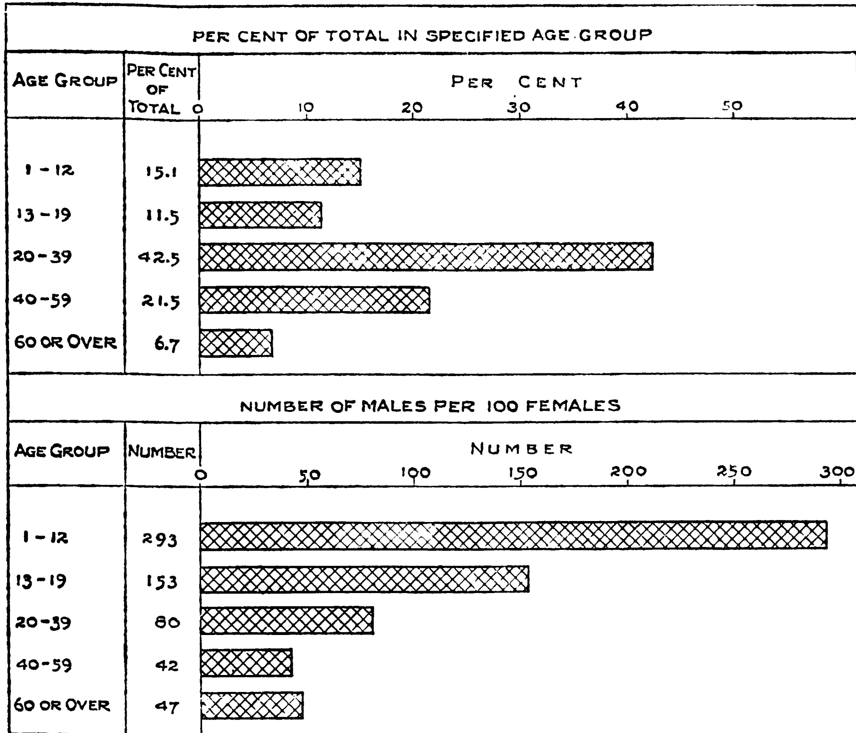

Fig. 1. Percentage age distributions of persons for whom inquiry was made at BMHIS, and the number of males per 100 females in each age group.

all Negro cases were identified in the course of discussing the case.

Sex and Age. Inquiries about facilities for care were for persons of all ages, ranging from the pre-school child to the very old. However, as shown in Figure 1, 43 per cent of the calls were on behalf of young adults 20–39 years of age and 27 per cent were for children or adolescents. Relatively few calls, only 7 per cent, were concerned with services for persons 60 years of age or older.

The numbers of calls about males and females did not differ greatly. Male cases were 85 per cent of the female cases, but this ratio varied widely at different ages, as shown in Table 4 and Figure 1. The greatest difference was for children aged 12 years or younger, and there were nearly three times as many calls about boys as about girls. During adolescence, calls about

girls increased, but inquiries for boys were still 53 per cent more numerous than for girls.

After 40 years of age, calls were made for more than twice as many females as males. However, calls about young men from 20 to 40 years of age were only 20 per cent fewer than the number of calls about young women in this age group.

Among cases of each sex, slightly over one-half were persons aged 13 to 39 years. Thus, the maximum use of the information service related to care for young people.

The numbers of cases in the different sex-age groups express the volume of suitable services for persons in these groups that the BMHIS was called on to recommend. The case rates for sex-age groups shown in Table 4 indicate that the cases were distributed by age very unequally relative to the population and the distribution was different for the two sexes. The maximum case rate of 8.2 per 10,000 is found for white boys 13–19 years of age. At younger ages, the rate was 5.4 for boys and it was 6.2 for men aged 20 to 39 years. At 40 years and older the rate for men dropped sharply. For females, the maximum rate was 7.1 at ages 20 to 39 years, and remained fairly high, 5.5 per 10,000, at ages 40 to 59 years. These rates cannot be

Table 4. Sex and age of cases for which advice was sought at the BMHIS, July 1956–May 1957.

Age Group	Number of Cases			Per Cent of All Ages in Specified Age Group			Ratio $\frac{\text{No. of M}}{\text{No. of F}} \times 100$	Annual Rate per 10,000 White Population[2]	
	Total[1]	Male	Female	Total	Male	Female		Males	Females
All Ages	1,166	531	623	100.0	100.0	100.0	85.2	4.7	5.3
12 Yrs. or Less	176	126	43	15.1	23.7	6.9	293.0	5.4	2.0
13–19 Years	134	81	53	11.5	15.3	8.5	152.8	8.2	5.3
20–39 Years	496	221	275	42.5	41.6	44.1	80.4	6.2	7.1
40–59 Years	251	74	177	21.5	13.9	28.4	41.7	2.4	5.5
60 and Over	78	25	53	6.7	4.7	8.5	47.2	1.8	3.6
Adults: Unknown Age	31	4	22	2.7	0.8	3.5			

[1] Sex was not reported for seven children and five adults of unknown age.
[2] Based on the white population of Brooklyn according to 1950 census, and adjusted to a twelve-month period.

Age and Sex	Total	Inquirer—Relationship to Case					
		Self	Spouse	Parent	Other Relative	Not Related	Agency
	Number of cases having specified inquirer						
Total—Both Sexes	1,166	419	87	295	166	72	127
Males	531	137	59	191	50	25	69
Females	623	282	28	102	116	44	51
12 Years or Less							
Males	126	0	0	101	3	2	20
Females	43	0	0	36	0	0	7
13–19 Years							
Males	81	6	0	46	1	5	23
Females	53	3	0	31	6	2	11
20–39 Years							
Males	221	94	33	43	25	11	15
Females	275	160	15	34	31	18	17
40–59 Years							
Males	74	29	24	1	8	5	7
Females	177	100	7	1	48	14	7
60 Years or Older							
Males	25	7	2	0	13	1	2
Females	53	11	5	0	29	5	3
	Per cent of cases having specified inquirer						
Total—Both Sexes	100.0	35.9	7.5	25.3	14.2	6.2	10.9
Males	100.0	25.8	11.1	36.0	9.4	4.7	13.0
Females	100.0	45.3	4.5	16.4	18.6	7.1	8.2
12 Years or Less							
Males	100.0			80.2	2.4	1.6	15.9
Females	100.0			83.7	0	0	16.3
13–19 Years							
Males	100.0	7.4	0	56.8	1.2	6.2	28.4
Females	100.0	5.7	0	58.5	11.3	3.8	20.8
20–39 Years							
Males	100.0	42.5	14.9	19.4	11.3	5.0	6.8
Females	100.0	58.2	5.5	12.4	11.3	6.5	6.2
40–59 Years							
Males	100.0	39.2	32.4	1.4	10.8	6.8	9.5
Females	100.0	56.5	4.0	0.6	27.1	7.9	4.0
60 Years or Older							
Males	100.0	28.0	8.0	0	52.0	4.0	8.0
Females	100.0	20.8	9.4	0	54.7	9.4	5.7

Table 5. Relationship of inquirer to cases classified by sex and age.

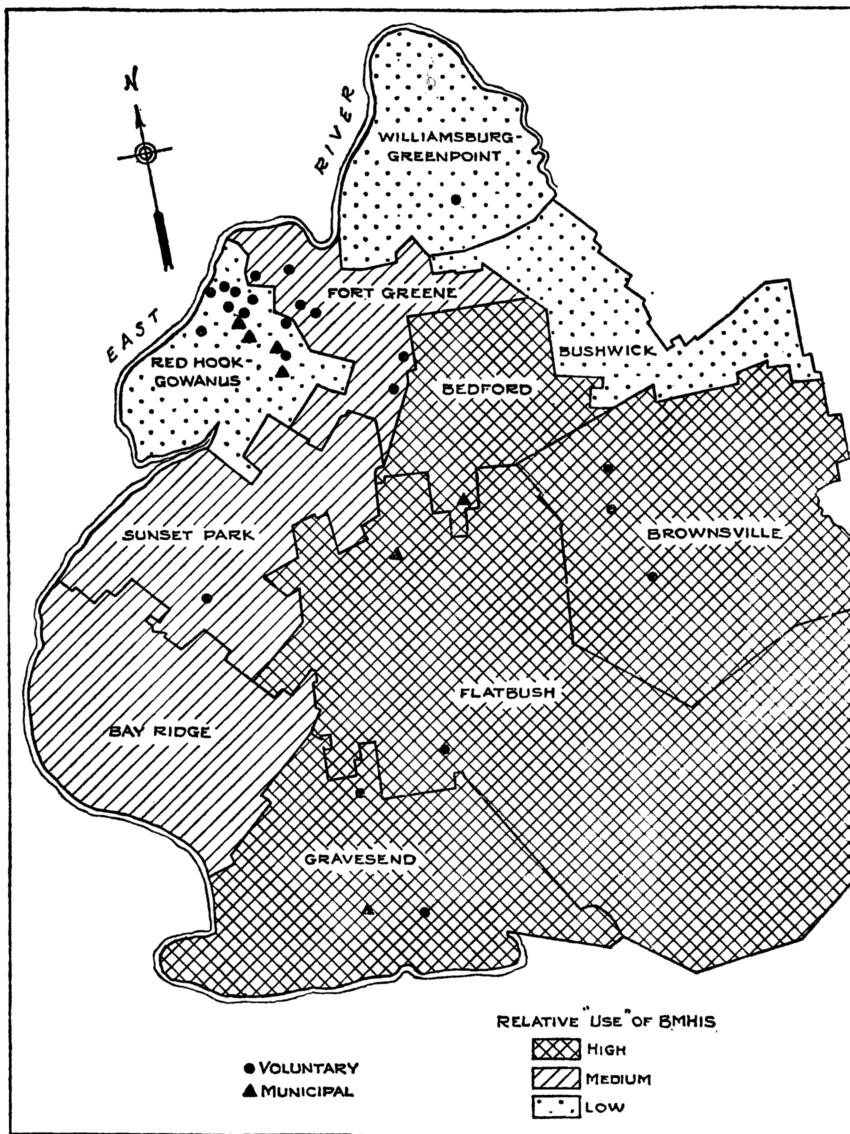

Fig. 3. Relative "use" of the information service by residents of different Health Center Districts in Brooklyn and location of community psychiatric services and social service agencies.

percentage of the white population of Brooklyn in that District. This ratio would be approximately 1.0 if the use had been about equal for different Districts, but the ratio varies from a low of 0.4 to a high of 1.8. Since the address was not given for

The Health Center Districts are not homogeneous with respect to economic level, of course, but the ratios suggest broadly some association between socioeconomic status and use of the information service. The three "Low-Use Districts" are, in general, among the lowest rental areas. The "Medium-Use Districts" include much of the highest rental areas, but are very heterogeneous, and the socioeconomic status of the users of service is unknown.

