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Minnesota Bedlam Revisited

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State Has No More 'Incurable' Patients

CHAPTER 12

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There are no "incurable" patients under Minnesota's new mental health program.

Does that mean every mentally sick patient will be cured? Unfortunately, no. Man still knows too little about his mind and its behavior.

What the statement does mean is this:

Two years ago --and for many years before that --the patients judged "incurable" were put in the back wards of Minnesota's mental hospitals.

Sometimes naked, often tied up or chained, these men and women existed in filth, neglect and cruelty.

Since they were "incurable," they got no treatment for their sick minds. Because there were few doctors, they rarely got care even for sick bodies.

Today the new purpose of the new mental health program is to care for and treat all patients - the one who has been sick 15 years and the one who has just entered the hospital.

There still are not enough doctors, nurses, psychologists and other specialists to make that aim a reality.

But in the 18 months the program has been moving, it has come perhaps to the half-way mark of its goal.

A conscientious psychiatric aid, one who has been working in state hospitals for many years, said to me, "You know, everybody who worked in these hospitals before the new program wasn't cruel and stupid."

"It's true that low salaries and poor working conditions attracted a lot of drifters, bums and even worse. But there were others, too, who were good, decent folks. They stayed in these hospitals because they had a sense of duty toward these patients."

Best evidence for his statement is that the new program could not have produced so many changes in so short a time without the backbone of old workers -- from superintendents to aids.

There are some old employees, however -- up and down the ranks -- who are slow to accept the attitudes and aims of the new mental health program. The old way was easier and required less work. What the doctor didn't see, he didn't "know" about. Untrained attendants ran the wards.

Arthur Hager, Minneapolis Tribune photographer, and I were told by some hospital workers that violence still is encouraged at a few hospitals. At one hospital, for example, the ward for disturbed men is as quiet and orderly as any ward in the institution.

A CHECK on why these men -- usually noisy, upset and active -- were so quiet revealed that each new patient, as he entered the ward, was severely beaten by two other patients. The patients doing the beating were encouraged by the psychiatric aids, that "discipline" was the way to maintain a good ward.

One of the most difficult tasks of leaders in the mental health program is to change the attitude of workers like these.

Until everyone is working for the same goals, one leader explained, the program will not move as rapidly as it might.

But the program has a good many other problems too -- not the least of which are these:

1. Some Minnesota doctors are strongly opposing the opening of out-patient clinics. These clinics, they claim, are the beginning of "state medicine."

Mental health leaders have promised, however, to accept only patients referred by a physician. On this basis, the governing board of the Minnesota State Medical society recently approved setting up of these clinics.

It will now be up to the doctor making the referral to decide whether the man, woman or child needs psychiatric attention and can't afford to buy it privately.

Dr. O. J. Campbell, chairman of the board, said its approval action does not mean that all doctors favor these clinics.

And Dr. Nathaniel Berkwitz, who heads the clinic program for the state mental hospitals, commented that no clinics will be set up in a county where the county medical society disapproves. This is "understood," he added.

Besides working with non-hospital patients, these clinics are working with patients who need extra help after discharge from the state's mental hospitals.

2. Confusion and misunderstanding about the purpose of the children's center at Hastings has created hard feelings. One "school of thought" insisted only emotionally disturbed children be sent there.

Another "school" said psychotic children -- those who suffer from most severe forms of mental illness -- should be eligible.

Dr. Ralph Rossen, state mental health commissioner, now is attempting to clear up these differences.

Ultimately, Hastings probably will have four groups of children: those who are both emotionally disturbed and mentally deficient; those who are suffering from emotional problems and convulsive disorders; psychotic children who have up to this time, been housed with adults in other institutions; and boys and girls whose emotional problems include delinquency and sex offenses.

3. There are still too few hospital workers. The Hastings children's center, for example, is having great difficulty getting qualified personnel. Estimates reveal that the combined total of all psychiatrists, clinical psychologists, psychiatric nurses and psychiatric social workers in the United States is less than 12,000.

