SECOND SURVEY OF THE
PUBLIC IMAGE OF MENTAL HEALTH SERVICES IN NEW YORK CITY:
AFTER STRIKE AT STATE MENTAL HOSPITALS, NOVEMBER, 1968

GENERAL REPORT OF THE FINDINGS

DIVISION OF SOCIOMETICAL SCIENCES
COLUMBIA UNIVERSITY SCHOOL OF PUBLIC HEALTH
AND ADMINISTRATIVE MEDICINE

JUNE, 1969
SECOND SURVEY OF THE
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SURVEY STAFF

PRINCIPAL INVESTIGATORS

Ann Brunswick, M.A.  Paul W. Haberman, M.B.A.
Jack Elinson, Ph.D.  Eric Josephson, Ph.D.

Mildred Katz......................... Field Staff Supervisor
Sylvia Victor, B.A.................... Statistical Research Worker
Sally Guttmancher, B.S............... Research Worker

SECRETARIAL AND CLERICAL STAFF

Mollie Hechtman  Débby Torres
Ceil Reich  Miriam Willey

INTERVIEWERS*

Howard Anderson  Grace Merritt
Margaret Arensberg  Emma Meyers
Lucy Blake  Estelle Newman
Harvey Glastein  Pearl Rabinowitz
Miriam Goldman  Justa Rodriguez
HeLEN Goodman  Elizabeth Sanchez
Isidore Haiblum  Sister Margaret Mary
Louise Hafling  John Skinner
Evelyn Harlem  Joyce Small
Jerry Jones  Elizabeth Thomas
Claire Mailman  Stanley Weingast
Laura Merit  Sylvia Winter

*INTERVIEWERS COMPLETED FROM 3 TO 19 INTERVIEWS EACH.

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INTRODUCTION

The strike by non-professional workers at the state mental hospitals brought about an unusual crisis; several thousand mental hospital patients had to be transferred to other hospitals, discharged or sent home on convalescent leave. A survey to assess the impact of this event on public images of the mentally ill and mental health services was undertaken at the request of Dr. Joseph Zubin of the N.Y. State Psychiatric Institute.

This report is based on a household interview survey of adults in New York City, conducted by a team of investigators at Columbia University School of Public Health and Administrative Medicine, immediately after the strike by non-professional employees at state mental hospitals in November, 1968. Comparisons with a comprehensive study done five years earlier have been made to measure change in public perceptions of mental health services.

The planning for this project took place during the strike, which lasted only ten days. Field work, involving interviews with a sample of adults residing in New York City, started two weeks after the strike had ended.
MAJOR FINDINGS FROM 1968 STUDY

STRIKES AS A PROBLEM IN NEW YORK CITY

"Strikes or labor trouble" were seen by one person in four as one of the biggest problems facing New York City. Only black-white relations and school problems were mentioned more often. The typical respondent was aware of four strikes in the city this past fall.

One in seven (15 percent) was able to cite, without prompting, the strike by state mental hospital workers. A strike by state mental hospital workers was less likely to be regarded as "most serious" by the public than were strikes by certain other government workers: policemen, school teachers and firemen.

THE STRIKE AT STATE MENTAL HOSPITALS

More than nine in ten adults indicated that they had heard about the strike by the state mental hospital workers - 15 percent in answer to the open-ended question about "strikes in the city this fall," plus an additional 77 percent when asked about this particular strike.

In response to specific questions about the strike - a majority of adults identified as correct the following statements:

Some patients were sent home from hospitals.

Only state institutions were struck.

In some mental hospitals, workers did not refuse to report to work.

And about one-half knew that:

Professional workers were not among the striking employees.

All patients were not sent home from any hospitals.
But less than one-quarter correctly knew that:
The strike was not for higher wages.

And only one in ten knew that:
Some patients sent home during the strike have not been returned to the hospitals.

About one-third felt that both state mental hospital administrators and workers did not do all they could to avoid the strike; 13 percent had no opinion about this.

One in five said that the strike had changed their opinion of state mental hospitals - twice as many for the worse as for the better. Most thought that those who run the hospitals and the families of patients sent home did not like having patients go home, and felt it would have been better to send such patients to another state hospital. More than two out of five thought that the patients themselves liked going home; but one-third did not think patients liked it. Seven in ten said that they would have offered to help if they lived near a family where a patient had been sent home. About one in four said it would have mattered to him if a patient were sent home to a family living nearby, specifically because the patient might harm others (or himself).

Knowledge of and Experience with Mental Health Care

In general, there was little difference between the 1968 and 1963 surveys in responses to most questions about knowledge of mental health care. In the current survey, however, 12 percent more respondents were able to name correctly a state mental hospital that takes patients from
New York City, possibly because the names of three such hospitals — Creedmoor, Manhattan State, and Bronx State — appeared in the news media in connection with the strike.

Regarding experience with mental health care in the recent survey, more people acknowledged personal problems which might have been helped; more people knew others who had sought professional help, and more reported personal use of such help for their own mental or emotional problems than in the earlier survey.

Image of Mental Hospitals

Among six alternative places for the care of the mentally ill, "A private mental hospital" was most often rated best, followed by "A small mental hospital." Care for the mentally ill at "home" was rated the poorest alternative. Among the several institutional alternatives, care was rated poorest at "a state mental hospital" or "a general hospital."

Impressions and opinions about state mental hospital care in 1968 and 1963 were generally similar. In the 1968 survey, however, the quality of care in most New York City municipal hospitals was rated considerably lower when compared to state mental hospitals than in 1963.

A majority of respondents thought that a lot of patients were in mental hospitals because their families are unable or don't want to take care of them, because they're liable to hurt themselves or someone else, or because they can't take care of themselves. A majority thought that a few patients were in such hospitals just because they're old.
SOCIAL DISTANCE FROM MENTAL PATIENTS

More than three in five respondents said they would be willing to take a relative from a state mental hospital into their home if asked to do so by the hospital. One in five said he would be willing to take in a former mental hospital patient with no history of violent behavior if there were room and the payment were $200 a month. With various incentives, e.g., payment of $100 a month, the availability of psychiatric help at home, or immediate hospitalization if necessary, a few more respondents thought they would be willing to take in such a person. Almost all of the respondents, however, said there was no room at home.