Table 7. Source of inquiry and age distribution for cases with residence in the different Health Center Districts classified by Index of Use of BMHIS.

Inquirer and Age of Case	High Use Districts				Medium Use Districts (.76)[1]	Low Use Districts (.54)[2]
	Bedford (1.85)	Graves-end (1.42)	Flatbush (1.28)	Browns-ville (1.14)		
	Source of Inquiry					
Total—Address Reported	103	171	257	119	203	111
Self	40	63	100	47	80	51
Spouse or Relative	46	98	138	63	102	41
Other or Agency	17	10	19	9	21	19
Total, Incl. Unk. Address[3]	123	194	293	136	239	139
Self	43	68	107	50	86	55
Spouse or Relative	49	105	148	68	109	44
Other or Agency	31	21	38	18	44	40
Per Cent of Estimated Total by Specified Inquirer	100.0	100.0	100.0	100.0	100.0	100.0
Self	35.0	35.1	36.5	36.8	36.0	39.6
Spouse or Relative	39.8	54.1	50.5	50.0	45.6	31.7
Other or Agency	25.2	10.8	13.0	13.2	18.4	28.8
	Age of Cases					
All Ages, Including Unknown Address or Age[3]	123	194	293	136	239	139
Under 20 Years	31	52	79	40	59	35
20–39 Years	51	78	115	69	110	69
40 Years or Over	41	64	99	27	70	35
Per Cent of All Ages	100.0	100.0	100.0	100.0	100.0	100.0
Under 20 Years	25.2	26.8	27.0	29.4	24.7	25.2
20–39 Years	41.5	40.2	39.2	50.7	46.0	49.6
40 Years or Over	33.3	33.0	33.8	19.9	29.3	25.2

[1] Includes Fort Greene, Sunset Park and Bay Ridge.
[2] Includes Williamsburg, Red Hook-Gowanus, and Bushwick.
[3] *See* footnote 4 for method of allocating unknowns.

mal use from low-income Districts suggests a need to reach these groups with education about mental health problems and about ways to get help for them.

3. HISTORY OF TREATMENT

The information recorded about previous treatment or service probably identifies most of the persons who had had any care related to the problem presented. The care reported, how-

Table 8. Reported history of any previous treatment or service, and current or recent service received by persons for whom inquiries about care were made.

Type of Treatment or Service Reported	Number of Cases			Per Cent of Total with Specified History		
	Both Sexes[1]	Male	Female	Both Sexes	Male	Female
All Past Service Related to Problem	1,166	531	623	100.0	100.0	100.0
Psychiatric Inpatient[2]	54	24	30	4.6	4.5	4.8
Kings Co. or Other Temporary	22	9	13	1.9	1.7	2.1
History of Psychiatric Inpt.[2]	155	61	94	13.3	11.5	15.1
Outpatient Psychiatric or Guidance	174	80	93	14.9	15.1	14.9
Psychiatric Clinic	47	23	23	4.0	4.3	3.7
Guidance Clinic	11	9	2	0.9	1.7	0.3
Private Psych. Unspec.[3]	116	48	68	9.9	9.0	10.9
Psychological Service	27	16	11	2.3	3.0	1.8
Private Psychologist	8	6	2	0.7	1.1	0.3
Testing, I.Q., Aptitude	12	9	3	1.0	1.7	0.5
Spec. Schools, Vocational Rehab.	7	1	6	0.6	0.2	1.0
Medical Specialty and Other Med.[4]	115	48	65	9.9	9.0	10.4
Inpatient Nursing Home, Conv., Aged	5	1	4	0.4	0.2	0.6
Social Welfare Agency	25	13	12	2.1	2.4	1.9
Other Community Service, Courts	9	4	4	0.8	0.8	0.6
None Reported, No Information	602	284	310	51.6	53.5	49.8
Current or Recent Service Rel. to Prob.	1,166	531	623	100.0	100.0	100.0
Psychiatric Inpatient[2]	54	24	30	4.6	4.5	4.8
State After-Care Clinic	11	3	8	0.9	0.6	1.3
Psychiatric Clinic	24	14	9	2.1	2.6	1.4
Psychiatrist	64	24	40	5.5	4.5	6.4
Psychological, Testing Service	14	7	7	1.2	1.3	1.1
Medical Service	79	31	47	6.8	5.8	7.5
Social Welfare Agency	27	12	15	2.3	2.3	2.4
Other Community Agency	4	1	2	0.3	0.2	0.3
Applied for Care, Waiting	13	7	6	1.1	1.3	1.0
None or No Information	880	409	462	75.5	77.0	74.2

[1] Twelve cases with sex not reported are included.
[2] Includes prison, correctional institutions and schools.
[3] Includes shock treatment and psychotherapy with source not specified.
[4] Includes treatment for physical disabilities, epilepsy, mental retardation, speech and all medical conditions; also tranquilizers from doctor.

and percentages of cases with each type are shown in Figure 4. Some care related to the present problem was reported for approximately one-half of the cases, and there was very little difference by sex when all ages are grouped.

Nearly 5 per cent of both male and female cases were in a psychiatric hospital or institution at the time the inquirer called. This includes 22 persons (2 per cent) in Kings County or other hospital for temporary care. Another 11 per cent of the males and 15 per cent of the females had a history of hospitalization for psychiatric care. Some outpatient psychiatric service by a private psychiatrist, in a clinic or a guidance center, was reported for 15 per cent of both the males and the females. A psychologist, special school, or rehabilitation agency had given service to 3 per cent of the males and 1.8 per cent of the females. Thus, 34 per cent of the males and 36 per cent of the females had had some previous care which ranged from psychological testing or psychiatric consultation once or twice to hospitalization for many years.

Medical specialty service for problems such as epilepsy, cerebral palsy, physical disabilities, mental deficiency, etc., or general medicine was reported for 9 per cent of the males and 10 per cent of females. For about 3 per cent of the cases, a social or other community agency had given the only previous service reported for the current problem.

Recent or Current Treatment Reported. Many persons who had a history of some treatment apparently had not been under care in recent months, although the exact time of discontinuance of previous care usually was not recorded. As shown in Table 8, no recent care was reported for 75 per cent of the cases (77 per cent of the males and 74 per cent of the females). Only 13 persons, or 1.1 per cent of the total, reported that they had applied for care and were waiting to be notified of acceptance. In addition to the 5 per cent of cases who were inpatients at the time of inquiry, 8 per cent of the males and 9 per cent of the females had been going to a psychiatric clinic or seeing a private psychiatrist.

16 per cent of the boys and 12 per cent of the girls, some psychological or psychiatric service was reported; and 17 per cent of the boys and 9 per cent of the girls had been under medical treatment or care of a social agency, Table 10.

At ages 13–19 years, the proportions having a history of treatment were higher than at the younger ages, especially among girls. Eight of the 53 girls (15 per cent) and 7 of the 81 boys (9 per cent) had been or were at the time of the call inpatients of a psychiatric or correctional institution. Another 17 per cent of the girls and 19 per cent of the boys had had

Table 10. History of previous treatment or service for cases classified by sex and age.

History of Treatment or Service	12 Years or Less		13-19 Years		20-39 Years		40-59 Years		60 Years and Over	
	M	F	M	F	M	F	M	F	M	F
	Number of Cases									
Total	126	43	81	53	221	275	74	177	25	53
In-Pt. Mental Hosp. or Inst.	2	0	3	4	16	9	2	12	1	4
Kings Co. or Other Temporary	2	0	1	2	6	4	0	4	0	3
History of Mental Hosp. or Inst.	2	1	4	4	41	39	11	35	3	11
Out-Pt. Psychiatric or Guid. Cl.	7	0	3	3	17	14	4	5	1	2
Private Psychiatrist or Unspec.	5	0	5	4	21	28	13	29	4	6
Psychologist Service or Testing	4	4	7	2	5	4	0	1	0	0
Medical Specialty, Other Medical	14	3	5	3	13	28	8	23	6	6
In-Pt., Nursing, Conv., Aged Homes	0	0	0	0	0	0	0	0	1	4
Social Welfare Agency	8	1	1	0	3	6	0	3	1	1
Other: Courts, Legal Aid, Church	0	0	3	1	1	1	0	2	0	0
None or No Information	84	34	50	32	104	146	36	67	8	19
	Per Cent of Total with Specified Service									
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
In-Pt. Mental Hosp. or Inst.	1.6	0	3.7	7.5	7.2	3.3	2.7	6.8	4.0	7.5
Kings Co. or Other Temporary	1.6	0	1.2	3.8	2.7	1.5	0	2.3	0	5.7
History of Mental Hosp. or Inst.	1.6	2.3	4.9	7.5	18.6	14.2	14.9	19.8	12.0	20.8
Out-Pt. Psychiatric or Guid. Cl.	5.6	0	3.7	5.7	7.7	5.1	5.4	2.8	4.0	3.8
Private Psychiatrist or Unspec.	4.0	0	6.2	7.5	9.5	10.2	17.6	16.4	16.0	11.3
Psychologist Service or Testing	3.2	9.3	8.6	3.8	2.3	1.5	0	0.6	0	0
Medical Specialty, Other Medical	11.1	6.9	6.2	5.7	5.9	10.2	10.8	13.0	24.0	11.3
In-Pt., Nursing, Conv., Aged Homes	0	0	0	0	0	0	0	0	4.0	7.5
Social Welfare Agency	6.3	2.3	1.2	0	1.4	2.2	0	1.7	4.0	1.9
Other: Courts, Legal Aid, Church	0	0	3.7	1.9	0.5	0.4	0	1.1	0	0
None or No Information	66.7	79.1	61.7	60.4	47.1	53.1	48.6	37.9	32.0	35.8

vious care and the inquirer reported no referral for 28 per cent of these and referral by a non-service source for 27 per cent. Social agencies had referred 31 per cent, and a medical resource only 13 per cent. In the teenage group, 61 per cent had had no previous care. Among these, referrals from a medical resource increased to 38 per cent, and social agency referrals were only 16 per cent. Apparently the parents of the teenage group were more likely to have consulted a medical resource about the problem than a social agency, but for the younger children the reverse is indicated.

Table 11. Source of referral to BMHIS for inquiries about children and adolescents with and without a history of some care.