And these specialists must be spread thin over 48 states to care for 8,000,000 persons suffering from some form of mental illness.

IN MINNESOTA, psychiatric social workers are among the most needed employees and among the fewest in number. On the estimate of one hospital social worker, the eight institutions could send home or arrange other placement for perhaps 320 more patients each year if psychiatric social workers were employed at each hospital.

More trained occupational therapists are needed too. These are the men and women who direct patients in crafts and skills -- woodworking, rug weaving, sewing. At too many of the mental hospitals, "O. T." rooms are used as hospital showplaces and reserved for "good" patients.

There is still too much production for sale and not enough concern about whether the "O. T." is helping the patient.

At one hospital, I inquired about four elderly women who were bending over sewing machines. The occupational therapy worker replied these women had been mending and repairing clothing, sheets, pillowcases and other hospital supplies eight hours a day for years.

And that was called "occupational therapy."

Dr. Rossen has ordered that all occupational therapy -- like recreation and other therapies -- be on a doctor's prescription. Only a few hospitals have begun this practice, however.

Carl Jackson, state director of public institutions, told this reporter several weeks ago only 3 percent more workers -- about 200 employees -- probably will be requested of the current legislature.

But in recent weeks, there has been much discussion about asking for more workers. Gov. Luther Youngdahl undoubtedly will request more workers in his budget address to the legislature Thursday.

Jackson indicated more than 200 employees should be requested. But, he added, even 200 new workers would help "hold the line" of mental hospital progress.

Jackson said the \$6,000,000 increase that probably will be requested for the program will include funds to hire new personnel at the State School and Colony at Faribault.

It also will permit opening of two additional out-patient clinics, he added.

"We're probably in for a tough two years," Jackson added. "The rising costs and the effects of the rearmament program on personnel is going to hit us pretty bad."

Interested citizens are hopeful, however, that a few additions will be made to the mental health program during this legislative session. Some of their suggestions include:

COMMITMENT PROCEDURE -- now more legal than medical -- should be revised. A preliminary report by Edgar Crane, member of the statewide Unitarian mental hospital committee, shows that in the past year a total of 444 patients were kept in 46 county jails. Length of jail stay for these men and women who were guilty of no crime: one day to 35 days. Average jail stay: three days.

A governor appointed committee, made up primarily of doctors and lawyers, has prepared commitment law changes to eliminate the present role of sheriffs and jails. These changes will be presented to the legislature.

FOSTER HOME CARE for mental patients should be seriously studied. Under such a plan, some patients would be placed in carefully-selected homes. Other states which have this plan include California, Illinois, Michigan and Massachusetts.

Their experience shows that the plan helps recovery, releases crowded hospital facilities for acute cases and costs less than hospital care.

To carry out this plan in Minnesota, however, the legislative limit of up to \$3 a week for foster home placement of persons "incurable or not likely to be further benefited by treatment" would have to be lifted. Without skilled social workers, the program could not be carried out on any extensive scale.

A VOCATIONAL EDUCATION program should be considered. A long stay in a mental hospital dulls technical or mechanical skills and makes a patient's readjustments to the outside world more difficult.

For some patients, learning a new skill may help them get well and stay well.

Dr. Rossen has expressed great interest in a vocational program and plans may be worked out soon to try vocational education projects in a few hospitals.

No summing up of Minnesota's mental health program could ignore the intense interest it has aroused in other states. Inquiries come in daily asking for advice or information. Leaders in the program are questioned closely by fellow workers, when they attend national meetings.

Already, the program has won praise from leading specialists in the mental health field. Praise has come, too, for Gov. Luther Youngdahl, who has kept close watch on the program since his 1948 campaign, and for Dr. Rossen, whose devotion to the mentally ill patient is deeply respected even by those who disagree with his ideas.

How much further progress is made in the next few years, however, depends largely on one overwhelming question: war or peace?