Willingness to associate with former mental patients varied according to the kind of personal involvement in essentially the same way in the two surveys. Respondents in 1968, however, were somewhat more willing to be involved with such persons than in the 1963 survey.

With respect to acceptance of community mental health services, respondents were more favorably disposed toward open mental hospitals in the current survey than previously.

Other Related Attitudes and Opinions

In general, responses to various statements dealing with attitudes and opinions about mental illness, the mentally ill and their care were similar in both the 1968 and the 1963 surveys. But in some ways, in 1968, New York City adults seemed slightly more negative toward mental hospital patients and mental health services. For example: somewhat more persons in 1968 than in 1963 agreed with the following statements:

It is necessary to use mental hospitals for keeping people out of the way.

I would object to having a mental health clinic set up near my home.

And fewer persons in 1968 than in 1963 agreed with the statement:

Most women who had once been patients in a mental hospital can be trusted as baby sitters.
BACKGROUND: STRIKE AT STATE MENTAL HOSPITALS

In 1968, New York City experienced a series of work stoppages and slowdowns directly affecting the public—beginning in February with a strike by sanitation workers and continuing through December with a strike by fuel-oil truck drivers during a cold spell. During this period, there were strikes or slowdowns by groups of municipal workers such as teachers, policemen and firemen, as well as by Consolidated Edison workers and non-professional employees at the state mental hospitals. The major strikes in New York City in 1968 are listed in Table 1.

On November 18, 1968, non-professional mental hospital workers at Creedmoor State Hospital in Queens went out on strike. Three days later, Manhattan State Hospital on Wards Island and Bronx State Hospital were also struck; as was Buffalo State Hospital, on November 25. In all, about two-fifths of the 7,300 ward attendants and other non-professional workers in the four mental hospitals went out on strike. As a result of these walkouts, 2,500 of the 13,200 patients usually cared for in the affected hospitals were transferred to other institutions. Another 3,700 patients, some of whom had already been going home on weekends, were sent home on convalescent leave or were discharged.

The work stoppages against four of the 24 state mental hospitals were voted by members of Council 50, American Federation of State, County and Municipal Employees Association (AFL-CIO). The strike was started by members of Council 50 (SCME) in an effort both to force the state to cease bargaining with a rival union, the Civil Service Employees Association (CSEA), and to obtain a representation election. The basic
ISSUE IN THIS JURISDICTIONAL STRIKE WAS WHICH UNION SHOULD REPRESENT THE WORKERS IN CONTRACT NEGOTIATIONS WITH THE STATE. CSEA REPRESENTS 124,000 STATE WORKERS INCLUDING 50,000 NON-PROFESSIONAL PERSONNEL IN STATE MENTAL HOSPITALS AND OTHER INSTITUTIONS, OF WHOM ABOUT ONE-THIRD (17,000) ARE CLAIMED TO BE MEMBERS BY COUNCIL 50 (SCME).

On November 28, COUNCIL 50 (SCME) MEMBERS VOTED TO CALL OFF THE WALKOUTS AFTER THE STATE PUBLIC EMPLOYMENT RELATIONS BOARD SPLIT THE 124,000 STATE WORKERS INTO FIVE COLLECTIVE BARGAINING GROUPS AND RECOMMENDED EARLY REPRESENTATION ELECTIONS IN EACH UNIT. Thus, on the main issue of representation, the hospital workers won a chance to gain recognition for a separate union representing 35,000 state institutional employees instead of coming under the overall unit of 124,000 state employees now represented by CSEA. As a result of their activities during the strike, two leaders of COUNCIL 50 (SCME) were jailed and fined under the no-strike provisions of the Taylor Act, and some workers were suspended on charges of misconduct.

In the aftermath of this strike, plans have been initiated to encourage those patients who were sent home and doing well to remain there and to rely on available community services. The exact number of patients sent home because of the strike who are still there is not known. It has been estimated, however, as of the first week in January, that the number of such patients still at home was approximately 700 (about 20% of the 3,700 patients sent home on convalescent leave because of the strike).*

*Estimate made on the basis of information obtained from the New York State Department of Mental Hygiene.
In order to assess the impact of the State mental hospital workers' strike on the public image of mental hospitals, the mentally ill and their care - particularly with respect to attitudes about mental hospital patients returning to the community - the current survey was undertaken at the request by Joseph Zabin, Ph.D., Chief of Psychiatric Research (Biometrics), State of New York, Department of Mental Hygiene.* This project was conducted by Columbia University School of Public Health and Administrative Medicine, Division of Sociomedical Sciences, and was partially supported by a grant from the Research Foundation for Mental Hygiene, Inc. Associated with the New York State Department of Mental Hygiene, and from special funds provided by the New York State Department of Mental Hygiene. 

*An opportunity was also provided by means of a supplementary question series in the survey for Ruth Bennett, Ph.D., Biometrics Research, New York State Department of Mental Hygiene, to undertake a study of public attitudes toward the aged. Graduate students in her class on sociology of aging at Teachers' College also received instruction on interviewing techniques and an opportunity to obtain field work experience.

#This project was also partially supported by the Health Research Council of the City of New York, Contract U-1053.
HOW THE SURVEY WAS DONE

Housing units with at least one adult interviewed in the 1963 city-wide study of mental health services were utilized as a list of sampling units (called the frame) from which the 1968 sample was selected.* The 1963 survey was also used as a source of comparative data to measure change over a five-year period in public knowledge, experience and attitudes regarding mental health care and the mentally ill. The demographic characteristics of respondents in the two surveys were quite similar.

In the current survey, interviews were completed with 221 persons 20 years of age or older within five weeks after the end of the strike at the state mental hospitals. Field work was done in a period of three weeks. A systematic probability sample of blocks with two housing units per block from the 1963 survey was used. Housing units in the sample were assigned in pairs on the same block. Interviews were sought with only one adult in one of the pairs of housing units. The sample was designed to be a cross-section of New York City, interviewed in as short a time period as possible after the state mental hospital workers strike had ended. See the Appendix for more details on the methodology of the 1963 and 1968 surveys.