Age Group and Previous Service Reported[1]	Number with Specified Referral[2]						Per Cent with Specified Referral					
	Total	Medical Resource		Soc. Ag.	Non-Serv. Ag.	None, Unk.	Total	Medical Resource		Soc. Ag.	Non-Serv. Ag.	None, Unk.
		Brk.	Others					Brk.	Others			
Age 12 Years or Less, Total	176	27	7	54	41	47	100.0	15.3	4.0	30.7	23.3	26.7
No Care	121	14	2	38	33	34	100.0	11.6	1.7	31.4	27.3	28.1
Any Care	55	13	5	16	8	13	100.0	23.6	9.1	29.1	14.5	23.6
Outpatient Psych. or Psychol.[3]	21	2		5	5	9	100.0	9.5		23.8	23.8	42.9
Current or Recent Service	35	10	2	10	4	9	100.0	28.6	5.7	28.6	11.4	25.7
Outpatient Psych. or Psychol.	12	3		1	2	6	100.0	25.0		8.3	16.7	50.0
Medical	13	5	2	3		3	100.0	38.5	15.4	23.1		23.1
Social Service	8	1		5	2		100.0	12.5		62.5	25.0	
Ages 13 to 19 Years, Total	134	34	9	20	36	35	100.0	25.4	6.7	14.9	26.9	26.1
No Care	82	24	6	13	20	19	100.0	29.3	7.3	15.9	24.4	23.2
Any Care	52	10	3	7	16	16	100.0	19.2	5.8	13.5	30.8	30.8
Outpatient Psych. or Psychol.[3]	24	5	1	2	7	9	100.0	20.8	4.2	8.3	29.2	37.5
Current or Recent Serv.[4]	28	4	2	6	9	7	100.0	14.3	7.1	21.4	32.1	25.0
Outpatient Psych. or Psychol.	14	2	1	1	3	7	100.0	14.3	7.1	7.1	21.4	50.0
Medical	3	1	1		1							
Social Service	5			2	3							

[1] Categories of previous care are not mutually exclusive; for exampl:, case may have recent medical service and also be in group with outpatient psychiatric care at some time in past.
[2] Inquiries by a psychiatrist, physician or from a hospital, clinic, or social agency are counted in corresponding category of referrals.
[3] Includes all psychiatric service, psychological service, and testing and rehabilitation.
[4] One case had service from a social agency and also psychiatric care.

Inquiries about persons who were in a mental hospital were made by a relative with few exceptions. Only 27 per cent of the inquirers had been referred to BMHIS by a medical resource or social service agency.

Slightly more than one-third (36 per cent) of the former inpatients called about themselves. Approximately one-half of these self-calls were made to BMHIS on referral by a service agency, usually from a medical resource. Relatives or friends made 59 per cent of the calls about former inpatients and only one-third of them had been referred by a medical or social service agency.

Self-calls were more than one-half (57 per cent) of the inquiries about persons for whom previous outpatient psychiatric or psychological service was reported. Among those who called about themselves, 55 per cent had been referred by a medical resource, including psychiatric and psychological sources for care; and 5 per cent had been referred by a social service agency. When a relative or friend called about a person with previous psychiatric care, only 42 per cent of the inquirers reported referral by a medical or social service resource.

Self-inquiries were made by the same percentage of the persons with no history of care (57 per cent) and with history of outpatient psychiatric care, but a higher percentage of the no care group called without any referral from a service resource, 52 per cent compared with 40 per cent. Calls by relatives or friends were made without referral from a service resource for about the same percentage of the cases without any previous care and of those with previous outpatient psychiatric care.

In general, more than one-half of the persons with previous care who were seeking advice about obtaining some other service were referred to the BMHIS by a treatment facility or social service agency, but when relatives or friends inquired about service they were more likely to have called directly without having been referred from a service resource. Many of the referrals and calls from psychiatric or medical resources were made by services outside of Brooklyn.

Some type of psychiatric service was specifically requested or information related to hospitalization was asked by approximately one-fourth of the inquirers. Only 3 per cent of calls concerned hospitalization, including institutional care for emotionally disturbed children. A private psychiatrist was requested by 4.0 per cent and a psychoanalyst by 1.4 per cent of the inquirers. Information about obtaining treatment at an outpatient clinic was asked by 5.1 per cent of the inquirers;

Table 13. Type of service requested by inquirers classified by sex and age of case.

Nature of Inquiry	Both Sexes	Male	Female	Age Groups					
				≦12	13–19	20–39	40–59	≧60	Unk.
	Number of Cases								
Total Cases with Inquiry Classified[a]	1,123	516	596	172	125	480	243	76	27
Hospitalization	36	11	24	2	3	14	10	4	3
Private Psychiatrist—Total	45[b]	23	21[b]	2	2	23	11[b]	4	3
Reduced Fee	8	5	3	1	1	4	1	1	
Unspecified Psychotherapy	79	33	44	11	11	37	16	3	1
Outpatient Clinic	57	23	34	5	7	31	11		3
Psychoanalysis	16	10	6		1	14	1		
Psychological Service	9	5	4	2	5		2		
Shock Treatment	12	3	9			2	5	3	2
Group, Tranquillizers, Other	7	7			1	2	3		1
Nursing or Convalescent Home	25[b]	10	15[b]	2	1	1	5[b]	16	
Verification of Resource	10	7	1	3	1	4		1	1
Problem Identified	67	43	20	27	12	19	6		3
Situation or Complaint Described	761	341	419	118	81	333	174	45	10
	Per Cent of Total								
Total Cases	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Hospitalization	3.2	2.1	4.0	1.2	2.4	2.9	4.1	5.3	11.1
Private Psychiatrist—Total	4.0	4.5	3.5	1.2	1.6	4.8	4.5	5.3	11.1
Reduced Fee	0.7	1.0	0.5	0.6	0.8	0.8	0.4	1.3	
Unspecified Psychotherapy	7.0	6.4	7.4	6.4	8.8	7.7	6.6	3.9	3.7
Outpatient Clinic	5.1	4.5	5.7	2.9	5.6	6.5	4.5		11.1
Psychoanalysis	1.4	1.9	1.0		0.8	2.9	0.4		
Psychological Service	0.8	1.0	0.7	1.2	4.0		0.8		
Shock Treatment	1.1	0.6	1.5			0.4	2.1	3.9	7.4
Group, Tranquillizers, Other	0.6	1.4			0.8	0.4	1.2		3.7
Nursing or Convalescent Home	2.2	1.9	2.5	1.2	0.8	0.2	2.1	21.1	
Verification of Resource	0.9	1.4	0.2	1.7	0.8	0.8		1.3	3.7
Problem Identified	6.0	8.3	3.4	15.7	9.6	4.0	2.5		11.1
Situation or Complaint Described	67.8	66.1	70.3	68.6	64.8	69.4	71.6	59.2	37.0

[a] Excludes 43 cases with no information recorded for nature of inquiry or problem.
[b] One case asked for both private psychiatrist and nursing home.

Table 14. Percentage distribution according to problem or complaint among persons classified by sex and age.

General Nature of Problem	All Ages	Age Groups					
		12 Years or Under	13–19	20–39	40–59	60 Years or Over	Unk. Age
Both Sexes: Number[1]	1,123	172	125	480	243	76	27
Per Cent	100.0	100.0	100.0	100.0	100.0	100.0	
Behavior Problems	22.6	45.3	45.6	15.8	13.6	9.2	
Social or Interpers. Rel.	17.6	16.9	17.6	20.4	15.2	10.5	
Subjective Sensations	20.7	3.5	6.4	25.8	31.3	19.7	
Previous Psychiatric dx.	7.5	2.3	6.4	9.6	6.6	11.8	
Somatized Complaint	6.3	3.5	2.4	6.9	10.3	5.3	
Physical Problem	4.2	1.7	0.8	2.9	5.8	17.1	
Movement Disorder	4.1	16.3	2.4	1.9	2.5	0	
Psychiatric Referral or Adv.	12.6	9.3	16.8	14.4	8.2	5.3	
Residence Referral	2.3	0.6	0.8	0.6	2.9	18.4	
Financial, Legal Aid	2.0	0.6	0.8	1.7	3.7	2.6	
Depression Indicated[2]	12.7	0.6	5.6	12.7	23.5	19.7	
Males: Number[1]	531	126	81	221	74	25	4
Per Cent	100.0	100.0	100.0	100.0	100.0	100.0	
Behavior Problem	30.2	48.4	51.3	19.9	16.9	8.0	
Social or Interpers. Rel.	16.7	14.5	11.8	19.9	18.3	12.0	
Subjective Sensations	14.0	1.6	5.3	19.0	28.2	20.0	
Previous Psychiatric dx.	7.4	3.2	7.9	11.1	5.6	0	
Somatized Complaint	4.5	3.2	3.9	3.7	11.3	0	
Physical Problem	4.5	1.6	1.3	3.7	4.2	32.0	
Movement Disorder	6.8	19.4	3.9	2.8	2.8	0	
Psychiatric Referral or Adv.	13.0	8.1	13.2	18.1	5.6	4.0	
Residence Referral	1.6	0	1.3	0.9	0	20.0	
Financial, Legal Aid	1.6	0	0	0.9	7.0	4.0	
Depression Indicated[2]	6.4	0.8	3.9	6.9	16.9	8.0	
Females: Number[1]	596	41	49	264	172	51	19
Per Cent	100.0	100.0	100.0	100.0	100.0	100.0	
Behavior Problem	16.1	41.5	36.7	12.5	12.2	9.8	
Social or Interpers. Rel.	18.5	22.0	26.5	20.8	14.0	9.8	
Subjective Sensations	27.0	9.8	8.2	31.4	32.6	19.6	
Previous Psychiatric dx.	7.7	0	4.1	8.3	7.0	17.6	
Somatized Complaint	7.9	2.4	0	9.5	9.9	7.8	
Physical Problem	4.0	2.4	0	2.3	6.4	9.8	
Movement Disorder	1.7	7.3	0	1.1	2.3	0	
Psychiatric Referral or Adv.	11.7	9.8	22.4	11.4	9.3	5.9	
Residence Referral	3.0	2.4	0	0.4	4.1	17.6	
Financial, Legal Aid	2.3	2.4	2.0	2.3	2.3	2.0	
Depression Indicated[2]	18.5	0	8.2	17.4	26.2	25.5	

[1] Excludes 43 cases—15 males, 27 females and 1 unknown sex—with no information recorded for nature of inquiry or problem.
[2] Included also in one of the problem categories.

qualifications of a resource or to obtain advice about treatment already being received or arranged for.

The special subgroup of "depression" cases made up 12.7 per cent of the total. As shown in Appendix Table II, the majority were classified on the basis of subjective symptoms described, a few had been diagnosed, and some were classified on the basis of behavior, such as attempted or threatened suicide.

The interrelationship between sex, age, and type of problem is evident in Table 14 and Figure 6. Although about 61 per cent of the males and also of the females had problems classified in one of the three major categories, the frequency of cases in each of these categories differed greatly by sex. Thus, behavior problems were nearly twice as common among males as among females, 30 per cent compared with 16 per cent; and subjective symptoms were described nearly twice as frequently for females as for males, 27 per cent compared with 14 per cent. This difference by sex reflects in part the much higher percentage of children and young adults among the males than among females, since the frequency of specific problems varied with age.

