

SUMMARY REPORT
 MENTAL HEALTH SURVEY COMMITTEE
 Room 107, State Capitol
 September 15, 1954

Dr. Donald Hastings, chairman, called the meeting to order at 10:15 A.M. After expressing appreciation to the committee for agreeing to help with the survey, he introduced the following members:

Senator Magnus Wefald, Hawley, Minnesota
 Member of Minnesota Legislature

Representative Howard Ottinger, Chaska, Minnesota
 Member of Minnesota Legislature

Reverend Frederic Norstad, Lutheran Welfare Society
 President, Citizens Mental Health Association

Dr. Robert Challman, Clinical Psychologist, formerly with
 the Menninger Clinic, Topeka, Kansas

Clifford O. Lobel, Chief Psychiatric Nurse for the National
 League of Nursing Education, New York

Dr. Malcolm Farrell, Superintendent, Walter E. Fernald School,
 Massachusetts.

Absent from the meeting, but on the committee were:

Miss Hester B. Crutcher, Psychiatric Social Worker,
 Department of Mental Hygiene, New York

Dr. Howard Rome, Mayo Clinic, Rochester

Dr. Harlan L. Paine, formerly of the Massachusetts State Hospital system. Dr. Paine is the member of the committee who, starting in October, will spend approximately 45 days visiting the various hospitals and clinics in the state and collecting the data which the committee will use in formulating its conclusions and recommendations. Dr. Paine recently retired from the Massachusetts State Hospital system and has had experience with similar surveys in Massachusetts and Rhode Island.

Also present at this first meeting, although not members of the Survey Committee, were:

Mr. Alfred Angster, Deputy Commissioner of Public Welfare
 Dr. J.L. Bollman, Mayo Clinic, Rochester; Member, Mental Health
 Medical Policy Committee
 Dr. L.R. Critchfield, St. Paul, Member, Mental Health Medical
 Policy Committee
 Dr. E.J. Engberg, Superintendent, Minnesota School and Colony,
 Faribault, Minnesota

Dr. Cameron introduced the following members of his staff who attended this meeting as resource people:

Mrs. Constance Carlgren, Assistant to Medical Director
 Miss Annie Laurie Crawford, Psychiatric Nurse Consultant
 Mr. Leo Feider, Supervisor, Welfare Services Section
 Mr. John Hawkinson, Psychological Services
 Mrs. Miriam Karlins, Volunteer Services Coordinator
 Mr. Lyle Wigand, Reporter

Mr. Alfred Angster emphasized the importance of the work of this committee for evaluating the present program, and for future planning. He stated that while other committees have, from time to time, worked on surveys, much of the pertinent information needed has been lacking and all of the specialties and backgrounds so ably represented by the members of this committee were not represented in the past.

GENERAL BACKGROUND

Dr. Hastings explained, by way of background, that a 5-man Mental Health Medical Policy Committee was established by the last legislature to advise in matters pertaining to mental health activities of the Department of Public Welfare. This group of five has held several meetings. Members include:

Dr. A.B. Baker, University of Minnesota
 Dr. J.L. Bollman, Mayo Clinic, Rochester
 Dr. L.R. Critchfield, St. Paul
 Dr. Donald W. Hastings, University of Minnesota,
 Chairman
 Dr. F.J. Hirschboeck, Duluth
 Dr. Dale Cameron, St. Paul, ex-officio member

The need for a survey to measure past accomplishments, and to form recommendations for future progress was discussed by this Committee and, as a result of its recommendations, the Mental Health Survey Committee was established. (The last such survey of Minnesota State Hospitals by an out-of-state expert was made in 1939 by Dr. Samuel Hamilton). Dr. Hastings assured the members of the Survey Committee that their recommendations will be taken seriously and will be carefully examined to determine how they can be incorporated into the Minnesota program.

The survey aims and objectives were then discussed. Dr. Cameron stated that the aims of the survey were to obtain a series of conclusions and recommendations to use in Minnesota's mental health program, and to establish a reference point to evaluate past accomplishments and plan future progress. Because the survey report is not intended to be a self-analysis, people from outside of the Department were selected. Since it would not be possible for each member of the Committee to spend two months at the various hospitals compiling the necessary data, it was decided to select one member, Dr. Paine, who would be responsible for collecting the facts. Dr. Cameron stated that this does not mean that the other committee members should not take as much time as possible to visit personally the hospitals and clinics. There is only

one limitation so far as the survey committee is concerned and that is the limitation imposed by the budget. Dr. Cameron advised the members of the committee that the members of his staff will be available to them as resource people.