This general report deals with findings about strikes as a problem in New York City, the strike at the state mental hospitals, knowledge of and experience with mental health care, images of mental hospitals, social distance from mental patients, other related attitudes and

*Elinson, J.; Padilla, E. and Perkins, M.E. Public Image of Mental Health Services, New York City: Mental Health Materials Center, for New York City Community Mental Health Board, 1967.
OPINIONS, AND PERSONAL CHARACTERISTICS OF RESPONDENTS. THE
QUESTIONS ON STRIKES IN GENERAL AND ON THE STATE MENTAL HOSPITAL
WORKERS STRIKE WERE DEVELOPED SPECIFICALLY FOR THIS SURVEY. MOST,
BUT NOT ALL, OF THE OTHER QUESTIONS WERE REPEATED WITHOUT CHANGE
FROM THE 1963 SURVEY TO PERMIT A COMPARISON WITH THE EARLIER
FINDINGS. (A COPY OF THE QUESTIONNAIRE IS APPENDED TO THIS REPORT.)

AS A GUIDE TO COMPARING THE FINDINGS IN THE TWO SURVEYS, A
DIFFERENCE OF APPROXIMATELY SIX PERCENT WOULD BE NECESSARY FOR
SIGNIFICANCE AT THE FIVE PERCENT LEVEL FOR TWO SIMPLE RANDOM SAMPLES
EQUIVALENT TO SAMPLE SIZES IN THE 1968 AND 1963 SURVEYS.*

*Source: Adapted from table by Bernard Lazewitz in "A Comparison of
Association, 56: p. 577, September, 1961; for one sample N of 200 and
another sample N of either 700, 1,500 or 2,000.
DETAILED FINDINGS

STRIKES AS A PROBLEM IN NEW YORK CITY

PERCEPTION OF BIGGEST PROBLEMS IN NEW YORK CITY (TABLE 2)

Educational affairs are seen most often as one of the biggest problems in New York City, with the ten-week strike by public school teachers in the fall of 1968 being the main source of trouble. In response to an open-ended question asking about the one or two biggest problems facing New York City right now, one in three mentioned schools or education (35%) -- one in five as the problem mentioned first (21%). One-third sees Negro-white relations or civil rights as one of the biggest problems in the city (32%), followed in order by strikes or labor problems (28%), crime (21%) and protests or demonstrations (20%). More than one in ten first mention either strikes and labor problems (12%), Negro-white relations and civil rights (11%) or crime (11%). Less than one in thirteen sees health or hospitals (9%), transportation (7%) or air pollution (7%) as one of the biggest problems in the city. An average of 2.5 problems is reported by each respondent, with one in ten citing less than two problems (10%).

KNOWLEDGE OF STRIKES IN NEW YORK CITY (TABLE 3)*

The strike by school teachers is mentioned more often than any other work stoppage or slowdown in New York City (84%), in answer to a question dealing with strikes in the city this fall about which respondents heard. The teachers strike is most frequently mentioned first (54%). The following work stoppages or slowdowns in New York City in 1968 are reported by at least two-fifths of the respondents: policemen (51%), fuel-oil truck drivers (47%), sanitation workers (43%), firemen (39%), and Consolidated Edison workers (38%).

*Some major strikes in New York City in 1968 including those by longshoremen, United Parcel Service workers, school bus drivers and Railway Express workers appear in the category, "All other," because they were not listed on the questionnaire. Data on knowledge of these strikes will be tallied and analyzed in a subsequent report.
STRIKE BY MENTAL HOSPITAL WORKERS IS MENTIONED BY ONLY ONE IN SEVEN (15%). AN AVERAGE OF 3.9 STRIKES WAS CITED BY EACH RESPONDENT.* ALL THE RESPONDENTS REPORT HEARING OF AT LEAST ONE STRIKE, AND ONLY ONE IN FIFTY HAS NOT HEARD OF TWO STRIKES IN THE CITY IN 1968 (2%).

Respondents' recall of strikes in New York City undoubtedly was affected by such factors as proximity of the work stoppage or slowdown to field work in the current survey (December 13, 1968 to January 3, 1969), duration of the work stoppage or slowdown, and its impact on the public. The dates of major work stoppages or slowdowns in 1968 and the number of workers involved are presented in Table 1.

Opinion about Strikes in New York City (Table 4)

Two in five think that a strike by policemen is the most serious kind (38%), and four in five (80%) regard it as one of three most serious strikes by six groups of municipal workers listed on a question card which was shown and read to respondents. One in five think either a strike by school teachers (21%) or firemen (20%) is most serious.

About one in eight indicate that a strike by mental hospital workers is the most serious (12%), followed by strikes of sanitation workers (5%) and welfare workers (1%). Two in three regard a firemen's strike as one of the three most kind serious (60%), followed by strikes of school teachers (49%), sanitation workers (47%) and mental hospital workers (41%).

*The average is based on all strikes mentioned by respondents, although no more than five strikes per respondent were coded. More than five strikes were mentioned by 21 respondents.
STRIKE AT STATE MENTAL HOSPITALS

KNOWLEDGE ABOUT STATE MENTAL HOSPITAL WORKERS STRIKE (Table 5)

As noted previously, only fifteen percent of the respondents mentioned hearing about the mental hospital workers' strike in answer to a question about "strikes in the city this fall." An additional seventy-seven percent remember hearing about a strike at the mental hospitals in answer to a direct question which asked about this strike specifically. Thus, better than nine in ten adults (92%, or 15% + 77%) indicated that they heard about the strike by the state mental hospital workers.

Almost all of the respondents (86%) remember first hearing about the strike at the mental hospitals through mass media—newspapers (38%), radio (25%), or television (23%). Only one person first heard about the strike from a patient at a state mental hospital (0.5%)—her daughter who was home for a visit at that time. She did not recall the strike until asked whether she knew anyone who was sent home from a hospital because of the strike. One other person first heard about the strike from someone working at a state mental hospital, who was not on strike (0.5%).

