

Admission ProceduresHospitals for the Mentally Ill

Under the Minnesota Hospitalization and Commitment Act, patients may enter a hospital in four ways -- informal, voluntary, or emergency admission, or by court commitment.

Admission and commitment to a hospital is restricted to persons who have resided in the state for one year. Exception to this policy is made only with the approval of the commissioner of the state Department of Public Welfare.

Application for informal, voluntary, and emergency admission is made directly to the medical director of the hospital serving the county in which the patient resides. Admission is at the consent of the medical director.

The informal patient enters the hospital at his own choice, without written application. The patient may leave the hospital within 12 hours of his request unless held under other provisions of the law, such as a court "hold" order under emergency hospitalization, or a petition for court commitment.

An inebriate person is admitted as a voluntary patient with written application. The patient must submit his request to leave the hospital in writing. The hospital may hold the person for three days, excluding Sundays and legal holidays. The medical director can petition for court commitment if release is not in the best interest of the patient, his family or the public.

Under emergency admission, a patient is held at the hospital for care and treatment without a court order, by a written statement of a licensed physician that the person has been examined not more than 15 days prior to admission, and that the person is mentally ill or inebriate, and may cause injury to himself or others. The patient must be discharged 72 hours after admission (excluding Saturdays, Sundays, and legal holidays), unless a petition for commitment has been filed in a probate court either in the county where the patient has legal residency or in the county where the hospital is located. The hospital also may file a petition within the time period if discharge is not in the patient's best interest. The court then may issue a "hold" order until a hearing is scheduled. If the patient is a Minnesota resident, he may request a change of venue which would move the hearing to the probate court in his home county. A patient hospitalized on emergency basis can be transferred to an informal status on his written request, with the consent of the medical director.

Patients hospitalized by court order must be personally notified of the petition for commitment. The hearing must be held within 14 days after the petition is filed. Prior to the hearing, the court arranges for an examination of the patient by two examiners (licensed physician or certified consulting psychologist) to determine the patient's condition and need for hospitalization. The examiners' report is available to the patient's legal counsel. The patient has the right to attend the hearing, testify, introduce witnesses, and question other witnesses including the examiners. He must be represented by an attorney, if necessary, provided by the court.

Hospitals for the Mentally Retarded

Admission is arranged directly by the county welfare department. These requests are carefully screened, not only because of limited space in the hospitals, but to insure that hospitalization is in the best interest of the retarded person.

Patients may be admitted on a voluntary basis. Admission also can be authorized by the state Department of Public Welfare for individuals committed to state guardianship as mentally deficient. Mentally retarded persons also may be committed directly to a state hospital for safe keeping and treatment through district court action.

Voluntary hospitalization is arranged by the county welfare department and requires written application by the adult retarded person. A child under 21 years of age may be admitted as a voluntary patient on the application of his parent or guardian. If the child understands the significance of the application, it is desirable to obtain the child's written application. When the patient reaches 21 years of age, he must sign the application for voluntary admission.

An adult voluntary patient must submit his request to leave in writing to any staff member of the hospital. In the case of a minor, his parent or guardian must submit the written request. The hospital must discharge the person within 72 hours (excluding Saturdays, Sundays, and legal holidays) unless a petition for commitment has been filed in probate court, either in the county where the patient has legal residence or in the county where the hospital is located. The hospital medical director or any person may file a petition before the 72-hour period ends for commitment to guardianship as mentally deficient if discharge is not in the best interest of the patient, his family, or the public. The court may issue a "hold" order until a hearing is scheduled. The patient may request a change of venue to move the hearing to the probate court in his county of residence.

Court Judgment of Competency, Need for Hospitalization

Any interested person can petition for a court order (1) directing that a patient no longer needs hospitalization, or (2) directing that he no longer is mentally ill, inebriate, or mentally deficient, or (3) restoring the patient's legal competency.

After the petition is filed, the court must give ten days' notice of the hearing to the patient, his attorney and the hospital medical director. Any person can oppose the petition.

The court will appoint two examiners (licensed physician or certified consulting psychologist) if the patient is alleged to be mentally ill. Otherwise, the court will appoint one licensed physician and another person qualified to assess mental deficiency to examine the patient.

The patient has the right to attend the hearing and cross-examine witnesses, including the examiners.

Patients must be represented by an attorney for the hearing. The court will appoint an attorney if the patient or others do not provide legal assistance.

The county attorney will attend the hearing and oppose the restoration of the patient in the probate court and in the appellate courts if he determines it for the best interest of the public.

Results of the hearing will be sent to the hospital medical director who then will comply to the court order.

Patients' Rights

Patients in the state hospitals have all rights specified in the law pertaining to communication and correspondence, medical examination, practice of religion, writ of habeas corpus (a legal order directing the hospital medical director and patient to appear in court for a hearing to determine proper or improper hospitalization) and appeal, review boards, and legal rights.

Adult patients -- except those committed as mentally deficient and those specifically judged incompetent -- have all legal prerogatives, including the right to vote, hold a driver's license if eligible, enter into a contract, sue and be sued, sign legal documents, sell property and make purchases. Other state laws permit the hospital to hold and manage the patient's money and personal property for his protection.