Behavior problems were reported for about one-half the boys under 20 years of age and approximately 40 per cent of the girls in this age group. Among adults, this type of problem was much less frequent for both sexes but remained higher for males except in the age group 60 years and over.

Situations involving social or personal relationships were reported for boys up to 20 years of age less frequently than for girls. For the latter, about one-fourth of the problems were in this category, a frequency nearly twice that noted for boys. However, among adults 20–39 years of age, the percentage of men and of women whose problems were concerned with interpersonal relationship was nearly equal and was one-fifth of the total. At older ages, the percentages for men were slightly higher than for women.

The symptoms or signs of emotional disturbance or mental disorder which were classified as subjective sensations were reported chiefly for or by adults. The symptomatic complaints in-

and was 28 per cent of the total. For men aged 20 to 39 years of age, subjective sensations were less frequent, 19 per cent of the total, and were reported with the same frequency as behavior problems and interpersonal relationships. In the old age group, one-fifth of the men and women were described as having these symptomatic complaints.

Some of the other types of problems show a rather high frequency for one or two age groups. In the category termed "movement disorders," speech difficulties, and problems associated with habit training are included. Boys with problems in this category, were 19 per cent of those under 13 years of age, but only 7 per cent of girls in this age group had these problems. Problems having a physical basis, such as crippling conditions, heart disease, etc., and physical complaints interpreted as probably being a somatized disturbance comprised 9.0 per cent of the male and 11.9 per cent of the female cases. These problems were relatively infrequent at younger ages, and increased with advancing age, especially for men and at age 60 years and older, one-third of the men needed help because of a physical problem.

Depression had been diagnosed or seemed indicated for about three times the percentage of women as of men, 18.5 per cent against 6.4 per cent. Approximately one-fourth of the women 40 to 59 years old and of those 60 years or older, were classified as cases of depression, and the percentage among women 20 to 39 years old was 17. The maximum frequency among men was 17 per cent for the age group 40 to 59 years, and among younger and older adult men, respectively, the percentage was only 6.9 and 8.0.

It should be emphasized that these figures on relative frequency of the different problems according to sex and for different age groups cannot be used as measures of relative incidence of the various conditions by sex and age in the population of the community. Many different factors are operating to direct a case to the attention of the telephone referral service and the selective effect of these factors with respect to the various prob-

Table 16. Percentage distribution by age for cases classified in broad categories of types of problems or complaints described.

General Nature of Problem	Total Age Known		Per Cent[1] in Specified Age Group				
	Number	Per Cent	12 Years or Under	13–19	20–39	40–59	60 Years or Over
Both Sexes, excl. Unk. Prob.	1,096	100.0	15.7	11.4	43.8	22.2	6.9
Behavior Problem	251	100.0	31.1	22.7	30.3	13.1	2.8
Social or Interpers. Rel.	194	100.0	14.9	11.3	50.5	19.1	4.1
Subjective Sensations	229	100.0	2.6	3.5	54.1	33.2	6.6
Psych. Pt. or dx.—New Care	83	100.0	4.8	9.6	55.4	19.3	10.8
Somatized Complaint	71	100.0	8.5	4.2	46.5	35.2	5.6
Physical Problem	45	100.0	6.7	2.2	31.1	31.1	28.9
Movement Disorder	46	100.0	60.9	6.5	19.6	13.0	0
Psychiatric Referral or Adv.	130	100.0	12.3	16.2	53.1	15.4	3.1
Residence Referral	26	100.0	3.8	3.8	11.5	26.9	53.8
Financial, Legal Aid	21	100.0	4.8	4.8	38.1	42.9	9.5
Depression Indicated[2]	141	100.0	0.7	5.0	43.3	40.4	10.6
Males, excl. Unk. Prob.	512	100.0	24.2	14.8	42.2	13.9	4.9
Behavior Problem	156	100.0	38.5	25.0	27.6	7.7	1.3
Social or Interpers. Rel.	86	100.0	20.9	10.5	50.0	15.1	3.5
Subjective Sensations	72	100.0	2.8	5.6	56.9	27.8	6.9
Psych. Pt. or dx.—New Care	38	100.0	10.5	15.8	63.2	10.5	0
Somatized Complaint	23	100.0	17.4	13.0	34.8	34.8	0
Physical Problem	22	100.0	9.1	4.5	36.4	13.6	36.4
Movement Disorder	35	100.0	68.6	8.6	17.1	5.7	0
Psychiatric Referral or Adv.	64	100.0	15.6	15.6	60.9	6.3	1.6
Residence Referral	8	100.0		(1)	(2)		(5)
Financial, Legal Aid	8	100.0			(2)	(5)	(1)
Depression Indicated[2]	33	100.0	3.0	9.1	45.5	36.4	6.1
Females, excl. Unk. Prob.	577	100.0	7.1	8.5	45.8	29.8	8.8
Behavior Problem	94	100.0	18.1	19.1	35.1	22.3	5.3
Social or Interpers. Rel.	106	100.0	8.5	12.3	51.9	22.6	4.7
Subjective Sensations	157	100.0	2.5	2.5	52.9	35.7	6.4
Psych. Pt. or dx.—New Care	45	100.0	0	4.4	48.9	26.7	20.0
Somatized Complaint	47	100.0	2.1	0	53.2	36.2	8.5
Physical Problem	23	100.0	4.3	0	26.1	47.8	21.7
Movement Disorder	10	100.0	30.0	0	30.0	40.0	0
Psychiatric Referral or Adv.	64	100.0	6.3	17.2	46.9	25.0	4.7
Residence Referral	18	100.0	5.6	0	5.6	38.9	50.0
Financial, Legal Aid	13	100.0	7.7	7.7	46.2	30.8	7.7
Depression Indicated[2]	108	100.0	0	3.7	42.6	41.7	12.0

[1] Per cent computed only if ten or more cases in group. Numbers in parenthesis are numbers of cases.
[2] Included also in one of the problem categories.

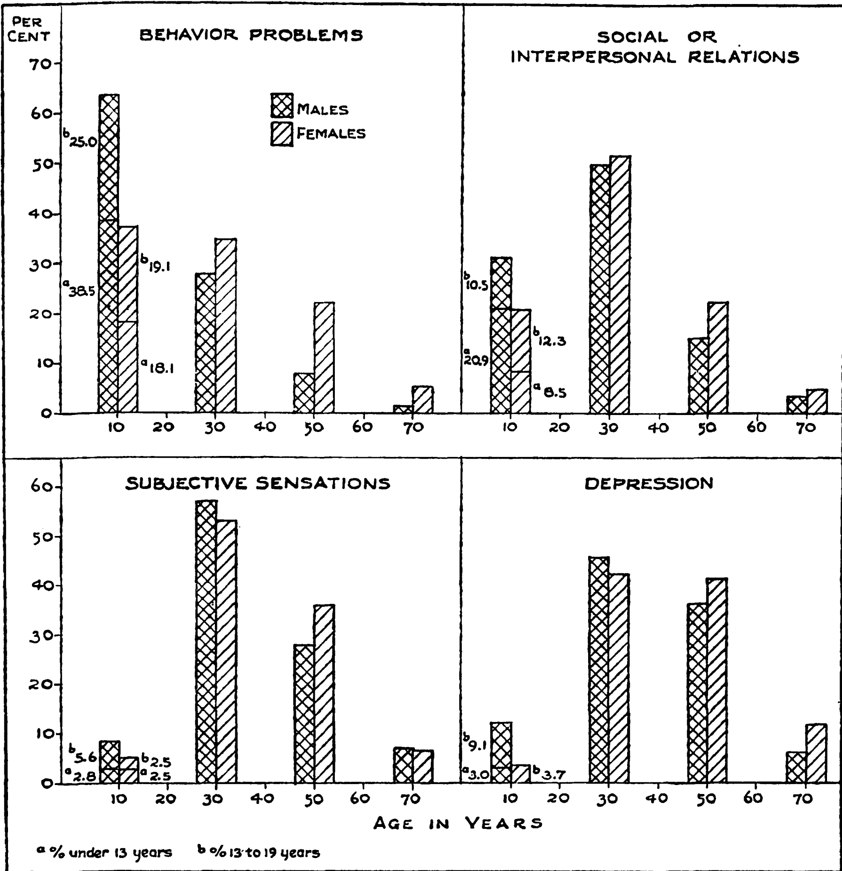

Fig. 7. Age distributions by sex of cases with problems of behavior, of social or interpersonal relations and of subjective sensations and of cases with the symptom of depression.

The age curves for persons whose problems involved social or personal relations show a very high concentration at ages 20 to 39 years for both men and women. A very similar concentration of cases in this age group is shown for the cases classified in the "subjective sensations" category. For the latter group, the percentage of cases decreased less at ages 40 to 59 years than the percentage among cases with problems of interpersonal relations. For both types of problems a higher percentage of women than of men were in the age group 40 to 59 years. Very few cases under age 20 years of age of either sex were in the "subjective sensations" category, but in the "interpersonal rela-

tions" category, 31 per cent were boys and 21 per cent were girls under 20 years of age.

It is noteworthy that the age distribution for men and women in the special category of "depression" cases differed only slightly, although the number of women was more than three times the number of men. Most of these cases were between 20 and 59 years of age. Under 20 years of age, the percentage for boys (12 per cent) was higher than for girls (4 per cent).

5. DISPOSITION OF CASE

The great variety of problems brought to the BMHIS obviously required the use of a wide range of resources in making referrals or recommendations for these persons. Furthermore, it was necessary not only to be able to interpret the situations described by callers, but also to be familiar with service policies of the available resources in order to give effective referral service, especially since the services of resources in this community are highly specialized as to problems and age of patients cared for. The list of resources used is much too long to be included here, but, for a detailed list of facilities classified by types of services, the numbers of referrals are shown in Appendix Table III according to sex and age of cases. However, for the purpose of discussion, the resources used have been grouped into a few broad categories, as shown in Table 17.

Two-thirds of the cases[7] were referred to a private psychiatrist or a psychiatric or guidance clinic for outpatient treatment or diagnostic consultation. A private psychiatrist or an independent fee-charging clinic was recommended most frequently (25 per cent of cases); a community psychiatric clinic was recommended for 22 per cent of cases and a guidance clinic for 16 per cent. In a few cases, 2.5 per cent, a choice of outpatient psychiatric service was given the caller. However, many callers were given a recommendation for more than one resource

[7] No service referral was made or none was recorded for 63 calls. Eleven were referred to other information agencies; the request was unrealistic or service unavailable for 7; suggested resource was not accepted by 9; advice, but no referral, was given for 7; calls for service referral were incomplete for 14; and the referral was not recorded for 15.

of the same type, but these are not included as a choice of service.