A majority of adults correctly reports that some patients were sent home from hospitals because of the strike (66%), that only state institutions were struck (60%), and that workers refused to report to work at only some mental hospitals (58%). About one-half knows that doctors, nurses and social workers were not among the striking employees (52%) and that all patients were not sent home from any hospital (48%). Only about one in six (16%) know that the strike was not for higher wages.
Nine out of ten (90%) either do not know if all of the patients sent home during the strike have been returned to the hospitals (69%) or think that all such patients are back in the hospitals (21%). The remaining ten percent who know correctly that some of the patients were still at home at the time of the interview are almost evenly divided between those who think that this was or was not a good idea.

Most people (90%) either do not know anyone who was sent home from a state mental hospital because of the strike (82%) or have not heard about the strike (8%). Three persons know a relative (1.4%) and nine persons know someone else (4.1%) who was sent home because of the state mental hospital workers strike.

Opinions about State Mental Hospital Workers Strike (Table 6)

About one-half of the respondents think that the people who run the state mental hospitals and the hospital workers did all they could to avoid having a strike (55% and 50% respectively). Four out of five say that the strike has not changed their opinion of state mental hospitals (78%). One in nine has a worse opinion of the hospitals (11%), and one in seventeen a better opinion (6%) as a result of the strikes.

Attitudes about Sending Patients Home During State Mental Hospital Workers Strike (Table 7)

About four out of five think that the people who run the hospitals (84%) and the families of patients sent home (78%) did not like having patients go home. Almost two in three think that it would have been better to send the patients to another state hospital (64%). On the other hand, more than two in five think that most of the patients liked going home (44%). Two in three think that it mattered to someone other than the patients, their families and the hospitals that patients were sent home (66%). One-half specified that it mattered to neighbors, the community or the public (48%).
ATTITUDES ABOUT LIVING NEAR FAMILY WHERE PATIENT HAD BEEN SENT HOME (TABLE 8)

If they lived near a family where a patient had been sent home, six in ten adults would have wanted to know about it (63%) and seven in ten would have offered to help (72%). It would matter to half the respondents if a patient were sent home to a family living near them (48%). More than one in four specify that it would matter because the patient might do harm to others (or to himself) (28%).

KNOWLEDGE OF AND EXPERIENCE WITH MENTAL HEALTH CARE

KNOWLEDGE ABOUT MENTAL HEALTH PROFESSIONALS AND NAMES OF MENTAL HEALTH SERVICES (TABLE 9)

One-half of the respondents know that no one besides a doctor of medicine can be a psychiatrist (50%) and three-quarters know that a psychiatrist is not the same as a psychologist (73%). More than half correctly named a state hospital which takes mental patients from New York City (56%), and two-thirds correctly named a general hospital in the city which has beds for mental patients (64%).

There was little difference between the 1963 and 1968 survey results except for being able to name correctly a state mental hospital that takes patients from New York City. Twelve percent more respondents correctly named a state mental hospital in the current survey than previously (56% in 1968, 44% in 1963.

RECOGNITION OF PERSONAL PROBLEMS AND FEELINGS OF NEED FOR HELP (TABLE 10)

More than half of the adults reported having personal problems that might have been helped by going somewhere or seeing someone (54%). One in ten reports have had personal problems, but does not believe that going anywhere would have helped (10%). The remaining thirty-six percent denies having had any great personal problems. In the current survey, somewhat more persons reported having personal problems which might have been helped than in the earlier survey (54% in 1968, 45% in 1963), and this difference primarily occurred in the percent who said that there were many such problems (14% in 1968, 4% in 1963).
ACQUAINTANCE WITH PERSONS WHO HAD PROFESSIONAL HELP FOR MENTAL OR EMOTIONAL PROBLEMS (TABLE 11)

Seven in ten adults in New York City report knowing one or more persons who have had professional help for a mental or emotional problem (71%). Two in five adults know one or more persons who were hospitalized for such a problem (41%). Three in ten have an immediate family member or other relative known to have sought professional help for a mental or emotional problem (31%), and one in five have a relative known to have been hospitalized for such a problem (19%).

Knowledge of the use of professional help for mental or emotional problems was more widespread in 1968 than in 1963. More respondents in the current survey knew both at least one person who had sought such help (71% in 1968, 52% in 1963), and one or more persons who had been hospitalized for such a problem (41% in 1968, 35% in 1963). Respondents in the current survey are also more likely than those in the earlier survey to know more than one person who had sought professional help for mental or emotional problems (52% in 1968, 34% in 1963), and more than one person who had been hospitalized for such problems (21% in 1968, 13% in 1963).

EXPERIENCE WITH PROFESSIONAL HELP FOR OWN PERSONAL PROBLEMS (TABLE 12)

Almost one in six adults reports seeking help personally for a mental or emotional problem (16%). Of those who have gone for help, seven out of ten say that they have seen a mental health professional (71%) and slightly less than two in five have seen other professionals or specialists (37%). One in three reports seeing a psychiatrist (31%), and one in four has seen a nonpsychiatric physician (26%).

More respondents in the current survey reported going somewhere for personal help for a mental or emotional problem than in the earlier survey (16% in 1968, 9% in 1963). Of those who had gone for help, however, relatively more persons in
THE EARLIER SURVEY SAID THAT THEY SAW A PSYCHIATRIST (31% IN 1968, 51% IN 1963). IN THE CURRENT SURVEY, THOSE WHO HAVE SOUGHT HELP WERE MORE LIKELY THAN THOSE IN THE EARLIER SURVEY, TO HAVE GONE TO A NONPSYCHIATRIC PHYSICIAN, A COUNSELOR, SOCIAL WORKER, OR CLERGYMAN (20%, 14%, 11%, 9% IN 1968, 26%, 7%, 7%, 4% IN 1963, RESPECTIVELY.)