Review Boards

Review boards have been established at all the state facilities to evaluate admission and retention of patients. Any patient or his representative may appear before the board at his request. The boards, which meet at least once every six months, may interview patients and examine their medical records in determining the need for continued hospitalization, compliance of the patients' rights, proper hospitalization or commitment procedures. Board findings are reported to the commissioner of the state Department of Public Welfare for any appropriate action.

County Services

Continuous social services are provided by the county welfare department in the county where the patient has legal residence.

These services may include pre-admission social studies in the case of a commitment hearing.

It also involves consultation with the hospital staff and the patient's family during the period of hospitalization, and cooperation in aftercare planning for the patient. Other community resources may be utilized by the welfare department to provide the most appropriate services to the client after discharge from the hospital.

Discharge

Patients admitted as mentally ill or inebriate may be discharged permanently, on a provisional basis, or may be placed on partial hospitalization status.

Patients who have been charged with a criminal offense, or committed as dangerous to the public, or as a psychopathic personality cannot be released without a court order.

Community Placement for Mentally Retarded Patients

Committed patients may be placed in the community through the county welfare department on a trial placement basis which may extend up to a year. The county welfare department will formulate and carry out a suitable community plan. In the case of voluntary patients, the county welfare department also is responsible for planning and services as needed.

Aftercare Services

Before the patient leaves, the hospital and local county welfare department jointly plan for the patient's aftercare with his family or relatives, whenever possible. Other local agencies, such as the area mental health-mental retardation program, and the patient's physician (if he is notified), public health nursing service, and vocational rehabilitation office, may be contacted.

Aftercare services may include medical and psychiatric treatment, nursing care, vocational training, and other needed assistance. The welfare department also may assist the patient in locating employment and suitable housing.

If the patient is eligible, the welfare department may provide such benefits as old age assistance, aid to the disabled, medical assistance, and direct relief.

In some cases, aftercare planning may not be necessary.

At any time after leaving the hospital, the patient, his relatives or guardian can apply for further treatment.

Cost of Care

State laws governing the cost of care for patients are necessarily complex to provide services for all persons, regardless of the ability to pay. If patients have the means to pay, they are charged for their hospital stay. In 1969, this was computed at \$16.36 a day at the facilities for the mentally ill; \$10.83 per day at the hospitals for the mentally retarded. The amount is based on the average per capita cost of operating all hospitals during the previous fiscal year.

If the patient is unable to pay the full cost, his responsible relatives are liable for 10 per cent, provided their income exceeds \$4,000 annually.

The county in which the patient has legal residency is charged \$10.00 per month. It is reimbursed in full for each month the state collects payment.

(In the case of mentally retarded patients, the relatives' obligation for payment ceases when the patient reaches 21 years of age.)

HOSPITAL SERVICES

Chaplaincy Services

Staff clergymen offer religious programs and individual counseling to meet the spiritual needs of both mentally ill and mentally retarded patients. The hospitals hire full and part time staff chaplains, but several facilities also are served by chaplains sponsored by faith groups. Church and synagogue groups also conduct religious instruction in the hospitals. The chaplains meet regularly to discuss programs and exchange views as to how the religious needs of their patients can be better served.

Programs designed to acquaint local clergy with early signs of mental illness, and to assist them in counseling emotionally disturbed persons before and after hospitalization, are scheduled periodically at several of the hospitals.

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Dental Services

The dental service is comprised of dentists, along with auxiliary personnel including dental hygienists and dental assistants.

Each of the hospitals has a dental clinic staffed by at least one and up to three full-time dentists, in addition to auxiliary personnel. It is the goal of each facility to participate as a member of the treatment team, as well as to provide complete dental care for every patient.

The dentists and auxiliary personnel have formed associations of all staff members working in the hospital dental clinics. The groups meet quarterly conducting a business meeting along with an educational program.

The hospital dental facilities have all been accredited by the Council on Hospital Dental Service of the American Dental Association.

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Nursing Services

Nursing service is comprised of professional registered nursing and para-nursing personnel, including licensed practical nurses, psychiatric technicians and hospital aides. Nursing programs are aimed at providing patients with more meaningful daily life experiences, assuring their health and well-being, and teaching the patient social skills. Nursing strives to assess the strength, the problems, and the needs of the individual patient. These assessments are utilized in developing the framework of the nursing program for the individual patient.

Nursing personnel actively participate as members of the treatment team in planning an individualized program for the patient during hospitalization, as well as for the crucial period when the person returns to the community.

In the hospitals for the mentally ill, nurses take a part in the numerous modes of therapy. Nurses function in a close relationship with the individual patient,

as a leader or co-leader of group sessions, and as a very significant member of the therapeutic community. Nursing personnel are largely concerned with the patient's daily living problems. By focusing on the present, patients learn improved and more effective means of coping with problems they encounter, resulting in improvement in their social skills and behavior.

In the hospitals for the mentally retarded, nursing goals are directed toward rehabilitating the resident and to developing each patient's maximum potential in a cottage life setting. Much emphasis and effort is placed on teaching the resident the basic self-care skills. Rehabilitation skills of nursing aim at preventing deformities and enhancing mobilization of the physically handicapped resident.

Nursing service in the state hospitals have a 24-hour responsibility for patients. The extended time and close contact with patients provides a consistency to the team-prescribed treatment program.

