Occupational therapy has two distinct aspects. Viewed from the one side it appears as a department of medicine and can be placed alongside of other forms of treatment such as hydrotherapy, electrotherapy or thermotherapy. Viewed from the other side occupational therapy appears like an industrial undertaking—a workshop or factory, in which raw materials are transformed into articles of usefulness and beauty.

As a therapeutic agent alone, occupational therapy is entitled to adequate support from the funds provided for the maintenance of the hospital. If the output of the classrooms had no commercial value whatever, occupational therapy would still continue as one of the essential means of restoring the mentally and physically sick to health and vigor.

It follows that the state should provide funds for the salaries of a trained personnel and for suitable buildings, equipment and materials to carry on occupational therapy efficiently in state hospitals. The emphasis should be continuously placed on the therapeutic side of the work and it should not be commercialized by lack of appropriations. While the duty of the state is clear to us who have had an opportunity to see the beneficial effects of occupational therapy it is not so clear to the public generally nor to the average legislator. The demand is so great for money for new buildings to house mental patients and for the maintenance of an ever-increasing number, that legislatures respond with reluctance to requests for funds for innovations or for undertakings they deem non-essential. It will be necessary,
therefore, to demonstrate clearly to the general public that occupa-
tional therapy is indispensable in the treatment of patients
with mental disease before we can expect adequate financial
support for the work.

The contrast between the well-equipped and well-manned
classrooms maintained by the Veterans' Bureau for ex-service
patients and the poorly-furnished and inadequately manned
classrooms for civilian patients in some of our state hospitals
is very marked. The Veterans' Bureau has the backing of a
grateful nation in its efforts to restore ex-service patients to health
and is therefore in a position to support adequately its occupa-
tional therapy departments. The results obtained are in most
cases commensurate with the expenditures made. The demon-
stration of efficient occupational therapy thus made by the
Veterans' Bureau should be of great assistance to the state
hospitals in procuring support for the work with civilian patients.

State hospital superintendents and therapists should not be
too modest in asking for buildings and equipment for occupational
therapy. Although good results may be obtained by skillful
therapists with poor facilities, no state hospital should be content
until its occupational therapy department is provided with a
thoroughly equipped occupational center which will afford ample
opportunity for graded work to a large part of the patient popu-
lation. Some patients may be occupied in dayrooms and dormi-
tories, but in the absence of an occupation center the scope of
the work is unduly limited. It is also believed that the therapeu-
tic effect of the work is enhanced by having patients go for
their work from the wards to workrooms specially designed and
equipped.

Some suitable activity should be provided for every class of
patient. For the more capable who can do good work under
supervision, but who cannot be paroled or discharged, rooms
should be provided with electric power and machines for the
rapid production of useful articles. Selected patients can easily
be taught to run machines, such as scroll saws or knitting, sewing,
or pegging machines and if the work is done under proper super-
vision, the earning power of the patients will be greatly increased
and only beneficial effects will follow.
If the investment for occupational therapy in buildings, equipment and material is ample and skillful therapists are employed, the success of the work will be assured and rich returns may be expected. On the other hand if scanty provision is made for the work and if untrained and inexperienced instructors are employed to carry it on, failure or mediocre success will follow. In the long run such a parsimonious policy will prove more expensive to the state.

All are agreed, I think, that the state by appropriations should provide funds for buildings and equipment and to pay the salaries of aides to conduct the work of occupational therapy in state hospitals; but no such consensus of opinion exists with regard to the method of procedure to be adopted in financing the work with reference to the purchase of materials, the sale of finished articles and the payment of workers. In the state of Illinois all materials used in the occupational therapy departments of the state hospitals are provided by the state. The articles manufactured are used by the hospitals or given to or exchanged with other state institutions. No articles are sold to the general public. If good materials are provided, this method makes the cost of carrying on the work unduly expensive, and there arises the danger that patients may be limited almost entirely to waste or second-hand material. No one will question the desirability of utilizing suitable waste materials, but when only these are available, the work will suffer. In some other state hospitals a revolving fund has been established to maintain the work in occupational therapy. All materials used in the classes are purchased from such fund and the fund is reimbursed by the sale of finished articles. In many instances the revolving fund has been started by private donations and has gradually been built up from profits accruing from the work. In such cases the fund is not regarded as belonging to the state and is not supervised by central state boards. While the use of a fund of this kind has proved satisfactory in small department of occupational therapy, the plan does not seem adequate for large institutions where several hundred patients are receiving occupational treatment. I think it would be far better for the state to provide
an adequate capital fund for the maintenance of occupational therapy in each hospital. Such fund could be placed in the hands of the steward of the hospital and be handled and accounted for by him. Under this plan the chief occupational therapist of the hospital would make requisitions on the steward for materials needed and turn over to the steward all finished articles produced by patients. With proper management the capital fund would grow and might in time be large enough to provide amply for the recreation and amusement of patients. In states where occupational therapy is not adequately supported either by direct appropriations or by a capital fund, a private revolving fund seems indispensable.

The problem of rewarding patients is one of the most difficult that the occupational therapist has to solve. The great majority of mental patients can be persuaded to work without payment of any kind except their maintenance in the institution. Groups that do good work may be rewarded in various ways. Special class outings or picnics or occasional refreshments in the work-rooms will do much to maintain the morale of the group and to develop the group spirit which too often is lacking in classes of mental patients. Individual rewards such as special clothing or special privileges are sometimes given. As jealousies frequently arise the matter is difficult to adjust satisfactorily and most careful discrimination is necessary. Patients whose mental condition will not permit of their discharge after they have become capable workers within the institution should be given every opportunity to do productive work and be credited with what they earn above the cost of maintenance.

Occupational aides should have nothing to do with the financial management of the occupational therapy department, although they should cooperate with the steward or supply and sales clerk in maintaining and building up the capital fund. Although the therapeutic side of the work should receive first consideration the commercial side should not be ignored. Careful attention should be given to the designing and finishing of articles so that they would be readily saleable. Public taste should frequently be consulted, and, other things being equal, articles that will sell
readily should be made in preference to those for which there is little demand. Under capable management a large occupational therapy department in a state hospital should cost the state nothing more than the interest on the original investment and the salaries of the therapists. In return for this outlay by the state, a great saving would be effected in the cost of maintenance of patients. The average period of hospital life would be shortened. The number of attendants and nurses required to care for patients would be reduced and the expenditures for wear and tear of furniture and bedding would be greatly lessened. While definite figures are not now available, there can be no doubt that every well-equipped and well-managed occupational therapy department in a state hospital for mental disease yields rich returns to the state.

In closing I wish to emphasize the necessity of giving serious thought to the business side of occupational therapy. Definite records of investment, expenses, output and income should be kept as well as adequate statistical records of patients receiving treatment. Reports should be made at the end of each year so that all concerned might know the extent of the operations of the department and the results obtained. When such reports are available we shall be in a better position to demonstrate to legislatures the needs and advantages of the work. If we do our part wisely the continual expansion of occupational therapy in state hospitals will be assured.