IMAGES OF MENTAL HOSPITALS

RATING OF PLACES TO CARE FOR THE MENTALLY ILL (TABLE 14)

OF SIX SELECTED PLACES TO CARE FOR THE MENTALLY ILL LISTED ON A QUESTION CARD SHOWN TO RESPONDENTS, THREE OUT OF FOUR (74%) THINK THAT A MENTAL PATIENT CAN GET THE BEST CARE (48%) OR THE NEXT BEST CARE (25%) IN A PRIVATE MENTAL HOSPITAL. ALMOST HALF (47%) BELIEVES THAT THE BEST CARE (26%) OR NEXT BEST CARE (20%) WOULD BE IN A SMALL MENTAL HOSPITAL - TWICE AS MANY AS CHOOSE A LARGE MENTAL HOSPITAL (25%--10% BEST CARE AND 15% NEXT BEST CARE). ON THE OTHER HAND, TWO IN FIVE THINK THAT THE CARE FOR THE MENTALLY ILL WOULD BE LEAST GOOD AT HOME (42%). ONE IN FIVE BELIEVES THAT THE LEAST GOOD CARE WOULD BE EITHER IN A STATE MENTAL HOSPITAL (20%) OR IN A GENERAL HOSPITAL (18%).

IMPRESSIONS AND OPINIONS ABOUT STATE MENTAL HOSPITAL CARE (TABLE 15)

ASKED WHETHER A STATE MENTAL HOSPITAL IS MOST LIKE A GENERAL HOSPITAL, TUBERCULOSIS SANITARIUM, PRISON, BOARDING HOUSE OR NURSING HOME, THREE IN TEN ADULTS SELECT A GENERAL HOSPITAL (30%). THE NEXT MOST FREQUENT CHOICES ARE A NURSING HOME (26%) OR A PRISON (21%). THE MAJOR DIFFERENCE BETWEEN THE 1963 AND 1968 SURVEY RESULTS IS THAT MORE PEOPLE NOW SAY THAT A STATE MENTAL HOSPITAL IS LIKE A NURSING HOME THAN IN THE EARLIER SURVEY (26% IN 1968, 15% IN 1963).

TWO IN FIVE THINK THAT PATIENTS WHO ENTER A STATE MENTAL HOSPITAL HAVE A GOOD OR EXCELLENT CHANCE OF GETTING BETTER (38%). A COMPARABLE PROPORTION SAY THAT THE QUALITY OF CARE THAT PATIENTS GET IN A STATE MENTAL HOSPITAL IS GOOD OR EXCELLENT (37%). IN THE 1963 SURVEY THE ANSWERS TO THESE TWO QUESTIONS WERE SIMILAR.
Slightly more persons believe that, compared to state mental hospitals, the quality of care in most city hospitals in New York City is good or excellent (32%) rather than poor or very poor (26%). In the 1963 survey, city hospitals were rated considerably higher in comparison with state mental hospitals (58% good or excellent versus 9% poor or very poor) in 1963.

Opinions about State Mental Hospitals (Table 16)

More than eight out of ten adults agree that even if most patients do not get better there, state mental hospitals are needed, because they do a job of protecting the community (85%).

Three in four agree that conditions are improving in state mental hospitals (75%).

More than half of the respondents agree with the following statements:

State mental hospitals are often much too big to give proper care (58%).

Often they are too far away from the patients' homes (58%).

State mental hospitals are as up to date as other hospitals in using scientific advances (56%).

Less than two in five agree with the following:

They mostly get poorly trained people to work in them (37%).

Usually they are "snake-pits" (27%).

The comparable figures from the 1963 survey are almost the same, with none differing by as much as five percent.

Perceptions of Reasons Why Patients Are in Mental Hospitals (Table 19)

Of six selected reasons, two in three respondents think that a lot rather than a few patients are in a mental hospital because their families are unable to take care of them (68%). A slightly smaller number say that a lot of patients rather than a few are in mental hospitals because they're liable to hurt themselves (64%) or someone else (64%). More than half say that there are a lot of patients
IN MENTAL HOSPITALS BECAUSE THEIR FAMILIES DON'T WANT TO TAKE CARE OF THEM (56%)
OR BECAUSE THEY CAN'T TAKE CARE OF THEMSELVES (56%), WHEREAS TWO IN FIVE THINK
THAT A LOT RATHER THAN A FEW PATIENTS ARE IN SUCH HOSPITALS JUST BECAUSE THEY'RE
OLD (41%).

SOCIAL DISTANCE FROM MENTAL PATIENTS

ATTITUDES TOWARD INVOLVEMENT WITH FORMER MENTAL PATIENTS (Table 18)

More than three in five adults (62%) say that they would definitely (27%) or probably (34%) be willing to take a relative home from a state mental hospital if they were asked to do so by the hospital. One in five think they would be willing to take in a former mental hospital patient who had no history of violent behavior if there were room and the payment were $200 a month (19%). If the payment were $400 a month, an additional three percent would be willing to take in such a person. An additional eight to ten percent would be willing, with the following qualifications, to take in such a person:

- If a psychiatrist would come to the home in an emergency (8%)
- If a psychiatrist would come to the home on a regular basis (8%)
- If arrangements could be made for immediate rehospitalization, if necessary (10%)

Only one in twelve of all respondents says there is room in his home for an extra person like this (8%).

Willingness to associate with former mental hospital patients varies according to the kind of personal involvement in the situation. Four in five would be willing to work on a job next to an ex-mental patient (79%). About seven in ten would be willing to live next door to him (73%) or to hire such a person (71%). Less than half would be willing to have a former mental hospital patient as their boss on a job (48%). Only about one in four would agree if someone in his family wants to marry such a person (27%), or to share an apartment with him (25%). The comparable percents in the 1963 survey were in essentially the same
ORDER, BUT RESPONDENTS WERE SOMewhat LESS WILLING then TO BE INVOLVED WITH FORMER MENTAL HOSPITAL PATIENTS THAN IN THE CURRENT SURVEY.