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Psychological Services

In the hospital setting, the clinical psychologist assists in the process of evaluation and diagnosis not only through the use of interviews, but also by the use of individual and group psychological tests. Where appropriate, he provides the treatment team with the description of the patient's main strengths and relevant problems; his intellectual capacity and present functioning level; personality traits, structure, and needs; recommended diagnosis; and suggested treatment.

As a member (and sometimes coordinator) of the treatment team, the psychologist participates in planning the treatment program for individual patients and for groups of patients for which he is responsible. He may provide individual and group psychotherapy, and consult with other staff members concerning their therapeutic activities, and brings new treatment methods and ideas to the attention of the treatment staff.

As a professional who also is trained and experienced in experimental design, the conduct of research, and the interpretation of research findings, the psychologist often serves as coordinator of the hospital's research program. In addition to conducting research about mental illness, mental retardation, and inebriacy, and the diagnosis and treatment of these problems, he may assist or collaborate with other staff members in projects related to research and program evaluation. In the research for which he is responsible, the psychologist is concerned not only about its relevance and scientific design, but also that it supplements and does not interfere with the treatment programs for the patients in the hospital.

Psychologists are frequently involved in hospital inservice training programs for hospital staff. In addition, professional training is provided for psychological trainees and interns. Some hospitals provide internship for advanced graduate students in clinical psychology in conjunction with the University of Minnesota and other colleges, and with educational institutions in other states.

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Rehabilitation Therapy Services

The rehabilitation therapists are specialists in helping mentally ill patients develop interests and skills which will foster involvement in their surroundings, and to help them live more productive and well-rounded lives. The personnel have professional training in hospital recreation, music and occupational therapy. Therapists develop activity programs utilizing the particular skills gained from professional training and experience. Examples include leisure time activities to help patients develop social skills; arts and crafts to stimulate individual expression; hobbies which enable patients to gain a feeling of accomplishment and self-esteem; individual work tasks to help the patient re-gain and improve work habits. Academic education programs also are included under rehabilitation therapy in many hospitals.

Rehabilitation therapy and education programs vary among the hospitals, but generally include the following patient activities:

Activities in daily living (a unit in which patients learn or re-learn living skills)...public and hospital school programs
 ...adult education...vocational training...patient councils
 (similar to student councils in educational institutions)...music
 education...private tutoring...art...camping...individual and
 group sports...garden clubs...home economics...toastmasters clubs
 ...independent and semi-independent living...work training and
 evaluation.

Through legislation enacted in 1969, work activity centers now can be established in the state hospitals. The rehabilitation therapy departments can contract with industry in the surrounding communities to have hospital residents perform certain tasks involved in the manufacture of commercial products. The resident will receive wages on a piece-work basis in accordance with his productivity. The rate of pay is in compliance with the policy of the U. S. Department of Labor. Work activity programs allow the training emphasis to be directed at the level where it is needed. The level of productivity may be secondary to learning social skills and good work habits in a work setting.

Community services are being utilized by therapists. These may include rehabilitation centers, community job training programs, community workshops, and recreational facilities. The aim is to provide educational experiences for patients and social adjustment programs in as realistic an environment as is possible.

The goals of rehabilitation therapy departments in facilities for the mentally retarded are similar. The variations in programs are traceable to the individual needs of the hospital population. Many of the mentally retarded patients also have physical impairments, and often have difficulty with speech. For this reason, additional personnel with specialized skills, such as physical, occupational and speech therapists, are needed.

Education courses are an important part of the total rehabilitation program for individuals who are capable of learning the rudiments of reading and writing, or who can gain from a classroom situation. Some of the more severely retarded persons would benefit little from education in the classical sense. Thus, the emphasis in many programs is on self-care and social skills.

It should be noted that these are ideal programs, and that while such educational and individualized services exist in some facilities, they are not fully developed in all hospitals due to a shortage of trained staff.

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Social Services

At each of the hospitals, the psychiatric social worker compiles the case history of the patient and his family, consults with the county welfare department social worker (who may have assisted in arranging admission), obtains additional information about the patient from relatives, and at the time of discharge, helps in planning and making appropriate arrangements for the patient's return to the community.

A great deal of emphasis in social service programs is focused on the needs and problems of discharged patients returning to the community. A major function is consultation with area mental health-mental retardation programs, county welfare departments, and other community agencies, such as the public health nursing service and vocational rehabilitation office, to assist in the readjustment of discharged patients. Aftercare services -- assistance in locating employment, suitable housing, adequate medical and psychiatric treatment -- are provided by the county welfare department as needed by the former patient.

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Volunteer Services

All state hospitals have volunteer programs and a staff volunteer services coordinator. Volunteers work throughout the hospital under the supervision of professional staff. It is recognized that volunteers are important contributors to a hospital's program, and often to patient therapy. The number of volunteers in the state continues to grow as the public becomes aware that volunteers are not only needed, but that there is satisfaction and much to be learned from working in the hospitals on a regular basis.

Volunteers serve in a variety of programs. The major emphasis has been the one-to-one program in which a volunteer assumes a personal relationship with a patient -- visits in the hospital, shopping trips or visits to the volunteer's home. This one-to-one approach is designed to provide an individual situation for the patient and an opportunity for normal community and social contact.

