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## **Minnesota Bedlam**

### **Attendants Hoe Hard Row**

*This is the third of a series of stories describing conditions in Minnesota mental hospitals. Geri Hoffner, Tribune writer, and Arthur Hager, Tribune photographer, visited all of the seven state hospitals.*

By Geri Hoffner, Minneapolis Tribune Staff Writer

To the patient in any of Minnesota's seven mental hospitals, the attendant is the most important person in the world.

What the attendant does or doesn't do can mean the difference between recovery and a lifetime in a state institution. Of all the members of the hospitals' staff, he is closest to the patient.

He is with the patient constantly every day, he supervises every activity.

But few jobs give a worker less job satisfaction than that of an attendant in the state institutions.

The pay is low, working conditions are unpleasant and living facilities are poor.

For example, an attendant in the lowest civil service classification earns \$130 a month. (As of July 1, a cost-of-living increase will raise him to \$140.)

If he lives on the hospital grounds, \$30 is deducted from that amount. In addition, 5 per cent is subtracted for his state retirement fund. After other deductions are made, he takes home about \$90 a month.

Many superintendents point out bitterly that even prison guards earn more than attendants. Starting wage for a guard is \$177. Certainly an attendant, on whose skill and understanding the patients mental health may depend should be paid as much as a guard, the superintendent's reason.

"We take a chance on every attendant we hire," one superintendent admitted. "Unwittingly we have hired inebriates, dope fiends, drifters and people who could get no other employment."

A superintendent of nurses said, "Some of the attendants here are so far below par mentally that they literally cannot understand directions given to them."

There are attendants, however, whose loyalty and devotion to their work is far above what their salary indicates.

A supervisor of male wards told us about one promising young attendant, a former service man, who had to pay \$60 a month rent from his meager salary.

He has another job which helps make ends meet for his family, but he won't be able to keep that up for long," the superintendent said.

That supervisor, incidentally, is selling his blood as often as he can to aid in paying his bills.

**One of Many**

The “promising young attendant” he described to us is just one of many attendants who hold other jobs in communities near the hospitals. At one hospital, it was estimated that half the able-bodied men with families are employed in nearby railroad yards.

Most attendants, married or single, who live on hospital grounds, occupy single rooms.

A married attendant with a child is not allowed to live at the hospital. But his salary is inadequate to permit him to buy or rent a house in a nearby community and to support his family in reasonable comfort.

While many industries provide their employees with rest periods, recreation rooms, social clubs, sport and cultural activities which make for good personnel relationships, state hospitals offer none of these.

In addition, the attendant has few opportunities for advancement. If he works at one job for enough years, he may get to be the head attendant, but he has no real status. There is no recognition of his potential value.

As a result of the attendant’s inferior position, the patient suffers.

We asked several superintendents about violence and abuse of patients. We got two indirect answers.

One superintendent described a restraint used by attendants which leaves no marks-- a towel twisted tight around a patient’s throat.

“When I see a patient with extremely blood shot eyes. I know what has happened,” he said.

### **Many Fear Patients**

Another superintendent mentioned an attendant who would walk up and down the ward swinging and using a leather strap.

Present provisions for attendants will not attract many persons with an abundance of human kindness and interest in their fellowmen.

Without proper training, the attendant often may fear rather than understand the patient and as a result he may react more violently to a situation than is necessary.

Dr. William Menninger, one of the most distinguished psychiatrists in the nation has said:

“In most hospitals, attendants do not receive enough pay to attract even high school graduates.”

“The direct result of no training and the low grade of attendants is not merely poor care but the frank abuse of patients.

### **Requirements Low**

All attendants are required to take civil service tests but the superintendent often hires attendants when he can find them and the tests come later, sometimes much later.

At one institution, there were more than 30 persons working in civil service jobs who had not yet taken the tests. Some of them had been working many months.

But even civil service doesn’t help to get a better class of attendants. The requirements are far too low.

For example, civil service regulations list as “desirable preparation for work: Either two years of experience in some form of housekeeping care and cleaning of buildings, custody of persons or care of the sick, and completion of the eighth school grade or graduation from a standard high school.”

Some “essential requirements of work” are:

- “Good physical condition, strength and agility, normal hearing and vision and freedom from serious disease and defect, and
- “Ability to follow simple oral and written directions.”

There is no indication of the attendant’s importance. There is nothing to tell him that often he will spend an entire day with patients without seeing a doctor or a nurse.

What he says to those patients, his attitude, his sympathy and understanding will mean the difference between a quiet, contented ward and a bedlam.

### **Training Begun**

Some of the hospitals have attempted to organize training programs for attendants. The state division of public institutions, with the co-operation of civil service started a trial program at one hospital last November.

But not one of the courses fills the bill. The trial program has no full-time instructor. The early lectures were so complicated and theoretical that few attendants would have benefited from them.

At the time we visited this hospital four months after the course had begun the lectures had not resulted in reducing the number of patients who were in restraint.

Training programs at the other hospitals are even less successful. They are loosely organized and are worked haphazardly into the attendants’ already tight schedule.

### **Suggestions Made**

A radical change in attitude toward the attendant’s role is needed, and civil service requirements are a logical place to start.

Other suggestions already have been made. In its report to the governor April 26, the Minnesota Unitarian conference committee on mental hospitals urged a new classification above the present attendant level.

The classification which might be called “social therapist” would be awarded after intensive training which would equip the person to carry out social and occupational activities with the patients.

Another suggestion is that attendants be called psychiatric aids and be given training in keeping with the importance of the job they can do.

Basic to the solution of the whole problem are better wages and better living and working conditions.

Monday: Treatment given mentally ill patients in our state hospitals.