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## **Minnesota Bedlam**

### **Mentally Ill Get Little Help**

*This is the fourth 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

The thin, pathetic woman tied in the chair has been in and out of state mental institutions since she was 18. She is nearly 40 now.

"When she first came in as a voluntary patient," the doctor explained, "she was what we consider the easiest type to cure, a manic depressive."

"And now?" I asked.

He shrugged. "We never like to say a patient is incurable because we've seen near miracles happen. But it's probably hopeless."

Unfortunately, most of the patients in Minnesota's seven mental hospitals would have to rely on "near-miracles" to aid their recovery.

They do not receive enough treatment to give them even a fighting chance to get well! What's more, three of the seven hospitals never were intended to give any treatment.

#### **Can Be Cured**

Too many people think that "not much can be done for these people anyway."

In spite of the confused and frequently incorrect thinking of the public on the subject of mental illness, modern psychiatry has made great progress.

At the best mental hospitals, a person whose mind is sick can get treatment comparable to that given for physical ailments in the best general hospital. He can get well!

We saw men in our state hospitals who had been successful businessmen. We saw housewives whose sick minds had taken them away from families and pleasant homes.

#### **Might Hit Anyone**

The public, confident in its own saneness, calls these people "insane." But any psychiatrist will tell you, "There, but for some slim, unknown factor, go you or I."

Manic depressiveness and schizophrenia are the two most common types of mental illness. Little is known about the cause of either but certain treatments have been successful with both.

A manic depressive suffers from alternate moods of almost hysterical excitement and deep melancholia. A schizophrenic, or dementia praecox victim, is more commonly known as the "split personality."

This is the person who has withdrawn from the real world and created a world of his own. He may be a catatonic, which means that he lives completely within himself, sitting or standing in one position for hours or days. Usually he refuses to speak.

### **May Be Paranoid**

Or the schizophrenic may be a paranoid type who imagines himself the victim of cruel plots. Or he may be still another type--a hebephrenic, who is characterized by excessive giddiness, giggling and talking to himself.

While doctors do not know what type of treatment is best, most modern psychiatrists recommend the so-called "total push therapy."

This implies a full-scale attack on mental illness and makes use of shock therapy and other treatments, such as occupational therapy, which is work prescribed to fit the needs of the patient; recreational therapy, such as walks, gymnastics, dancing; hydrotherapy, the treatment of disease by water applied in various ways, and diversive therapy, which consists of directed reading, movies, music and dramatics.

### **Not Enough Help Here**

In Minnesota's hospitals, "total push" is talked about but cannot be accomplished. There is not enough trained personnel and there is not enough equipment.

Here is what some of these treatments involve:

ELECTRIC SHOCK is one of the newer types of treatment. Two, small electricity-conducting pads are attached to the patient's head and current is fed at 120 volts from a small machine.

The patient stiffens, then suffers an attack of severe convulsions lasting about a minute, after which he goes to sleep.

Value of the treatment lies in the fact that it creates a temporary amnesia. The patient, for a short period, forgets his depression or delusions and the psychiatrist is able to work with him more readily.

Electric shock rarely cures a patient after one treatment. At the one state hospital where electric shock has been tried to any extent, the superintendent said about 20 shocks are required before improvement is noticeable.

### **Must Borrow Machine**

That superintendent, incidentally, must give his shock treatments in a basement room using a machine borrowed from the Mayo clinic.

He must give the treatments on an assembly-line basis, starting at one end of the room and working down a long row of beds. There is no privacy.

Most of the hospitals, however, seldom use this shock therapy.

Some don't have the machines. None of them have enough personnel to hold the patient to prevent his getting hurt during the convulsions or to check his pulse and temperature.

At one hospital where approximately 1,800 men and women are supposed to be getting hospital care, only seven were getting electric shock. No other treatment was being given.

INSULIN AND METRAZOL are two other treatments which induce convulsions in an attempt to shock the patient out of his dream world. Insulin aims to induce a condition of sugar deficiency in the blood through daily increases of the drug.

When the shock stage is reached, the patient goes into a coma which is allowed to continue for about five hours. He must be watched continuously after the insulin injection, which stimulates a severe convulsion, as well as all during the coma.

### **Requires Experts**

Perhaps more than any other treatment, insulin shock requires expert personnel. A leading modern psychiatrist, Bernard Gleuck, has stated that insulin shock "requires a degree of competence, vigilance and conscientious attention to detail second to none in the entire medical and surgical and psychiatric technique of contemporary medicine."

No state hospital is equipped to do it properly. Three are attempting it on a limited scale.

