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Minnesota Bedlam

Patients Need Sympathy

This is the last 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

It will take money and lots of it to make the necessary major changes in Minnesota's seven mental hospitals.

But money alone will not do the whole job.

You and your neighbor and the organizations to which you belong must help, too.

You can begin by following Gov. Luther W. Youngdahl's suggestion that we stop using words "crazy" and "insane" when we talk about the person whose mind is sick.

Remember that the mentally ill man or woman can be improved or cured. When he wastes away his life in one of our state institutions, don't shrug your shoulders and murmur, "Too bad."

Ask Some Questions

Look in at your nearest state hospital – the hospital for which you are paying. Are there doctors and specialists enough to keep the patients physically well?

Are there trained personnel to provide the treatments the patients need to regain mental health?

Is any research going on – as there is in polio, cancer, and high blood pressure – so that someday we can have the answers to mind sickness?

What the legislature does is your responsibility, too. Let your legislators know you would like to see improvements in our state hospitals. Maybe the changes can't be made all at once, but why not over a period of 10 years?

You can also help improve the hospitals' appearance and add to the patients' comfort. Perhaps a club to which you belong would be willing to buy radios or lamps or soft chairs.

The hospitals could use almost anything you name.

Action Planned

Clubs give gifts to the veterans' hospitals at St. Cloud. Why not to the state hospitals where the veteran's sister or wife or brother must go for treatment?

In addition, you can join Minnesota Mental Hygiene society which is planning a two-fold program of education and action before the next legislative session.

Dr. Alexander G. Dumas, chairman of the governor's committee on mental hygiene; Justin G. Reese, executive secretary of Minnesota Mental Hygiene society, and some of the hospital superintendents have made suggestions which if adopted, would make our state hospitals second to none.

Dr. Dumas urges setting up 250-bed hospitals – 150 for adults, 50 for children, 25 for alcoholics, and 25 for miscellaneous nervous disorders. All personnel needed in the treatment of mental disorders would be trained here.

Standards of personnel in the state institutions would be raised, Dr. Dumas thinks, because "as people are trained they would go to the institutions and, in fact, part of their training would be in the institutions."

Eventual Saving Seen

Such an institute would cost about \$5,000,000, Dr. Dumas estimates. But this amount would be more than offset by savings to the state if patients could be treated and returned permanently to their communities in a short time.

Besides, Dr. Dumas adds, "Once scientific care is an accomplished fact in state institutions, there is every promise that within the next generation this country, and this state, would never need to add another mental hospital bed."

Dr. Dumas and Reese are anxious to see the establishment of mobile psychiatric clinics which would take the services of psychiatrists and other trained personnel into the state's rural areas.

Dr. Ralph Rossen, superintendent of Hastings state hospital, hopes that facilities for research can be established at our mental hospitals.

"Where else could we find a better place to do research?" he asks. "Right now we work with scar tissue without knowing what causes that scar tissue. Until we find out, we cannot cut down on mental illness."

Urges Use Of 'U' Experts

Dr. Rossen also advocates a working, consultant relationship with the University of Minnesota, much the same type of relationship now in operation between university specialists and the veterans' administration.

He also urges a trained hospital administrator to take over many of the duties now left to the superintendent. "That will leave the superintendent freer to do his real job, that of caring for the patient."

Dr. Magnus C. Petersen, superintendent at Rochester state hospital, frankly admits that under present circumstances the hospital can't supply activities, diversion or treatment. "We are forced to let our patients deteriorate," he said.

"Give us more personnel and equipment, give us money to buy necessary services, and we can do a better job. The low per capita amount we now are spending on patients is the most expensive in the long run. Patients who might get well don't."

Because of its nearness to the Mayo clinic, the Rochester hospital has potentialities for development into a first-rate state hospital, Dr. Peterson claims.

There are still other changes which must be made before our state hospitals can be called modern, however.

There must be some changes in the present commitment procedure which reduces the mentally ill patient to the status of a criminal.

As the law stands now, “any reputable citizen” may file a petition for commitment in court, given the name and address of the proposed patient and the reasons for application.

If the court determines it is “for the best interest for the patient, his family or of the public,” it may direct the sheriff or any other person to “apprehend” the patient and take him to a hospital for observation and examination.

Change Urged

Whoever makes the “apprehension” may do so “on any day and at any time” by using all necessary means, “including the breaking open of any door, window, or other part of the building.”

The patient gets exactly the same consideration allowed a lawbreaker: he may be represented in court by counsel.

Psychiatrists urge that the commitment procedure be a medical rather than a legal one and that sheriffs and jails be kept completely out of the picture.

Many psychiatrists feel, too, that if state hospitals could build-up reputations for curing rather than confining, more mentally sick persons would go there voluntarily for aid.

As a result of our present commitment laws, all the superintendents in our state hospitals can tell true stories about patients being kept in county jails and about patients being brought to the hospitals by sheriffs or policemen.

Other Needs Cited

There is one additional change which should not be minimized – a change of attitude not only by the public but by the medical profession.

In the April issue of *Minnesota Medicine*, official journal of the state medical society, a doctor describes his reactions to a state hospital where he worked on the staff for three months.

He is much impressed with the buildings (it’s the newest hospital in the state); he talks about the “almost normal social life possible for many patients in the institution,” and describes, in general, a pleasant comfortable atmosphere.

Yet, that institution for all its modern buildings has one of the two highest restraint rates in the state. As for the “almost normal social life” – not one patient is allowed liberty of the grounds, a situation which was not found at any other state hospital.

And as for treatment, that hospital was giving electric shock therapy to 50 patients out of its total patient population of 1,015. Occupational therapy was given to approximately 150 patients, but most of these were easily managed.

All of the changes mentioned in these articles cannot be put into effect immediately or even within the near future.

Long-Range Plan Needed

Minnesota's mental hospitals have been going downhill too many years to be changed completely for the better overnight.

But a beginning must be made as soon as possible.

A long-range plan, concerned as much with prevention as with treatment of mental illness, should be presented to the next state legislature.

The state division of public institutions, the governor's committee on mental hygiene and the Minnesota Mental Hygiene society all are working on phases of that plan.

The governor has predicted that necessary improvements will take millions and millions of dollars.

But there is no choice.

In the words of one of the superintendents: "These hospitals belong to the people of the state. Once they know the truth about them, they will insist that changes be made."

End of series.