Disposition of the case involved inpatient psychiatric care for 90 persons, or 8.2 per cent of all cases. These included 51 persons for whom a recommendation of hospitalization was made by the information service. For the other 39 cases, the caller had turned to the information service for advice about hospitalization, especially to discuss whether to accept treatment in a State Hospital or to seek an alternative.

Only 26 per cent of the cases were given no referral or advice about psychiatric treatment. Types of referral for these were as follows: a rehabilitation service, psychological service or special school, 5.1 per cent; medical service, 6.2 per cent; hospital social service, 2.7 per cent; welfare or social service, 6.6 per cent; and other community resources, including nursing homes, 5.2 per cent.

Table 17. Types of referrals for cases for which inquiry was made at BMHIS.

Disposition or Referral	Primary Referral for Case		Total Referrals to Specified Services[1]	
	Number of Cases	Per Cent of Total	Number of Referrals	Ref. per 100 Cases
Total Referred or Advised	1,103	100.0	1,223	110.9
Inpatient Psychiatric Care	90	8.2	90	8.2
Recom. Hospitalization:				
Kings Co. Admitting Off.	33	3.0		
Other Referral	18	1.6		
Discussed Hospital, Prev. Recom.	27	2.4		
Case Inpt.—Advice Given	12	1.1		
Priv. Psychiatrist, or Independent Cl.	280	25.4	280	25.4
Psychiatric Clinic	246	22.3	246	22.3
Guidance Clinic	175	15.9	175	15.9
Choice of Psychiatric Service (O.P.)	28	2.5	28	2.5
Psychological or Rehabilitation Serv.	56	5.1	85	7.7
Medical Specialty, or General Med.	68	6.2	80	7.3
Hospital Social Service	30	2.7	32	2.9
Social Service or Welfare Agency	73	6.6	125	11.3
Other Community Agencies	57	5.2	82	7.4

[1] Cases referred to specified type of service, whether for principal treatment or for supplementary assistance. Only one referral was counted when a choice of resources of same general type was given.

Any referral for psychiatric service was given priority in classifying cases by type of referral, and the service most directly related to care for a problem was considered primary for other cases. But, as shown in Table 17, 120 supplementary referrals were made, or about 11 per cent received more than one referral. The largest number of supplementary referrals was to a social service agency, and, including these, 11 per cent of the cases were advised to go to one of the family agencies in Brooklyn or to the Welfare Department.

Types of referrals for males and females are shown in Table 18 and it is evident that there was very little difference by sex. More of the males were referred for rehabilitation or psychological service, 7.8 per cent compared with 2.4 per cent of the females. This is because children were a larger proportion of the male cases and many of the young boys were referred for psychological service or to special schools. (*See* Appendix Table III.) A larger percentage of women than men were referred to a social agency or other community resource, including nursing homes and homes for the aged.

A small number of those inquiring about service were advised to return to the resource where care had been obtained previ-

Table 18. Types of referrals according to sex, and number of cases advised to return to resource previously used.

Disposition or Primary Referral	Number of Cases		Per Cent of Total		Number Referred to Former Resource	
	Male	Female	Male	Female	Male	Female
Total Referred	503	590	100.0	100.0	22	26
Psychiatric Inpatient Treatment	37	52	7.4	8.8		3
Referred for Hospitalization	23	27	4.6	4.7		3
Advice	14	25	2.8	4.2		
Psychiatric Clinic, Medical	113	132	22.5	22.4	8	8
Priv. Psychiatrist or Ind. Clinic	133	145	26.4	24.6	4	5
Guidance Clinic	86	87	17.1	14.7	2	
Choice of Psych. O. P. Service	12	16	2.4	2.7		1
Miscel. Psych. or Psychol. Serv.	39	14	7.8	2.4	2	
Medical Referral	29	39	5.8	6.6	3	2
Hospital Social Service	11	18	2.2	3.1	2	3
Social Service or Welfare Agency	26	47	5.2	8.0	1	3
Other Community Agency	17	40	3.4	6.8		1

ously. Type of service for these cases is shown in Table 18. Only 4 per cent were referred to a previous resource; and the majority of these were persons who needed some explanation and reassurance to continue outpatient psychotherapy.

The type of psychiatric service to which persons were referred varied considerably by age of the case, although referrals

Table 19. Disposition of case by age for sexes combined.

Primary Referral	Total	Age Groups					
		≤12	13–19	20–39	40–59	≥60	Unk. Age
	NUMBER OF CASES						
Total Both Sexes	1,166	176	134	496	251	78	31
No Referral or No Record	63	6	11	24	10	6	6
Total Referred	1,103	170	123	472	241	72	25
Psychiatric Inpatient Treatment	90	7	8	41	27	5	2
Referred for Hospitalization	51	5	4	23	14	3	2
Advice	39	2	4	18	13	2	0
Psychiatric Clinic, Medical	246	15	18	131	64	11	7
Priv. Psychiatrist or Ind. Clinic	280	23	31	141	62	16	7
Guidance Clinic	175	78	34	46	15		2
Choice of Outpt. Psych. Service	28	4	2	14	8		
Miscel. Psych. or Psychol. Serv.[1]	56	16	14	17	7	1	1
Medical Referral	68	15	4	25	15	6	3
Hospital Social Service	30	1	1	15	11	2	
Social Service or Welfare Agency	73	9	7	25	25	4	3
Other Community Agency[2]	57	2	4	17	7	27	
	PER CENT OF TOTAL REFERRED						
Total Referred	100.0	100.0	100.0	100.0	100.0	100.0	
Psychiatric Inpatient Treatment	8.2	4.1	6.5	8.7	11.2	6.9	
Referred for Hospitalization	4.6	2.9	3.3	4.9	5.8	4.2	
Advice	3.5	1.2	3.3	3.8	5.4	2.8	
Psychiatric Clinic, Medical	22.3	8.8	14.6	27.8	26.6	15.3	
Priv. Psychiatrist or Ind. Clinic	25.4	13.5	25.2	29.9	25.7	22.2	
Guidance Clinic	15.9	45.9	27.6	9.7	6.2		
Choice of Outpt. Psych. Service	2.5	2.4	1.6	3.0	3.3		
Miscel. Psych. or Psychol. Serv.[1]	5.1	9.4	11.4	3.6	2.9	1.4	
Medical Referral	6.2	8.8	3.3	5.3	6.2	8.3	
Hospital Social Service	2.7	0.6	0.8	3.2	4.6	2.8	
Social Service or Welfare Agency	6.6	5.3	5.7	5.3	10.4	5.6	
Other Community Agency[2]	5.2	1.2	3.3	3.6	2.9	37.5	

[1] Includes psychologists and psychological testing, psychiatric and vocational rehabilitation, and clinics and schools for special problems such as retarded, speech, alcoholism, addiction.

[2] Includes homes for aged, nursing homes, police, courts, Legal Aid Society, church organizations, recreational facilities and other community groups, such as the Red Cross or Salvation Army.

for some kind of psychiatric service were given to approximately the same percentage of persons in all age groups (73 to 79 per cent) except the group aged 60 years and over (44 per cent). As shown in Table 19, nearly one-half of the children and more than one-fourth of the teenage group were referred to guidance clinics, but only 10 per cent of persons aged 20 to 39 years were referred to guidance clinics. Private psychiatry was recommended for 22 to 30 per cent of each age group except the children for whom the percentage was 14. The percentage of persons for whom a mental hospital was recommended or discussed increased steadily from 4 per cent of the age group under 13 years to 11 per cent of the group 40 to 59 years of age. Among the relatively small group 60 years or older (72 persons), inpatient psychiatric care was advised for only 7 per cent but a large percentage (33 per cent) was referred to a resource for residential care.

These differences in referrals according to age reflect the asso-

Table 20. Referrals to different types of services for persons with problems or complaints of a specified category. Primary and other referrals included.

Nature of Problem	No. of Cases	Ref.[1] per 100 Cases	Per Cent of Cases Given Specified Referral						
			Hospitalization	Outpt. Psych.		Psychol. or Rehab. Service	Medical Care of Hosp. S. S.	Social Agency	Other Civic Agency
				Priv. or Clinic	Guidance Cl.				
Total: Referral Known[2]	1,103	110.9	8.2	50.2	15.9	7.7	10.2	11.3	7.4
Behavior Problem	241	109.1	8.7	43.9	26.1	10.0	2.9	11.2	6.2
Soc.—Interpers. Rel.	191	113.6	3.7	44.0	17.3	14.1	7.3	20.4	6.8
Subjective Sens.	224	108.5	12.1	62.5	12.1	1.8	5.8	9.8	4.5
Care—Previous Psych. dx.[3]	83	116.9	15.7	60.2	3.6	8.4	13.2	8.4	7.2
Somatized Complaint	70	108.6	0	54.4	8.6	1.4	35.7	2.9	5.7
Physical Problem	46	123.9	6.5	43.4	2.2	15.2	37.0	8.7	10.9
Movement Disorder	46	104.3	2.2	47.8	30.4	4.3	15.2	4.3	0
Psychiatric Ref. or Adv.	126	104.8	10.3	60.3	15.1	9.5	6.4	0.8	2.4
Residence, Miscel.	47	123.4	4.3	17.0	4.3	0	12.8	36.2	48.9
Depression Indicated[4]	138	108.0	20.3	54.3	8.0	0	8.0	13.8	3.6

[1] Referrals exceed the number of cases because a case may have been referred to more than one type of service.
[2] Total with referral known includes 29 cases with the problem not revealed.
[3] Includes cases discharged or to be discharged from mental hospital for which further service was desired.
[4] Included also in one of the problem categories.

ciation between age and type of problem that was discussed previously.

Table 20 shows the referrals and recommendations given for cases classified according to the problems and complaints described. Hospitalization was recommended for a relatively high percentage of persons in the subjective sensations category, 12 per cent; and hospitalization also was discussed for 16 per cent of cases with a previous psychiatric diagnosis and 10 per cent of those for whom the caller asked advice about specific psychotherapy. In addition, 60 per cent or slightly more of the persons in these categories were referred to outpatient psychiatric treatment services, not including guidance clinics. For the other problem categories, referral to an outpatient psychiatric service was somewhat less frequent and was given for 43 to 54 per cent of the cases except for those in the miscellaneous category for which these referrals dropped to only 17 per cent.

Referrals to guidance clinics were made for 30 per cent of those with movement disorders and 26 per cent of the behavior problem cases. Many of the children had problems in these categories. Also, 17 per cent of the persons with problems involving social or interpersonal relations were referred to guidance clinics. This category of problems included persons of all ages and referrals were distributed among all types of resources, including 14 per cent to psychological and rehabilitation services and 20 per cent to social service agencies.