The general background of Minnesota's mental health program was reviewed by Dr. Hastings. Presently in Minnesota, there are eight hospitals for the mentally ill, one for the mentally retarded, and one for retarded and epileptics. In the early days, several hospitals were designated as receiving hospitals while the others were for chronic patients. Today, all hospitals are receiving hospitals. In 1945-46, the state program received impetus through former Governor Youngdahl. In 1947, Governor Youngdahl appointed an Advisory Committee on Mental Health which was continued by Governor Anderson when he succeeded Governor Youngdahl. This group was, in a sense, an ad hoc committee and had no authority or real responsibility. Its function was, for the most part, to press the need for standards in hospitals. At its most recent session, the legislature authorized the appointment of a group to make recommendations to the Commissioner and Medical Director of the Department of Public Welfare and, at that time, the former Governor's Advisory Committee was disbanded in favor of the newly appointed advisory group which is the present Medical Policy Committee. The work of this 5-man committee has only begun and they are anxiously awaiting the deliberations of the Survey Committee so that they may have positive recommendations to work with.

In addition to the care and treatment of hospital patients, there is interest in the establishment of clinics and other mental health resources in Minnesota; therefore, the committee members were asked to keep in mind the broad needs of the mental health program. Dr. Hastings continued by stating that interest in Minnesota is great, the support from the Legislature has been good and the appropriations have been in keeping with the possibilities of doing the job. He called attention to other groups in Minnesota who have evidenced interest in mental health, the Citizens Mental Health Association being one. The University and the Mayo Clinic are both keenly interested in the findings of the survey, particularly as they relate to the areas of teaching and research.

Mr. Angster, Deputy Commissioner, in commenting on the changes which have taken place in the Minnesota Mental Health program, recalled that prior to 1939, Minnesota had a State Board of Control. In 1939, through the Reorganization Act, the Board of Control was abolished and two major divisions were established: The Division of Public Institutions and the Division of Social Welfare. From 1940 up to the last legislative session, the mental hospitals, special schools for the deaf, retarded, and blind, Crippled Children's Hospital and correctional institutions were under the Division of Public Institutions. All public child welfare programs, public assistance programs, along with many other services were in the Division of Social Welfare. Most of these programs are administered by county welfare boards which were under the supervision of the Division of Social Welfare. It was felt

that something was lost by having the institution programs isolated from the welfare boards and the services in the Social Welfare Division. As a consequence, in 1953 by act of the Legislature, the Division of Public Institutions and the Division of Social Welfare were placed under single administrative direction and became our present Department of Public Welfare.

Mr. Angster stated that, as a result of the merger of the two former Divisions, the administrative structure of the Department has improved. Under the present organizational set-up, there is direct line supervision and a more functional type of organization. (At this point, Mr. Angster referred to the organization chart which was included in the informational packets which committee members received).

It was pointed out that there are six major operating divisions in the Department of Public Welfare,

- Correctional programs
- Finance and Management
- Child Welfare and Guardianship
- Field Services
- Medical Services
- Public Assistance

and three service or staff divisions, namely,

- Personnel
- Organization and Methods
- Legal Services

GOVERNOR'S MESSAGE

Dr. Dale Cameron then introduced Jarle Leirfallom, Commissioner of the Department of Public Welfare, who introduced Governor C. Elmer Anderson.

Governor Anderson stated that he believes the work of the Survey Committee to be one of the most important projects yet undertaken in connection with the mental health program in the state. In saying this, he did not mean to detract from any other efforts made thus far but rather to emphasize what this new committee can accomplish toward even greater utilization of the facilities and plans which have been developed since the beginning of the mental health program. He expressed his feeling about the need for this survey and the great amount of good it can accomplish. Governor Anderson spoke of the leadership taken by Minnesota in many aspects of mental health work and stated that this endeavor is in line with continuing pioneer efforts in this field. He assured the members of the committee that they are working for a program which has the broad support of the people of the state. The hospitals in Minnesota, the new reception units, the research projects and other aspects of the total mental health program were pointed out as evidence of the interest of the people. The work and results of the Survey Committee will help the people of Minnesota make good on their investment by telling them how

much progress has been made and in what direction they should proceed in order to develop a more effective program within the limitations which must be observed. The Governor went on to say that research is an essential factor in the advancement of mental health work and that more research is needed if we are going to have the knowledge essential to better diagnosis and better treatment. However, Minnesota is not in a position to write a carte blanche for all research projects. Because of personnel and financial limitations, a selective research program is required, and, in this area, the work of the committee will be of great importance and value. By correlating the research data which is now being developed, and by balancing and evaluation the information we have on our current research projects, the committee will be able to suggest what steps should be taken in order to build the most effective research program possible. Through this type of effort, the Legislature will be better able to study our requirements and see a balanced program designed to meet those requirements. As the efforts of the committee help to shift further the emphasis from shelter and care to prevention and cure, there will be a greater measure of hope for the mentally sick who will be the real beneficiaries of the Survey Committee's work. "I am sure", Governor Anderson stated, "that the efforts of this Committee together with those of the Medical Policy Committee will lead to substantial progress in mental health work in Minnesota and will contribute to a better understanding of mental health problems everywhere." The Governor then expressed his appreciation, along with the appreciation of the people of the State of Minnesota, to the members of the committee for their willingness to embark on this project.