Volunteers also assist in hospital canteens; operate clothing stores and nurseries for the children of outpatients; instruct courses; participate in camping programs; assume responsibility for special events such as carnivals, Christmas programs and gifts; raise funds both for hospital and personal patient needs not provided through state appropriations.

For two of the hospitals for the mentally retarded -- Brainerd and Cambridge, volunteers are serving on boards of non-profit corporations organized to raise funds to develop and equip camping facilities for patient recreational programs.

Recently, more young adults have been involved in the volunteer program through church and youth action groups. "Student resident volunteer" programs also have been initiated at some of the hospitals. These are college students who live on the wards, offer their friendship to patients, and participate in patient activities. Similar resident volunteer programs involving young adults are underway at several hospitals during the summer months.

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HOSPITAL PROGRAMS

Anoka State Hospital

The Anoka hospital was opened in 1900. In 1964 it became the state resource for Hennepin, Anoka, Wright and Sherburne counties. The area represents about one-third of the state's total population.

The hospital is accredited by the Joint Commission on Accreditation of Hospitals.

Programs and Emphases

Adolescent Service This program is designed to meet the inpatient service needs for approximately 60 mentally ill persons under 18 years of age. The emphasis is on education, social and personal development in the total rehabilitation of the individual. This partially federally-funded project provides a full time child psychiatrist, several psychologists, social workers, teachers, and counselors.

Adult Psychiatric Services The adult population of the hospital is divided into three units, each relatively self-sustaining and identical in purpose. Each unit has its own staff and admits new patients by rotation. The emphasis is on rehabilitation, and extensive use is made of psychotherapy, drugs, recreational and occupational therapy. Follow-up care is arranged with local agencies at the time of discharge if such services are considered desirable.

Medical-Surgical Service This 60-bed unit provides intensive physical care for the mentally ill and mentally retarded patients from other state hospitals in the northern half of the state. Medical Staff is obtained through the auspices of the University of Minnesota, while nursing and anesthesiology services are provided by the hospital. More than 300 patients are served in this unit during a given year.

Attached to this service is a 30-bed geriatrics-infirmary. This ward provides the finest physical care and rehabilitation available to prepare the patient for his return home, or for admission to a community nursing home.

The hospital currently is developing a program for patients to be transferred from the Minnesota Residential Treatment Center, Lino Lakes, by January 1970. This program will be separate from the adolescent unit and the adult psychiatric service. Planning also is underway for a new alcoholism treatment program.

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Brainerd State Hospital

Opened in June 1958, this hospital is the newest of the state facilities for the treatment and training of mentally retarded persons. The hospital serves a 28-county receiving district in the northern section of Minnesota.

It was awarded accreditation for a three-year period by the Joint Commission on Accreditation of Hospitals in 1969.

Programs and Emphases

The hospital has been organized into six treatment program units combined into four over-all units:

Program 1-4 This unit is designed for patients who are physically handicapped as well as severely mentally retarded. Programming consists of an attempt to develop self-care skills to greatest possible individual capacity. Present concentration is heavily on physical therapy, but there also are programs in recreation, handicrafts, work training, and for those who have the ability, some training in reading and related accomplishments. Emphasis this past year has been getting residents up in special individually-designed chairs.

Program 2-3 This unit is designed for the ambulant mentally retarded child, 16 years of age and under. During the child's early years, the program centers on self-care and development of pre-school learning activities. The children then are involved in a wide range of programs in school, recreation, handicrafts, and music for the development of sensory capabilities and dexterity. Those who show the necessary capabilities are involved in a limited reading program with development of other learning areas, and preparation for future job training.

Program 5 This unit deals with the adult retarded, the majority of whom are in the profound and severely mentally retarded classifications. Concentration is on the development of self-care with an attempt to develop good social habits. Initial efforts deal with self-help, and preparation for eventual involvement in the institutional work training program, and in sheltered workshops when developed.

Program 6 This unit serves adult patients who are moderately or mildly retarded, capable of working and being trained to be competent in relatively simple kinds of work. Emphasis on the continuation of training for the development of good work habits and necessary social attitudes. The social and vocational training programs are aimed at the return of the patient to the community at some functional level.

To assist the unit treatment teams which are responsible for planning individual programs for the patients in the four units, services of all of the hospital departments, as well as the cooperation and services of outside agencies, are used. A wide array of programs have been developed with concentration on recreation and social living. There has been an expansion on basic educational training facilities; vocational training programs also have been enlarged. Joint effort programs have been established with the area vocational school and with the state Department of Education's Vocational Rehabilitation division. A recent program is the work skills evaluation unit incorporating an extensive work training program. A work activity center program for preparing and training patients who are unable to function independently in the community currently is being developed. These residents will be trained to function in a community sheltered workshop.

The hospital also offers a program of vacation placement. These special summer training programs provide a service to both the retarded individuals and to their parents which might not otherwise be available. As a member of its broad community, the hospital thus tries to assist agencies and families in the development of a continuum of services.

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Cambridge State Hospital

Authorized by the 1919 legislature for institutional care of epileptics, the hospital now provides care, treatment and training to a resident population of approximately 1300 mentally retarded and epileptic patients. It serves 23 counties in the central area of the state.

