

# Mental Health Newsletter

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DEPARTMENT OF PUBLIC WELFARE  
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## *Editorially Speaking*

This month is an important milestone in Minnesota's mental health program. It marks the 10th anniversary of the establishment of the volunteer services program on a state-wide basis—and affords us an opportunity to pay special tribute to the thousands of good people who have given of themselves on behalf of our patients. Sincere appreciation also goes to the members of the State Volunteer Council, the State Volunteer Advisory Committee and the fine staff directors at the various institutions.

Minnesota was the first state to recognize the value of volunteer services in mental hospitals to the extent of establishing a state-level position in the central office for the exclusive purpose of developing and expanding volunteer services.

Minnesota received an Achievement Award from the American Psychiatric Association in 1958 for its volunteer services program. This indicates national recognition of the contribution being made here by dedicated citizens.

We have seen deepening and sophistication in the concept of volunteer services and in the activities carried out. In the early stages the volunteer brought recreation, friendliness, and a contact with the community outside of the hospital. Later, the volunteers' services became more individualized. They were requested by all departments in the hospital and included all phases of treatment, re-socialization and reeducation. Today the volunteer plays an important part in re-introducing the patient back to community living. As a result of contact with volunteers, the patients are finding the return to the community made easier. The stresses and strains and difficulties of readjustment are lessened. Now we are also seeing an extension of volunteer services at the community level: two of Minnesota's largest counties have volunteer coordinators on the staff of their welfare departments. We are exploring the possible role of volunteer services in community mental health centers.

Possibly we have paid too little attention to the deep significance of the volunteer services movement. Minnesota has been an outstanding leader in the field, but our observations apply more generally.

As a nation we are given to periodic self-lacerations on our wastefulness, our softness, our lack of commitment. Every so often we engage in a deep scrutiny of "the moral crisis." Against such a background of self-doubt, it is significant that people would quietly go about the business of giving. The gift is on behalf of unfortunate sufferers who have traditionally been scorned or at best kept out of sight. The gift has been not only of worldly goods but of self. It has required sacrifice, patience, and courage—the courage to say, Like it or not, this is my brother. The courage to love.

Life is less "like a pathless wood" for this, and the world a better place.

*David J. Vail M.D.*  
Director  
Division of Medical Services



## **Names in the News**

In French Lick, Indiana, on April 30th, *Dr. Howard R. Davis*, chief of psychology and research coordinator, DPW, will present a paper summarizing Minnesota's follow-up and after care researches.

*Dr. David J. Vail*, director, division of medical services, DPW, will speak at the National A. P. A. meeting in Toronto, Ont., on Monday, May 27, on the subject, *Development of a Progressive Community Mental Health Program—1958-1961*. *Dr. Daniel Blain*, mental health commissioner for the state of California, will be the discussant for *Dr. Vail's* paper.

*Mrs. Miriam Karlins*, volunteer services coordinator, DPW, will attend the first meeting of the National Association for Mental Health Advisory Council on Volunteer Services in New York on May 23.

*Dr. David Vail* will participate in the 12th Annual Conference of Mental Health Statisticians in Madison, Wisconsin, on May 23. *Dr. Vail* will speak on reactions to the Joint Commissions Report.

April 30 is the date selected for the employees' service award ceremony which will take place at Fergus Falls state hospital at the Employees Service Award tea at 2:00 P.M. Also being honored at that time will be *Dr. William Patterson*, medical director, for his 50 years of service at the institution. Governor Elmer L. Andersen will be guest speaker.

*Dr. Vera M. Behrendt*, medical director, Willmar state hospital, and *Fred W. Eiden*, men's counselor at the same institution, were married on Wednesday evening, March 28, in St. Mary's chapel, Willmar. Following a St. Croix River trip, they returned to Willmar on April 1.

*Dr. Donald B. Peterson*, 51, Anoka state hospital superintendent since 1956, has resigned his position, effective September 4. He is to become head of the Fulton state hospital, Fulton, Missouri, on that date.

*Bruce E. Fischer*, 31, former administrator at Syracuse county hospital, New York, is the new assistant superintendent at Anoka state hospital. A North Dakotan, Fischer received his B.A. from Con-cordia College at Moorhead and his master's from the University of Minnesota.

### **Institutional Assembly, June 5, at Oak Terrace, to Hear Dr. Sewall**

*Dr. Lee G. Sewall*, hospital director, Veterans' Association hospital, Perry Point, Maryland, will address an institutional assembly at Oak Terrace on Tuesday, June 5, on "Evaluating Mental Hospital Programs."

