

DEPARTMENT OF PUBLIC WELFARE

LEWIS & CLARK

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MINNESOTA

GOVERNOR LUTHER W. YOUNGDAHL - STATEMENT ON STATE MENTAL HOSPITALS
9:30 P.M., WEDNESDAY, MAY 5th OVER WCCO; AT 10:30 P.M. OVER KDAL

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V.F: Minnesota - Institutions

I want to thank Radio Station WCCO and our moderator, Mr. Sig Mickelson, for this opportunity of sharing with the citizens of Minnesota some of the problems concerning the most forgotten group of people in our society. I am referring to that large number of our fellow citizens--fathers, mothers, brothers, sisters, and sweethearts, who, through no fault of their own, have developed a sickness little understood by people--mental illness.

Mental illness is three times more widespread than cancer; fifteen times more than tuberculosis. It fills more beds than the total to be found in our general hospitals and will claim a member from one out of every five families. Out of every twenty babies born, it is estimated that one will grow up to spend some time in a state hospital.

Over a long period of time I have expressed myself to you about the care and treatment concerning these people - the care and treatment which you and I furnish through our tax-supported institutions - the seven state hospitals located at Anoka, Hastings, Fergus Falls, Moose Lake, Rochester, St. Peter and Willmar. The 10,000 patients in these hospitals comprise a population greater than communities like Bemidji, New Ulm, Moorhead, or Willmar.

Ever since I was a member of the municipal court, long before you entrusted in me the administration of the affairs of our state, the problem of this great number of people forgotten by most of us concerned me--concerned me with its implications for broken homes, juvenile delinquency, shattered personalities, and wasted lives.

Dr. Dumas, on the panel with us tonight, and at present medical director of the Minnesota Mental Hygiene Society, worked with me constantly in those days when I served on the bench in giving psychiatric examinations and help to the cases that came before me. Today he still is helping me in his capacity as chairman of my Mental Health Advisory Committee. I also acknowledge the help of Carl Jackson, Director of Public Institutions, members of the Legislature, Justin Reese, Executive Secretary of the Minnesota Mental Hygiene Society, the Unitarian Conference and other groups who have rallied to the cause.

As a PTA Council President and as an active member of the Big Brother Organization, I saw this problem in relation to building up sound character and personality in children, believing that emotional health and maturity is as important as so-called sound physical health.

Today as Governor I have the opportunity of intimately seeing another side of this picture--the side which affects those whose emotional health is so broken that they require refuge, care, and treatment in special state hospitals.

I cannot tell you what anguish I have been through in visiting

the hospitals which we maintain for these people--and seeing the lack of sufficient personnel and equipment. Recently in making a supposed unannounced visit to a state hospital, word had apparently leaked out, for in stopping in town prior to the inspection, I met an old friend, who is held in very high regard by his community. "Hollo, Governor," he said, "I hear you are going to visit the nut house." "I am going to visit what?" I asked. "You are going through the nut house," he reiterated. "Well sir," I responded, "I didn't know you had anything like that in this community. I thought you had here a hospital for those who are mentally ill." And here in his statement, his lack of interest and understanding for those people, was the core of the problem.

Mental patients are human beings, each one endowed by his creator with something divine. The Theologian calls it a soul; The psychiatrist may call it "personality." Whatever we call it--it is something so valuable that there is no means of limiting its worth.

Mental patients are people who have had something happen to their personalities and abilities to function normally. In many cases this could have been prevented if we had the facilities. In many, many cases this can be cured.

I have been through five of our seven hospitals, as I have been through the veterans hospital at St. Cloud and the state hospital at Manton, Illinois and I intend to visit hospitals in additional states whenever possible to make comparisons.

On the whole, this situation is not confined to Minnesota, for most states are backward in their care of the mentally ill. It does not help to make scape goats. It is not our aim to criticize any individual or group. We are all involved in the general apathy and lack of understanding of the problem. Many of the superintendents are doing an outstanding job, considering the personnel and facilities. Some may suggest that the publicity isn't good of the State. But it is not alone Minnesota's problem. It is the problem of the nation. And we will get nowhere unless we awaken a public consciousness and awareness of the urgency of improvement.

On many occasions - in speeches, in the press, and on the air - I have expressed the shock I felt in visiting our institutions and my determination to rally the public and legislature behind a positive program of improvement.

Here is what I have found in the state hospitals--the thing that hits one hard in going through--the herds of patients, lined up in chairs, sitting against walls, doing absolutely nothing, without even a clock or calendar to break the monotony of their existence. At first, nothing appears wrong with this. The housekeeping standards of the state hospitals are high, and the wards and cottages are unusually clean. But then one wonders what it means for patients to be doing nothing. It means that there is little treatment going on--as it

means that patients are deteriorating, many beyond hope of recovery.

And then one goes through a few of the hospitals and sees patients tied up--in straps, and straight-jackets (called camisoles), and, in one hospital chains. At first one is told that this is for the good of the patient--that he can hurt himself--or can hurt others. But when I visited the State Hospital at Manton, Illinois, I found 7,000 patients, and saw no restraints. And when I visited the Veteran's Hospital at St. Cloud, I found very few in restraint. Of course, I should add that it is possible to visit several state hospitals in Minnesota where there is little restraint, with the entire atmosphere filled with humaneness and kindness.

The answer to this situation is not difficult. Do you know that putting up a building - and I don't care how modern it is - does not make a hospital. It requires trained psychiatrists, nurses, attendants, therapists, and social workers to cure mental illness, to offer patients care, comfort and attention. And we are so short-handed, so deficient in the number of trained people we require that the very minimum needs of the patients cannot be met. In every hospital there is a valiant battle engaged in by scientists and psychiatric workers to stem the effects of deterioration caused by lack of activities and treatment for patients, and it is a losing battle because the army is not large enough. But it may be asserted that the full complement of employees permitted by the appropriations has not been filled. True, but the reason is we believe that we do not offer sufficient inducement in the way of salary otherwise to compete with private industry.

Why does a fairly representative ward of around 100 patients have only one or two attendants on duty? Why is it that the same ward may never have a nurse on duty? And why is it that a doctor can spend only minutes--or even seconds--a day, with these same patients?

The answer lies in two parts: First, we are not spending sufficient for salaries of personnel, food, linen, drugs, fuel, and other forms of maintenance.

Secondly - and because we spend so little, the salaries we offer are insufficient to attract trained men and women. Last December, for example, the average hourly pay for an industrial worker was a dollar and a quarter: The starting salary for an attendant was - and still is - sixty-two and one half cents. We pay men and women working with human beings less than one half of what industry pays people who do not have such responsibilities. I don't have to furnish you with statistics showing how the salaries we pay other psychiatric workers, such as doctors and nurses, is far below competitive standards. The result is that we are more than fifty per cent below most minimum required classifications of psychiatric workers, and don't have any in several very much required fields, such as pathologists or dieticians.

There are many other things I could say showing how our failure to provide sufficient funds results in neglect of the patients, poor food, inadequate clothing, and, basically, the lack of most opportunities for getting well.

The thing we must always remember is that these are sick people-- patients who require a great deal of treatment and constant attention. Every superintendent will join me, I know, in stating that it is impossible to discharge a maximum number of patients as recovered unless we have the funds to improve the situation. In fairness it must be recognized that we have made improvement in the past few years in the salaries of personnel and equipment provided. The legislature has provided an appropriation to embark on an intensive building program. The patients are now getting good care consistent with the personnel and equipment but that still is not enough.

I do not believe that restraints are either humane or necessary - and I am confirmed in this by all psychiatric advice and observations - any more than I believe that we can have modern psychiatric treatment in the state hospitals until we eliminate restraints completely. The superintendents of the hospitals have been cooperating fully and have been attempting to reduce restraints. It shall be our administrative policy to reduce restraints to the minimum consistent with the safety of the patient.

I want to conclude by restating that conditions will not be improved until more appropriations are secured to improve them. This cannot take place until the next legislative session, at which time we must be prepared to present a broad program of improvement.

The details of this program have been in the process of preparation for many months and have received the unstinting study of the advisory committee on mental health. I should also reveal that this program will not be confined to institutional care, but shall cover training programs as well as preventive work, such as clinics, which can keep an appreciable number of people from ever having to enter a state hospital.

I think this is the greatest problem facing the people of Minnesota today. We must remember that these are sick people I have been talking about - not so-called lunatics or brutes. Our conscience should not rest until every opportunity for recovery, every possible bit of humane care is offered every single patient.

I hope that after this building program is completed, we shall never have to build another custodial bed--that through clinics we can keep many patients from going to state hospitals--that through active treatment we can so increase the number of discharges--the failure to do which, in the past, has been largely responsible for overcrowding--that except for replacements, our bed capacity will prove to be adequate.

This is not a job which can be done by any one man or group of men. It is my responsibility as chief administrative officer of the state to do everything possible to bring these facts to light and to urge appropriations consistent with the amount required.

But neither I nor any other governor can obtain--nor can any legislature--the amounts required, unless there is full public understanding of the need--and full public support for appropriations.

We must appeal to the soul and conscience of our citizens for the things which are required to bring hope and comfort to these most forgotten of all people--our mentally ill fellow citizens, reminding you of one who said, "Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto me."