The hospital received full accreditation from the Joint Commission on Accreditation of Hospitals in 1968.

Programs and Emphases

The program is designed with the following goals: (1) Answer all the needs of the mentally retarded patient, including physical, emotional and psychiatric problems. (2) Provide the best possible total care and service to the patient. (3) As feasible, return patients to a healthy capacity in the extramural society. (4) Develop the individual who must remain hospitalized to a level of dignified citizenship within the hospital and surrounding community.

The hospital's individualized programs include:

Child Activation Program This is for children from birth to puberty who are non-ambulatory. These patients usually suffer from major degrees of central nervous system damage, and often have gross external physical abnormalities. When in a setting that provides physical care and a high level of environmental stimulation, a significant number of these children who are unable to progress from a bed to a wheeled conveyance, may become able to crawl or walk with assistance, and show the development of a high level of affective responsiveness to others.

Child Development Program This is for ambulatory children up to the age of puberty. A varied group, it includes children who may be withdrawn and passive, overly active, or show evidence of cerebral dysfunction, and who show all degrees of intellectual handicap. These children may have mild congenital malformations. The patients are provided various types of special education and activity programs.

Teen-Age Program This is for ambulatory children from puberty to approximately 16 years of age. It is a large and somewhat heterogeneous group, including adolescents who have various degrees of cerebral dysfunction and a wide range of intellectual handicap. In a state facility, this group includes a high proportion who may be delinquent or borderline delinquent. These children require a special program because of the unique characteristics of adolescence, but the basic treatment modalities are much the same as for those in the child development program.

Adult Activation Program This is for bedfast and non-ambulatory patients who may be late adolescent, adult, and aged. The patients benefit greatly from care somewhat similar to that described for the child activation program. This group includes cerebral palsied adults who may have had considerable assets overlooked because of their expressive difficulties. Needs in the orthopedic area also may be great. Many of these patients are able to be physically habilitated to the point of using wheeled conveyances.

Adult Motivation Program This is for ambulatory late adolescent, adult, and aged patients. The intellectual range of this group is from "not testable" to

about 35 to 40. They are characteristically passive and withdrawn. Many of these patients show evidences of congenital cerebral underdevelopment and external congenital anomalies. However, they are given adequate stimulation and opportunity, and are able to participate in occupational therapy and recreational activities.

Adult Social Achievement Program This is for active late adolescents, adults, and aged. It includes those residents who have become over-dependent as a result of long-term hospitalization; those who have difficulties in forming constructive interpersonal relationships; those who are able to achieve a high level of independence within the hospital but have difficulty in developing social or work relationships outside of the facility; and those who potentially are able to establish a satisfactory extramural adjustment but have not acquired the skills required for such an adjustment.

Mental Health Treatment Service This was established to treat patients' emotional or psychiatric problems. There are two basic services: for adults, ages 18-45; and for children and adolescents, ages 7-20. This unit is co-educational. The ultimate goal for each individual patient is the alteration of deviant or inappropriate behavior so the individual may function more successfully in a social setting. Some may return to the community, while other residents return to other program areas within the hospital for further treatment or training to achieve a higher level of functioning. This service includes the usual modes of psychiatric treatment, such as individual psychotherapy, psychiatric group work, occupational therapy, family counseling, religious and recreational programs. All of these programs are integrated with the daily living program supervised by special school counselors. The cottage life is carried through on a "home-like" basis. Special day activity programs also are an important part of this treatment setting.

Lake Owasso Children's Home

The Lake Owasso Children's Home, located in suburban St. Paul, has been an annex of the hospital since July 1961.

Three buildings house a total of 130 female patient-residents who are moderately to severely retarded, but not physically handicapped.

The goals of the Cambridge hospital also apply to this facility.

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Faribault State Hospital

The oldest and largest of Minnesota's hospitals for the mentally retarded, it was established in 1879. It receives patients from 36 southern counties.

Programs and Emphases

Programs for residents are designed to meet the varying needs of retarded persons of different ages and degrees of competence.

Programs for children include:

Intensive care and physical rehabilitation For those who are physically unable to care for their personal needs, medical and nursing care, reconstructive surgery, and physical therapy are provided. There are regular consultants in most of the recognized medical specialties.

Developmental and child training To foster good self-care habits, oral communication, physical development, and learning, individual instruction and guidance is provided by nursing and special education personnel.

Programs for adolescents include:

Behavior control Various intensive training techniques are applied to reduce hyperactivity, and to improve development and learning.

Social skills training This is provided in classes for "trainable" retarded by various education, recreation, and special rehabilitative staff.

Education Provided in ungraded classes, it is directed toward the practical use of academic skills.

Pre-vocational training This is directed toward orienting and motivating residents for the adult role of work.

Programs for adults include:

Habilitation and activity Industrial therapy, social experience, recreation, and opportunities for creative expression are provided for those who are unable to attain an independent role in society.

Vocational training Resources outside of the hospital as well as within are utilized to equip residents with the necessary skills and attitudes to become competent workers.

Independent living This program provides increased opportunities for self-reliance, responsibility, and community experience particularly to placement as an independent person.

Geriatric This program aims to maintain the highest level of physical, mental, and social functioning by stimulating participation in a wide range of activities.

