COUNCIL ON RURAL HEALTH
AMERICAN MEDICAL ASSOCIATION
535 NORTH DEARBORN STREET
CHICAGO, ILLINOIS 60610

# "PUTTING YOU IN COMMUNITY HEALTH"*

Robert I. Daugherty, M.D.

In 1960, Lebanon, Oregon's medical facilities were unable to offer any serious form of psychiatric service to the community. Our local physicians were general practitioners, and we had no program for the comprehensive medical treatment envisioned by modern medicine. Today, through the introduction of consultation techniques, we are offering a number of new services and programs designed to deal directly with problems of mental illness in our community. This radical expansion of our ability to offer comprehensive medicine may provide some inspiration to other communities, and some of the unique techniques we developed may suggest directions for community mental health programming and planning.

Lebanon, with a population of 7,000, is the center of medical care for about 17,000 people living in the surrounding county; about 95% of these people use our local medical facilities. The expanding hospital was built in 1952. All but one of our 13 physicians are members of the American Academy of General Practice. We have regular service for radiology and pathology; surgeons, internists, urologists, and psychiatrists occasionally serve as consultants to the community.

A kaleidoscopic display of these medical facilities begins with a view of a serious injury arriving by ambulance. The patient is studied

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radiographically; the radiologist interprets the films; anesthesia is administered by a general practitioner, and a surgical team of general practitioners closes his wounds. Meanwhile, in the laboratory, technicians prepare blood from our bloodbank. Then, the patient is transferred to the recovery room, and soon his family may visit him. Twice daily visits from his family physician, who is also his surgeon, assure continuity of care. Essential follow-up x-rays are taken. As ambulation starts, a form of milieu therapy occurs; the physiotherapy department helps speed his return to work. Finally, a discharge summary is dictated and then processed by a Michigan computer as part of a professional activity study that enables us to evaluate objectively our medical practices.

Other activities take place concurrently in the hospital. In this radiology department, the radiologist discovers a serious ulcer that soon ends up on the pathologist's table for malignancy study. A patient over 75 presents a serious problem with an inflamed gallbladder; she is very ill and requires special management.

As a community hospital, we serve the old and the young. In 1959 we added a convalescent wing. Here, orderlies and nurses care for some of the older patients. In addition, they care for many young people with problems requiring long-term hospitalization. We also consider the funeral home as a part of the care offered in Lebanon, largely because it is our autopsy laboratory.

Downtown, the general practitioners have their offices in eight different buildings; they manage various problems on an outpatient basis. While prenatal and infant care are integral parts of all medical work in this community, a varicose ankle ulcer associated with severe rheumatic heart disease in a middle-aged, disabled and divorced welfare recipient is

a difficult management problem in any day. The paranoid feelings of the plywood worker with dermatitis cannot always be erased by changing jobs and using ointments. The rehabilitation of a person with advanced tuberculosis is also difficult. The problems we faced in dealing with mental illness suggested a need for an expansion of our facilities to include psychiatric services.

In 1960, the opportunity presented itself. The Western Interstate Commission for Higher Education offered our doctors one of the first psychiatry seminars. Two psychiatrists conducted a weekly two hour session for 10 consecutive weeks. Several of the local participants were stimulated to set aside special time for dealing more effectively with their own patients' emotional illnesses. I was encouraged to set up an extensive variety of group therapy situations offering preventive and treatment services not previously available for persons with severe emotional problems. A number of new techniques were developed.

A group counseling room was constructed by removing the walls, separating two examination rooms and a dressing room. (I think of this alteration in symbolic terms, too, as it has removed many non-tangible walls between me and my patients.) The room holds 16 persons comfortably, fixtures make recording easy, different lighting arrangements can create a variety of moods, and a movie screen is available. The projection room, formerly a dressing room, allows for quiet reloading of the projector while discussion progresses. The lights, screen, and stage can be controlled from the projection room. Folding doors cut the room size for smaller groups.

One such small group is our Thursday weight-control group. With this group we operate a 15-week program, with discussions given for one and a

half hours every other week. Each section is limited to eight persons, and we have realized a fair measure of success with the difficult problem of obesity.

On Wednesday afternoon, the most productive group therapy session meets -- a session to help mothers receiving Oregon ADC. We have the services of a co-therapist, a county welfare case worker. As each person is able to leave the group, a new member is added. Efforts are made to assist these women to become more independent and, particularly, to do a better job of rearing their children.

Further, we are now able to provide counseling services to obstetrical patients. They are divided into two groups, meeting on alternate Tuesdays, with group discussions keynoted by a series of 18 films. These films highlight group discussions about birth control, the prenatal period, delivery, the postnatal period, breastfeeding, child care, and development. A most productive session occurred when we didn't have a movie, one day, and I asked, "What do you want to talk about?" The ensuing discussion involved topics dealing with problems with in-laws, a very relevant subject not covered by our films. The interest level is quite high in these sessions.

On Wednesday mornings, an open-ended, emotional support session is conducted with the local hospital chaplain as co-therapist. The original group was designed to be composed of individuals returning to our community from the state mental hospital in Salem, but its success has attracted a wider membership now. Our therapeutic activities are largely supportive in character with only occasional, cautious attempts toward insight development. Primarily, this means a process of saying to the members of

the group that every Wednesday morning at 11:00 someone will be here, and this, in a sense, is thus an extension of the Oregon State Hospital service for some members. Occasionally, an Oregon State Hospital consultant will come to Lebanon to sit in with our group.

Group therapy is not limited to illness categories; we also consider the social problems of our times. We work with a group of local policemen discussing the emotional aspects of crime, and with another group consisting of school guidance personnel who discuss the psychological components of the problems of school children. For these sessions we use a recording machine, openly lodged in a former lighting fixture. Once each month, one of these recorded sessions and associated case histories are sent to a psychiatrist for consultation.

There is a marked change in our facilities and outlook since 1960. We are developing and using various approaches to the care of emotional illness by use of the consultation method. Our program reflects the sort of services which a small community like Lebanon can realistically support. And the scope of our ability to provide mental health services is still expanding. We have received a grant for the purpose of presenting demonstrated programs for other areas of the State. Further, the Economic Opportunity Act has given us an expanded vocational program in the high school, aimed at drop-out problems. Our experience indicates that general practitioners in the small and isolated community can do a great deal toward achieving the goal of comprehensive medical care through the use of consultation methods.

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