*Dr. Sewall* is also program director of the Medical Audit Plan for Psychiatric hospitals, a research program designed to develop a method for appraising the effectiveness of public psychiatric hospitals.

## **Governor Proclaims April 28 "Mental Health Volunteers Recognition Day"**

Governor Elmer L. Andersen has issued a Proclamation designating Saturday, April 28, as "Mental Health Volunteers Recognition Day."

In the document, the chief executive states that "those individuals and organizations who have served the mental health program for a period of ten years" will be honored. And he commends them for their "generous devotion of time, talent, and material goods."

The proclamation urges all citizens to recognize the work being done by Minnesota volunteers to improve and expand these services and personal attention so important in a well-rounded, meaningful mental health program.

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## **National Institute of Mental Health Grants \$25,538 to Minnesota DPW**

*Dr. David J. Vail* announces that the Department of Public Welfare has been awarded a grant-in-aid of \$25,538 from the National Institute of Mental Health. The grant, which becomes effective June 1, 1962, is for the purpose of establishing a special staff service of analysis and evaluation of the state mental health program.

The project, believed to be one of the first of its kind in the country, will examine the entirety of mental health operations in the state, including hospitals and community mental health centers, to determine the adequacy with which these facilities are meeting mental health needs of the state's citizens. The project also calls for the development of statistical and other measuring procedures that can be used in constant self-monitoring and self-improvement on the part of the various agencies involved.

"In industry this is the kind of service known as operations research or quality control," says *Dr. Vail*. "It can be likened to an observation post—we want to develop sources of constantly inflowing reliable information to enable us to keep our state program 'on target.'"

*Dr. Arthur Funke*, director of mental health for the Vermont Department of Health, has been appointed to head the project.

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## **Spring Issue, *Minnesota Welfare*, Devoted Entirely to Volunteers**

Just off the press is the Spring, 1962, "Volunteer Services Issue" of *Minnesota Welfare*, official publication of the Minnesota Department of Public Welfare.

Its 48 pages are devoted entirely to the selfless efforts of the hundreds of Minnesotans contributing time, money, talents, and merchandise for the benefit of their fellow men and women who are patients in our state institutions.

(continued on back page)

## **Range Mental Health Center Underway as Staff is Named**

The establishment of the Range Mental Health Center, the 16th in the state got actively underway earlier this month as the appointment of four professional staff members was announced.

Dr. Herbert Dorken, formerly state director of the community mental health services program, began work in Virginia on March 1st. His appointment as program director and clinical psychologist was announced by the Range Community Mental Health Center board in mid-February. Dr. Dorken's successor in the St. Paul DPW post has not as yet been named.

Scheduled to join Dr. Dorken in Virginia on April 1 is social worker Willis G. Swanson, of St. Paul. Mr. Swanson is currently director of domestic relations and intake, Ramsey County Probation Department, St. Paul. He received a B.A. from Gustavus Adolphus College and a M.S.W. from Washington University, St. Louis, Missouri. Mr. Swanson is 30 years old.

Two additional staff members will join the Range Center staff on July 1. An educational psychologist, Dr. William F. Hunter of Wheaton, Illinois will fill the second psychologist post. Dr. Hunter is 31, and currently serving as director of the Cooperative Association for Special Education in the Wheaton, Illinois public school system. Dr. Hunter holds a B.S. and M.S. in counseling and guidance from the Ball State Teachers College, Muncie, Indiana. He received a Ph.D. in school psychology from Michigan State University, Lansing.

Filling the psychiatrist post at Virginia on July 1 will be Donald Munich, M.D., 31 and a native of Eveleth. Dr. Munich is a graduate of the Harvard Medical School and is presently completing his psychiatric residency at Langley-Porter Neuropsychiatric Institute, San Francisco, California. He also trained at the Fitzsimons Army Hospital, Denver, Colorado.

According to Dr. Dorken, the new Range Mental Health Center is expected to open for clinical services in mid-July. Present mailing address is Box 1188, Virginia, Minnesota.

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## **Governor Appoints Citizen Committee on Retardation**

Goals of the newly appointed Governor's committee on mental retardation were outlined by Governor Andersen at the first committee meeting on January 29. Heading the 17-man study group is chairman Dr. Maynard C. Reynolds, division of special education, University of Minnesota.

Final report of the committee is due October 1, 1962 and will include recommendations in five areas: improvement of all treatment, education and rehabilitation programs; recruitment and training of needed personnel; strengthening of research activities, especially of a preventive nature; long-range planning for all necessary facilities, both community and institutional; and improvement of administrative services and leadership for further development of community-based services.

## **Two Pilot Programs for Mentally Retarded Begin**

The first state supported daytime activity program for mentally retarded children and young adults began early last month as twin daytime programs were established at Willmar and Litchfield. Scheduled to open later this month is another center at Albert Lea.

Both programs were made possible by the 1961 Legislative act providing for the establishment of daytime activity centers, on a pilot-project basis, throughout the state during the 1961-63 period. Appropriations totaling \$36,000 were earmarked for matching grants-in-aid for these centers.

The initial program which began February 6, with a morning program at Willmar and a twin afternoon program at Litchfield, is sponsored by the Kandi-Meeker Association for Retarded Children and the Kandiyohe and Meeker County boards of commissioners. A state grant of \$4600 was issued for the year beginning February 1. A certified special teacher is serving as director of the Kandi-Meeker program and is assisted by a matron and volunteer aide at each center. The program serves the pre-school age trainable retarded, those of school age who do not qualify for public school special classes and young adults past school age.

The daytime center to begin later this month in Albert Lea will focus on occupational training and activities for post-school age mentally retarded persons. Counseling services for parents will be provided in conjunction with the Southern Minnesota Mental Health Center in Albert Lea. Sponsor and recipient of a grant of \$5,565 is the Freeborn County Association for Retarded Children.

According to Miss Frances Coakley, supervisor of the DPW section for the mentally retarded, and chairman of the advisory committee on daytime activities, applications have been received for two additional centers. Scheduled to begin later in the spring is a center in Rochester, while plans have been submitted for a similar program in Cloquet in the fall. A center in the northern part of the state is also in the planning stage, she added.

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## **"Town Meetings" on State Mental Health Program Set**

Citizens in seven Minnesota Communities will have an opportunity to learn more about the state mental health program in a series of "Town Meetings" scheduled to be held between April 23rd and May 23rd.

Co-sponsors of the current series are the State Department of Public Welfare and the Minnesota Association for Mental Health. Faculty for each meeting will be drawn from the nearby state hospitals for the mentally ill and mentally retarded, the community mental health centers, county welfare departments and local mental health association chapters.

Local planning for the town meetings scheduled for Bemidji, Montevideo, Windom, Winona, Northfield, Mora and Grand Rapids is now underway by members of local MMHA chapters and representatives of DPWs State Volunteer Council. Also included on each program will be a brief summary of the final report of the Joint Commission on Mental Illness and Health.

## Survey of 6409 Mentally Retarded Patients Completed at State Schools and Hospitals

In mid-January, a week-long intensive survey of the entire population of the state's institutions for the mentally retarded was undertaken by hospital staff, under the direction of Dr. Richard E. Bartman, DPW's director of children's mental health services.

The survey, believed to be one of the first of its kind in the country, was undertaken to assess individually the intellectual, physical and emotional handicaps of the 6409 residents of state institutions. Included in the study were patients at the Brainerd, Cambridge and Faribault State Schools and Hospitals, the Owatonna State School, the Annex for Defective Delinquents and the Shakopee Home for Girls.

Used in the survey was a simple but definite rating scale on which the severity of impairment or disability in three areas was indicated by hospital staff members who daily work with each patient (See sample survey card below.)

Study of the survey results available to date indicates that within the three groupings on the basis of intellectual handicaps, 908 patients or 14% are in the mildly handi-

capped or educable group (IQ.'s over 60); 1,730 or 27% are moderately handicapped or in the trainable group- and 3,771 or 59% are severely retarded.

Of the 908 educable retarded, the survey indicated 475 have only mild emotional problems and mid-to-moderate physical handicaps. If community facilities were available, Dr. Bartman feels that the latter could be released from the institutions. Studies in depth of individuals in this group are now underway, Dr. Bartman added, as well as investigation of community placement opportunities and hospital programs to help make transition easier.

Of the 1,730 patients in the moderately retarded group, 736 or 41% showed only mild emotional disturbance and at most, a moderate degree of physical handicap. With an increase in staff to provide more individual attention and socialization programs, Dr. Bartman feels that a richer institutional life could be provided. For a few in this group, community placement might eventually be possible.

Particularly significant for the planning of new patient-staff ratios, Dr. Bartman stated, is the fact that 39% of the 3,771 severely retarded patients are bedfast.

Information gained in the survey is and will continue to be invaluable as hospital program planning is accelerated to improve the level of care for all institutionalized patients.

Patient's Name _____	Yr. of Birth _____	Yr. of Admission _____		
	None	Mild	Moderate	Severe
Intellectual Handicap				
Emotional Disturbance				
Physical Handicap				

Sample IBM Tabulating Card

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