Within each program, particular services are extended according to the individual's needs with a view toward helping him attain optimum self-reliance and social responsibility. Medical and dental services, recreation, social services, religious ministrations, and special therapies are provided for all residents.

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Fergus Falls State Hospital

Opened in 1890 as a major treatment resource for psychiatric patients for the northwestern part of the state, this hospital continues in that role for a 26-

county area. It now also receives mentally retarded patients, a role which will be expanding in the near future. The hospital is accredited by the Joint Commission on Accreditation of Hospitals and maintains a reputation for a forward looking, innovative treatment program involving the incorporation of many treatment resources and relying heavily on community involvement as an essential component of that treatment program.

Programs and Emphases

The hospital is organized on a geographic unit system with four admitting units for psychiatric patients, each serving a catchment area directly related to the four area mental health-mental retardation programs in its region. Each unit operates as a part of the community mental health team, which includes many other agencies, such as the county welfare department, and the area program. Interrelated with one of the units is a mental retardation program consisting mainly of residents who have been transferred from Brainerd State Hospital, with a program relating heavily to the day care center concept. This unit, like its sister unit in the psychiatric part of the hospital, has patients only from the Northwestern Mental Health Center receiving district and therefore maintains a very close liaison with the community in relation to mental retardation, as well as mental illness.

An alcoholic treatment program is scheduled to begin soon in two of the geographic units. The major job will be to dovetail the hospital's program with those that already exist or can be developed within the communities each unit serves.

The hospital maintains two other units on its campus providing specialized treatment programs. The Adolescent Unit provides a residential psychiatric treatment facility for up to 30 residents. The basic concept of this program is to provide these young people with meaningful learning or growth experiences within a consistent environment in which each young person can capitalize upon his or her normal learning processes and thereby learn to deal with their environment.

The other unit of specialized nature is the Medical-Rehabilitation Service, which provides a program of rehabilitative services designed to meet the needs of long-term residents who suffer from disabilities caused by chronic mental and physical illnesses. This unit maintains a physical therapy service, as well as an acute medical care unit. For those groups of patients not needing physical therapy or acute medical care, the unit provides activity interpersonal opportunities with some pressure for each of its residents to become as much involved with other individuals as his own limitations will permit.

The four psychiatric units are modeled on a "school for living" concept and through this, permit each resident the maximum opportunity to develop and to deal with himself and his environment in as nearly normal a life situation as possible. In this process, the psychiatric technician is the primary treatment therapist for a specific number of residents, with the other members of the unit staff available to provide supportive, professional consultation and specialized services as needed to help the individual resident attain his treatment goals.

In all services in the hospital, a variety of psychiatric treatment techniques are used, including individual and group therapy, drug therapy, social rehabilitation activity programs, occupational, recreational and industrial therapies,

along with a very active, cooperative vocational rehabilitation program that provides evaluation, work training, incentive pay, and placement resources.

The therapeutic community concept is employed throughout the facility. The hospital, its buildings, its geographic community, the employes, patients, their relatives, volunteers, staff of local agencies, and others coming in contact with the resident represents in conglomerate, a major treatment resource - the hospital environment or social milieu. Frequent meetings are conducted among residents and staff with the goal of giving each resident an opportunity to see himself in the mirror of other people's perceptions, and providing an opportunity to understand and be understood. A special attempt is made to channel residents' natural understanding of each other toward a better understanding and more adequate resolution of their own problems.

The hospital maintains an active education program, including affiliation with practical nursing schools, occupational therapy affiliation, a work-training program with the local junior college and other colleges in the area, and an intensive education program for the present staff concerning new trends, techniques, as well as a constant look at the staff's attitudes toward that group of society they are asked to treat.

The primary emphasis of the research department at the hospital is to assess and determine the feasibility of new programs, aid in their development, and to evaluate results.

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Hastings State Hospital

Opened in 1900 for male patients transferred from other state hospitals, Hastings State Hospital began a treatment program in 1950 with a receiving district of Dakota and Ramsey counties. Washington county was added to the district in 1963.

The hospital is accredited by the Joint Commission on Accreditation of Hospitals.

Programs and Emphases

The hospital is divided into five services, with some further divided into special services or programs.

Psychiatric Service includes three wards housing both men and women, and geographically designated, one ward for Washington and Dakota county residents, and two for Ramsey county residents.

The Adolescent Program, under psychiatric services, provides schooling for patients 12 to 18 years of age, plus social activities and some vocational training. Each adolescent is programmed according to his needs, but individual and group therapy is included in the schedules.

Geriatric Services provides treatment and care for three wards of elderly patients; some consolidation of wards is anticipated.

Alcohol and Drug Dependency Treatment Center residents are located in the same

building where many of their treatment programs operate and where their meals are served in the center's cafeteria.

Adult and Adolescent Mental Retardation Services stress training in self-help and social skills, vocations, and some school work. One residential unit will expand to two units upon completion of consolidation of geriatric wards.

Day Treatment Center has treatment programs for non-resident patients on a Monday through Friday daytime schedule. Maximum treatment period is usually four months.

In addition to the therapeutic program planning for each patient found at most hospitals, Hastings emphasizes family counseling and educational training programs, both for hospital personnel and hospital affiliates. It is hospital philosophy that adequate and experienced personnel are essential to patient rehabilitation. Under a federal grant, Hastings offers extensive programs in staff development to all employees.