Results Reported for Followup Sample

A telephone followup was attempted for two selected groups of inquirers who called in October, November, or December, 1956. The two groups were: (1) persons who called about themselves and gave ages from 20 to 44 years; and (2) parents who called about children under 15 years of age. There were 69 self-calls and 51 parent-calls and a contact was made with a member of the family, not always the inquirer, for 49 self-calls (71 per cent) and for 41 parent-calls, 80 per cent.[8] The followup

[8] For 10 cases, one-third of those not followed, the necessary information was
(Continued on page 347)

information was obtained from 8 to 19 months after the initial inquiry, and for 84 of the cases at least one year had elapsed.

The self-call sample of 49 persons did not differ significantly from all self-calls by persons in this age group with respect to the distribution of problems and symptomatic complaints. The child sample of 41 parent inquiries for service also was similar to the total inquiries for this age group from non-agency sources, although these parents reported fewer behavior problems (44 per cent compared with 54 per cent), and reported more problems classified as "subjective sensations" or interpersonal relations, 29 per cent compared with 19 per cent. Thus, with minor differences, the problems of this sample of 90 calls may be considered typical of these two groups.

Information reported on followup indicates that some contact had been made with 74 per cent of the 92 resources to which 88 of the 90 cases had been referred.[9] *See* Table 21 and Figure 8. However, 29 per cent of the applications made to the referral resource were not accepted. Refusals were much more frequent for the children (46 per cent) than for the adults (18 per cent). Nonacceptance for treatment was by outpatient psychiatric services or guidance clinics except for one refusal of service by a social agency.

Many who were not accepted by the suggested resource obtained treatment elsewhere, and others obtained treatment without having gone to the referral resource. Of the adults, seven out of eight reported some treatment or service; and care was reported for four out of five of the children.

Some persons who had an initial service from a referral re-

lacking. Two self-callers gave no name, three self-callers and two parents stated they had no phone, and two self-callers and one parent who gave no address or phone number were not listed in the telephone directory. Other cases not followed apparently had moved and could not be reached by telephone.

[9] For two adults the calls were not completed and there had been no referral. One woman "wanted to talk with someone," but broke off the call and did not call back; on the followup call, she gave no information. One young man under treatment by a private psychiatrist who wanted less expensive treatment failed to make a repeat call to obtain a recommendation; on the followup call he reported that he had applied at several psychiatric clinics and had not been accepted, but still wanted psychoanalysis. These two cases are omitted in the tabulations of information obtained on followup of referred cases.

Table 21. Contact with and any service from referral resource reported at follow-up call for 88 cases.

Contact with Referral Resource and Services Obtained	Number of Referrals to Any Resource			Specified Referral Given for Children and Adults: Hospital Adv. or Discussed		Psychiatric Outpatient Serv.		Medical Service		Social Welfare, Other Civic Ag.	
	Total	<15	20–44	<15	20–44	<15	20–44	<15	20–44	<15	20–44
	Number with Specified Service and Contact										
Total Referrals[1]	92	41	51	2	2	34	36	2	8	3	5
Resource Contacted	68	28	40	1	2	24	30	1	5	2	3
Not Accepted	20	13	7			13	6				1
Not Contacted	18	11	7	1		9	4	1	2		1
Unknown Contact	6	2	4			1	2		1	1	1
Initial Service											
Referral Resource	46	13	33	1	2	9	24	1	5	2	2
Other Resource[2]	31	20	11			19	8	1	2		1
Not Accepted at Referral Resource	14	10	4			10	4				
No Contact with Referral Resource	14	8	6			7	3	1	2		1
Unknown Contact Referral Resource	2	1	1			1	1				
No Service[2]	11	7	4	1		6	3				1
Service and Contact Unknown	4	1	3			0	1		1	1	1
	Per Cent of Total Referrals										
Total	100.0	100.0	100.0			100.0	100.0				
Resource Contacted	73.9	68.3	78.4			70.6	83.3				
Not Accepted (Per Cent of Contacts)	(29.4)	(46.4)	(17.5)			(54.2)	(20.0)				
Not Contacted	19.6	26.8	13.7			26.5	11.1				
Unknown Contact	6.5	4.9	7.8			2.9	5.6				
Initial Service											
Referral Resource	50.0	31.7	64.7			26.5	66.7				
Other Resource	33.7	48.8	21.6			55.9	22.2				
Not Accepted at Referral Resource	15.2	24.4	7.8			29.4	11.1				
No Contact at Referral Resource	15.2	19.5	11.8			20.6	8.3				
Unknown Contact, Referral Resource	2.2	2.4	2.0			2.9	2.8				
No Service	12.0	17.1	7.8			17.6	8.3				
Service and Contact Unknown	4.3	2.4	5.9				2.8				

[1] Two adults with no referral are omitted. Four adults were referred to two resources so that there were 92 specific referrals for 88 cases.
[2] Includes 1 case with contact at referral resource who could not afford the service.

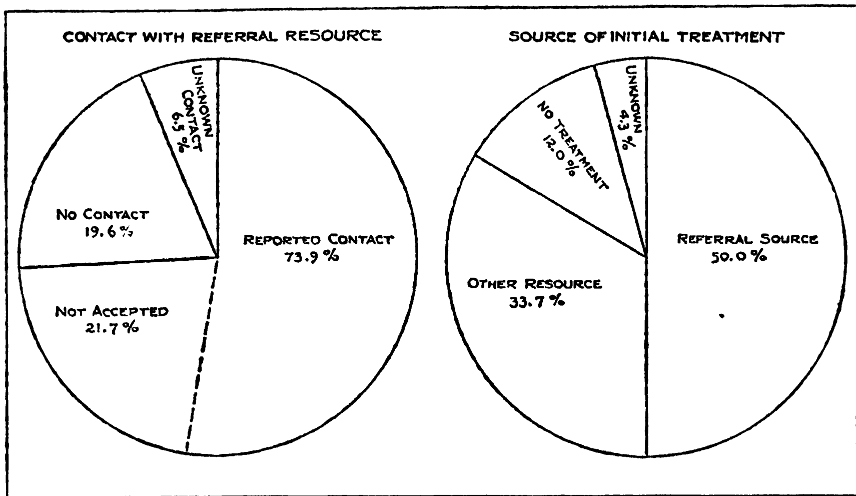

Fig. 8. Percentage of suggested resources that were contacted by cases and the percentages of cases that received some initial service at the referral resources, other resources or no service.

source, and also some who went to another resource, were transferred or stopped treatment and sometimes sought another service. The various steps taken before the principal treatment was received cannot be described. However, the principal type of treatment reported, with preference given to psychiatric care, is shown in Table 22 and classified as to whether it was received from a referral or other resource.

It is noteworthy that five of the 86 cases had been in a hospital in the interim, and three were still inpatients. Hospitalization had been advised for three of them; one had been referred for outpatient psychiatric care and one for medical care. Outpatient psychiatric or guidance service was reported for 62 cases but only one-third of these were treated at the referral resource. It is of interest that only two of the 24 cases referred to a guidance clinic received treatment at the clinic to which referral was made. For six cases, medical care was the primary service and four were treated where referred, although one case had been referred also for outpatient psychiatry and was not accepted for that service; and three cases received service from a community agency, of which two were the referral resource.

Although many persons did not have their principal service from the referral resource, this should not be interpreted as a failure of the BMHIS nor necessarily as inadequate response from the resource. Nonacceptance by a referral resource was reported for only 20 cases, of which 13 were children, but 44 of the 70 who received some type of outpatient service (63 per cent) did not have their principal service from a referral resource. Some cases were referred for diagnosis or consultation, or to a medical service for referral to a psychiatric facility. After evaluation, these and other cases were directed to more suitable resources.

The condition of cases reported at the time of the followup calls is summarized in Table 23. Slightly more than half were reported as improved, but the condition was not reported for 20 per cent, and some of these may have been improved. Since

Table 22. Type of service received by 86 referred cases.[1]

Type of Service Reported at Followup Call	All Cases		Number with Specified Service Recommended					
	No.	Per Cent	In-patient	Outpatient		Medical Care	Social Agency	Other
				Psych.	Guid.			
Total Cases	86	100.0	4	45	24	8	4	1
No Service	10	11.6	1	2	6		1	
Not Accepted	5	5.8			4		1	
Could Not Afford	1	1.2		1				
Did Not Go	4	4.6	1	1	2			
Inpatient Mental Hospital	5	5.8	3	1		1		
Still Hospitalized	3	3.5	2	1				
Discharged	2	2.3	1			1[b]		
Psychiatric Outpatient	62	72.1		41	17	3	1	
Referral Resource	21	24.4		19	2			
Discont. Service	6	7.0		5	1			
Other Resource	41	47.7		22	15	3	1	
Discont. Service	3	3.5		2	1			
Medical Service	6	7.0		1		4	1	
Referral Resource	4	4.6		1[c]		3		
Other Resource	2	2.3				1	1	
Social Welfare, Other Ag.	3	3.5			1		1	1
Referral Resource	2	2.3					1	1
Other Resource	1	1.2			1			

[1] Two cases with no report on service have been excluded.

[b] One case with no information as to whether discharged or left against advice; patient is still depressed and under treatment with a psychiatrist.

[c] One case with a multiple referral for outpatient psychiatry and for medical service was not accepted for psychiatry but had medical service at the resource suggested.

this is either a self-evaluation or evaluation by a relative, presumably improvement indicates more acceptable functioning. In some cases, the disturbing situation had been completely resolved. For approximately one-fifth of the cases, the informant reported no improvement in condition.

Except for the six persons discharged from treatment, all of whom were improved, there was no significant association between current treatment status and the reported condition of the case. One-half of those still under treatment were improved and one-half of those who had had no service were improved.

Table 23. Condition of patient at time of follow-up call according to services reported and current status with respect to treatment.

Type of Service Reported and Current Treatment Status	Number of Cases				Per Cent of Total			
	Total	Imp.	Not Imp.	Unk. Imp.	Total	Imp.	Not Imp.	Unk. Imp.
Total Cases Followed[1]	86	53	16	17	100.0	61.6	18.6	19.8
Service Unknown	1	1						
Total Services Known	85	52	16	17	100.0	61.2	18.8	20.0
Inpatient Psychiatric	5	3	1	1				
Outpatient Psychiatric	61	38	12	11	100.0	62.3	19.7	18.0
Medical	6	3	1	2				
Social Agency	2	2						
No Service	11	6	2	3	100.0	54.5	18.2	27.3
Current Treatment Status								
Under Treatment	41	21	10	10	100.0	51.2	24.4	24.4
Inpatient Psychiatric	3	2		1				
Outpatient Psychiatric	35	18	9	8	100.0	51.4	25.7	22.9
Medical	2		1	1				
Social Agency	1	1						
Discharged	6	6						
Inpatient Psychiatric	1	1						
Outpatient Psychiatric	4	4						
Medical	1	1						
Discontinued Treatment	10	5	4	1	100.0	50.0	40.0	10.0
Inpatient Psychiatric	1		1[a]					
Outpatient Psychiatric	9	5	3	1				
Current Treatment Not Stated	17	14		3	100.0	82.4		17.6
Outpatient Psychiatric	13	11		2	100.0	84.6		15.4
Medical	3	2		1				
Social Agency	1	1						

[1] Excludes 2 cases referred to Legal Aid Society for which status of problem was unknown.
[a] Includes 1 case no longer hospitalized, but unknown whether discharged or left; presently being treated by psychiatrist.

