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Minnesota Bedlam Revisited

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Mental Hospitals Push for Staff Training

CHAPTER 4

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"From nothing in 1948 to too much in 1950" is the way one state mental hospital employee described the new training programs in Minnesota mental institutions.

His description also was a complaint.

But a psychiatrist working with the mental health program said this: "Unless we make these hospitals real centers of training and, subsequently, of treatment, we will never attract the highest career workers in all fields."

The training programs already are pulling up the standards of the state's mental hospitals and giving fresh interest and vigor to hospital staffs.

Dr. Ralph Rossen, Minnesota mental health commissioner, has emphasized that every member of the hospital's psychiatric team—the doctor, nurse, aid, psychologist and social worker—must know more than his own job. He must know how to work with other members of the team.

To carry out this aim, formal training programs have been organized. Every hospital also has been urged to hold staff meetings for all personnel and to use these meetings for training.

Arthur Hager, Minneapolis Tribune photographer, and I sat in on a staff meeting at the Fergus Falls state hospital.

The patient—a man about 60 years old — answered the questions put to him by the psychiatrist.

Yes, he knew this was a mental hospital, but there was nothing the matter with him. He squinted and looked puzzled.

No, he didn't know why he was here. Or maybe he did. The sheriff in his home county had it in for him.

The questions and answers went on. At one point, the patient got loud and angry because he thought the psychiatrist was suggesting he had "hallu[k]inations."

Nurses, aids, psychologist and social workers--a group of about 100-- listened. A few took notes.

When the psychiatrist had finished his questioning, other staff members were allowed to question the patient further about his early life, his problems and his present difficulties.

AT THE END of the staff meeting, the psychiatrist explained the patient's illness and showed how his answers had helped reveal that illness.

Some workers in the state's eight mental hospitals complain that attending many meetings is an unreasonable chore. They have gone to some meetings sullenly. At others, they simply failed to appear.

To pep up all hospital workers—to show what could be done by trained and willing workers, a six-member team of psychiatric personnel was organized from the staffs of several state hospitals in the spring of 1950.

This team went from hospital to hospital and tried to demonstrate good psychiatric practices "on the job."

It went into the back wards —where hundreds of patients sat in strait jackets or other restraints. Team members worked with hospital workers to untie patients and keep them untied.

At one hospital, the psychiatric team met passive resistance and sarcasm. At another hospital, the superintendent was so indignant at the "invasion" of his institute that he snubbed workers when he passed them in the wards.

"THAT WAS the worst I ever had," one of the members of the group said. "We saw things in some hospitals I wouldn't have believed if I hadn't seen them with my own eyes."

The team went through one hospital ward at night. It was a ward for disturbed patients. Metal buckets stood beside many beds. Some of them had been tipped and urine and feces lay on the floor.

The stench, the heat of the dormitory, the wild screaming and wailing of the patients was almost too much for some members of the team -- although most were not newcomers to the state's mental hospitals.

Tough as the job was, team workers went back several times to some hospitals -- five times to one. They helped stress uniformly high standards throughout the mental hospital system.

In the past two or three months, the team has not made its week long demonstration visits. But Dr. Rossen has indicated he will use the training team again if he thinks it's needed.

The staff meetings at each hospital and the traveling psychiatric team actually are only auxiliary training methods. As of November 1, 1950, the official statewide training plan included these three programs:

1. A "continuation center" at the Anoka state hospital. Meetings are called once a month for department heads of each state hospital.

Morning sessions are spent in discussing and analyzing one patient. Any member of the Anoka staff-- laundry supervisor, carpenter, or psychiatrist who has worked with the patient being studied is asked to take part.

During the afternoon, each group of specialists meets separately to discuss problems of its particular field.

At the end of the day, the groups come together again to summarize what has been learned.

The "continuation center" - which attempts to show how the energies of the psychiatric team can be directed toward one patient -- has won high praise from the world-famous psychiatrist, Dr. Karl Menninger, of the Menninger clinic, Topeka, Kansas.

2. A central training school at the Hastings state hospital. Here training is given to workers in special fields -- psychiatric aids, psychologists, social workers, recreation workers, occupational therapists and dietitians.

There is considerable confusion about the purpose of this training school. Some hospital workers think it is intended to train psychiatric aids in good hospital practices and they are opposed to it.

“We think we can do a better job of training our own aids,” one hospital administrator explained.

Others think it is intended to train a few workers in each field so that they, in turn, can train employees in each hospital.



One reason for the confusion may be the newness of the school. The psychiatrist who heads it, Dr. Richard Anderson, has been with the program since September 1950.

He said the aim of the training school is to standardize the mental health program in all Anderson state hospitals. This will mean teaching certain basic practices to representatives of each hospital.

3. A training center for state hospital doctors, social workers and psychologists at the Rochester state hospital.

Dr. Francis Braceland, chief of psychiatry at the Mayo clinic and head of the governor’s mental health advisory committee, has helped arrange these weekly meetings.

This training program generally has won the praise of all who attend. But the hazards of winter driving, the distance some employees must travel, and the shortages of doctors, psychologists and social workers have kept the attendance down.

The meetings include lectures in neurology, clinical psychiatry, psychoanalysis, group therapy and child psychiatry by Mayo specialists.

Besides these three new statewide training programs, old programs have been stepped up. Four of the hospitals are training centers for student nurses; one hospital is qualified to train psychiatric nurses, one hospital has been approved for training psychiatrists, and still another is now being considered for approval.

MOST OF the hospitals also have their own training programs for psychiatric aids. At the Moose Lake state hospital, all members of the staff -- even the receptionist, the barber and the engineer must, attend a two-week course aimed at giving them a better understanding of mental illness and hospital procedures.

Special meetings and lectures to keep abreast of advances in medical and psychiatric techniques also are part of the many-sided training program.

For instance, the state hospital at St. Peter recently was the center for a five-day workshop in psychodrama and group psychotherapy, two of the newer methods in the treatment of emotional disorders.

In psychodrama the patient acts out a role or series of roles. The doctor, by changing the parts he assigns, may uncover the life situations which are troubling the patient. In “playing the role,” the patient may get experience and confidence which can help him face his problems.

While hospital workers may feel they are being “meetinged to death,” leaders in the mental health field across the nation have stressed repeatedly the importance of good training.

Without training, they agree, it is not possible to have a staff qualified to give patients the best care and treatment.

Dr. Rossen commented recently: “Constant improvement through training is essential for every employee. The alternative of merely maintaining the status quo actually results in sliding backwards.”

"The state hospitals must be actual hospitals for medical treatment, with cure and discharge the goal for every patient."



THE 'REAL THING' Women patients pictured left are doing embroidery, handcraft and sewing at one of Minnesota's mental hospitals. They are getting occupational therapy only on a doctor's prescription and the work they are doing is prescribed for the helpful results it might have. Shortage of trained occupational therapists, however, makes it difficult for state hospitals to set up an adequate "o.t." program.

OCCUPATIONAL THERAPY: 1950 These elderly women patients probably will spend all day peeling potatoes in the kitchen of one of the state's mental hospitals. What they are doing is work, not therapy. While they are occupied with potatoes, they cannot be given any of the care and treatment that might help them get well. But without the work they do every day, the hospital would not have enough employees to prepare meals for its hundreds of patients.

