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FOR RELEASE

I have referred on many occasions to the care of the 10,000 patients in our seven mental hospitals as one of the greatest moral problems facing the people of Minnesota. These victims of mind-sickness, many of them curable, are our forgotten people. Placed in an institution, they drop out of public attention, and the people generally, failing to understand their plight or opportunities to help them, go along with their own affairs too little concerned.

We have taken a number of administrative steps in recent months to improve the services of the mental hospitals and bring a ray of hope to men and women in these hospitals and their families. I appointed a Governor's Advisory Council on Mental Health, comprised of leaders of psychiatry and others, and asked its members to counsel with us and help in every way possible to improve our mental hospitals. A mental Health Authority was established in the State Department of Health to speed the development of clinics, particularly for children, and other measures that will prevent mental illness. Examinations in these clinics at early ages often can avert mental illness and avoid need for hospitalization. A training program has been established to train custodial workers in the hospitals and so improve the care of patients in the hospitals. Carl J. Jackson, formerly superintendent of the State Training School for Boys at Red Wing, has been placed in charge of Division of Public Institutions and has begun a thorough examination of mental hospitals, with deep concern for their improvement.

Studies are being made to determine what further administrative steps can be taken immediately to improve the services of mental hospitals and what measures can and should be included in a long-range program to give the people in these hospitals proper care and the opportunity for rehabilitation they ought to have. I am glad to say that we have had great help in this effort, not only from the Advisory Council on Mental Health, but the Minnesota Mental Hygiene Society, The Committee on Institutions for the Mentally Ill of the Minnesota Unitarian Conference, and others interested in the problem. All have been unsparing in their zeal to gather information and counsel with us.

Anxious to have everything possible done to improve treatment of the mentally ill, I have visited and inspected thoroughly most of the state hospitals and expect to complete the tour shortly. No two hospitals, I found, are the same. Several of the hospitals are causes for pride. All, however have shocking deficiencies in personnel and in other respects.

To give encouragement to those who have loved ones in the hospitals and increase public understanding of this problem, I am reporting the findings to date in order to indicate that we recognize not only the need for improving custodial care but hopeful new opportunities in treatment of men and women in the hospitals, and are making every effort possible to effect such improvements. I expect to do everything I can to bring results of our long neglect of the state hospital system to public attention and get people to see the need for full understanding and support of measures that will correct the situation.

Minnesota's mental hospitals have never had the funds to keep up with the progress of psychiatry. Leaders in this field have made discoveries and developed new methods of treatment which make it possible to prevent illnesses in many cases and restore to useful roles in society many who must have hospital treatment. Our emphasis should be on prevention and rehabilitation. Men and Women in our mental hospitals are entitled to an opportunity to get well, where this is possible, no less than those who suffer from other ills.

Lack of public understanding of the mentally ill in the past has made it difficult to get adequate appropriations for this work. More recently the war interfered with the introduction of progressive treatment methods. The hospitals still have not recovered from the shortage of personal experienced then and the deterioration of buildings caused by inability to get material. The spiraling inflation finds us unprepared for even the expenditures required this year, affecting the state in the same manner it does the average household. Today we have a long road to go to make up for these difficulties and long decades of public apathy.

Were confinement and not cure the only purpose of a hospital, we would be able to operate with the approximately \$1.00 a day we now can spend for each patient for all expenses relating to salaries for personnel, and costs for food, drugs, linen, clothing, fuel and other items of maintenance. This amount, however, is completely inadequate to provide modern hospital treatment.

The institutions are deplorably overcrowded. A major reason for the overcrowding is the past failure to cure every possible patient, many of whom remain in the institutions until they die. The building program passed by the last session of the legislature, the progress of which I reported to the citizens last October, is designed to provide desperately needed space for the hospital population of the present and near future. And yet we find ourselves confronted with the problem of inflation in building. The low bid on one of the building projects authorized for one of the institutions was approximately \$300,000 over the amount which the Legislature appropriated.

However, no buildings ever cured a patient. It takes trained psychiatrists, nurses, attendants, therapists, psychologists, social workers, and other specialists to do this. Despite efforts in preceding years to increase quotes and secure the required number of trained people, we still are deplorably short.

