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Minnesota Bedlam

Mental Patients Sit in Untidy Loneliness

This is the second 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

Women were sitting on the floor and on wooden benches lining the walls when we walked into a so-called "back ward" at one of the Minnesota mental hospitals.

They were untidy and noisy. Many wore no shoes. Stockings were half off. Their drab gray, knee-length smocks hung disheveled and unattractive.

Here and there on the floor were pools of water. Some of the patients' gowns were wet. The smell was sickening.

We saw no one on duty for at least 10 minutes. Then a harassed, tired woman attendant rushed out of a room where she had been helping an elderly patient.

She was the only worker in the ward with 55 difficult patients. Ordinarily she would have had a helper. But the other attendant was not on duty that day.

We saw similar scenes in other of the state's seven mental hospitals.

At one hospital, there was one nurse regularly on duty for 112 patients. That ward was spread over four floors of a building. She had to cover them all.

At another hospital, there occasionally is no nurse or attendant on duty for a ward of 33 patients, some of whom suffer from delusions.

And at still another hospital, one cottage had two attendants on duty at night and the remainder had one attendant each.

Because it is the attendant who must work most closely with the patient, the shortage of trained personnel for this type of work is particularly serious.

But it is merely symptomatic of really dangerous deficiencies in personnel throughout the hospital system.

Gov. Luther W. Youngdahl, in his recent statement on mental hospitals said,

"No hospital in the state has even 50 per cent of the number of trained people it requires."

- No hospital has a registered pharmacist, although all have pharmaceutical laboratories. (At one hospital, a patient works with a doctor in dispensing and mixing drugs.)
- No hospital has a full-time graduate medical or psychiatric social worker.

- No hospital has a full-time psychologist.
- No hospital has a dietician.

Four hospitals have been authorized by the legislature to employ dieticians, however.

- Only one hospital has a certified occupational therapist. The others use women with a knack for embroidery, crocheting and rug weaving and men who are handy around a carpentry shop.

Few Can Get Help

This kind of makeshift arrangement, one superintendent told us, means that “only the patient who is easily managed will get occupational therapy. Our therapists don’t have the skill or the experience to deal with more difficult patients.”

He added that “there frequently is more interest in turning out volume than in helping the patient get well.”

(Many of the items made by patients in occupational therapy are sold at county and state fairs. One superintendent said his hospital earns about \$3,000 a year from the sale of such items as rag dolls, embroidered linens, wooden toys and knick-knacks).

Dental service also is inadequate in state hospitals. Two institutions employ only part-time dentists to care for the teeth of more than 1,000 patients.

Hundreds Neglected

We saw hundreds of patients with decayed, neglected teeth. We saw young patients with gaps where teeth had been pulled and not replaced.

With the exception of one hospital, which has an unofficial relationship with the Mayo clinic, the state hospitals’ consultant staff range from none to a few specialists.

Usually the specialist must come from the Twin Cities or a good-sized town around the hospital. Until recently, a superintendent could pay him nothing for his services. Now the specialist can get \$25.

At one hospital in the northern part of the state, there is no consultant staff for 1,015 patients. In case of an emergency requiring a surgeon, a rush call would be made to the small town nearby.

If no surgeon was available, the next call would go to another small town about 25 miles away.

45 Miles From City

As a last resort, an urgent message would be sent to a city about 45 miles from the institution. By the time the surgeon arrived. The patient might be dead.

Day-by-day medical care of the patients is as inadequate as the recreation and other therapeutic programs provided for them.

Nationally recognized standards call for one doctor for every 150 patients in mental hospitals, one nurse for every 24 patients. Minnesota falls short of these standards by 88 doctors and 340 nurses.

Several hospitals are providing training for a small group of student nurses--the last of the wartime cadet nurse corps. But these nurses must spend at least half of each day in classes and therefore cannot give much assistance in the wards.

At one hospital, there is an excellent program for graduate nurses in psychiatric training. It is supported by funds under the national mental health act, by the University of Minnesota, the Mayo clinic and the state hospital.

Since its beginning in 1944, this training program has graduated 57 nurses who have taken responsible positions throughout the country. There are only seven in the class now. Many more are needed.

The low morale of the overworked and underpaid doctors, nurses and attendants is something that actually can be seen.