Vocational training for patients in any of the services is available through the Cooperative Vocational Rehabilitation Program, which includes a therapeutic workshop on the hospital campus, plus classes to train food service workers, housekeepers and nursing aides. Many referrals to Twin Cities vocational services are made through the Vocational Rehabilitation division of the state Department of Education.

The hospital is affiliated with two schools of practical nursing. Education programs are being extended through affiliation with the University of Minnesota, College of St. Catherine, and Macalester College in such areas as psychology, social work, and occupational therapy. The hospital also has a one-month college interim course each year for 25 students who attend classes, live and work at the Hastings hospital for college credit.

The clinical pastoral education program gives theological students and ordained ministers three months of courses as part of their training requirements. Under a federal grant, Hastings is conducting extensive research into therapy methods for long-term patients, much of this treatment program conducted in the Social Rehabilitation Center of the hospital.

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Minnesota Security Hospital

In 1906 the legislature authorized construction of the "asylum for the dangerous insane". The first patients were admitted to the facility, located on the St. Peter State Hospital grounds, in 1911.

Male patients are admitted to this specialized facility on a state wide basis. The largest percentage of patients are transferred from other state hospitals for security reasons or behavior problems. Other patients come from state correctional institutions, and directly from probate or district courts. Patients referred under M.S. 246.43 for evaluation following conviction of a sex offense also are sent to Security hospital.

Female security patients are sent to the state psychiatric hospitals in their respective receiving district. (The Security hospital currently does not accept female patients.)

Programs and Emphases

The treatment program is essentially new and constantly evolving. Treatment and rehabilitation, rather than mere custodial care, for the "dangerous" still is a new concept in most security facilities.

The new program is based on the premise that the public mandate to the Security hospital is not only to provide custody and security, but also to provide intensive psychiatric programming, treatment, and rehabilitative measures. A "holistic" treatment approach is utilized -- psychiatry, psychology, social service, rehabilitation therapy, nursing services, volunteer services, chaplaincy, and education.

The hospital has instituted a patient pay program, and is expanding its vocational training program.

The staff-patient ratio is better than 1.0-1.5, which is currently the best ratio in the state hospitals. State funding is greatly augmented by four federal grant projects. The hospital also received funding from the 1969 legislature to study the possibility of treatment for the sexually deviant.

The patient population has been reduced to approximately 140 (1968 figures); admissions average 120 per year. This means, of course, that the length of stay has been greatly reduced. No patient is retained at the hospital longer than the staff feels is necessary.

In sum, a full professional staff insures that both security and treatment is given emphasis. The hospital now offers professional programming and psychiatric rehabilitation, and its reputation as a national leader in this field is growing.

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Moose Lake State Hospital

The hospital was authorized by 1935 legislature and opened in 1938. It was fully accredited by the Joint Commission on Accreditation of Hospitals in 1969. The hospital also is a regional remotivation training center established under the auspices of the American Psychiatric Association.

Programs and Emphases

The hospital is a regional center providing specialized types of mental health rehabilitation services. Its role is to receive patients who require treatment in a psychiatric hospital setting; restore them to the highest level of physical, social, and vocational functioning they are capable of attaining, and then return the patients to the local community. To function as a regional facility, programs are provided for adult psychiatric, geriatric, adolescent, inebriate, and mentally retarded patients. This requires a close working relationship with

area mental health-mental retardation programs, county welfare departments, and private facilities. The region serviced by the hospital includes 12 northeastern counties.

The hospital provides a regional program for all types of patients, and at the same time, continues to function as a totally open hospital. The treatment program is divided into six teams, each of which has its own professional staff and physical plant space. The hospital operates two on-grounds halfway houses as part of a vocational rehabilitation project, utilizing two former staff residences.

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Rochester State Hospital

The hospital dates back to 1873 when an "asylum for inebriates" was created by the state legislature. In 1879, it was designated a psychiatric hospital, becoming the state's second facility for mentally ill persons.

The hospital receives patients from a 13-county area in southeastern Minnesota. It is accredited by the Joint Commission on Accreditation of Hospitals.

Programs and Emphases

Today, there are active programs in recreational, industrial and occupational therapies. Social services and volunteer services also play a major role in rehabilitation.

The hospital is participating with the state Department of Administration and State Planning Agency in developing planned program budgeting. During the 1969-71 biennium, the hospital will be operated under a planned program budget. The hospital's experience will help the state accelerate the state plan.

The hospital's goals concerning patient programs are:

- * Accept and make psychiatric inpatient admission to the hospital as easy as possible, to treat patients effectively and quickly, and then return them to the community.
- * Develop a modern medical-surgical hospital for the medical treatment of state hospital patients. These patients are transferred from other state facilities for surgery and specialized medical care.
- * Accept and treat geriatric patients for as long as specialized care is needed, then transfer them to suitable domiciliary facilities, if possible.
- * Develop a program for mentally retarded persons on leading to the eventual development of the hospital as a receiving center (Regional Mental Retardation Center of Southeast Minnesota) for retarded persons in its region.

