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Minnesota Bedlam Revisited

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CHAPTER 1

Two years ago reporter Geri Hoffner and photographer Arthur Hager of the Minneapolis Tribune visited Minnesota's state mental hospitals and described what they saw in a series of illustrated articles called "Minnesota Bedlam."

In November of 1950 they returned to report to Tribune readers on the progress of the new mental health program. Here is that report.



Mrs. Hoffner and Hager revisited each of the state hospitals last month to report on progress of the new mental health program. They found that many patients now are engaged in activities which are designed to cure their sick minds. Only about 40 patients in the entire state now are in restraints.

This woman--her hands in canvas mittens, her wrists bound with leather cuffs--was one of the 1,000 patients who were in restraints in Minnesota mental hospitals in 1948 when Geri Hoffner, Minneapolis Tribune staff writer, and Arthur Hager, staff photographer, first visited the institutions.



The mental hospitals are much improved compared with two years ago, but some patients still are idle and neglected. The woman pictured lying on a cold tile floor is not in restraints--as she might have been two years ago, but she is receiving no treatment to cure her illness.

Mental Hospitals Take on New Life

By Geri Hoffner, Minneapolis Tribune Staff Writer

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Money, manpower and driving enthusiasm have poured into Minnesota's mental hospitals in the last year.

The results are impressive, even startling.

Like a giant Rip Van Winkle, asleep for years, the state hospital system awoke in July 1949. This was the starting date of Minnesota's new mental health program.



A two-year appropriation of \$18,600,000 got the program moving.

Like Rip Van Winkle in Washington Irving's story, the state hospitals found a new world, buzzing with ideas undreamed of a few years ago.

The old mental hospital world of restraints, poor food, filth and small staffs was giving way to a new one—in which the state of Minnesota intended to make a supreme attempt to bring modern techniques and equipment to the care of its mentally ill.

This and following articles will tell what has happened in the 17 months since the Van Winkle of the state hospital system woke from his generations-old sleep.

Today, some of the eight mental hospitals hum with activity, new ideas and optimism.

Among many hospital workers there is an air of subdued excitement—a marked contrast to the cynicism and hopelessness of two years ago.

Some superintendents and their staffs have accomplished near-miracles in setting up training programs for hospital workers—serving patients tasty, nutritious food and freeing hundreds of young and old patients from barbaric strait jackets, leather cuffs and straps.

Hospital workers have transformed some institutions from centers of pessimism and despair into "houses of hope."

But the progress—remarkable as it is—is uneven and spotty. Some hospitals are contradictory combinations of the new and the old: new buildings, new workers; old attitudes, old practices.

A few superintendents and some workers are "dragging their feet," as one of the state's mental health leaders put it.

Where this is true, the philosophy and plans of the new mental health program get lip service only.

Privately, the new ideas are ridiculed and criticized in at least two hospitals. In some institutions, there is friction and rivalry— not the needed team spirit—between certain groups of employees.

And in at least one hospital, morale suffers because a caste system encourages nurses to frown on psychiatric aids and doctors to frown on everybody.

These observations follow two months of talks with workers in Minnesota's now-famous mental health program and visits to the eight mental hospitals at Hastings, St. Peter, Rochester, Willmar, Moose Lake, Fergus Falls, Anoka and Sandstone.

(The hospital at Sandstone—formerly a federal prison—was leased to the state by the United States government. It has been receiving patients since July 1950).

Arthur Hager, Minneapolis Tribune photographer, and I visited each of the hospitals - except Sandstone - more than two years ago.

At that time we found:

IDLENESS, the terrible enemy of the mentally ill. We saw hundreds of patients sitting on wooden benches, lying on floors, roaming aimlessly in gloomy hallways.

LITTLE MEDICAL and psychiatric care. At some hospitals, patients who had been there for years rarely had been seen by a doctor. The death rate from tuberculosis alone was 300 times greater among the state's mentally ill than among Minnesota's other citizens.

DANGEROUS crowding. Beds stood in halls, recreation rooms and attics. In some dormitories, beds were packed so tight that aisles could be used only if patients moved sideways. Epidemics and fire were constant threats in most of the hospitals.

AN OVERWORKED, underpaid staff. One hospital had one doctor for 700 patients. Most hospitals had some wards where one attendant was expected to "stand guard" over 100 to 300 mentally sick men or women. No hospital had even 50 percent of the workers needed.

From our visits in November, we must report:

THERE IS STILL idleness; too little care for too many patients; crowding and shortages of trained workers.

IT IS STILL possible to walk into wards where women are clad only in shapeless, gray "uniforms" and thick stockings that hang around their ankles.

And it is still possible to enter wards where the stench of urine, human excrement and disinfectant sting the nostrils.

BUT BIG STEPS have been taken to improve all these conditions.

These steps, program leaders say, are only the beginning. Here are some of the outstanding advances since July, 1949:

1. Strait jackets, leather manacles, straps and other devices used to tie up patients are being eliminated. With them is going the old attitude, "When in doubt, use a strait jacket."

Only one hospital has as many as 30 or 40 restraints a day and that hospital is discussed critically by workers in other hospitals.

Two years ago, there were 1,000 men and women tied to benches, beds and chairs in Minnesota's mental hospitals. That was one of the highest restraint rates in the nation.

Today, there are seldom more than a total of 40 of the 10,900 mental hospital patients tied up.

Most restraints now can be used only on a doctor's prescription and for two or three hours at a time.

2. About 1,000 new employees— among them young doctors, psychologists, dietitians, chaplains and recreation workers— are filling out the once thin ranks of hospital workers.

With these new hands has come a sweeping new energy. Experimental changes and improvements happen so fast that hospital programs seldom are the same from week to week.

On Jan. 1, 1951, the last wave of new employees — about 200 men and women — will be hired under the 1949 mental health act.

Then there will be about twice as many employees on state hospital payrolls as there were two years ago.

3. Patients and employees now eat the same or comparable food. Two years ago, most hospital employees got decent meals, decently prepared. Patients got runny stews, soggy potatoes and some items that, after cooking, could not be identified.

Two years ago, with less than 25 cents a day to spend for each patient, the hospitals rarely served fresh fruits and vegetables, butter, eggs, milk.

Today, on 65 cents a day per patient, the hospitals are serving fruits and vegetables in season, butter at each meal, eggs several times a week and milk three times a day if the patient wants it.

4. At least nine research projects have been started or completed. A number of others are scheduled to begin in 1951.

In 1948, one hospital had a makeshift laboratory and a few pieces of equipment bought by the superintendent. Research— as much as there was—was a spare-time filler.

Now some excellent research equipment has been bought. At least one laboratory is being furnished. Extensive research is going on at two or three hospitals. Some research is going on at all hospitals.

Ten research scientists—a new civil service position—have been hired. Two years ago there were none.

5. Two centers—one for mentally ill patients with active TB, the other for mentally sick children — now are open for business.

The TB center at the Anoka state hospital eventually will give treatment to the 450 patients suffering from TB. The first group of patients moved in this month.

The children's center for Hastings opened several months ago. Two years ago, the few children committed to state hospitals mingled with older patients and got little or no psychiatric treatment.

Until a new building is constructed to house the 800 mentally deficient children now on a waiting list, the Hastings center also will take care of some of the most difficult cases on a "vacation" plan.

Under the plan, 30 children at a time will be cared for up to a period of six weeks. Most of the children included have created serious family problems.

6. An out-patient clinic at Fergus Falls has been at work since last January. The clinic does follow-up work with patients who need special help after discharge from Fergus Falls state hospital.

Staff members also see a growing number of men, women and children who—although not hospital patients—need psychiatric attention.

A second out-patient clinic is opening this month at Albert Lea.

A follow-up clinic whose staff works only with patients discharged from Anoka and Rochester state hospitals is operating in Minneapolis.

There were no clinics working with the state hospital system two years ago.

7. For the first time in state history, a commissioner of mental health was appointed. Dr. Ralph Rossen, the Hastings state hospital superintendent, took the post Feb. 1, 1950.

He has pounded and pushed the program into shape. Some of his ideas — bold and controversial—have stirred resentment and antagonism. There are complaints that he is forcing the hospitals to take on more than they can handle.

But his aim—to make each hospital a place where every patient can get maximum care and treatment—has penetrated down to the last cook and farm worker in the institutions.

Dr. Francis J. Braceland, head of psychiatry at Mayo clinic and chairman of the governor's mental health advisory committee, made this comment on progress of the program: "There are some persons," he said, "who claim we've moved too quickly and tried to do too many things. But I don't think we've been going too fast—although the efforts necessary may have made it seem so."

Like hospital superintendents and other leaders in the program, he was pessimistic about the effects of a World War III on the state hospital program.

Military services and war industries already have nibbled away a few doctors, nurses, psychiatric aids and other badly-needed workers.

Gov. Youngdahl told this reporter: "We won't cut back on this program even in the event of another war. It seems to me there's got to be a reasonable balance in taking care of our people at home and taking care of our military commitments."

He said his request for mental health funds to the 1951 legislature probably will amount to about \$6,000,000 more than the two-year appropriation passed by the 1949 legislature.



In 1948, IDLENESS The end of this corridor in one of Minnesota's mental hospitals might have been the end of the world for these women patients. The picture, taken more than two years ago, shows the hard benches, restraints and idleness that were familiar sighs at every institution.

In 1950, IDLENESS Inactivity, the enemy of mentally sick men and women, exists in the state's institutions even in 1950. The elderly women pictured right sit in a foul-smelling corridor which doubles as a dormitory. One patient pulls at the dress of a woman who has soiled herself.