Acceptance of Community Mental Health Services (Table 17)

Brief descriptions of open mental hospitals and foster care of mental patients were read to the respondents after which they were asked: "Should we have such a service?" and "Have you personally known anyone who could have used such a service?". Five out of six think we should have open mental hospitals (83%) and one in three has known personally someone who could have used this service (32%). The comparable percents for foster care are 44% for having such a service and 11% for knowing anyone who could use this service. In the 1963 survey, fewer respondents thought that we needed open mental hospitals (63%) or personally knew anyone who could use such a service (17%). With regard to foster care of mental patients, the results in both surveys were similar.

*The descriptions of these two community mental health services which were read to respondents are as follows:

Open Mental Hospitals: The wards in these hospitals are unlocked for most of the patients. Most patients may go out on pass for walks, visits, and trips. Patients who are improved are allowed to go home even if not completely well, and if they get worse, they may return to the hospitals.

Foster Care: A family is paid a certain amount of money each month to take in a mental patient who lives with them instead of living in the hospital.
OTHER RELATED ATTITUDES AND OPINIONS

ATTITUDES AND OPINIONS ABOUT MENTAL ILLNESS, THE MENTALLY ILL, AND THEIR CARE (Table 20)

More adults agree with the following statements (55% and over):

Keeping up a normal life in the community as far as possible, helps the chances for improvement of a mental condition (84% in 1968, 83% in 1963)

A mentally ill person who stays in the community is in danger from rude and unkind people there (78% in 1968, 80% in 1963)

Unlike physical illness, which makes most people sympathetic, mental illness tends to repel most people (76% in 1968, 77% in 1963)

Two in three, however, deny that mental illness tends to repel them (68% in 1968 and in 1963)

More disagree with the following statements (55% and over):

Most women who had once been patients in a mental hospital can be trusted as babysitters (72% in 1968, 55% in 1963)*

I would object to having a mental health clinic set up near my home (71% in 1968, 78% in 1963)*

It is easy to recognize someone who once had a serious mental illness (67% in 1968 and in 1963)

Although patients discharged from mental hospitals may seem all right, they should not be allowed to marry (55% in 1968, 69% in 1963)*

Opinion is divided on the following statements:

It is necessary to use mental hospitals for keeping people out of the way (51% agree in 1968, 54% disagree in 1963)*

It is unfair to the women and children of a community to mix mental patients among them (48% in 1968, 49% in 1963 disagree)

Most mental patients continue to show signs of their illness long after they leave the hospital (47% in 1968, 49% in 1963 agree)

*Differences of 7% or more (up to 16%) between the 1963 and 1968 surveys.
The comparable percents from the 1963 survey appear after those for the current survey. The responses to these statements, for the most part, were similar in both surveys. Four statements, however, had differences ranging from 7% to 16% between the two surveys (noted by an asterisk).

Ways of Looking at Life (Table 13)

Half of the adults agree that any good leader should be strict with people under him in order to gain their respect (50%). A smaller percentage agree with the following statements:

- Always be on guard with people (45%)
- Whatever you do must be done perfectly (37%)
- It's hardly fair to bring a child into the world with the way things look for the future (28%)
- The answer to the race question is that oil and water don't mix (27%)

The 1963 survey results were different from those in the current survey in that five years earlier a smaller percent agreed with the statement about bringing a child into the world (20%). A somewhat larger percent in 1963 agreed with the statement about any good leader being strict (52%) and doing things perfectly (45%) than in 1968.

Personal Characteristics

1968 Survey (Table 21)

There are more women (52%) than men (48%) among the sample of 221 persons 20 years or older, despite a higher priority given to obtaining interviews with male respondents.* Four out of five respondents are white (80%). One-third lives in Brooklyn (31%), followed in order by Queens (24%), Manhattan (21%), Bronx (17%) and Richmond (13%), with a similar distribution of housing units

*See Appendix: Methodology 1968 Survey
Two in five are in the 40-59 age group (41%); more than one in three between 20 and 39 (36%); and almost one in four, 60 or older (23%). Two in three of the respondents are married (61%) and three out of twenty have never been married (15%). More than half are high school graduates or better (56%), of whom one in four attended college (25%). Less than one in four did not attend high school (23%).

Two out of five of the respondents are Catholic (42%) and about one-quarter each are Protestant or Jewish (25% and 23% respectively). One in three attend religious services once a week or more (44%), and almost three in five attend religious services once a month or less (57%) including one in ten who never attends services (11%).

More than half of the respondents have lived in New York City thirty years or more (55%), and one in six has lived in the city from 20 to 29 years (17%). On the other hand, one in thirteen has lived in New York City five years or less (8%), including two percent who have lived in the city two years or less. Seven out of ten adults were born in the United States (71%), with almost three in five born in the Northeast (58%). About one in eight was born in Europe (13%); one in ten in Puerto Rico (10%); and one in twenty (5%), in other Western Hemisphere countries. Slightly more than one-third of the parents of respondents were born in the United States (36% of fathers and 37% of mothers). One in ten parents was born in Puerto Rico (10% of fathers and of mothers), and more than two-fifths were born in Europe (44% of fathers and 43% of mothers).

Almost one out of three adults reports gross family income of $10,000 or more (31%), with one in eight reporting family income of $15,000 and over (12%) in the previous year. For another third of the adults, family income was under

*SEE APPENDIX: METHODOLOGY 1968 SURVEY*
$7,000 (32%). One in ten adults has a family income under $3,000 (10%) and the same proportion had incomes from $3,000 to $14,999. The usual occupation of one out of five heads of households is either clerical or sales work (21%). Other heads of households are occupied as craftsmen (13%), operatives (13%), service workers or laborers (15%), professional workers (12%), and managers (10%). One out of seventeen heads of households is a homemaker (6%).

One in four adults is an active member of one or more organizations, attending meetings regularly (27%). One in three is a member of a union now (32%), and one in five used to belong to a union (21%).