It is apparent not only in darkly-circled eyes, cheerless dispositions and surly tempers, but in unkempt uniforms with buttons missing and generally untidy appearances.

Low salaries make it difficult for state hospitals to attract more doctors and nurses. A superintendent is paid \$6,400 a year plus room and board.

Physicians are paid from \$397 to \$457 a month with some deduction if they room and board at the hospital grounds. Nurses receive from \$167 to \$330. Attendants get \$130 to \$155.

Salary isn't the only drawback in working for a state institution, however. None of the institutions has recreational facilities for employees--no activities that could act as morale boosters.

Neither can many of the hospitals provide comfortable living quarters for staff members. Some of the institutions are near towns where housing is especially hard to find.

We saw dark, barren rooms for nurses at one institution. They are on the third floor, sandwiched between rooms for patients.

Few nurses, no matter what their shift, can get much sleep after 5 a.m. when patients start getting up.

We saw doctors, their wives and children living in two rooms with adjoining baths on the second floor of a hospital administration building.

Rooms for attendants are small and unattractive. And if a married attendant and his wife have a child, they must find living quarters in town or leave the institution.

Add to the unsatisfactory conditions a few more:

- For the doctor interested in studying the causes and characteristics of mental illness, there is no basic research going on except at one state hospital.
- For the doctor who would like to get accredited training in psychiatry, only two state hospitals are authorized to provide it.
- For the attendant who seeks a career instead of a job, there is no recognition, such as a title or a certificate for special training, which acknowledges his key role on the psychiatric team.

While better salaries and better living conditions would help to partially overcome the personnel shortage, no amount of money or housing, will do the job immediately.

Not Enough Doctors

The limited number of psychiatrists, physicians, nurses, psychologists, social workers and other needed personnel now in training at universities are not enough to go around in meeting this nationwide problem.

In the field of psychiatry, for example, there are approximately 4,300 members of the American Psychiatric association. Experts have estimated that the nation needs at least 10,000 to 15,000 well-trained psychiatrists at the present time.

An official of the veterans' administration recently said that he could use all of the first-class psychiatrists, now available in the United States to meet needs within the VA alone.

It probably would be possible to hire more and better-trained attendants almost immediately if some changes--particularly regarding salary and housing--were made, experts agree.

Tomorrow: Trained attendants are needed.



NOTHING TO DO--In Minnesota's seven mental hospitals, there are so few supervised activities and so little treatment that many patients just sit or lie on benches all their waking hours. There aren't even enough attendants to take patients, like the woman pictured here, outdoors for a daily walk. Danger of this inactivity is that patients have time to withdraw more and more from the world of reality, and their chances of recovery are reduced.

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Picture Story

Inactivity Slows Cure of Mentally Ill

Minneapolis Tribune Photos by Arthur Hager

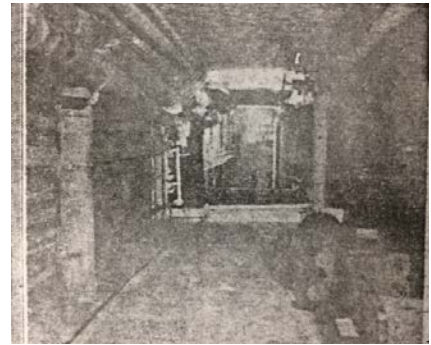


Inactivity is the enemy of all mentally ill patients because it gives them time to brood and sink deeper into their illness. Yet a majority of the 10,500 men and women in Minnesota mental hospitals are forced to remain inactive because of limited personnel and equipment.

Below, a roomful of idle women, doing nothing, going nowhere. Many have been at this institution for years and will remain until they die.



A warm tunnel and a patient who's found privacy here; a familiar sight at several state hospitals.



The end of this corridor might be the end of the world for these women, several of whom are handcuffed to benches. Without treatment, without supervised therapeutic activities, their chances of getting well are lessened.



Every day they sit inactive, these men patients slip a little farther from their families, their jobs, their lives outside the walls of the hospital. Concentrated treatment would cure many of them.

There are not enough attendants to take these men outside, so they get their exercise by walking around and around this room.



At right, two middle-aged women patients sit quietly for hours in this hallway. Inactivity holds their sick minds prisoners.