Summary Discussion

Information recorded about inquiries made to the telephone information service of the Brooklyn Mental Health Association was tabulated to describe the characteristics of the population served and the types of problems and individual complaints presented to the answering informant for advice or referral for service.

Inquiries on behalf of 1,166 persons were made during an eleven-month period, July, 1956, through May, 1957. Nearly one-half (47 per cent) of the calls were from relatives, including parents who made 25 per cent of the calls to obtain advice about care for young children or teenagers. More than one-third of the calls (36 per cent) were made by persons who wanted help for themselves. A small number of calls (6.2 per cent) came from friends, physicians, or other individuals not related to the person for whom a service was needed. For the other 11 per cent of cases, the inquiry came from a social service agency or from a medical or other community service resource.

Although a limited number of calls were made by representatives of community agencies, 43 per cent of the callers had been referred to the telephone information service by a service resource. There is no information available as to the selection of cases referred and not advised directly. Many of these probably had been turned away as not acceptable by the agency and the inquiry at the information service was one more step in a search for a treatment resource. In this community, service resources tend to be highly specialized with respect to the age of the patient, type of treatment, or type of problem treated. This telephone service was called on to give information about resources for every kind of problem for persons in every age group.

Children and adolescents comprised 27 per cent and adults in the age group 20 to 39 years were 42 per cent of the population served. Only a few calls (7 per cent) concerned service for persons 60 years of age or over. Among children aged 12 years or younger, boys predominated nearly 3 to 1. The sex-ratio

dropped with advancing years and over the age of 40, more than twice as many calls were about women as about men.

When related to the white population of Brooklyn, (only 3 or 4 calls were about nonwhite persons), the annual rate per 10,000 population is 4.7 for males and 5.3 for females. Rates by sex and age show a maximum for boys 13 to 19 years of age, 8.1 compared with 5.3 for girls of this age; and the second highest rate is 7.1 calls per 10,000 females aged 20–39 years compared with 6.2 for males. For children under 13 years of age, calls about boys were at the rate of 5.4 per 10,000 and only 2.0 for girls. After age 40, the rate for men decreased sharply but for women aged 40 to 59 the rate remained high, 5.5 per 10,000.

These rates measure the demand for service that was channeled through the information service and are *not* measures of the prevalence of disorders and disturbing problems in the population. Even the *relative* frequency of calls for the different sex-age groups undoubtedly is affected by unknown selective factors. Thus, the greater frequency of calls for young than for old people could be due to lack of knowledge on the part of the public about available services or to more difficulty in obtaining appropriate service for children and young adults. No data are available on the number of persons in Brooklyn who receive some kind of psychotherapy or psychological service in a year to which the volume of calls to the information service might be compared. It is noteworthy, however, that calls for information were at an annual rate of 5 per 10,000 population which is one-half the rate for first admissions of Brooklyn residents to State hospitals.[10] But hospital admissions include a high percentage of the older population, whereas most of the calls for information were for children and young adults for whom treatment might have significant preventive benefits.

Some previous treatment related to the problem described

[10] The first admission rate for the fiscal year ending March 31, 1957, was 100.7 per 100,000 population. The rate for the white population of Brooklyn is not available in the published Annual Report of the New York State Department of Mental Hygiene.

was reported for approximately one-half of the cases. Nearly 5 per cent were inpatients of a mental hospital or correctional institution and 13 per cent were former inpatients. Another 15 per cent had been to outpatient psychiatric or guidance clinics, and 10 per cent had had treatment for their complaints at a medical service.

A minority of the calls were requests for information about a specific type of treatment service, and 68 per cent of those who called described a situation or complaint for which advice about obtaining service was wanted. Specific services about which information was requested included: hospitalization, 3 per cent; psychotherapy, 4 per cent from a private psychiatrist and 12 per cent from a clinic or unspecified source; psychoanalysis, 1.4 per cent; shock treatment, 1.1 per cent; and treatment for problems such as mental retardation, crippling diseases, alcohol or drug addiction, 6 per cent.

With some difficulty, the problems, situations, symptoms and complaints described by the callers, including those who asked for a specific service, were classified in ten broad categories. For 61 per cent of the cases, the calls were concerned with problems of behavior, of social or interpersonal relationships or with situations involving subjective sensations, such as anxiety, fear, and depression. These three types of problems accounted for 60 to 70 per cent of the cases in each age group except 60 years and older. For persons under 20 years of age, behavior problems were described most frequently. These included disturbed behavior, quarrelsomeness, sleep disturbances, school difficulties, lying and stealing, etc. and accounted for 45 per cent of the cases in this age group. Among adults, subjective sensations and interpersonal relationships were the most frequent causes of complaints. For the age group over 60 years, physical problems and a place to live and be cared for, were frequent causes for seeking a service, but for 39 per cent, the problems were in the three major categories.

Problems having a physical basis and those clasified as somatizations, such as headache and gastro-intestinal disorders were

10 per cent of the total. Movement disorders, chiefly speech and habit-training difficulties, were reported for only 4 per cent of the total, but were causes for a need for service for one-sixth of the children 12 years old or younger.

A very wide range of resources was used in making referrals or recommendations. One-fourth of the cases were referred to a fee-charging clinic or a private psychiatrist; 22 per cent were referred to a community psychiatric clinic and 16 per cent to a guidance clinic. Hospitalization for psychiatric treatment was recommended for nearly 5 per cent of the cases, and advice concerning hospitalization was given for 3 per cent. The situation called for emergency hospitalization only rarely, but referral to the admitting office of the psychiatric service in a city hospital was made for 33 cases. Four per cent of the cases were referred back to the resource which previously had given some service. In 12 per cent, the principal referral was to a welfare or other community agency.

It seems evident that in order to give effective service to those who call, the person staffing a telephone service must be familiar with treatment for a wide variety of complaints and with the resources which provide different types of treatment. Furthermore, very good judgment and understanding are required to interpret the problems which are articulated by the inquirer and to evaluate them for the purpose of referral to a service resource.

Information about what had happened to 88 cases during a year or more after being referred in October, November, or December, 1956, was obtained by a telephone followup to persons aged 20 to 44 years who called about themselves (47 cases) and to parents who called about children under 15 years of age (41 cases). The followed cases were three-fourths of the selected sample; one-fourth could not be reached and apparently most of these had moved.

Referrals to 92 service resources had resulted in applications for care at 74 per cent of these resources. However, 29 per cent of the applications were refused, but in more than half of these

instances some service was obtained at another resource. Non-acceptance for service was reported most frequently for applications made to child guidance clinics.

Some persons who did not go to the referral resource sought other treatment and some of those accepted by a referral resource were referred elsewhere after evaluation of the problem. Of the adults in this sample, seven out of eight reported having had some treatment or service; and care was reported for four out of five of the children. It is of interest that of the 62 cases for which the principal treatment was received from an out-patient psychiatric or guidance service, only one-third were treated at the referral resource.

At the time of the followup, the condition was reported as improved for three-fifths of the cases, as not improved for one-fifth and no information was given for one-fifth.

The high proportion of persons in the followup sample who received help may not be typical of the total population served by the BMHIS. One might expect the motivation to be relatively strong for self-callers and parents but three-fifths of all calls were of these types. Also, the "not found" group in the original followup sample may have included many who failed either to seek or to obtain service from a referral resource.

No overall evaluation of the value of a telephone referral service to those who used it or of the need for it is possible from the statistics given in this report. It gave constructive help to a fairly large number of people who apparently were uncertain about their needs and confused about finding service for a variety of problems. The information service was called on to interpret psychiatry and to give reassurance to many inquirers, and, it also had to evaluate the complaints presented before making a recommendation. It is, of course, impossible to tell what would have happened to these individuals had there been no such service.

Appendix Table I. Previous psychiatric or other care reported for cases. Number in each sex-age group.

Previous Treatment or Service Reported	Total Both Sexes	Males—Age Known					Females—Age Known				
		≤12	13–19	20–39	40–59	60+	≤12	13–19	20–39	40–59	60+
In Patient—Now	54	2	3	16	2	1	0	4	9	12	4
State—Fed.	20		1	7	2				4	6	
Private	12		1	3		1		2	1	2	1
Kings Co.—Other Temp.	22	2	1	6				2	4	4	3
In-Pt.—Discharged <2 Yrs.	84	2	2	20	7	1	1	3	24	18	4
2 Yrs. + or Unk.	71		2	21	4	2		1	15	17	7
In-Pt.—Total Discharged	155	2	4	41	11	3	1	4	39	35	11
State Hosp. or Fed.	97	1	1	30	7	2	1	2	19	24	8
Private or Prop. Hosp.	32		1	5	4	1			10	7	2
Kings Co.—Other City	12			4					5	3	
Private Agency—Sch.-Inst.	7	1	2	1				2	1		
Other and Unspecified	7			1					4	1	1
Psychiatric Clinic or Private	174	12	8	38	17	5	0	7	42	34	8
Brk.—Public, Community Cl.	22	1		6	1	1		1	6	4	
Brk. Vol. Hosp., + V. A.	3			1				1	1		
Not Brk.—Public	4		1	2					1		
Not Brk.—Volunt. Hosp.	9			2	1				3	1	2
Independent Clinic	4		1	3							
Private Psychiatrist	72	3	5	17	6	2		4	17	14	3
Shock Therapy, Priv. & Unsp.	32[a]			2	6	1			8	12	3
Group Therapy	5[b]			2	1				2		
Psychoanalysis	3			1	1				1		
Unspecified Source	9	2		1		1			2	3	
Child or Adult Guid.	9	4	1	1	1			1	1		
Bd. of Ed. Child Guid.	2	2									
Psychological and Rehabilitation	27	4	7	5	0	0	4	2	4	1	0
Special Schools	4						3	1			
Psychol. Clinic, Testing	6	3	2					1			
Pvt. Psychologist	8		2	4					1	1	
Aptitude, I.Q., Psychol. Tests	6	1	3				1		1		
Vocational Rehabilitation	3			1					2		
Medical Specialty or General	120	14	5	13	8	7	3	3	28	23	10
Crippled and Disabled	10	1	2	3					2	2	
Epilepsy, Seizures Cl.	3			1					2		
Neurological Service	10	2	1		2		1	1	1	1	1
Care of Retarded	2	1						1			
Endocrine, Diabetes	5	1							2	2	
Speech	1	1									
General Medical Service	76	8	2	8	5	6	2	1	18	16	5
M.D.—Pt. on Tranq.	8			1	1				3	2	
In-Pt. Nursing-Conv. Home	5					1					4
Social Welfare Agency	25	8	1	3	0	1	1	0	6	3	1
Dept. of Welfare	12	1		3			1		2	3	1
Family Service Agency	13	7	1			1			4		
Other Community Services	9		3	1				1	1	2	
Childrens Court	5		3					1			
Legal Aid	2			1						1	
Church Organization	2								1	1	

[a] Includes 20 cases who received shock from private psychiatrist.

