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## Minnesota Bedlam Revisited

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### Now They Dance in Mental Hospitals

#### CHAPTER 2

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THIS, TOO, in 1950 Today, workers in the eight mental hospitals are trying to get many more patients—even those formerly in restraints—to join in new activities. Left, patients put on a square dance while other patients watch.

An eight-piece orchestra was playing a fast tune as we walked into the auditorium of one of Minnesota's mental hospitals.

Sedate couples and "fancy dans" trying new steps danced in rhythm with the music. Laughter and talk sounded above the melody.

Photographer Arthur Hager and I were guests at a dancing party—a party supervised and planned by the recreation workers at the hospital.

Psychiatric aids and nurses assisted recreation workers in encouraging patients to dance.

The chief recreation worker sat in with the orchestra made up of hospital patients—one a former Minneapolis symphony member—and played his trombone with red-faced vigor.

A hospital aid was dancing with a bright-faced woman, her hair waved, her nails polished. I had seen the woman two years ago—sitting on the floor, barefoot and untidy.

On the other side of the room, a white-haired woman talked happily to a student nurse as they danced together.

I remembered the patient from two years ago. She had been sitting on a wooden bench. A leather strap tied her securely to her seat.

At other hospitals we walked into wards unannounced and found student nurses or aids feeding feeble patients.

At one hospital, we walked into a ward for the most disturbed patients. They were sitting at tables and drawing with the help and encouragement of five psychiatric aids. Not one patient was tied.

Two years ago that ward was a bedlam of pitiful, howling women. At least 100 of them were in strait-jackets, tied to benches or slumped on the floor.

What has made the changes?

The answer is the same at every hospital: More and better workers.

It's too soon to tell how many patients will be improved or cured because of the increased attention and care. Experts say it will be at least five years before discharge figures reflect the change.

But the vastly improved medical and psychiatric care made possible with the hiring of 1,000 workers has increased the "popularity" of Minnesota's mental hospitals.

Most of the institutions report increases in new patients. Moose Lake state hospital reported an increase of 33 percent in its commitments since April 1950.

When we visited the hospital early in 1948, we found too few workers in every field.

ONE hospital had a registered pharmacist.

No hospital had a dietitian.

No hospital had a full-time medical or psychiatric social worker. No hospital had a psychologist.

Five hospitals had full-time dentists, one hospital had a dentist part-time.

In March 1948, Gov. Luther Youngdahl reported that the hospitals had 82 nurses, 676 psychiatric aids (then called attendants) and 37 doctors, including the seven superintendents.

THERE WAS enough staff, he said, for about 4,000 of the 10,500 patients in the hospitals in 1948. Look at the personnel picture as of October and November, 1950:

All hospitals, except Sandstone, have full-time or part-time pharmacists.

All hospitals, except Sandstone, have dietitians. Some hospitals have two.

Five hospitals have social workers. Three hospitals have two social workers. Most of these are not social workers trained in psychiatry, however.

All hospitals, except Sandstone, have psychologists.

Six hospitals have full-time dentists and several hospitals also have dental technicians.

There now are 134 nurses—almost twice as many as there were two years ago, but still just a fraction of the 420 needed.

The number of psychiatric aids has almost doubled—from 676 to 1,198.

And there are 30 more doctors, including 11 hard-to-get psychiatrists, working in the eight hospitals.

NEW POSITIONS have been created, too-- recreation workers, research scientists, chaplains and handicraft instructors are among the new employees.

A number of administrative posts also have been set up in the newly organized mental health section of the state division of public institutions.

Working under Dr. Ralph Rossen, mental health commissioner, are a chief dietitian, psychologist, social worker, recreation worker and others. Part of their work is visiting each hospital to offer help, check on problems, assist in training and generally survey the progress of the mental health program.



A statistician has been employed for the first time. Among the extensive information his office will seek is how much and what kinds of treatment is each patient getting; how many hours a day are the patients occupied; how many patients have interested relatives and how many patients are being improved or cured and sent home.

THE DIFFICULT job of recruiting most of the new hospital workers fell to the state civil service department.

Under the 1949 mental health act all employees got a 40-hour work week, and some salary increases. Money to build houses for doctors and a dormitory for nurses also was included.

But housing for employees, particularly for aids, still is poor.

Salaries are still low in some fields. Aids, for example, get a starting salary of \$159 a month, \$30 less than guards at Stillwater state prison.

In spite of these handicaps however, more new employees have been hired than many experts thought possible.

ONLY IN THE FIELD of psychiatric social work has the program conspicuously failed to attract new workers.

One reason--there aren't many trained psychiatric social workers.

But, equally important is that Minnesota's starting salary in this field, \$254 a month, is lower than the beginning salary offered by private agencies and by some states.

Civil service administrators argue that the salary compares well with those offered psychiatric social workers in other state hospital systems.

But administrators in the mental health program reply that these hospital systems are not getting psychiatric social workers either.

"If we really want to implement this mental health program," a social worker told me, "we're going to have to pay salaries that compare with California's or the Veterans' administration." In California, psychiatric social workers start at \$268 a month and can work up to a top salary of \$436. Our top salary is \$350.

IN THE VA, the starting salary is \$328 and even Wisconsin is paying beginning psychiatric social workers \$300 a month.

The psychiatric social worker should be the mental hospital's connecting link with the patient's relatives, the potential employer and the community.

One hospital social worker said that at least 40 patients a year would not have to return to that institution if enough trained psychiatric social workers were available.

Some hospitals have done better than others in attracting employees.

Anoka state hospital in particular, through the planning of its superintendent and business manager, now has one hospital employee for every three patients.

Two years ago Anoka had one employee for every eight patients. It had only patients as workers in the laundry, kitchen and wards. There now are about 20 employees to do these jobs; the patients are freed for activities aimed at helping them get well.

THIS HOSPITAL also has won the wholehearted support of the city of Anoka. Community officials have found housing for hospital workers.

A clerk in the office of the city manager is assigned to interviewing persons who want jobs in the hospital.

The other side of the personnel picture includes facts like these:

One hospital has 10 nurses for about 1,000 patients. At other hospitals, it's not unusual to find one aid on duty with 150 patients.

The Sandstone hospital so far has been the neglected stepchild in getting personnel. A former federal prison, it opened in July 1950 with an emergency appropriation of \$200,000 for salaries, food, clothing, equipment and other necessary supplies.

It has about 40 aids and recreation workers and two doctors for 360 patients between the ages of 19 and 82. There are no nurses, psychologists, dietitians or social workers.

Even with these staff shortages, however, the Sandstone hospital has an atmosphere of friendliness and concern for the patient that is second to none in the hospital system.

Chances of getting more trained workers for Sandstone —and for the other state hospitals—grow increasingly slim as each day brings more news of war and the possibility of a bigger war.