1963 and 1968 Survey Comparisons (Table 21)

For the most part, the personal characteristics of respondents in the 1963 and 1968 surveys were similar. Differences in categories of personal characteristics for the sample adults between 1963 and 1968 ranged up to ten percent with the biggest changes occurring in color, gross family income, education, and place of birth of respondents and their parents. White respondents dropped five percent between the two survey years (from 85% in 1963 to 80% in 1968) as anticipated.

In 1963 one in thirteen respondents reported family income of $15,000 or more (8%) compared to one in eight in 1968 (12%). Family incomes under $7,000 were reported by half the adults in 1963 (50%) and by one-third in 1968 (32%), with the largest drop occurring in the $5,000 to $6,999 category (from 21% in 1963 to 12% in 1968). It should be noted, however, that these family income figures are not adjusted for the increase in the consumer price index. The consumer price index for the New York City Metropolitan Area was 108.7 in 1963 and 124.1 in 1968 (1957-59=100).* Unadjusted median income figures are $6,673 in 1963 and $7,967 in 1968. Median income figures adjusted for changes in the consumer price index are $6,139 in 1963 and $6,420 in 1968.

Educational achievement was somewhat higher in 1968 than in 1963. One in four were high school graduates in 1963 (24%) compared to three in ten in the later study (31%), with an opposite change in the percent having some high school or less (50% in 1963 to 43% in 1968).

There was an increase between 1963 and 1968 in the percent of respondents and their parents who were native-born, and a decrease in the percent of those who were born in Europe, as expected. The percent born in the United States rose from 64%, 30% and 34% in 1963 to 71%, 36% and 37% in 1968 for respondents, their fathers and their mothers, respectively. The corresponding percents for the European-born declined from 22%, 54% and 51% in 1963 to 13%, 44% and 43% in 1968 for respondents and their parents, respectively.
APPENDIX: METHODOLOGY

1963 Survey

The first Public Image of Mental Health Services project was a household survey conducted jointly by the Columbia University School of Public Health and Administrative Medicine and the New York City Community Mental Health Board. A multi-stage probability area sample of 1,500 housing units on 750 census blocks, with two housing units in each block, was used to yield 3,000 persons twenty years of age or older representative of the five million adults in New York City, with each borough represented in proportion to its adult population. In April to October, 1963, a listing was completed for 1,206 units, 88% of those eligible. In these listed units, there were 2,441 persons twenty years and older eligible to be interviewed. In the field work conducted from April to October, 1963, interviews were completed with 2,118 adults, 87% of those listed.

Three questionnaires with overlapping content were administered to random subsamples, each representative of adults in New York City. Separate interviews were sought with all adults in every listed household, using the same questionnaire version for each respondent in the same household and for the two housing units on the same block. Almost all of the questions used in this survey were precoded. The sampling plan and other methodological considerations have been presented in greater detail in the first general report of the findings.*

*Elinson, J.; Padilla, E. and Perkins, M.E. Public Image of Mental Health Services, New York City: Mental Health Materials Center, for New York City Community Mental Health Board, 1967.
1968 Survey

This survey used a systematic probability sample of blocks from the 1963 survey for two of the three questionnaire versions with at least one completed interview in the two housing units. The 1968 sample, however, does not include housing units which were constructed after December, 1962, when the 1963 survey sample was selected.

Sample assignments were made in pairs of housing units on the same block. Housing units in which one particular questionnaire version of the three used in the 1963 survey were omitted from this sample, as were all pairs of housing units without any completed interview. A systematic sample of two-thirds of the remaining pairs of housing units - 324 paired cases or 668 individual cases - were selected.

After subtracting sampling losses - primarily those pairs of housing units both of which were demolished or vacant when the interviewer attempted to enumerate (list) members of the household, there were 314 pairs eligible for the sample. From these 314 paired cases (628 individual cases), interviews were completed with 221 persons 20 years and older (70% of the paired cases) in field work conducted from December 13, 1968 to January 3, 1969.

There were 93 pairs (30% of 314 pairs) in which no interviews were completed, 56 (18%) because the field work was terminated, and 37 (12%) for other reasons, primarily because no interview was obtained after three or four calls (6% of paired cases). There was some contact with 167 of the 221 individual cases (76%) who were ineligible because interviews had been completed with the paired case. No attempt was
MADE TO CONTACT THE REMAINING 5½ INDIVIDUAL CASES (2½%) BECAUSE INTERVIEWS HAD BEEN COMPLETED WITH THE PAIRED CASE ON THE FIRST CALL. (SEE APPENDIX TABLE A1 FOR DETAILS ON THE OUTCOME OF THE FIELD WORK AND APPENDIX TABLE A2 FOR INTERVIEWER OBSERVATIONS AND RATINGS ABOUT RESPONDENTS.)

INTERVIEWS WERE SOUGHT WITH ONLY ONE ADULT IN ONE OF THE PAIRED HOUSEHOLDS. THE PAIRED HOUSEHOLDS WERE FOLLOWED-UP UNTIL A COMPLETED INTERVIEW WAS OBTAINED IN ONE OF THEM. ANY HOUSEHOLD MEMBER 20 YEARS OF AGE OR OLDER AT HOME WHEN THE INTERVIEWER CALLED WAS ELIGIBLE TO BE INTERVIEWED. IF MORE THAN ONE ADULT HOUSEHOLD MEMBER WAS HOME WHEN THE INTERVIEWER CALLED, RESPONDENTS WERE SELECTED IN ORDER OF PRIORITY AS FOLLOWS:

1. Male head of household
2. Other male adult member of household
3. Female head of household
4. Other female adult member of household

MEN WERE GIVEN A HIGHER ORDER OF PRIORITY THAN WOMEN BECAUSE IT WAS THOUGHT THAT A RANDOM SELECTION OF ADULTS AT HOME WHEN THE INTERVIEWER CALLED WOULD HAVE RESULTED IN A DISPROPORTIONATE NUMBER OF WOMEN IN THE SAMPLE. IN ADDITION, MEN AND HEADS OF HOUSEHOLDS WERE GIVEN HIGH PRIORITY BECAUSE THESE ADULTS WERE MORE Apt TO BE IN THE LABOR FORCE, AND IT WAS THEREFORE THOUGHT THAT THEY WOULD BE MORE FAMILIAR WITH THE STATE MENTAL HOSPITAL WORKERS STRIKE.
There was little difference between the 1968 and 1963 surveys in the percent who were men, (48% in 1968, and 46% in 1963), most likely due to the high priority given to male respondents. In addition, two in three persons interviewed in the current survey, compared with one in two previously, were the heads of households (65% in 1968, 53% in 1963). The distributions by borough of housing units in interviewers' 1968 survey assignments and of respondents in the 1963 survey were almost the same. The distribution by borough of interviewers' assignments and of respondents in the 1968 survey were also very similar.

