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Minnesota Bedlam Revisited

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Hospital Workers Get Better Training, Pay

CHAPTER 3

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A new attendant reporting for work at a Minnesota mental hospital was sent—without training—into a ward of mentally ill patients.

From other attendants he caught attitudes of fear, cruelty and antagonism toward the sick men and women in his care.

One former attendant told me his only instructions had been how to use a piece of brown soap swung in a stocking. "It leaves no marks and quiets the patient." Another attendant described his efforts to tube feed a patient—a difficult, touchy job for an inexperienced hand. The patient died of suffocation.

This was the general, gloomy picture a few years ago.

Today, changes are taking place.

Under the new mental health program, the attendant:

HAS A NEW TITLE. He—or she—now is a psychiatric aid.

WORKS a 40-hour week.

GETS a starting wage of \$159 a month -- \$30 more than he got before July 1, 1949.

HAS WON recognition for the part he can play on the "psychiatric team" of doctors, nurses, psychologists and other specialists.

State civil service forms describe the job of new aids this way: "(They) work in a mental hospital ward in caring for the needs of mentally ill patients."

"They assist in recreational and occupational therapy, including helping with parties, shows, dances, crafts and in other activities of the institution designed for the care and treatment of the patients."

Most hospitals now have aid training programs — some of them far better than others.

At the Moose Lake state hospital, Arthur Hager, Tribune photographer, and I sat in on a class of the best training program.

New aids were acting out what their duties should be if a patient complained of feeling ill. A serious new aid played the part of the "patient."

One of the staff doctors and the head aid were guiding the class—not lecturing, but letting the new aids ask questions and discuss problems.

Before these aids work with patients, they will have 80 hours of instruction.

Wherever possible in their training, the new workers will act out the role of a patient. Through this acting, we were told, aids learn to understand and sympathize with the patient's behavior.

THE AIDS get information on medical procedures, psychiatric treatment and—equally important—their own attitudes and possible reactions.

At this same hospital, all aids working in the institution before July 1949, when the new mental health program started to roll, were required to take a 40-hour refresher course to give everybody the “new word” and to get the whole team using the same approach to patients.

Success of the training program at this hospital is reflected in the behavior and work of aids in the wards.

Two years ago the Moose Lake hospital had one of the worst records in the nation for tying up patients. Today it has no patients in restraint.

In our visit, we saw aids leading community singing in the wards; we saw one lighting a cigarette for a patient, another combing a patient's hair. We saw these new aids mopping up in wards where patients had soiled themselves.

TWO YEARS AGO at this hospital, we walked into ward after ward where attendants sat chatting in a room and patients huddled on benches and on the floor. We saw aids standing around as if on guard duty. The atmosphere was tense and oppressive: aids in a protective grouping, half-fearful and half defiant, watching the patients who glowered back.

The difference in attitude is best reflected, perhaps, in one patient we saw again recently. In 1948 he was tied securely to a cot. A sheet stretched over his body kept him absolutely still. Only his head moved.

“Why do you keep him tied up that way?” I asked the aid then.

“Oh, he's a bad one,” was the reply.

“Do you ever take him out?” I questioned.

“Oh, no,” the aid answered, “he's been like that for years.”

“If you never take him out,” I asked, “how do you know he needs to be tied up like that?”

There was no answer.

In our recent visit, we saw the results of the new program and the new training. The patient was dressed and sitting — untied — on a bench in a room with other patients. We learned he had caused very little disturbance since he had been freed and that occasionally he takes part in gym activities.

CO-OPERATION has been the key to the success of this training program at Moose Lake. The superintendent, the psychologist, the nurse and aids, make up the educational committee which plans the course.

In most other hospitals, however, training is under control of the nurses. There is no democratic planning and little opportunity for discussion. The results leave much to be desired.

Nurses in a few hospitals resent what they believe is the “glorification” of the aid in the new mental health program.

