The use of a new category of mental health workers is described. This topic is of considerable interest because there is a difference of opinion concerning the use of workers in mental health outside the traditional disciplines. Moreover, the whole problem bears significantly on the larger manpower problem in the field of mental health.

THE MENTAL HEALTH WORKER:
A NEW PUBLIC HEALTH PROFESSIONAL

Wayne Yeager, M.D.; Wilson T. Sowder, M.D., M.P.H., F.A.P.H.A.; and Albert V. Hardy, M.D., Dr.P.H., F.A.P.H.A.

FLORIDA shares with the rest of the nation the problem of inadequate professional resources to deal with the problems of mental illness. The difficulty has been—and still is—that either the supply of trained persons has been too small or the remuneration offered by official agencies has been too unenviable to attract high-quality experts into public service. Thus, in our communities there is a recognition of the ever-increasing needs in mental health and, simultaneously, the inability to obtain or to pay psychiatrists and related professional experts to deal with these problems. The need and the demand for community mental health services urged consideration of other staffing possibilities.

Initiation of the Mental Health Worker Program

The Mental Health Program of the Florida State Board of Health had its beginning in 1944 with the establishment of a county mental health clinic. The number of child guidance clinics expanded with the aid of federal funds from two in 1947 to 14 in 1955 to 16 in 1960. With the expansion of this program, there was concurrently a concern with establishing community mental health activities within the general public health program. Inservice training was provided for public health nurses to guide “in new ways of working together with the mental health specialist.” This led later to the idea of desig-
nating carefully selected personnel as special field workers in mental health. On a trial basis, the first “mental health worker” was designated in 1954. Initially, this was regarded as an effort to satisfy some of the mental health needs of rural counties. The appointee was to serve in a liaison position between the regional guidance clinic and the local health department. From this beginning, the present mental health worker program gradually evolved.

At its initiation, it was agreed that this should be regarded as an experimental activity. Whether the use of this new type of public health professional would be discontinued or expanded would depend upon acceptance by the public health agencies and the public, and by the apparent productiveness of the activities of the newly designated workers. It was recognized that the program would need to be modified as indicated by experience.

Initially, the qualifications for potential candidates for mental health worker positions were stated in very general terms. A bachelor’s degree or its equivalent was required, the latter including graduation from an accredited school of nursing. Major course work in nursing, social work, psychology, or education was specified; to this early list of optional majors, sociology and religion have been added. Subsequently, two grades of “mental health worker” were established within the State Merit System. The junior classification requires two years of related experience, the senior, five years. There is a liberal and flexible interpretation of the experience considered acceptable. Community service such as is attained by the public health nurse, social worker, or visiting teacher has a high priority, as has work in a mental health clinic. Personal qualities are considered of high importance. Mature, stable individuals of pleasing personality and with a pioneering spirit are sought. The capacity to work with individuals and groups and a readiness to learn from experience is considered essential. The salaries which we are permitted to offer to such persons are modest—for the junior grade, $360-$460, and for the senior, $420-$520 per month. The former is the salary range for senior staff or junior supervising public health nurses, while the latter is the salary range for nurse consultants and for nurses in major supervisory or administrative positions. While the compensation authorized is equitable as compared with other public health positions, it has not been adequate to assure success in recruiting workers of consistently superior quality.

Responsibility for the guidance of these workers is shared by local and state personnel. The mental health worker to serve in a local area is selected by or with the concurrence of the local health officer and is assigned to him. He provides the same supervision and has the same administrative responsibility for this new worker as for other members of his staff. It is agreed that technical consultation and support is to be provided by senior professionals in the field of mental health. In part, this is given by the staff of the mental health clinic serving the area and, in part, by senior personnel of the Bureau of Mental Health.

Initially (and to the present) the program is financed entirely through state and federal funds; it is recognized that eventually financial responsibility needs to be shifted, at least in part, to the local health department.

The choice of the designation “Mental Health Worker” has been the subject of some critical comment. Despite the general acceptance of the term “Social Worker,” it has been suggested that “worker” implies subprofessional and relatively unskilled capacities. During informal discussion, some have expressed a preference for the more descriptive designation “Mental Health
Coordinator." Though the payroll terminology is fixed, the local health department is free to use any designation considered appropriate. Experience has demonstrated, however, that the important factor is not the name but personal acceptance of the worker by the community.