The hospital has long held a position of respect for its use of modern medical and hospital practices. In 1889, it was the ninth hospital in the country to establish training of nurses to care for the mentally ill. Proximity to the

Mayo Clinic and affiliation with its staff has been an advantage enjoyed by few similar facilities. An active surgical and consultative program is conducted by clinic physicians.

Study and research is an important interest of the hospital's personnel. Significant contributions have been made in the fields of electroencephalography, psychosurgery, dentistry, genetics, clinical trials of psychotherapeutic drugs, neurology, and geriatrics.

Present educational programs include affiliation with the Mayo Foundation for Medical Education and Research, an accredited affiliation in psychiatric nursing, inservice training for psychiatric technicians, an accredited training program for nurse anesthetists, affiliation with the University of Minnesota in field experience for master's degree students in public health nursing, casework supervision for students of social work, and field work programs for students in medicine, clinical psychology, clinical laboratory, occupational therapy, recreational therapy, pharmacy and anesthesiology. It also is associated with the Mayo Clinic residency training program in psychiatry and medical-surgical specialities.

Several community agencies are located on the hospital's campus, offering a full range of services for referral and continuity of care. These include the Zumbro Valley Mental Health Center, Olmsted County Welfare Department, Aldrich Memorial Nursery School, Governor's Citizen's Committee on Aging, and an Alcoholism Information Center.

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St. Peter State Hospital

The St. Peter State Hospital provides in-patient psychiatric services for acute and chronically mentally ill adults and adolescents admitted from a receiving area of nine rural south-central counties in Minnesota. It is the oldest state hospital, established in 1866; and until recent years it was the largest in-patient psychiatric facility. It is accredited by the Joint Commission on Accreditation of Hospitals. The St. Peter State Hospital shares a hospital complex with two other state facilities -- Minnesota Security Hospital and the Minnesota Valley Social Adaptation Center.

Programs and Emphases

Treatment programming is organized around a regional area unit. Four such units, each with a bed capacity of 92, utilize the team approach in development of program. All treatment modalities are utilized dependent on patient need and response to the various methods. Each unit has available the services of physicians, psychologists, social workers, vocational counselors, rehabilitation workers, nurses, and well-trained psychiatric technicians. Numerous consultants from the various medical and rehabilitation services are available for assistance with special problems.

Strong emphasis is being placed on the utilization of community resources in all phases of treatment programming, not only at the termination phase. Educational, vocational, social, recreational, medical, and many other aspects of program

make good use of the community based services to supplement and complement the services available within the hospital complex. Greater participation by community agency personnel and volunteers with the hospital staff in all phases of care has brought about a coordinated comprehensive range of services.

Specialized services and facilities are continually being developed as new treatment techniques and care needs are identified. Some of these are:

* A Self-Contained Day Camp

The day camp is being developed with the assistance of volunteer groups, conservation, forestry and agricultural groups.

* A Fully Staffed Vocational Evaluation and Pre-Vocational Training Center

This cooperative venture by the hospital and the Division of Vocational Rehabilitation serves the vocationally handicapped person to develop his potential in the work phase which is a necessity to self-sustaining community living.

* A Sheltered Workshop

Work Activities Development Enterprises is a hospital-based workshop with the goal of raising the level of work activity for those persons who cannot compete in the competitive job market but could eventually proceed to community workshops.

* Alcohol Treatment Center

A treatment center now is being developed to serve the person needing in-resident care and treatment of an alcohol or drug abuse problem. The center will serve the entire receiving area, thus broadening the mental health services of this hospital.

There are no easy solutions to the problems of people. The commitment and goal of this hospital remains, as it has for a century, to ease human suffering and assist each patient to reach his highest level of functioning.

Minnesota Valley Social Adaptation Center

The Minnesota Valley Social Adaptation Center is a residential treatment and rehabilitation center for adult retarded persons, age 15-65. The center is located in St. Peter, and shares a hospital complex with Minnesota Security Hospital and St. Peter State Hospital. The center opened its doors in August 1968, and currently has a bed capacity of 382 residents.

Programs and Emphases

The center program serves mentally retarded adults from a receiving area of 21 south-central and southwestern counties. The program is designed to serve adult retarded persons who require residential care regardless of their level of retardation. The residents, however, must be ambulatory and without major physical disability.

The program provides evaluation, treatment and corrective training through individual and group counseling, special education, vocational training, sheltered

work, on-the-job training and competitive work opportunities. The basic treatment and activity programs center around the use of the day activity center concept.

Each of the four residential units provides bed space for 95 to 96 residents. Each unit has from five to eight fully-staffed day activity centers. These centers provide service to the resident 40 hours each week. Every resident, regardless of his intellectual limitations or the severity of his behavior disturbance, participates for some portion of each day in the center's program.

The center has a highly trained and professionally competent staff. The units have the services of a unit program director, registered nurse, licensed practical nurse, physician, psychologist, social worker, occupational and recreational therapist, and residential counselors.

The center utilizes greatly the resources of the communities it serves. A community advisory committee serves to provide counsel to center staff regarding program development. Parents, relatives and friends of the residents participate through the medium of parent groups to offer services and rewarding experiences which only they could provide. Communities recreation and leisure time activities, vocational training and work placement, counseling and education services are available to the residents. Volunteers provide help in numerous ways, financially and in services.

The commitment of the center is to provide dignified and rewarding living experiences for the adult retarded individuals. