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## Minnesota Bedlam Revisited

November 1950

### Music, Color, 'Stores' Brighten Hospitals

#### CHAPTER 5

By Geri Hoffner, Minneapolis Tribune Staff Writer  
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The sharp-tongued old woman waved a paintbrush under my nose.

"Do you see what I'm doing?" she demanded belligerently. "I'm painting. I've been at this place 18 years and nobody cared a damn what happened to me. Now here I am painting."

She grinned suddenly and pulled the arm of the art instructor. "It's wonderful," she murmured. "Something wonderful has happened around here."

The woman -- a patient at one of Minnesota's mental hospitals -- was right. "Something wonderful" has happened.

A psychiatric aid described it this way: "We're trying to work with each patient as an individual now. We used to treat them like a mass, a big herd of people."

"It used to be we'd walk into a ward and say, 'we're going for a walk.' Patients who got up, went. But others just sat. Now we try to get each individual to want to go for the walk. It may take weeks or months, but we keep trying."

In a broader sense the aid was saying this:

Patients now get better care and psychiatric treatment than before. That doesn't mean there is no room for improvement.

It does mean:

Two years ago each hospital spent from \$1.05 to \$1.65 a day per patient. This amount covered food, clothing, linen, drugs, other supplies and personnel.

Today the hospitals are spending about \$3 a day per patient. That's still not up to the \$5 or \$6 a day spent by the veteran's administration or the \$9 spent in a general hospital, however. But the additional money is buying needed workers, supplies and equipment.

When Arthur Hager, Minneapolis Tribune photographer, and I visited each of the hospitals recently, we saw soap, combs, toothbrushes and toilet paper. We saw none of these two years ago.

Many of the dreary wards - depressing to the sick and well alike - have been brightened with light colored paint, drapes and a few pieces of soft furniture.

Most hospitals now have music piped into some wards.

Willmar state hospital is setting up a Swedish style tearoom for its patients. With the know how that comes from years of making a little go a long way, hospital workers are furnishing the tearoom with old tables and chairs newly decorated with white paint and flowers.

This same hospital is setting up a haberdashery for men and a dress shop for women. Old doors and dressers are being scraped, refinished and used for tables and counters.

The Anoka state hospital already has set up a "department store" where men and women patients can "shop." "This is one of my favorite places in the hospital," Arthur Down, the business manager, remarked as he showed us the one-room store.

"There's no reason why patients can't come in and pick out their own dresses, suits and shoes," he said. "We even have dressing rooms where they can try things on."

He pointed out that the shopping trip is an important, real-life situation. In the past, too many patients walked in the front door of a mental hospital and immediately lost all contact with the routine they had followed in the outside world.

They were allowed to sit in sick idleness. Each day of inactivity reduced their chances of getting well.

MANY PATIENTS, despite their illness, understand what the new program means and they like the changes. Any newspaper story about the program is read avidly by some.

To a few patients, however, the program means a change from all that was old and familiar. We saw one tiny old woman who complained querulously that her "purse" had been stolen.

Her "purse" was a leather cuff that had prevented her moving from a wooden bench.

A visitor still can walk into the wards of some state hospitals and see many patients-- especially women -- sitting for hours on hard chairs and benches. He may even see some patients huddled on the floor.

But he also will find that, compared with two years ago, at least two or three times as many patients are getting psychiatric treatments such as electric shock, lobotomy -- the operation which cuts off the disturbed part of the brain-- insulin and other drugs used for the mentally ill.

WITH THE HIRING of a new group of workers -- the recreation therapists-- most hospitals are brimming with activities such as basketball, singing, painting, folk dancing and movies.

At one hospital we watched the efforts of recreation workers as they helped a group of the most deteriorated patients play a game of overhead relay.

Some of the men and women held the volleyball without moving and stared vacantly at nothing. Again and again the recreation workers moved a patient's arms to show him how to pass the ball back over his head.

Two years ago these men and women sat hours on end, their muscles getting stiff and old; their minds out of touch with activities of the real world.

But it takes many employees to reach all patients, with helpful activities; the state hospitals still do not have enough special workers. At least five hospitals do not keep most of their patients occupied each day with healing activities or treatment.

EVEN THE PRESENT number of activities, however -- and particularly recreational activities -- has displeased some hospital workers.

