

51-ITI-RNR
RETYPED FROM ORIGINAL

March 28, 1951

From: Dr. Rossen

To: All Superintendents at:

Anoka State Hospital	St. Peter State Hospital
Hastings State Hospital	Moose Lake State Hospital
Willmar State Hospital	Sandstone State Hospital
Fergus Falls State Hospital	Minnesota School and Colony
Rochester State Hospital	Cambridge State School and Hospital

Dear Doctors:

We are writing you in regard to some criticism and misunderstanding directed at some of the hospitals because of the difficulty in obtaining patients to "work" on the farm and garden. Industrial Therapy is still a very important part of the function of a state hospital and unless we have complete understanding between the Superintendent's office, other supervisory offices, the doctor, the R.T., O.T., farm, garden, and laundry managers, considerable difficulty arises which reflects itself on patient care, treatment, and good hospital operation.

Using integrated therapies and having the Superintendent set up written directives telling how the farmer, the recreational worker and the psychiatric aid and others work together will result in building up industrial therapy crews that are four times as large as those we have. People who work on the farm and garden can have their recreation in the evening if the doctor says they can work a full day. Let the Recreational Workers, O.T., and Aides work with the thousands of mute regressed patients who sit on the ward all day. Activate these patients through a progressive and integrated therapy and there will be many more "workers" for Industrial Therapy which is good for the patient and good for the hospital.

Instead, at certain places, we find Recreational Workers taking patients off the farm crew during the day, or taking patients that help in the dining room off duty during meal hours. Certain issues are not the taxpayers' or legislators' fault and this is one of them.

Incompetent people running large farms or laundries at mental hospitals who do not understand patient treatment and the function of the institution do not do justice to the taxpayer. Good administrative policy on integrated therapy must come from the Superintendent's office. We strongly suggest a re-evaluation of your working population and the enlargement of groups for industrial therapy even if some of the patients' work does not seem to be productive at first.

The Superintendent should appoint someone to help direct patient activities if he does not have a Patient Program Supervisor. Recreation can function both as an aid to the occupied patient and as a first step in activating the regressed, backward patient into industrial therapy and finally so he will work. Each Superintendent should recognize that gainful occupation by a patient is for the best interest of the hospital. We should recognize that under medial directive this can be valuable therapy to the patient, aside from helping to train him in a vocation for that time when he leaves the hospital. However, industrial therapy work can become "slave labor" easily in untrained hands of paid farm, kitchen, garden, dairy, road, laundry, and ward workers. Therefore, each patient should never work over four hours on any job unless there are written orders by a doctor that he can work longer. Heads of non-medical departments and people in the farm, garden, kitchen, laundry, etc. should be properly evaluated psychiatrically as to whether they are competent or capable of supervising people who are mentally ill.

Criticisms that we will not produce as much on the farm and garden if we treat the patient as "patients" rather than as "workers" are ludicrous and exemplify poor administration and improper understanding of the total situation by certain employees and others. To spend millions to run large institutions incorrectly in order to show a large garden or farm crop is not wise unless it is for the best interest of the patient. A good farm manager who through working closely with the psychiatrist helps rehabilitate and discharge 10 patients a year means a saving to the state of \$10,000 to \$15,000 a year (the cost of care for those patients). If he is continuously training 20 other people to take their place, then we continually help the institution, the farm, the patient, and supply trained farm workers for surrounding farmers who are taxpayers and who are looking for help on their farm. This is not mythical it has been done at some hospitals and can begin immediately at others.

We are calling your attention to a chapter in an operating manual of our office entitled "One Mentally Ill Patient and the Superintendent" which tells of the need for activating the patient by a progression on integrated therapies through correct Administrative and Medical Directive. Under separate cover we are going to send you the following chapters which can be found in the book "One Mentally Ill Patient":

One Mentally Ill Patient and What Constitutes Treatment of a Total Personality

- and the Organization of the Hospital
- Education, Re-Education, and Vocational Rehabilitation
- And the Superintendent: The need for activating the patient by a progression of integrated therapies
- And the Coordinated Patient Activity Program

Sincerely,

Ralph Rossen, M. D.
Commissioner of Mental Health

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