EXISTING FACILITIES

Dr. Dale Cameron briefly reviewed the material contained in the packets. He then gave an historical review of the hospital programs in Minnesota, calling attention to some of the special facilities and projects being carried on in the various institutions.

MENTAL HOSPITALS

The first hospital for the mentally ill was located at St. Peter and was built in 1863. Its present patient population is approximately 2500. Included at the St. Peter State Hospital is the Asylum for the Dangerously Insane, housing approximately 250 patients in facilities set up for maximum security. Dr. Burton P. Grimes, Superintendent.

The next hospital in the state was built at Rochester and was opened in 1879. It now has a patient population of approximately 1775. This hospital is particularly noted for its unusually fine facilities for medical and surgical care of patients. Patients from other state hospitals are transferred to this hospital for acute surgery. Rochester has a close association with the Mayo Clinic and staff members of the clinic provide consultation services to the hospital free of charge. Dr. Magnus Petersen, Superintendent.

Fergus Falls State Hospital was established in 1890 and now has approximately 1800 patients. Special emphasis is being given to the intensive treatment of regressed schizophrenics and senile patients.

Dr. W.L.Patterson, Superintendent.

Anoka State Hospital, established in 1900, was originally a transfer hospital primarily for women patients. It has a population of approximately 1150 patients. The Burns Memorial unit for TB patients is located at this hospital and patients from other state hospitals who have or are suspected of having tuberculosis are transferred to Anoka. There are approximately 425 patients in the TB building. The Department of Chest Surgery of the University of Minnesota has a residency at this hospital. Dr. John Reitmann, Superintendent.

The Hastings State Hospital which was started in 1900, was originally a transfer hospital for men. It now is a receiving hospital, as are all of the hospitals in the state, and has a population of approximately 1000 patients. For a short period of time, this hospital had a small unit for emotionally disturbed children but this unit did not prosper, and at the present time there are approximately five youngsters housed in a special section of the hospital. Dr. Ralph Rossen, Superintendent.

Willmar State Hospital, which was started in 1907, was organized as a hospital and farm for inebriates. In 1917, it became a transfer hospital for the insane and inebriates. At the present time, it is a receiving hospital with a population of approximately 1300, (about 200 alcoholics). Dr. Nelson J. Bradley, Superintendent.

Moose Lake State Hospital, built in 1938, has a population of approximately 1300 patients. Dr. Henry Hutchinson, Superintendent.

Sandstone State Hospital, which was formerly a Federal prison, is presently leased to the Department of Public Welfare for the care of approximately 400 male patients. Dr. Kenneth Douglas, Superintendent.

FACILITIES FOR THE MENTALLY DEFICIENT AND EPILEPTIC

The program at Faribault, Minnesota was started in 1879 in connection with the Minnesota Institute for the Deaf, Dumb and Blind. The first building for the care of the feeble minded was erected in 1882. The Minnesota School and Colony, as it is now known, has a population of approximately 3300. Dr. E.J.Engberg, Superintendent.

Cambridge State School and Hospital, started in 1925, was organized as a colony for epileptics and was an extension of the Faribault institution. It became an independent hospital in 1927 and now has a population of approximately 1100. Currently a 400 bed addition for mental defectives is being constructed. Dr. R.J.Gully, Superintendent.

Owatonna State School for the mentally retarded began in 1947 at which time it took over what was then the State School for Dependent and Neglected Children. The Owatonna State School handles the training and education of approximately 350 higher grade mentally defectives under 21 years of age. Mr. C.M.Henderson, Superintendent.

In 1951, due to the need for additional space for the mentally defectives, a dormitory at the Sauk Centre Home for Girls was designated to be used for 90 young boys (one to twelve years of age). At the same time, space was made available at the Shekopee Reformatory for women to care for 30 young girls (ages 4 to 12). These two measures were taken to meet emergency needs. In addition, there is an annex at the St. Cloud Reformatory for defective delinquents.

The waiting list in Minnesota for institutional space for the mentally retarded is over 600.

NEW CONSTRUCTION

Since 1945 the Legislature has appropriated about \$18,000,000.00 for new buildings. Fine geriatric buildings have been constructed at Fergus Falls, Moose Lake, Rochester and St. Peter. In addition, new receiving units were built at Rochester, Anoka, Willmar and Hastings. Rochester State Hospital has a new service building and new medical and surgical facilities and Hastings State Hospital has a new service building. Some staff quarters have also been completed.

OUT-PATIENT CLINICS

The four mental health clinics are located at Albert Lea, Fergus Falls, Willmar, and Minneapolis. (Minneapolis serving the Twin Cities area).

The Albert Lea and Fergus Falls Clinics are set up primarily as early treatment and diagnostic centers whose patients are referred, for the most part, by private physicians. A few follow-up patients from the state hospitals are seen at these two clinics. The Twin Cities Clinic is, at the present time, limited to follow-up services and sees very few patients referred by private physicians. The bulk of the patients seen at this clinic are from state hospitals and a few are other clients of the Department of Public Welfare.

The Willmar Clinic is devoted exclusively to follow-up care of alcoholics and most of the clinic staff is housed in the Twin Cities Clinic.

Dr. Cameron reviewed briefly the administrative history of the development of the mental health program in Minnesota and referred to the organizational chart to explain further the present structure. He stated that the Medical Division of the Department of Public Welfare is responsible for the eight hospitals for the mentally ill, Ah-gwah-ching, the State tuberculosis sanatorium, Gillette State Hospital for Crippled Children, Crippled Children Services and the tuberculosis control program. The hospitals for the mentally defectives and epileptics are responsible to the Department of Child Welfare and are not directly under the Medical Division; however, the Medical Division is responsible for the medical policies of these two institutions as well as the other institutions in the Department of Public Welfare such as state schools for the blind, deaf, and retarded, etc. Dr.

is attempting to expand the training program in the mental hospitals. Attempts are also being made to develop the research program. Research funds amounting to \$50,000 last year (\$60,000 this year) have been allotted for studies on mental health and tuberculosis in the state hospitals and schools. Mention was made of a review and study of personnel in the Medical Division.

Mr. Leirfallom discussed briefly the attempts which have been made in the past couple of years toward a better understanding between the people charged with providing professional services and those charged with providing administrative services. The Legislature, which has supported the mental health program for years, came to the conclusion that better administration was needed and that more attention should be focused on this area. A Legislative Research Committee and an Interim Committee issued reports on Minnesota's mental health program. These reports have been of help from an administrative point of view. Through the efforts of these committees, and with the help of others over a period of time, professional and administrative services have come a long way. Mr. Leirfallom expressed confidence in the members of the Legislature in their desire to improve the program. He stated that he felt this is a most opportune time to launch a mental health survey project because professional services combined with top administrative techniques are working together cooperatively.

PRIVATE PSYCHIATRIC RESOURCES

Dr. Hastings gave a brief resume of the number of private psychiatrists and private facilities in Minnesota. He stated that the bulk of private practice of psychiatry is limited to Minneapolis, St. Paul and Duluth. While Rochester has a number of excellent psychiatrists, they are connected with the Mayo Clinic and, because of the demand made upon their time by clinic patients, they are, for the most part, not in a position to do much by way of private practice. In St. Paul, there are 2 mental health resources:

One is the clinic headed by Dr. H. Lippman, which is supported by the Wilder Charities. It is concerned with the mental health problems of children on an out-patient basis.

The other resource was established this year as a result of funds granted by the Hamm Foundation and provides for out-patient psychiatric services for adults.

Minneapolis also has a children's psychiatric service (out-patient) which is headed by Dr. H. Hanson. Funds for this clinic are obtained from the Pillsbury Foundation.

Minneapolis General Hospital and University Hospital both have psychiatric facilities for adults and children on an out-patient and in-patient basis. In St. Paul, there are approximately one dozen

neuropsychiatrists and in Minneapolis, approximately 40.

Dr. Hastings pointed out the fact that there are vast areas in the state with no private psychiatric resources.

Following luncheon, there was discussion regarding the Legislative Research Committee and Interim Committee reports. Dr. Cameron agreed to supply copies of these reports to the committee members.

Plans were made for visits to the hospitals by the committee members which would take place on September 16. It was decided that Dr. Farrell, Dr. Cameron and Representative Ottinger would visit the Minnesota School and Colony at Faribault; Dr. Challman, Reverend Norstad, Senator Wefald, Mr. Hawkinson and Mr. Feider would visit St. Peter State Hospital; and Mr. Lobel and Miss Annie Laurie Crawford would go to Anoka State Hospital.