"Our discharge rate has gone down because of this new program," one nurse said. "The patients like it here far too well. They have no responsibilities. They go to dances and have a lot of other recreation."

I checked on discharge figures with the superintendent of the hospital where this nurse was employed. They did not bear out the statement that fewer patients are leaving the hospital since the mental health program began.

Besides extensive recreation activities, there have been other significant additions to hospital programs. These include:

PSYCHOTHERAPY and group therapy with a small number of patients. In both these activities -- directed largely by the psychologist -- the patient talks out his problems.

MORE BEAUTICIANS. Two years ago beauty parlors in the state hospitals which had them were empty or used by a few patients. Now they are centers of laughing, talking women.

At the Anoka state hospital, women patients are so well groomed they cannot be distinguished from employees or visitors. It's not only their waved hair or polished nails, but the dresses they wear that improve their appearance.

Two years ago this hospital spent \$6.50 a year on clothing for each patient. Today, it is spending \$50 a year. Women patients get brassieres, girdles and silky stockings - the first ever purchased by the hospital.

SPECIAL BUILDINGS for elderly patients. Four hospitals have these buildings called geriatric units. Bright, clean and well-furnished they make care of the patients easier. There still are too few staff workers, however, to supervise an appropriate program of activities for these "senior citizens."

With the increased emphasis on treating the sick mind, there has been a corresponding increase in the attention given physical ailments.

ALL PATIENTS still do not get routine physical examinations, but the hiring of more doctors and the calling in of more medical specialists on a part-time basis has increased the number of patients examined.

A section of internal medicine is being set up at the Anoka state hospital under the direction of Dr. George Farr, retired professor of medicine at the University of Minnesota. Patients will be taken to Anoka for treatment and then returned to the hospital which sent them.

A similar center for neurological problems also is being developed at the Anoka state hospital under the direction of Dr. A. B. Baker, head of the neurology department at the university.

The new TB center at Anoka, will give mentally ill patients with tuberculosis their first specialized treatment. The center can care for only 253 of the 450 active cases, however, and it will not be able to accept even 253 patients until it gets more workers.

THERE IS STILL much to be done before the state hospitals can claim to be giving maximum care and treatment. Workers in the mental health program include these "musts" on their list of what should be done:

**MORE DOCTORS**, nurses, dentists, aids and other workers should be hired so that more attention can be given the individual patient.

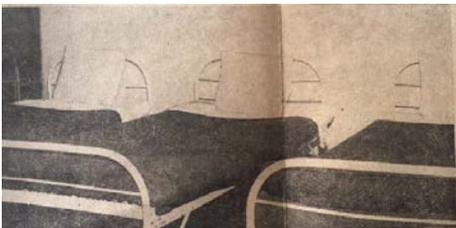
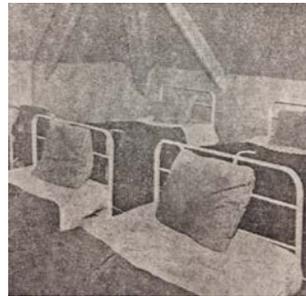
**MORE CUSTODIAL workers**-- the hundreds of patients now working in hospital laundries, kitchens, wards and farms. Dr. Ralph Rossen, state mental health commissioner, has ordered that no patient work longer than four hours a day unless on a doctor's prescription. Many patients, however, still work eight and nine hours a day because there's no one else to do the jobs.

**CAREFUL EVALUATION** of hospital activities must be made regularly to make certain the many programs are worthwhile and not simply random activity.

**MORE EFFORTS** must be made, too, to "sell" the ideas and methods of the mental health program to those workers whose attitudes are slowing its progress.

"In setting up this program," Dr. Rossen stated a few weeks ago, "there are some people who keep saying, 'You can't, you can't, you can't' to almost everything new. Well, you can. WE can - and we're going to."

**A PLACE TO SLEEP: 1948** Patients in the state's mental hospitals slept on dirty pillows like those pictured right two years ago. Most hospitals did not have enough linens to go around. A few hospitals had one sheet and pillowcase per bed. On wash days, patients slept on bare mattresses and pillows until the laundry came back.



**A PLACE TO SLEEP: 1950** With increased funds for supplies, most of Minnesota's mental hospitals now give their patients clean sheets and pillowcases to sleep on. In the picture left, increase in money also has provided freshly-painted walls. Patients have been permitted to put a few pictures on the walls.