

DEPARTMENT OF PUBLIC WELFARE

TO: SUPERINTENDENTS
Anoka
Fergus Falls
Hastings
Moose Lake
Rochester
St. Peter
Willmar
Brainerd
Cambridge
Faribault
Owatonna
Gillette
Minnesota State San.

FROM: David J. Vail, M.D. July 26, 1960
Medical Director

SUBJECT: A Statement of Expectations
For Superintendents' Meeting, 7-29-60

A primary function of the director of any organization is to establish the goal or mission of the organization. This obligation rests upon the foundation of strength, leadership, discipline and creativity developing upwards from within the organization. The director must provide his people with all the support and assistance he can in arriving at the established goals, he must help in any way he can to provide the men and the means which will be necessary, and he must maintain the proper conditions of professional freedom necessary for them to do the job. I pledge myself to do these things to the extent of my ability.

This is your assignment -- a statement of what is expected of you. I refer primarily to the hospitals for the mentally ill and the mentally retarded, since in the instance of special hospitals or schools, one of the goals has been obtained and the other is pertinent only by inference.

The goal is a dual one: Full accreditation by the Joint Commission for Accreditation of Hospitals (J.C.A.H.) and the establishment of each facility as an Open Hospital according to modern psychiatric concepts. It is recognized that some of our hospitals are well on their way to one or both of these goals. It is also recognized that some fall behind. No attempt is made to distinguish the two goals as to priority, since the one is a proper and recognized standard of basic medical care and the other is an ideal of a truly progressive mental hospital psychiatric program.

1. Accreditation by the J.C.A.H.

There is a basic set of standards for any hospital. Complete details as to requirements is laid out in the monograph "Hospital Accreditation References" published by the American Hospital Association. Accreditation by the J.C.A.H. is increasingly becoming established as preliminary and basic to other kinds of accreditation,

for example nursing education and inevitably approval for psychiatric and other residency training. In themselves, although some reconciliation is still desired relative to standards for a specialized hospital program as against the traditional community general hospital, the requirements of the J.C.A.H. are time-tested and reasonable ones.

Hospitals which have Accreditation are expected to keep it. Hospitals which do not have it are expected to obtain it. Hospitals which formerly had Accreditation under the old American College of Surgeons system are expected to have it restored to them. In the latter connection I will review with those of you who were inspected in 1958, the list of criticisms which were made at that time, to determine what progress has been made in correcting those items which could be considered as correctible under present circumstances.

It is expected that this end will be achieved throughout in three years' time. I will do everything in my power to help you arrive at this goal.

2. The Open Hospital

This is not so clearly defined as Accreditation. Nonetheless, there is fairly wide recognition as to what is meant by the term. I refer to the model established in the more progressive British hospitals, developed in this country by Robert Hunt and others.

The rationale of the Open Hospital is set forth so clearly and succinctly in the following statement by Robert Hunt, that no further clarification is necessary:

- "a. The enormous disability associated with mental illness is, to a large extent, superimposed, preventable, and treatable.
- "b. Disability is superimposed by rejection mechanisms stemming from cultural attitudes.
- "c. Hospitalization as such is an important cause of disability.
- "d. The best of treatment-minded state hospitals perform a disabling custodial function.
- "e. The custodial culture within a state hospital is largely created by public pressure for security.
- "f. Some of the treatment functions and most of the custodial functions should be returned to the community.
- "g. This can be accomplished by a change in public attitudes and concepts of responsibility.
- "h. Public attitudes cannot be expected to change until hospitals demonstrate the value and safety of community care by becoming open hospitals. ..."

This is in effect a manifesto and is hereby adopted as an article of faith.

As to definition, the concept of Open Hospital embraces more than the simple act of unlocking doors. It refers to a therapeutic rather than a custodial environment. It furthermore implies the following:

- (1) A rapid movement of new patients in and out of the hospital.
- (2) Activation and rehabilitation -- "counter-institutionalism" if you will -- of long-term psychotic or deteriorated patients and their return to their rightful place in the general community.
- (3) Maximal development of individual and social responsibility among the hospital population.
- (4) A decline in hospital population as a result of movement out.
- (5) The minimal use of any form of physical restraint.
- (6) A medical rather than a juridical approach to the admission process, with emphasis on medical and voluntary commitment.
- (7) In all respects and at all levels, freedom of interchange and communication between the hospital community and the community at large, and establishment of the hospital as a true community resource.

As to the doors themselves, let them be opened to the extent of 90% or more.

The above applies primarily to hospitals for the mentally ill. However, within the obviously more stringent limits imposed by neurological and other handicaps, the same concepts apply in principle to hospitals for the retarded as well.

Two years is considered a reasonable time for the achievement of the ends outlined above. Again, the full resources of my office are at your disposal.

Both of the above goals are consistent with the Measure of Service set forth in the basic Mental Health Laws of 1949.

There has been and will continue to be discussion pro and con on the issue of uniformity in the operation of our hospitals. This is ultimately a constitutional problem, to be resolved by the balance of authority which exists between the hospital superintendents, who properly desire sufficient individuality so as to be able to carry out their assigned missions with professional freedom and with the opportunity for creativeness according to their own lights, and this office, which with equal propriety, in view of its responsibility to the executive and legislative government and the people, requires some measure of consistency of form and a full measure of unity of purpose. Our problem is analogous to that at the national level in the balance of sovereignty of the federal government and the various states.

A most sublime statement of national purpose is the motto over the door of the U. S. Supreme Court Building in Washington. This reads: "Equal justice under law." There is no requirement that laws in various localities be uniform. But justice must be equal everywhere. By the same token, I am interested not primarily in uniformity of method but in equality of service at a standard of excellence. This interest is dedicated to the end that patients under treatment in all of our institutions will have an equal opportunity to get well and return to their rightful places in society: equal among ourselves and equal to the opportunity for the mentally ill and mentally retarded which exists anywhere.