SURVEY METHODS

Reference was made to item 5 on the agenda regarding survey methods. Dr. Challman asked whether the committee members would receive a report from Dr. Paine during the course of the 45-day survey. After discussing various alternative plans, it was decided that Dr. Paine should prepare a rough draft report at the conclusion of each hospital visit. Dr. Cameron's office will be responsible for getting these reports to the committee members.

At this point, Dr. Cameron referred to another bit of data being collected as a result of a Midwestern Governor's meeting to be held in November or December. This data will confine itself exclusively to the areas of treatment and research in mental health and on what is being done in the Midwestern states in this field.

Mr. John Hawkinson, Psychological Consultant for the Department of Public Welfare, is gathering data in Minnesota for that meeting. It will be available to members of the Survey Committee when it is completed.

AREAS OF STUDY

Item 6 on the agenda was discussed with regard to definition of areas of study and how the committee might best utilize the data.

At the request of the Chairman, Dr. Cameron presented the following tentative list of possible areas for study:

1. Organizational structure of mental hospitals
2. Hospital operations
 - a. Types of admissions
 - b. Discharge of patients
 - c. Transfer of patients

3. Treatment procedures
 - a. Medical, surgical
 - b. Nursing care
 - c. Ward management
4. Housekeeping, laundry and storeroom
5. Engineering and maintenance
6. X-ray - laboratory and other specialized services
7. Medical record library
8. Patient activities program
9. Industrial therapy and patient placement
10. Hospital services
 - a. Dietary
 - b. Chaplaincy
 - c. Dental
 - d. Volunteer services
 - e. Library
 - f. Social services
11. Follow-up, in and out-patient clinics
12. Pharmacy
13. Physical therapy
14. Professional training
15. Research
16. Personnel policies
17. Educational services - mentally retarded - mentally ill.
18. Legal questions

Some additional areas for study and consideration which were called to the attention of the group earlier included: The waiting list at Faribault; the situation involving mentally defectives in prisons; the selection of Brainerd as a possible site for the new building for the mentally retarded; the possible use of the Indian School at Pipestone for mentally defectives or alcoholics; the possible use of Sandstone for alcoholics; the number of vacant tuberculosis beds in the state compared to the lack of space for the mentally retarded; the possibility of converting some of the county tuberculosis homes to rest homes for senile patients in order to alleviate this problem in state hospitals; the lack of facilities for delinquent mentally retarded children under 15 years of age.

Representative Ottinger brought up the advisability of getting some material from other states to be used for comparative purposes. As a result of further discussion, it was decided that copies of the following material would be obtained and sent to committee members: (a) Group for the Advancement of Psychiatry, Reports Number 4, 8 and 28; (b) A.P.A. Standards for Psychiatric Hospitals and Clinics. Discussion followed regarding standards for personnel, possibilities of recruiting personnel from outside the state, etc. Mr. Lobel mentioned the questionnaire which he prepared regarding the field of psychiatric nursing and suggested it might be helpful to have it sent to the hospital in advance of Dr. Paine's visit. Dr. Hastings stated that Dr. Guthrie of the National Institute of Mental Health, has devised a checklist for use in visiting hospitals and that it might be helpful to Dr. Paine for use in connection with his visits to the hospitals. Dr. Guthrie's report is in two forms: One for hospitals for the mentally ill and one for hospitals for the mentally retarded. It was suggested that Mr. Lobel check his questionnaire with the one prepared by Dr. Guthrie to eliminate any areas of duplication. Dr. Cameron agreed to contact Dr. Guthrie at the request of the committee asking his permission to use the reporting form he (Dr. Guthrie) developed for use in survey work. If Dr. Guthrie gives his consent Dr. Cameron will send a copy of Dr. Guthrie's form to each member of the committee for their comments in advance of Dr. Paine's arrival in Minnesota. Committee members could then include data which they would consider pertinent and which would augment the Guthrie report. Dr. Paine would also make any additions he sees fit. The committee members will re-submit these forms to Dr. Cameron with appropriate remarks prior to Dr. Paine's survey of the hospitals. Since the Guthrie forms concern themselves exclusively with the hospitals and make no provisions for survey of clinic facilities, the Group for Advancement of Psychiatry guide for community services will be helpful in covering this area.

It was decided that Mr. Dorweiler of the Legislative Research Committee be invited to sit in at Friday's meeting, September 17, in view of the fact that the Legislative Research Committee will be checking the hospitals this fall. Mr. Dorweiler was contacted and consented to be at the meeting Friday morning. Meeting adjourned at 4:25 to re-convene on Friday, September 17 at 9 A.M., Room 107, State Capitol.