No hospital in the state has even 50% of the number of trained people it requires. One hospital has no occupational therapist. No hospital has such needed specialists as pathologists or dieticians. Only one has a psychologist. Only one has a social worker, with a second in the process of getting one.

Mental hospitals require one doctor for every 150 patients. Our institutions fail to meet the required minimum of 67 doctors by 35. One hospital has one doctor for 700 patients.

Instead of one nurse for every 24 patients, or a total of 422, we have only 82 on duty. Two hospitals have only one nurse for every 350 patients. Many wards or cottages in all hospitals have no nurses.

We experience great difficulties in obtaining attendants. I have been in wards which require ten to fifteen attendants and have found only two on duty. These same wards may have one or no attendant on duty in the evening. The minimum requirements of the seven hospitals call for 1,267 attendants. The hospitals employ only 676, or a shortage of 591.

Regardless of what salaries we offer, some of these deficiencies cannot be immediately solved and are due to the universal shortage of professionally trained people such as doctors and nurses. There are only 4,200 psychiatrists in the country. The Veterans Administration alone, to say nothing of private practice and the institutions of the other states, could absorb every competent psychiatrist. Private and general hospitals, for example, feel the widespread shortage of nurses in much the same way the state does.

Most of the shortages, however, are due to our failure to supply training and salaries required to bring in new faces and to compete with the Veterans Administration, private practice, and industry.

The shortage of attendants is understandable not only in terms of low quotes, but in terms of low salaries and extremely difficult working conditions. New attendants receive a salary less than one-half that in the average industrial pay-envelope.

Food service in the hospital is wholly inadequate. Not one hospital which I visited had adequate equipment to service hot meals to all patients. The absence of dieticians makes it difficult to plan menus and prepare special diets. Unfortunately, the food allowance does not permit the patients to have a good a diet as they should.

Although it is difficult to generalize findings, it is impossible to escape the fact that a needless number of our patients are deteriorating beyond immediate hope of recovery. The shortage of personnel prevents adequate attention to the physical needs of many patients, to say nothing of active psychiatric treatment. Most hospitals are so understaffed that it is impossible to give even routine physical examinations.

The shortage of personnel is so acute that it is impossible to supervise the minimum personal hygiene requirements of many patients, such as the washing of hands, brushing of teeth, and the use of toilet facilities.

The lack of help means lack of activities, a bad thing for sick minds. Even in the best of our state hospitals a high percentage of patients are vegetating, with nothing to occupy them. A needless number get agitated and disturbed. Since there is insufficient help on the wards to provide personal attention to these cases, some of our hospitals are placing these patients in restraints- cuffs, belts, straps, and, in one institution, chains.

At best, restraints are an inhumane expedient. Until we obtain an adequate supply of personnel, particularly attendants (and provide them with training) it will be difficult, I am informed, to remove all patients from all restraints. However, I am going to insist that every effort be made to keep restraints to the lowest possible number and to reduce those which are now clearly excessive. I am happy to report,

however, that in three institutions the restraint rate is relatively low, with one hospital having systematically reduced restraints to a point at which they are negligible.

Despite the shortages, most administrators and staffs are doing the best possible job. However, no long as some patients experience needless hardship and are denied every chance of recovery and return to their family and community, this will continue to be our foremost problem.

In the near future an announcement will be made of a nonpartisan citizens committee to whom the responsibility for mobilizing public opinion will be entrusted.

Every possible administrative step is being taken to improve the situation. With the assistance of experts, a program is being drafted to present to the next session of the legislature. This program will contain provisions to attract personnel, improve food services, and clothing, introduce needed new classifications, establish clinics and social services and provide special facilities for children. It will be designed to furnish Minnesota with the most modern mental hospital program in the country.

The pleas of the mentally ill have long been muffled by institutional walls and by the apathy of those who have not understood their problems or this sickness. Human resources and needs cannot be judged in financial terms, although I will call attention to the unnecessary expense to the state of confining patients who, with active treatment, might otherwise have been discharged.

This is a sacred duty we have to these forgotten people. It is my determination to make every possible effort to rally both the public and the legislature behind a positive program of prevention and treatment.