

SUMMARY REPORT

MENTAL HEALTH SURVEY COMMITTEE

Room 107 State Capitol

September 17, 1954

Dr. Hastings opened the meeting at 9:30 A.M. and introduced Mr. Louis Dorweiller who is secretary of the Legislative Research Committee of the Minnesota State Legislature.

Mr. Dorweiller gave a brief history of the Legislative Research Committee. He stated that it was created in 1947 and its purpose is to make factual reports to the legislature. It does not make recommendations but it does draw conclusions. The Legislative Research Committee conducts surveys and makes reports in any field on which the legislature may legislate. In its report on mental hospitals, the committee limited its study to the area of administration and refrained from getting into the field of medicine. Mr. Dorweiller explained that all of the members of the legislature are for the mental health program but they have felt that before there can be a good mental health program, there must be sound business administration. The Legislative Research Committee will report to the next Legislature on what has been done thus far based on their last report and, for this purpose, they will be making visits to the various hospitals this fall. Questionnaires have already gone out to the various hospitals on staffing ratios so that a start has been made for their next survey and the committee will again focus their attention on business administration.

Dr. Cameron asked Mr. Dorweiller if copies of the questionnaire on staff ratios could be made available to the members of the Survey Committee. Copies were distributed. It was decided that the recommendations of the Survey Committee should be discussed with Mr. Dorweiller in order to avoid confusion and explain any differences which might exist between the survey report and the report of the Legislative Research Committee. Mr. Dorweiller stated that he would be glad to discuss the plans of his committee and the recommendations of the Survey Committee at any time. He again emphasized that the function of the Legislative Research Committee is to determine what is currently being done in business administration. It is not the function of the committee to state what should be done. Dr. Hastings reviewed for Mr. Dorweiller the plans of the Survey Committee which included Dr. Paine's 45-day fact finding visits to the hospitals and explained that a rough draft report of each hospital visit will be sent to the members of the Survey Committee upon the completion of each hospital visit. In December, the Survey Committee will re-convene for approximately one week to make their recommendations. It was suggested that if Mr. Dorweiller and members of the Survey Committee could get together in advance of the December meeting to discuss any differences of opinion or questions, it would be a good plan.

Dr. Farrell raised the question as to whether the Legislative Research Committee report would include Faribault and Cambridge, and Mr. Dorweiller stated that this report would deal exclusively with the hospitals for the mentally ill.

Dr. Farrell asked Mr. Dorweiller the difference between the Legislative Research Committee and the Interim Committee. Mr. Dorweiller explained by saying that the Legislative Research Committee concerned itself exclusively with the administrative areas while the Interim Committee went into the professional areas. At the present time, the Interim Committee no longer exists. This type of committee

is usually appointed by joint resolution of the Senate and House if a need for such a committee exists. This usually happens if a controversy arises. Mr. Dorweiller also stated that the old files of both legislative committees could be made available to Dr. Paine should he need them as reference material.

Dr. Hastings called for comments and discussions of the previous day's hospital visits. Senator Wefald stated that he thought some of the old buildings at Anoka were bad until he saw some at St. Peter during his tour. He suggested that it might be better for them to be torn down than try to repair them. He also commented on the odor in some of the buildings. He did not feel that over-crowding in the areas he visited were any worse than at Anoka although, no doubt, there is over-crowding. Senator Wefald commented on the direct current generating plants in state hospitals and questioned the economy of such an obsolete system since the cost of some direct current equipment is as much as three times as high as it would be for alternating current equipment. He felt that the direct current plants should be abolished and pointed out that continuing with obsolete equipment costs the state more money in the long run. He further commented briefly on the incorrect type of building in which the machine shop is located and how, by using the right type of building for the right type of service, money could also be saved which could be used for other things.

Representative Ottinger commented on his visit to Minnesota School and Colony at Faribault and stated that the Administration Building was a fire trap which is of concern to him, and he knows is of great concern to Dr. Engberg. He commented further on the lack of adequate storage space. Discussion followed regarding what is the most desirable type of hospital construction, comparing the cottage type system which now exists in our state hospitals, to larger and more concentrated structures. Dr. Hastings commented that while the cottage type plan was popular years ago he believes most hospitals now prefer the vertical plan. Dr. Farrell called attention to the fact that there is a special committee of the APA studying hospital architecture. This committee is collecting and studying plans from all over the world to determine what is best and suggested that this APA committee would be a good resource to call on if any new buildings are going to be built in Minnesota.

Senator Wefald stated that with the difficulty in obtaining personnel, it seemed to him wise to put in as many labor saving devices as possible in order to make maximum use of personnel. This led to a discussion on the question of how to get competent, qualified people to work in state hospitals which are located largely in urban areas. Several considerations for attracting qualified personnel were mentioned:

1. Salary
2. Teaching and research programs
3. Professional opportunities to meet and work with others in the field
4. Community living arrangements

It was emphasized that, along with opportunities for teaching and research, strong administration and leadership is necessary to keep a good staff at a hospital.