Activities of Mental Health Workers

The nature of the program to be conducted by a particular worker or in a particular area is not specified in detail. A survey of the mental illness problems, community resources, and local interests is considered essential in the implementation of a local program. It is recognized also that the competences of the designated mental health workers differ and the purpose is to encourage a new appointee to develop activities with which he is particularly familiar. Acceptance as a desirable member of the local public health team is facilitated when the mental health worker can demonstrate promptly his capacity to contribute new skills of importance in the on-going public health effort.

While the programs of the mental health workers differ substantially, all contribute in varying degrees to four types of activities. There is in every community a demand and need for mental health education. This is carried on as a part of the total health education program of the local health department. When a health educator is employed in the local department, the mental health worker functions as a colleague providing leadership to the mental health components of the program.

The mental health workers respond also to requests for personal face-to-face helping activities. Some are quite competent in supportive counseling, but they avoid becoming involved with problems which require serious psychotherapy. Counseling rarely exceeds six sessions, which is usually sufficient for the worker to decide whether or not a case needs to be referred for professional assistance. In case of doubt, referral to a trained professional person is the rule. The provision of services to patients released from the state mental hospitals is an accepted responsibility of the local health departments; the mental health workers commonly guide and participate in this follow-up program. There are also the families of newly committed patients; these can be aided in understanding and adjusting to this family crisis. Some of the mental health workers are well trained in psychological testing, psychiatric social work, psychiatric nursing and counseling; individual case work commonly becomes a prominent part of the activities of those so trained.

Community oriented activities receive particular emphasis, since these are so clearly the responsibility of local health departments. Several local, voluntary mental health associations have been organized as a result of the leadership of the mental health workers. An organization of a teenage mental health association resulted from one worker’s interest and leadership. Other illustrative community activities have included assistance in organizing a local alcoholics anonymous association; creating a county-wide academy of religion and medicine; aiding in the organization of workshops in mental health for school and youth groups, clergymen, law enforcement officers, and others; and such unusual contributions as aiding a “hot rod” club composed of young men to improve their public relations in the community. Of equal importance to assisting communities to develop new programs in mental health is seeking to obtain a more effective coordination of resources already available through various agencies. The provision of community oriented services appears to be
limited only by the energy and resourcefulness of the mental health worker.

An activity of high importance is serving in an advisory and assisting capacity to other staff members in the health department. Once accepted in the health department, the mental health worker is able to aid in integrating mental health activities into such regular programs as well-baby clinics, maternity clinics, school health projects, and others. Troublesome problems in interpersonal and public relations are often brought to the mental health worker for consideration, discussion, and assistance. As interest develops, there will be a recognition of the need for inservice training in mental health for health department personnel, and this is provided or planned by the mental health worker.

Experiences with the Program

The first mental health worker was assigned to a county health unit in South Florida. She was a nurse with some experience in social work. The health officer was interested, understanding, and helpful. In a very few weeks it was evident that this new type of public health worker was achieving a productive role in the local health department. New services for the mentally ill and more adequate follow-up care for patients on trial visits from the state mental hospitals were inaugurated. Much in mental health education was undertaken. When this mental health worker resigned to proceed with further graduate training, influential community leaders were obviously concerned; it was necessary to find a replacement immediately.

During the years 1954-1960, the Florida Mental Health Worker Program had a slow but healthy growth. Now 30 mental health workers are employed. Of these, 13 are nurses (psychiatric or public health), 7 are social workers and 1 a psychiatric social worker, 5 are from the field of education, 3 are psychology majors, and 1 had many years of prior experience as a chaplain in a state mental hospital. Though activities are variable, each mental health worker has developed what is considered locally to be a successful program. The nature of activities is related to the training of the worker, to the interest of the local health officer, and to the degree of acceptance of the new staff member by the local staff. Experience has shown that public health nurses and social workers relate easily and effectively to the local public health team and are able to move forward rapidly with the development of an effective program. Workers drawn from other disciplines have required a longer period to achieve acceptance by the staff of the local health unit, and to establish an acceptable and effective program in the community.

It has become apparent that there are potentially troublesome problems in introducing a new variety of public health worker to the public health team. At times, seasoned staff members appear to feel threatened by a new “associate” who has a relatively senior rating. The new worker often finds himself in an undesired struggle for status in the organization. Usually this is resolved as soon as the worker has had time to demonstrate his capacity to be a helpful partner in an important activity. Occasionally, a mental health worker is rejected by public health veterans; if this occurs, there is a virtual paralysis of the project. It has been increasingly apparent that a favorable introduction of the program and of the worker is of high importance, this requiring tactful management on the part of the local health officer.

In the development of this program, the health officer has a most important role. He is responsible for much more
than the supervision of the mental health worker. His attitude and actions, more than any other factors, affect the growth and maturation of the project. The total idea is somewhat of an innovation, hence imagination and prudent aggressiveness are helpful attributes in the personality of the local health officer.

Each mental health worker is assigned to a state affiliated outpatient psychiatric or child guidance clinic for technical guidance and training in case work. The clinics usually designate one particular staff member to act as the local consultant for the mental health worker. In addition to this, each receives regular professional consultation from the senior staff of the State Bureau of Mental Health. Through these channels technical and professional consultation and supervision is made available on a continuing basis.

Drawn from differing educational areas, the mental health workers enter their new activity with varied backgrounds of training and experience. A continuous inservice training program for the mental health workers has been regarded as essential. Periodic work conferences and group-participation workshops were developed to provide short-term intensive training in mental health principles and practices. Subjects covered in these training sessions include growth and development, personality dynamics, interpersonal relations, leadership skills, health education, and problems related to the management of the mentally ill in the community. Through this training a more homogeneous group of well-informed professional workers is being developed.

In addition to the inservice training, the mental health workers have been encouraged to consider additional graduate education in the fields of their interest. Nurses have completed postgraduate courses in mental health and psychiatric nursing. Social workers have completed training in psychiatric social work. This career-development process is gradually supplying Florida with better trained mental health workers and with more professionally trained specialists in the various fields of mental health.

Professional Relationships

In the beginning it was recognized that precautions were needed to prevent encroachment by the mental health workers upon the established areas of professional competence in the mental health field. There was an obvious necessity to avoid creating the untenable roles of "junior psychiatrist," "pseudo-psychologist," or "horseback" experts. Thus, the respective roles of the mental health worker and the professional expert have been considered with concern. Our experience has led to the opinion that graduates in the professional disciplines are often indoctrinated with the sense of there-is-only-one-best-way-to-get-things-done. This results in a narrow view of community mental health problems. Also, pride of professional status may block the giving of services which are considered beneath the dignity of the expert. The mental health worker is not constrained by such influences from perceiving the need for mental health services. Sometimes the mental health worker seems to be able to identify easily mental health problems and tasks and to improvise plans for solving them by virtue of his flexible approach. He is ready also to undertake the less glamorous but, nevertheless, essential services, such as arranging for or providing transportation of patients to and from clinics and hospitals; interpreting clinical reports and recommendations to families in understandable lay terms; sympathetic visits to families in which a mental illness crisis has occurred; planning educational programs of interest to civic and religious organizations; and many others. Thus, the
mental health worker has been able to supplement the work of the mental health professionals without encroaching upon their fields.

The unique role of the mental health worker is as a member of the public health team. There is in Florida a growing recognition that problems in the area of mental health demand high priority in the planning of public health programs at local levels. There is an awareness that various staff members, and particularly the health officers, the public health nurses, and the health educators should be contributing substantially to mental health programs. It is the unique opportunity of the mental health worker to determine what can and should be done to guide staff members in the development of skills in this field, and to provide assistance as indicated and desired. Thus, he is and he considers himself primarily as an additional professional in the family of public health workers.

In conclusion, the mental health workers in the Florida program are making significant contributions to the public mental health effort. They have become useful and desired members of the public health team and of their respective communities. They are serious public servants pioneering in a new activity. They are providing services economically which would not have been performed in the absence of these new staff members. Certainly in this period in which mental health activities are being incorporated into the general public health program, they add new competences to the public health team.

It is our opinion that in Florida the mental health worker has become established on the basis of merit as an essential member of the local public health team. We consider that the experiment initiated in 1954 has been successful. Mental health workers are therefore recommended for consideration by local public health agencies that are beginning to include mental health services as a part of their total program.

Dr. Yeager and Dr. Hardy (acting state health officer) are with the State Board of Health, Jacksonville, Fla. Dr. Sowder (state health officer, Florida) is now chief officer of aging, Bureau of State Services, Public Health Service, Washington, D. C.