One head nurse protested bitterly, "Aids are coming in here now with the idea that all they have to do is play checkers with patients. We soon let them know they're expected to help with dressing, bathing and feeding. Then, if there's any time left over, they can amuse the patients."

Aids, on their part, feel resentment at the "flunky" role to which some nurses assign them. Where this resentment exists, it's the person in the middle—the patient—who suffers most.

Part of the nurse-versus-aid trouble, we were told, stems from the fact that the duties of each are not clearly defined, that in actual practice the aid's job overlaps the work of the nurse.

There's some antagonism, too, between old and new aids.

THE PROBLEM hasn't been helped by the fact that the 600 new aids hired under civil service have, on the average, an educational level four years beyond that of the old aids.

New aids have been conditioned, too, by the emphasis civil service examinations now put on providing the highest type of patient care as compared with the old custodial treatment.

About two-thirds of the aids employed in state hospitals before July 1949 had never taken civil service examinations. They were required to do so when the new program took effect.

The result was that 124 aids were "washed out" because they flunked the exam, had "poor attitudes" or declined to take the test. Some of these 124 repeated the test and passed. A few others were assigned to different jobs or remained as temporary employees.

In the end, only 41 of the 124 were fired or resigned. But there were hard feelings left behind and new aids are bearing the brunt of some of those hard feelings.

It is still hard to get good people. When they are hired, they come in "by twos and threes" which makes it hard to organize a sustained and satisfactory training program. Then when the aids are finally trained, there is the problem of turnover—300 to 400 aids leave the mental hospital system each year.

COMMENTING on the personnel problem, one expert put it this way:

"Testing methods, veteran's preference rules and other civil service procedures have created a situation in which the new aids who have the best attitude and general personality plus considerable experience are getting less pay and are being directed by persons of lesser qualifications."

"The result is," he added, "that today we have a better-paid attendant who is protected by civil service but still performs the same old routine ward and guard duties."

"New effort must be made to get intelligent, sympathetic aids skilled in handicrafts and recreation. Better screening methods must be set up to sift out the less capable applicants."

"This probably means more salary increases," the expert said, "and perhaps another aid position set up under civil service."

Some aids themselves recognize the problem of getting a better group of employees.

"But much of the aid's time now," one of the best aids in the state protested, "still is spent on daily housekeeping duties and clerical work. He mops floors, makes beds, washes furniture and waxes floors."

There should be more housekeepers and custodial workers in the mental hospitals, he said. Then aids can do more worthwhile work with those who are mentally ill.

IRWIN PETERSON, who won the “Psychiatric Aid of the Year” award for his significant work in eliminating restraints at Moose Lake hospital, is hopeful that the 1951 legislature will set up a board to license psychiatric aids — as nurses and doctors are licensed. This plan has the support of the Minnesota State Federation of Labor.

The Rev. Arthur Foote, a leader of the Unitarian mental hospital committee which has worked diligently for state mental hospital reform, has urged careful study of the aid licensing plan.

Mr. Foote, who also is a member of the governor’s advisory committee on mental health, explained, “The aid, as a member of the psychiatric team, has a distinct contribution to make to the patient’s recovery. Of all the members of the staff, he is closest to the patient, spending days with him, to the doctor’s hour.”

He pointed out that, changing a worker’s title from attendant to aid does not make him a trained worker.

“The aid needs training, adequate salary, decent living and working conditions and, in addition, a genuine recognition of the therapeutic role he is now expected to play.”

“We believe, therefore,” Mr. Foote added, “that the time has arrived when—to preserve gains already made and assure future progress—a system of licensure or registration for aids should be seriously considered.”



IN RESTRAINT: 1950 Minnesota’s mental hospitals still have patients tied up---although the number has shrunk from 1,000 in 1948 to about 40 now. Most of the restraints are concentrated in one hospital. Many leading psychiatrists maintain that proper care makes restraints unnecessary. The women above are strapped to the wooden bench. The patient at the left, although unable to leave the bench, was given a newspaper to read.