These data from the two surveys by borough are as follows:

<table>
<thead>
<tr>
<th>Borough of Residence</th>
<th>1963 Respondents (N=2118)</th>
<th>1968 Housing Units Assigned (N=548 or 324 pairs)</th>
<th>1968 Respondents (N=221)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronx</td>
<td>18%</td>
<td>18%</td>
<td>17%</td>
</tr>
<tr>
<td>Brooklyn</td>
<td>33</td>
<td>34</td>
<td>34</td>
</tr>
<tr>
<td>Manhattan</td>
<td>23</td>
<td>24</td>
<td>21</td>
</tr>
<tr>
<td>Queens</td>
<td>24</td>
<td>21</td>
<td>24</td>
</tr>
<tr>
<td>Richmond</td>
<td>3</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Of the 221 respondents, 80 (36%) were members of families who had been previously interviewed in the 1963 survey, with 71 (32%) having been personally interviewed in the earlier survey. Response patterns to identical questions of these 71 persons who were interviewed in both surveys will be analyzed in a subsequent report.

*Elinson, J.; Padilla, E. and Perkins, M.E. Public Images of Mental Health Services, New York City: Mental Health Materials Center, for New York City Community Mental Health Board, 1967; Table 18
The questionnaire, which was mostly pre-coded, took an hour on the average to administer and was designed to obtain responses regarding:

1. **Awareness and concern about strikes as a general problem in New York City.**
2. **Awareness, information and reactions to the strike by state mental hospital workers.**
3. **Knowledge of and experience with mental health services.**
4. **Perceptions and opinions of mental hospitals and other mental health services.**
5. **Attitudes toward mental patients and mental illness.**
6. **Some general attitudes and opinions.**
7. **Personal characteristics.**
8. **Opinions about "old people."**

The 1968 survey respondents represent a cross-section of New York City adults who were interviewed within five weeks after the end of the strike at the state mental hospitals. The field work was completed as quickly as possible so that respondents would be more likely to remember events related to the strike. As a result, the following procedures were followed:

1. **Housing units constructed after December, 1962 were not included.**
2. **Pairs of housing units on blocks without any completed interviews in the 1963 survey were omitted.**
3. **A disproportionate number of the harder-to-obtain cases were not completed because (a) the easier of the paired cases was more likely to be interviewed and (b) the easier cases were more likely to be completed before the field work ended.**

Because of the above procedures, the 1968 survey sample is not a complete probability sample of New York City adults.
APPENDIX TABLE A1: OUTCOME OF FIELD WORK IN 1968 SURVEY

<table>
<thead>
<tr>
<th>Disposition</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1.1 Housing units assigned</td>
<td>324*</td>
<td></td>
</tr>
<tr>
<td>Sampling losses#</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Eligible for interviews</td>
<td>314</td>
<td>100%</td>
</tr>
<tr>
<td>Completed</td>
<td>221</td>
<td>70.4</td>
</tr>
<tr>
<td>Not completed</td>
<td>93</td>
<td>29.6</td>
</tr>
<tr>
<td>Field work terminated</td>
<td>56</td>
<td>17.8</td>
</tr>
<tr>
<td>Other non-interviews+</td>
<td>37</td>
<td>11.8</td>
</tr>
</tbody>
</table>

| A1.2 Housing units ineligible because interview completed in paired housing unit | 221 | 100% |
| No attempt to contact                          | 54   | 24.4 |
| Some contact                                   | 167  | 75.6 |
| No final disposition                           | 149  | 67.4 |
| Sampling losses‡                               | 16   | 7.2  |
| Final refusals+                                 | 2    | 0.9  |

*Housing units were assigned in pairs, with interviewer instructed to complete interview with only one adult in one of paired housing units.

#Sampling losses include 7 pairs of housing units both of which were demolished, vacant or non-existent and 3 pairs in which no adult spoke English.

+Other non-interviews include pairs of housing units with various combinations for each pair, such as, incompletion after (3) or (4) calls, final refusal after (1) attempt to convert initial refusal, break off of interview and ineligible respondent interviewed.

‡Sampling losses include 10 pairs of housing units both of which were demolished, vacant or non-existent and 6 pairs in which no adult spoke English.

Public Image of Mental Health Services, New York City, 1968

Columbia University School of Public Health and Administrative Medicine, Division of Sociomedical Sciences
APPENDIX TABLE A2: INTERVIEWER OBSERVATIONS AND RATINGS ABOUT RESPONDENTS IN 1968 SURVEY

(N=221)

### A2.1 Respondent's Cooperation

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Cooperative</td>
<td>68.3</td>
</tr>
<tr>
<td>Average</td>
<td>27.1</td>
</tr>
<tr>
<td>Not Cooperative</td>
<td>4.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

### A2.2 Respondent's Interest in Interview

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Interested</td>
<td>51.1</td>
</tr>
<tr>
<td>Average</td>
<td>42.1</td>
</tr>
<tr>
<td>Not Interested</td>
<td>6.3</td>
</tr>
<tr>
<td>DK/NA</td>
<td>0.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

### A2.3 Respondent Upset, Nervous or Tense at Any Question

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>10.0%</strong></td>
<td></td>
</tr>
</tbody>
</table>

### A2.4 Respondent Wanted to Break Off Interview at Any Point

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>7.7%</strong></td>
<td></td>
</tr>
</tbody>
</table>