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MENTAL HEALTH STATEMENT OF GOVERNOR LUTHER W. YOUNGDAHL; SUNDAY,
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Thank you, Mr. (Leslie L.) Anderson, for your kind introduction and for the splendid work you are doing as Chairman of the Governor's Citizens Mental Health Committee, to which I will make reference later in this talk.

During the past year there has been a lot of publicity about the conditions in our people's hospitals - the institutions for the mentally ill, mentally deficient, and epileptic. The publicity has not been pleasant. There have been those who have said that we should not publicize the conditions in these institutions - that such publicity would put us in an unfavorable condition in comparison with other states. Those who have followed the mental health drive know that we have consistently claimed that this is a nationwide problem, not confined to Minnesota alone. I have always contended that the shame was not in the publicity, but in attempts to maintain a conspiracy of silence and hide these facts, for without public awareness there could be no improvement.

The other day a book came across my desk. It is not a pleasant book, but it is one which should be read by every citizen. Its title is The Shame of the States. The Shame of the States is about state hospitals. Albert Deutsch, its author, made a tour of the country, investigating representative hospitals. No one should take false comfort from the fact that Minnesota is not mentioned in the book, for Mr. Deutsch's itinerary prevented his visiting our state hospitals. Had he come here, this expert would have found conditions similar to what he found elsewhere - the inadequate treatment, the deficient food, shortages of staff and low salaries and overwork; mechanical restraints, such as strait-jackets and, at the beginning of the mental health drive, chains. You know the picture, staffs struggling against great odds and obstacles to bring comfort and hope to the patients in our overcrowded hospitals.

Why is it that no hospital in the country, much less in Minnesota, can meet even the minimum standards of the American Psychiatric Association? Why is it that Deutsch in his book can show the same "shock and shiver" pictures that one of our newspapers recently did of Minnesota hospitals?

First, of course, geographical borders do not stem the all too prevalent attitude that a person too sensitive to stand the stress and strains of the world or of his own inner conflicts is a maniac, or wicked, or incurable.

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Then, too, psychiatry is a new science. Most of its significant developments have taken place in our life time, gains such as insulin shock, electric shock and the form of brain operation known as lobotomy. The art of psychonalysis is still undergoing refinement. Its founder, Sigmund Freud, died only recently. Adolph Meyer, one of the most brilliant contributors to American psychiatry, but for a few years grace, would be with us today.

It is important to remember these things, for the state mental hospital is only a superstructure built on the foundation of the old asylum... and the asylums were built years before we had any idea of psychiatry as it is understood today. The mental hospital, it is claimed, is the only major social institution which has remained fundamentally unchanged in the last 100 years.

Our system of caring for and treating the mentally ill is based on prepsychiatric concepts. It is based not on the idea of treating patients for any one of 30 different emotional disorders, but of protecting society from the dangerous. More recently, this has been expanded not only to "protect society from the dangerous" - you realize I am using this phrase in quotation marks - but to confine the helpless, such as seniles...our senior citizens who, having lived a useful life, in old age find themselves affected by degenerating physical and mental processes.

To protect society from the dangerous and to confine the helpless, we need only brick and mortar - fortified institutions to keep the patients in and the public out. The asylum, which was based on pure custody and protection of society from individuals considered to be without pain and to be insensitive to their surroundings, required little personnel except to guard the inmates. Since these people were then thought to be incurable, they received little treatment. For "lunatics", for the "insane", such were the terms, who were considered to be without human feelings, incurable and destined to lifelong residence in the institution, the most economical course was to maintain them as cheaply as possible.

If these patients have human feelings and are curable, the custodial, the asylum approach, if you please, is wrong. To maintain sick human beings as cheaply as possible means that we are depriving many of them of treatment and are not returning a maximum number to society. The result, incidentally, is that tax-payers are forced to bear the burden of needlessly maintaining many patients for life... and of building an ever increasing number of new hospitals to take care of an ever increasing backlog of uncured patients.

And, if these people have God-given human feelings and rights - as I solemnly stand here and claim they have - it is immoral and a reflection on us not to make them as comfortable as possible.

If we have changed our attitudes about the nature of mental illness, psychiatry has changed the forms of treatment. Today's treatment

is based on a combination of many therapies, which I need not go into here. Important as any specific therapy is the environmental influences of the hospital on the patient...and total and well planned activities, known in some quarters as "total push", as contrasted to the deteriorating idleness in which most patients still can be found.