Dr. Challman raised a question with regard to some of the state laws and made particular reference to the one dealing with the sexual psychopath. Dr. Cameron

stated that if any committee member felt that any law needed changing, he would be pleased to have it called to the attention of the committee. He said the Department is working to make some necessary substantive changes now and, that at a later date, an attempt will be made to codify laws relating to mental health.

Reverend Norstad commented on his reactions to his visit to St. Peter and stated that the building known as the South Detached bothers him each time he sees it since it is a potential fire trap. He discussed the problem of food transportation and called attention to the fact that in some of the areas of the hospital it would be impossible to receive food while it was still warm. He commented further on his reaction to staff problems at St. Peter and mentioned that on one ward where there were 20 - 25 disturbed patients, there was only one attendant.

Mr. Lobel spoke of his visit to Anoka State Hospital and indicated that he had a very favorable report to make. He attended one of their regularly scheduled staff meetings and was impressed with the fine team relationship which existed and the opportunity for total staff participation afforded by these meetings. These are attended not only by members of the professional services but other areas of the hospital such as maintenance, etc. Mr. Lobel mentioned his visit to the reception building and he felt that while there were things which could be improved, on the whole it appeared to be a good situation.

Dr. Farrell, in commenting on the Minnesota School and Colony at Faribault, stated that he was impressed with the fine facilities for the cows as compared to some of the facilities for patients, particularly emphasizing the fire hazards and the inadequate facilities for food storage. He stated that he had mixed feelings regarding Faribault. He felt we are very fortunate in having Dr. Engberg as superintendent and that, whatever staff morale exists, is due to Dr. Engberg's influence. He elaborated on the fact that most of the treatment program is at Owatonna and that Faribault is left with the lowest grade patients which presents a bleak picture in terms of attracting personnel. Dr. Farrell feels that the medical problems at Faribault are terrific. He stated that this hospital is primarily a medical institution and might be better set up under direct medical supervision. Mention was made that at Minnesota School and Colony, with a population of 3200 patients, there are only 14 nurses and 4 doctors on the hospital staff.

Dr. Guthrie's survey form was discussed and Mr. Lobel referred to Dr. Guthrie's outline in relationship to the one he had prepared. Mr. Lobel felt that Dr. Guthrie's reference to the nursing outline was rather sketchy and that he would prefer a more detailed one; therefore, he wished to retain sections 2, 3 and 4 of his own report dealing with administration of nursing services, education of nursing personnel, and personnel policies and practices. It was suggested that sections 2, 3 and 4 of Mr. Lobel's questionnaire be sent to Dr. Paine along with Dr. Guthrie's report.

Since some of the questions which the Survey Committee will concern itself with will be in the area of staff ratio, it was suggested that Mr. Dorweiller's questionnaire be studied carefully by Dr. Paine and members of the Survey Committee in order to avoid duplication of work for the hospitals.

Dr. Challman indicated that he had some suggestions to make in the area of psychology which might be included with Dr. Guthrie's report. It was suggested that Dr. Challman and other committee members add any questions or suggestions they

feel should be added to the Guthrie form.

The question of when, in December, the next meeting of the Survey Committee should take place was discussed and it was tentatively set up for the week of December 13 through 17.

Prior to Dr. Paine's arrival in Minnesota in October, the Survey Committee will have an opportunity to review Dr. Guthrie's questionnaire along with the additional questions and suggestions made by committee members and will be prepared to submit their comments. The final questions which Dr. Paine will be using in connection with his survey will be based on these comments. In view of the time element involved, Dr. Cameron suggested that it would be appreciated if the members of the committee would return the questionnaires within 2 or 3 days after receiving them so that Dr. Paine can begin his survey as soon as possible.

Dr. Hastings, in summarizing the meeting, stated the following procedures to be followed:

- a. To circulate Dr. Guthrie's report form including Mr. Label's modified questionnaire and Dr. Challman's suggestions to each of the Survey Committee for their comments.
- b. Committee members are to make any suggestions and additions they feel necessary and return this material as soon as possible in preparation for Dr. Paine's visit.
- c. Dr. Paine will make his visit to each hospital and at the conclusion of each visit, he will furnish a rough draft of his report. (Copies of this report to be furnished to committee members through Dr. Cameron's office).
- d. The Survey Committee will reconvene the week of December 13 through 17, at which time their major conclusions and recommendations on the report will be made.
- e. Following the meeting in December, a final report will be sent to committee members for their approval, after which the work of the survey will come to an end.

In concluding the meeting, Dr. Hastings, as chairman of the Mental Health Medical Policy Committee, again expressed appreciation to the members of the Survey Committee and assured them that they had complete freedom and authority to make any over-all recommendations and suggestions they felt necessary. Appreciation was expressed to Dr. Cameron and his staff for their assistance. The meeting was concluded at 12:50. In the afternoon, most of the committee members visited the psychiatric facilities of the University of Minnesota.

The members of the committee will be notified as to the hour and place of the December 13 meeting.