One state institution has used metrazol, a camphor-like drug which is injected intravenously. At Brooklyn state hospital in Brooklyn, N.Y., about half of all patients treated with metrazol shock are sent home cured or much improved.

Three out of four recover at that hospital if treated within six months of the onset of their mental illness. These are schizophrenics whom superintendents in our state hospitals call "the most difficult to cure."

HYDROTHERAPY is one of the most important treatments modern hospitals use to calm a disturbed patient. Minnesota's hospitals, instead, use restraints--leather shackles, binding camisoles and, in one institution, chains.

Several of the hospitals have equipment for some hydrotherapy, but all of them maintain they do not have sufficient personnel to give the treatment.

A patient in a hydrotherapy tub where the water is kept a constant 90 degrees must have his pulse and temperature checked often during the four or five-hour period he remains there. Several specially-trained nurses or attendants should be with him.

In our trip through the state hospitals, we saw these hydrotherapy tubs being used as ordinary bathtubs. Others were used twice a week to give demonstrations for student nurses.

PSYCHOTHERAPY AND GROUP THERAPY are two additional treatments seldom used in our state hospitals. Psychotherapy, where the patient "talks out" his problem, requires a great deal of time and must be done on an individual basis by a psychiatrist.

When you remember that psychiatrists in state hospitals are usually the superintendents, too, it's apparent how little time any individual patient will get.

### **Group Work Held**

Group therapy allows several patients to get together with a psychiatrist or a psychologist and talk on any subject that pleases them. The hope is that eventually the patients will talk about themselves and their problems, and through common experiences will get some understanding of their illness.

There is one additional treatment now being used at several state hospitals which seems destined for even greater use in the near future. It is the lobotomy--an operation which severs the brain tissue in the front part of the head.

At the hospital where most of these lobotomies were being done, primarily patients whose mental illness was of long standing were being operated on.

Many of these patients had been in the violent wards and often had been in restraints.

After the operation, we were told, most of them became docile, much calmer. The operation had succeeded in severing that part of the brain which does the worrying.

### **Some Find Cure**

The post-lobotomy men and women we saw were good institutional patients and we were informed that a number of patients actually had been cured by this simple technique.

But some modern hospitals have refused to do the lobotomy because they are unable to hire the qualified personnel to do follow-up work with these patients.

A superintendent told us of a woman patient who had been given a lobotomy and was much improved.

"But three years of her life are a complete blank," he said, "and we have no one who can work with her to help her to fill in that gap."

"When she leaves here, the strain of trying to remember might send her right back here again."

This adjustment to the outside world is one more vital phase of treatment which no state hospital is equipped to carry out.

### **Lack Social Workers**

Social workers who could smooth the way for the patient pronounced cured are not available on hospital staffs. One hospital is attempting to do some of this important work with a part-time social worker.

Another hospital hopes to make arrangements with state public health nurses in the local community to do the job. The state department of public institutions has two social workers trying to help more than 600 former state hospital patients in the Twin Cities area.

One of every five patients admitted annually to our state hospitals is a former patient whose improvement did not last. With more social workers to help make readjustment easier, that figure could be lower.

All hospitals need to do more occupational therapy, concentrating on the difficult patient instead of the easy-to-manage patient who will turn out goods which will sell at state and county fairs.

They should be doing more, too with sports and other types of recreation, as well as with music and dramatics.

### **Few Now Recover**

Only by using the "total push" method will state hospitals cure more people. At the present time only one patient out of five is discharged as recovered within a year of admission.

Work--and lots of it--is one phase of "treatment" used in most of our state hospitals which should not be overlooked. In the traditional pattern of state hospitals, Minnesota's mentally ill serve as slave labor.

Some superintendents call it occupational therapy. But occupational therapy is work "adjusted to the needs of the patient."

Some of the men patients working on institutional farms may benefit from their work. But it is difficult to see any therapeutic worth in the work being done by hundreds of men and women who scrub and polish floors to a high shine or wash huge stacks of dishes or stand in steamy laundry rooms for hours ironing by hand.

At one hospital we saw patients carrying heavy pails of milk up three flights of stairs. This same hospital, we were told, originally was meant to house only women, but the plan was changed in order to have men patients to cut the lawn, shovel the walks, and do some of the heavy work.

If these patients were receiving actual treatment, one superintendent estimated the state would have to hire several hundred more persons to do maintenance work around the hospitals.

Another superintendent expressed this viewpoint: "When a patient comes in, we tell him what's expected of him. If he is physically able to work and won't, we tell him he can just sit."

And sit is exactly what most patients in all seven hospitals do.

Tuesday: Food and how it is served at state hospitals.