Total push depends on total staff, not on a custodial quota. Leaving out the several thousand patients at the institutions for the mentally deficient at Faribault and the epileptic at Cambridge, who present parallel problems and whose improved care is also part of the program, we have approximately 10,500 patients in the seven mental hospitals. We have only enough staff - that is, psychiatric workers of all classifications - for between 2500 and 4000 patients. However, since psychiatric treatment depends on a full team of psychiatric workers, it should be borne in mind that we have no or only a token number of such specialists as psychologists, social workers, pathologists and dietitians. In other talks I have interpreted these deficiencies in terms of shortages in some professions, in low salaries, bad working conditions, long hours, and lack of training facilities.

The most important member of the psychiatric corp is the attendant. 98% of all contacts patients have with members of the psychiatric team is with one attendant. What happens under the influence of this individual will spell the difference between recovery or deterioration.

The term "attendant" is a hangover from the asylum days. He is still paid and recognized and treated as in the asylum days. His pay may be higher and his hours fewer, but the job description has remained the same - that of a housekeeper or guard to keep the patients from running away.

Let me quote from the diary of a patient who before the Civil War was an inmate of the Glasgow Royal Asylum for Lunatics: "However kind and attentive the superintendent may be, he cannot be everywhere...A properly qualified attendant required qualifications which seldom meet in the same person; and it certainly would be a pity if men or women so gifted were to be had for little more than the remuneration given to servant girls and farm servants. So long as these men are paid less than day laborers, and perhaps often required to work as such, nothing but necessity can cause people fitted for the trying task to accept it, and nothing short of necessity compel them to keep it."

Where have we been the last hundred years? Do you think attendants today receive relatively more than they did almost 100 years ago? He receives half the wages of an industrial worker. We still consider the attendant in the same menial light as did the Royal Asylum for Lunatics. As a full-fledged member of the psychiatric corps he is grossly underpaid and furnished with no psychologic training for the therapeutic role he can perform with patients. I claim that the first step in changing the characteristics of the state hospitals

is the recognition of the proper role of the attendant and a complete change in title, function, and pay.

How far have we advanced when we maintain a caste system of diets, to say nothing of other things. Every state hospital system in the country serves a relatively superior diet to employees and an inferior one to patients. Why should we not spend money to raise the patients level of food to that of the employees? Until we have one standard of diet, I do not believe we can have patient-centered institutions. Even though no other state does this, I see no reason why Minnesota should not be the first. Nor do I see any reason why we should not be the first state to meet at least the minimum standards of the American Psychiatric Association.

There is not time to go into details as to how our system of caring for and treating the mentally ill is still based on notions of the past century. There are other deficiencies besides those in the institutions. A chain of clinics and social work services is desperately needed if we are to erase The Shame of the States. But more than that, we must extend the state's responsibility to assistance on local levels for prevention: for work with courts, schools, social agencies, etc. I will have more to say in a later statement about expanding the traditional psychiatric services of the state and of the state hospital system itself.

We need funds to modernize our present institutions, but we must realize that an institutional approach alone will not do the job. We must start the long road ahead toward providing modern psychiatric services for all people of the state, of instituting a system in which the modern therapeutic hospital will replace the present custodial institution, a system in which a patient-centered therapeutic hospital will have links with the community in which mental illness has its roots and to which environment the recovered patient returns following discharge. The state will have to engage in research into the causes and treatment of mental illness.

There will be no scapegoats. The legislators are sympathetic and have made appropriations of a generous nature for the type of system in vogue. The staffs of the hospitals are doing a superb job, particularly in reducing restraints, which I announced as administrative policy on May 5th. For this I want to commend Mr. Carl J. Jackson, Director of the Division of Public Institutions and the superintendents for their leadership and extend to our nurses and attendants the most profound appreciation of the entire public for the execution of this policy.

No, there will be no scapegoats. The basic answer lies in public opinion. It lies in the feeling of personal responsibility by all of us for our mentally ill fellow-citizens. It lies in the "grass roots" - in what you and I are doing about the problem.

When the mental health drive started I appointed a 50-man Governor's Citizens Mental Health Committee. I literally meant that this

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arrangement would constitute a partnership between the Governor, the legislature, and the people to advance the interests of the mentally ill. I don't mean this governor alone for the cause is greater than any of us and must go on regardless of who is to be governor.

I thought it was wonderful when the committee met that as many as fifty civic leaders would give generously of their time and effort in behalf of these forgotten people. Then we began to hear from the "grass roots" - from men and women in all walks of life who want to participate personally. Already three counties have organized local committees affiliated with the statewide Citizens Mental Health Committee. The number of counties having such committees is expected to number around thirty before the year is up.

Mental Health Week starts tomorrow. The doors of the state hospitals are open to the public. Won't you, too, think of these forgotten people by paying a visit to the mental institution nearest you and bring to them the realization that there are those on the outside, thinking of them, and willing to do all possible to help erase The Shame of the States and make Minnesota a pioneer in enlightened attitudes and a modern mental health system?