[b] Includes 3 cases who received group therapy at Brooklyn Public Hospital Clinic and 1 who received it at Brooklyn Voluntary Hospital Clinic.

Appendix Table II. Problem or symptomatic complaint by sex and age.

Problem or Complaint Described	All Ages				Age Groups											
	Both Sexes	Male	Female	Unk. Sex	≤12		13–19		20–39		40–59		≥60		Unknown	
					M	F	M	F	M	F	M	F	M	F	M	F
Total Cases	1,166	531	623	12	126	43	81	53	221	275	74	177	25	53	4	22
No Information	43	15	27	1	2	2	5	4	5	11	3	5	0	2	0	3
Psychiatric Referral	68	33	32	3	4	1	5	5	19	16	1	4	1	2	3	4
Advice Regarding Treatment	74	34	38	2	6	3	5	6	20	14	3	12	0	1	0	2
Residence Referral	26	8	18	0	0	1	1	0	2	1	0	7	5	9	0	0
Physical Basis	47	23	24	0	2	1	1	0	8	6	3	11	8	5	1	1
Eyes, Ears	7	3	4	0					3	2		1				1
Crippling Condition	11	7	4	0		1	1		4		1	3			1	
Cerebral Palsy	3	2	1	0	1				1	1						
Menopause	5	0	5	0								5				
Blood Pressure, Cardiac	7	4	3	0						2	2		2	1		
Senility	10	6	4	0									6	4		
Diabetes	4	1	3	0	1					1		2				
Movement Disorder	46	35	10	1	24	3	3	0	6	3	2	4	0	0	0	0
Epilepsy	10	6	3	1	4	1			2	2						
Tic, Motor Control	6	4	2	0	2				1		1	2				
Stuttering, Speech	18	15	3	0	8		3		3	1	1	2				
Habit Training	12	10	2	0	10	2										
Somatized	71	23	47	1	4	1	3	0	8	25	8	17	0	4	0	0
Overweight	2	0	2	0						2						
Headache	9	2	7	0					2	4		2		1		
Asthma, Allergy	5	1	4	0	1	1				1		1		1		
Gastro-Intestinal	18	9	8	1	1		2		4	3	2	5				
Hypochondria	6	1	5	0						4	1	1				
Other and Ill-Defined	31	10	21	0	2		1		2	11	5	8		2		
Behavior Patterns	254	156	96	2	60	17	39	18	43	33	12	21	2	5	0	2
Alcoholism	5	2	3	0				1	2	1				1		
Drug Addiction	5	4	1	0			1		2		1	1				
Hallucinations	3	1	2	0			1	1						1		
Confused, Disturbed	23	9	14	0			1	1	7	6	1	4		2		1
Emotionally Disturbed	20	16	4	0	13	2	3	2								

Quarrelsome, Destructive	14	9	5	0	7	4	2	1								
Lies, Steals	10	9	1	0	4	1	2		3							
School	28	25	3	0	13	3	12									
Delinquency	7	4	2	1			3	1	1	1						
Nervous, Sleep Disturbance	26	20	6	0	15	3	3		1	2	1	1				
Violent, Overactive	9	5	4	0				1	4	2		1	1			
Suicide Threats	20	8	12	0			3	3	2	3	2	4	1	1		1
Withdrawn	20	12	7	1	6	4	2	2	3	1	1					
Ill-Defined	26	10	16	0	1		2	2	5	10	2	4				
Sex Behavior	38	22	16	0	1		4	3	13	7	4	6				
Social, Interpersonal Relations	198	86	110	2	18	9	9	13	43	55	13	24	3	5	0	4
Retarded	32	19	11	2	11	3	2	5	5	3	1					
Insecure, Dependent	30	15	15	0			2		10	11	3	4				
Social Adjustment	19	7	12	0		2		1	5	8	1	1	1			
Child-Parent	27	12	15	0	7	4	4	6	1	3		1				1
Husband-Wife	39	10	29	0					7	20	3	6				3
Family Tensions	34	10	24	0				1	6	8	2	10	2	5		
Work Adjustment	17	13	4	0			1		9	2	3	2				
Subjective Sensations	233	72	161	0	2	4	4	4	41	83	20	56	5	10		4
Anxiety, Tension	56	29	27	0	1	1	3	2	15	20	6	1	4	1		2
Fear	19	7	12	0	1	3	1		4	6	1	2		1		
Depressed	97	17	80	0				1	9	35	7	37	1	6		1
Persecution	19	5	14	0				1	2	5	3	6		2		
Compulsion	4	2	2	0					2			2				
Confused, Other, Multiple	19	7	12	0					5	8	2	3				1
Suicide Ideas	3	0	3	0						2		1				
Unhappy with Family	10	2	8	0					2	5		3				
Unhappy about Religion	4	2	2	0					1	1	1	1				
Worry about Work	2	1	1	0					1	1						
Psychiatric Diag. or Hosp. Pt.	84	38	46	0	4		6	2	24	22	4	12		9		1
Depression	15	3	12	0	1				1	4	1	2		6		
Schizophrenia	23	13	10	0	2		5		5	8	1	2				
Other Diagnosis	4	2	2	0	1				1	1				1		
Hospital Patient, Disch. or To Be																
Needs Treatment	30	11	19	0			1	2	10	7		7		2		1
Work Rehabilitation	12	9	3	0					7	2	2	1				
Financial or Legal Aid	22	8	14	0		1		1	2	6	5	4	1	1		1
Money for Hospital	2	0	2	0						2						
Money—Other Need	15	6	9	0					2	4	3	4	1	1		
Legal Aid	5	2	3			1		1			2					1

Appendix Table III. Disposition of case by sex and age.

Disposition or Referral (Primary Referral Only)	All Ages			Age Groups											
				≤12		13–19		20–39		40–59		≥60		Unknown	
	M	F	Sex Unk.	M	F	M	F	M	F	M	F	M	F	M	F
Total Cases	531	623	12	126	43	81	53	221	275	74	177	25	53	4	22
Not Referred or No Record	28	33	2	4	1	5	6	15	9	2	8	2	4	0	5
In-Pt. Psych. Treatment	37	52	1	7	0	5	3	19	22	5	22	1	4	0	1
Recom. Hospitalization	23	27	1	5		2	2	12	11	3	11	1	2		1
Kings Co. Adm.	11	22				2	2	6	10	3	8		2		
Advice, Hosp. Prev. Recom.	9	18		1		2	1	4	6	2	10		1		
Advice, Case in Hosp.	5	7		1		1		3	5		1		1		
Psychiatric Clinic	113	132	1	14	1	13	5	59	72	23	41	2	9	2	4
Kings County	33	35		3	1	7	1	15	16	5	13	2	3	1	1
Coor. Comm. Cl.	22	36	1	2				10	26	10	9				1
Other Public Hosp. Cl.	4	8						2	4	2	3		1		
V. A. Clinic	10							10							
State After Care	5	10					1	5	5		3				1
Vol. Hosp. Cl., Brk.	9	10		2		1		5	3	1	4		3		
Vol. Hosp. Cl., Other	21	25		7		5	3	6	13	3	9				
Group Therapy, Place Not Sp.	3	1						1	1	2					
Pub. or Vol. Hosp. Cl.	5	4						4	3					1	1
Welfare Dept., Ask for Psych.	1	3						1	1				2		
Private Psychiatrist or Ind. Cl.	133	145	2	19	3	21	10	68	73	18	44	6	10	1	5
Private Psychiatrist	59	71	2	9	3	15	6	21	33	8	24	5	4	1	1
Priv. Psych., Diag. or Consult.	25	32		7		1	2	9	10	7	12	1	5		3
Independent Clinic	42	39		1		5	2	33	28	3	8				1
Priv. Psych. or Ind. Cl.	7	3		2				5	2				1		
Guidance Clinic	86	87	2	50	26	19	15	11	35	6	9	0	0	0	2
Marriage Counsel	6	16						5	11	1	3				2
Adult Guidance	12	23				1		6	17	5	6				

Girls Service League	1	15				1	11		4						
Juv. Guid., Ch. Devel. Cent.	36	20	2	30	16	6	1		3						
Other Child Guid.	31	13		20	10	11	3								
Choice, Priv. or Other O. P. Psych.	12	16	0	4	0	0	2	6	8	2	6	0	0	0	0
Psychol. or Rehab. Service	39	14	3	12	2	10	4	13	4	4	3	0	1	0	0
Rehab., Delinq.	6	1	1			1		2	1	3					
Vocational Rehab.	9	2						8	1	1	1				
Service for Physical Handicap	1	1						1	1						
Psychol. Testing	7	1	1	2		5					1				
Psychologist	5	3		3	1	2	1				1				
A. A., Other for Alcoholics	2	3					1	2	1				1		
Spec. Sch., Service for Blind, Deaf, Retarded, etc.	9	3	1	7	1	2	2								
Medical Specialty, Gen. Med. Care	29	39	0	11	4	2	2	10	15	3	12	2	4	1	2
Orthopedic Clinic	3	1				1		1	1					1	
Neurological Clinic	2	4			1		1	1		1	1		1		
Med. Clinic for Retarded	5	2		4	1		1	1							
Vol. Hosp., or Priv. Med. Care	15	29		7	2	1		5	13	1	10	1	2		2
City Hosp. Clinic	4	3						2	1	1	1	1	1		
Hospital Social Service	11	18	1	0	0	1	0	7	8	3	8	0	2	0	0
State Hospital	4	10						3	4	1	5		1		
Kings Co., Other Pub. Hosp.	5							3		2					
Voluntary Hosp.	2	8	1			1		1	4		3		1		
Social Serv. Agency or Welfare	26	47	0	5	4	4	3	7	18	8	17	2	2	0	3
Other Community Agency	17	40	0	0	2	1	3	6	11	0	7	10	17	0	0
Nursing, Convales. Home	3	6			1			1			3	2	2		
Residence for Aged, Other	8	16					1	1	1		1	7	13		
Court, Police	2	5						2	4				1		
Legal Aid	0	4			1		1		1				1		
Red Cross, Church, Other	4	9				1	1	2	5		3	1			