

a report on

MENTAL HEALTH PROGRESS

by

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delivered over radio station WCCO

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It is time for me to report to you again on the 14,000 adults and children we have in our nine mental institutions...and on some of the things I have seen and felt at the end of our first year of operation of the new mental health program.

In these related mental institutions we have three different types of sick people. In seven hospitals we have the mentally ill - individuals who for emotional reasons have lost their ability to function. The hospital tries to restore this ability to function.

At Faribault, a different type of institution, we have several thousand mentally retarded children, who started life with three strikes against them in terms of mental deficiency that will limit their abilities, but not their rights to happiness.

And at Cambridge, a still different institution, we have children and adults who have convulsive disorders known as epilepsy. The hospital tries to bring these disorders under control.

During this period of apprehension about world conflict, this problem may not seem to have any significance to you. But it could. The most recurrent phrase of relatives of our patients is, "It couldn't happen to us, but it did." And since these conditions are sicknesses or accidents, and generally are not by-products of family background, they could happen to any one of us.

Every day a prominent person somewhere becomes mentally ill, such as James Forrestal, the late Secretary of Defense. And some of our outstanding people, such as Pearl Buck, have retarded children. And from the time of Julius Caesar down to the present, many great men have had epilepsy.

We have a major responsibility to these adults and children. And we also have a major responsibility about which perhaps we don't talk enough - a responsibility to the relatives of these patients.

The relatives have very natural anxieties. Despite having no alternative, despite doing the right thing, they cannot help but stay up nights wondering if there was anything else they could have done. They worry whether the people in the hospital will understand the patient's mood, his reactions, his feelings, the way they do. They wonder if the institution will be patient with his frailties. They want to know how he is, how his care is, and whether he is getting enough to eat. They want to know if he can come home. They rejoice when he leaves, as many, many patients do; and they seek hope in each new medical discovery announced.

Our program is run for the patient - adult or child - and his relatives. For when one turns the care of a member of his family over to another - in this case the state hospital or school - he is entitled to be relieved of any additional worry or tension by knowing that the very best care under the circumstances is being furnished.

Conditions for the mentally ill, the retarded, and the epileptic are based on public attitudes. In Minnesota we have rejected the once-accepted idea that you can't do anything for these patients.

It's foolishness - plain foolishness in the light of scientific knowledge to believe any such thing. These are sicknesses we are talking about, accidents that could happen to any one, things for which no one but circumstances are responsible.

Such progress as we have made in Minnesota is the direct result of the fact that you as a citizen have discarded foolish superstitions and unsound notions about mental problems. As a matter of fact, the first thing we did during the legislative session was not to press for funds, but to press for an act, which was unanimously passed, that declared it to be the official policy of the State of Minnesota to recognize mental illness as a sickness, to which there should be no shame or stigma attached.

And there it stands on the statute books for all times, an act committing us to develop a program of providing hope for the patient, relief from anxiety for the patient's relatives, and dignity for the psychiatric worker. For there can be no hope for the patient and no relief for the relative, unless there is the dignity of a high calling to attract the kind of people you and I would want to take care of members of our own family.

Prior to the session, I reported to you about the shortage of personnel,

the overcrowded conditions, the bad food, the substitution of strait-jackets for medical treatment, the lack of clinics, the lack of training, and the lack of research.

You may also recall these conditions from the reports of the Minnesota Unitarian Mental Hospital Committee, of which Rev. Arthur Foote is chairman; or from that very effective social document, "Minnesota Bedlam" by Geri Hoffner that appeared in the Minneapolis Tribune.

The first thing that I did, in advance of any publicity - in the fall of 1947 to be exact - was to take advantage of the great reservoir of nationally prominent psychiatrists who practice or teach in Minnesota. At that time I appointed what is known as the Governor's Advisory Council on Mental Health - and later the Governor's Citizens' Mental Health Committee, a lay group.

The Advisory Council brought in one of the most modern programs in the country. Up until recently its chairman was Dr. Alexander G. Dumas, who had to resign because of ill health. Dr. Francis J. Braceland of the Mayo Clinic is the new chairman.

The operating period in state government is a two-year period called the biennium. In my legislative and budget message I asked that the budget for the mental health program be doubled for this period. And I referred to this period as one in which - if we were given the money - we would put into effect the first step of a program which, if it were backed up by future legislative sessions, would eventually lead to modern mental health services; not modern in relation to the shortcomings of other states, but modern in terms of the actual needs of the patient.

The legislature graciously provided for most of the monies we requested for this first step. The first step - the step that covers the

two-year biennial operating period - is actually four steps. The two-year period is broken down into four periods of six months each. The monies from the legislature did not become available at the first date of the biennium, but are put into effect gradually during each of the four six-months periods.

We have just completed two of these six-months periods. The program has been so accepted by now that many are inclined to think it has always been with us. But we have just completed two of these periods - or just the first year of the program - the organizational year. And we still have many new employees to put on during the coming year, so that the full effect of this first step will not be apparent until June 30th, 1951, which is next year.

There is one other thing you should know about this first step. I referred to the three different groups of adults and children that we have - the mentally ill, the retarded, and those with convulsive disorders. They are completely different groups, but they have certain needs in common - doctors, nurses, aides, food, clothing, linens, and so forth.

Before we can go into the regiments needed for each group, which we must reach next biennium, it is necessary that we put into shape the institutional base that is common to all three groups. Toward the end of this talk I'm going to speak to you on the special problems of epileptics and retarded children.

We have finished the first short year of this program. I will not tell you that during this short time these institutions have become psychiatric paradises. But conditions no longer are what they were. Despite considerable additions of personnel, our staffs are still as overworked as

they were before. But this time instead of being overworked in an atmosphere of futility and helplessness because of lack of support, they are overworked in an atmosphere of hope - overworked because they are fighting against time in organizing and completing this biennium's first step.

I can report to you, if not the complete elimination of all deficiencies, great improvement in the care of our patients and great progress - tremendous progress - in arriving at the objectives of the program. We are half way between where we were a year ago and where we will be at the end of the biennium.

And here are some of the steps that have already been taken: For the first time in our history the program is under medical direction. I appointed Dr. Ralph Rossen, former Superintendent of the Hastings State Hospital, as Mental Health Commissioner. The best recommendation for him comes from the patients and relatives of patients at the Hastings State Hospital.

Overcrowding is in the process of being relieved. I recently dedicated the new units for aged patients at Moose Lake. These are similar to the units for the aged that have been built, or are under construction, at the hospitals at Rochester, St. Peter, and Fergus Falls. These are very nice buildings and exactly what you and I would want for a sick, aged member of our family. They are light, airy, and easy to keep clean. There is plenty of sunshine and comfortable quarters either for sleeping or for relaxing.

I have also seen the new treatment building under construction at Willmar, which is similar in function to those under construction or to be built at Anoka and Hastings. I have also kept up with the construction of

the new hospital at Rochester that will replace the present dilapidated building. And, as you know, we have temporarily acquired the federal facility at Sandstone as a hospital annex.

Although brick-and-mortar alone do not comprise psychiatric treatment, they are important. And when the building program - or most of it - is completed within the next year or so, our patients will have access to the most modern diagnostic equipment in the country.

The basis of the program is personnel. The legislature granted us around 1,200 new employees who are absorbed on a staggered basis during each six-months period of the biennium. Due to the increased salaries, the new forty-hour work week, and the reclassification of attendants to psychiatric aides, we have been remarkably successful in recruitment.

The psychiatric aide, the individual closest to the patient, is our largest classification. And with the exception of an isolated hospital or two, we have had little trouble in recruitment. At first I thought we would have the same difficulty in getting doctors that most states experience. But as a result of the medical leadership of Dr. Rossen, the training program of Dr. Braceland and his associates at the Mayo Clinic, and the cooperation of Dean Diehl of the Medical School of the University, we have already acquired more than twenty-five additional staff members and active consultants.

In particular, I wish to mention two successful private practitioners who have made considerable sacrifice to show their faith in the program by coming in part time: Dr. Gordon Kamman of St. Paul, as Deputy Commissioner, and Dr. Larry Gowan of Duluth as Supervising Consultant. Our neuro-surgeons, Drs. Buckstein, Titrud and Richie, continue the generous contribution of

time they have always given us.

We are affected by the general shortages of nurses and have not filled our social work quotas. On the other hand, we have been very successful in three important classifications - psychologists, dietitians, and recreation workers.

Before the program we had no full time psychologist in any hospital - or a dietitian in any but one hospital. In every hospital now we have qualified psychologists and dietitians.

In the recreation field - that field required for activation of patients - for elimination of fiendish idleness - we have recently added to our already existing staffs about 50 college-trained recreation workers.

We have also engaged 7 of the 18 chaplains whom we will eventually place in the nine institutions.

Several other things bear mentioning. We are the first state in the country to protect the patient's diet by feeding them, except for special diet purposes, the same general menu fed employees. And I am glad to see the rapid disappearance of the tin mugs and tin plates that once were so prevalent - and the orders for new kitchen equipment that have been processed.

As you know, we have made great progress in the elimination of strait-jackets. That progress has been so widely publicized in Minnesota and throughout the country that I won't go into it now.

Thanks to the Mayo Clinic we were able to start our training programs during the year, which will be stepped up this year in cooperation with the University of Minnesota. I am glad to see, in many of our hospitals, the faces of young men and women who have joined us, either permanently or temporarily, because of training programs in psychiatry, (either under

Dr. Braceland or Dr. Donald Hastings of the University), neurology, pediatrics, psychology, and later, I hope, in radiology and surgery.

Research is an important phase of the program. The midnight oil is burning in many quarters because of the eagerness of our scientific workers to find new answers to this problem - to find new hope and better treatment for our patients. In this connection, we have received invaluable assistance from the psychiatric section of the Mayo Clinic and from Dr. Ancel Keys and his staff of the University of Minnesota. Dr. Baker, of neurology at the University, is helping us establish a neuro-pathological service of great importance in research.

And at Fergus Falls, Dr. Berkwitz has established the first out-patient clinic in the program, with another one due to be established soon. In Minneapolis we have the first follow-up and rehabilitation clinic for discharged patients.

These are a few notes of progress. We have had our problems, too, employees housing particularly, still being inadequate, and requiring action at the next session if we are to attract and hold the type of people who should be taking care of our patients.

In visiting the wards and seeing the patients, the thing that strikes me clearest is the more relaxed atmosphere in the wards and the decreased tensions in the patients. I remember reporting in the early days of the mental health drive the shortages of personnel that resulted in regimented ward life and the long row upon row of idle patients who spent their days on hard benches. I think that 75% of our patients at that time had nothing with which to occupy them.

Well, we haven't eliminated such idleness completely, nor have we had time yet to produce maximum activation for all patients. But we have

reduced the idleness rate immeasurably and have introduced activation to the point at which for the average patient his day is definitely more comfortable. He has far more activities, far more help, better food, more sheets - why, at one time, many of our patients had to sleep without sheets - and more attention. His weight and appearance are better. He is cleaner and better dressed.

And it is a tribute to our employees, old and new alike, that they are executing this program so well. And we're all very grateful to them for this.

I like to think that it is symbolic of the change and the objective to which we are so rapidly arriving that two significant honors this year befell the program.

The Moose Lake State Hospital, of which Dr. Henry Hutchinson is Superintendent, once had the highest known restraint rate in the country. As a result of its successful project to completely eliminate restraints it was awarded the achievement award of the American Psychiatric Association, a signal honor to all, and Irwin Peterson, a Moose Lake aide and local union leader, who participated in this project, was chosen by the National Mental Health Foundation out of 21,000 candidates throughout the country as the nation's outstanding psychiatric aide. Those of you who read Women's Home Companion remember the praise given Moose Lake and Anoka for this.

Such progress as we have made this year is not the final answer, of course, but it is an indication of the work of our employees and a great measure of their ability to correct many remaining deficiencies on schedule during this first step.

I want to share with you at this point several marked deficiencies that have the highest priority for correction at the next stage of the program. These deal with the problems of convulsive disorders and mental retardation.

At Cambridge we have children and adults. Some of these are retarded children who have epilepsy and who should not be there; others are adults of normal or better-than-normal intelligence whose frequency of seizures requires hospitalization.

I was thrilled to visit Cambridge the other day to find a young and alert staff recruited for a brilliant new program by Dr. Raymond Gully, Superintendent, and Dr. Irvin McQuarrie, Head of the Department of Pediatrics at the University, and by Dr. Baker of Neurology at the University.

Cambridge today as a result probably has the finest medical staff in the country in any state-supported center for convulsive disorders. And it is the first center of its kind for the training of neurologists and pediatricians.

There are several types of convulsive disorders. Most - but not all epileptics do not have to be hospitalized. With a few safeguards and the use of new drugs, most can safely live and work on the outside the same as most people, although they should avoid certain types of equipment, such as automobiles. Short of this, it is an illness responsive, I understand, to medical control, and has little in it to bar average employment, social relations, and in most instances marriage. And, I might add, one of the things we're doing this year is to incorporate understanding of convulsive disorders in our public educational program.

At the same time, we are embarking on research programs into the causes and more effective methods of treatment and diagnosis of epileptics at Cambridge.

But, since most epileptics are not treated in a hospital, but should be under medical treatment, generally by their own physician, on the outside, the future of our program in this area is going to be its emphasis on the care, treatment, and follow-up of children and adults with convulsive disorders in non-institutional activities. The hospital at Cambridge itself is destined to be one of the outstanding centers of its kind that we can possibly make it for that percentage of epileptics whose seizures and ill health make hospitalization necessary.

Now, for what I consider to be the number one refinement of the program, the item that will receive great emphasis at the next legislative session:

In a recent issue of Time Magazine is a review of a new book by Pearl Buck. It is a book about one of Miss Buck's children. The article starts, "The young mother gazed at her first baby, less than an hour old. She had borne a beautiful child, she thought, with clear features and deep blue eyes. 'Doesn't she look very wise for her age?' she said to her Chinese nurse. 'She does indeed,' said the smiling nurse. 'And she is beautiful, too. There is a special purpose for this child.'"

"Pearl Buck, the young mother, was never to forget these words, spoken 30 years ago. But the joy with which she welcomes her baby soon turned to sorrow. The little girl's body was sound and strong; but her mind was doomed to remain forever imprisoned in childhood."

Perhaps I should not talk of retarded children, but of special children,

of minds forever doomed to remain imprisoned in childhood, affectionate and emotional - easily hurt and upset - who do not fit in the average school curriculum, who are subject to the taunts and ridicule from children their own age with whom they cannot keep up.

These children exist on many different levels, from those just on the borderline of intelligence who can be taken care of in special classes or schools, to those so low in the intelligence scale that they cannot take care of even their most elementary natural wants...and constitute the most difficult, the most unimaginable emotional drain on parents and other children.

These are special children, who require special provision for an accident of fate that is neither their fault nor the fault of their parents - and neither should be penalized for this, but recognized and understood.

* These are our "lostlings". They are children, who regardless of how old they get, never mature and remain as children. They require two things:

- Special training or education to bring out the best talent that most such children have up to a certain point - training and education to enable them to live an acceptable social life when that is possible; and
- When the families cannot take care of them, as many families cannot, pleasant association in a special institution with children with similar problems.

Many of the gains that I have attributed to the mental health program are to be found at Faribault, too. More importantly, the pediatric and neurology staffing plan that we have introduced for children at Cambridge is in the process of being introduced by Dr. Engberg at Faribault. Yet even if every one of these gains were to be fully found at Faribault, it

would still not be enough. I will repeat again and again that although a child may be below average in intelligence he has the same right, if not more right, to emotional satisfaction and happiness as any so-called normal child.

But there is a problem at Faribault completely different from that of any other of the hospitals. In the other hospitals we are attempting to solve overcrowding by a judicious building program in combination with an increased treatment program designed in time to increase discharges.

In the mental hospitals there is always a constant turnover. A high percentage of admissions are discharged each year; we are merely trying to step up the discharge rate.

With these special children there is little discharge, for they are imprisoned in their childish minds for life.

The overcrowding at Faribault is at the point at which it defies description. There is a long waiting list, including around 400 emergency cases. Children have been known to die at home, or their parents have experienced grave emotional problems, while waiting to get in.

In the past we solved part of the problem by sending some retarded children, who also had epilepsy, to Cambridge, this in turn has increased overcrowding there. When we open the children's unit at Hastings soon, we'll be able to take a few children - just a few - out of Faribault.

The overcrowding cannot be solved in any manner short of constructing a new institution for retarded children. The 1947 legislature appointed a special interim commission which reported back to the last session on the grave need for such an institution. The last session authorized such an institution, but disagreement as to location prevented appropriations

for such institution.

The legislature, however, did appropriate monies for an additional 300 beds to house children now at Faribault. The construction of this will begin soon. It is designed, however, to relieve only the present overcrowding at Faribault, not to take any load off the waiting list.

Therefore, I report to you, that the number one "must" - along with an increased program for those with convulsive disorders - for the next session is a new institution for these retarded - for these special - children, along with certain other features for the education of those who do not have to be so confined. This new institution is required, first, to relieve overcrowding at Faribault by transferring out a number of children and secondly, to provide beds to admit the large number of cases who now cannot get in.

This is not a small program. And it is not a cheap program. But it is a necessary program. And we have put ourselves in the position where the future success of programs in other states is dependent on the leadership we exert.

In connection with the program I have also made visits outside the state. During the past year I had requests from all over the country to discuss our mental health program. I have had the honor of representing us at the Menninger Foundation at Topeka, the American Psychiatric Association at Detroit, the National Mental Health Foundation at Philadelphia, the Conference of the 48 Governors at West Virginia, and at various meetings in many other states.

I have been proud, of course, to have represented us at these various functions and to see how other states were looking to Minnesota for continued

leadership. I was proud to describe our progress - and prouder yet of the enlightened support of the people of Minnesota that has made this progress possible.

But, on the other hand, I have been humbled by the magnitude and the implication of the program and the great distance we have yet to go.

The people in our hospitals - our adults and children alike - cannot go this distance alone. They need your help in supporting the gains of the program until all deficiencies of the past are eliminated. And they need your understanding so that when they are released from the hospitals they will find friendly acceptance and job security.

It is for these, the once forgotten, the once lost, and the once misunderstood, that I make this report tonight.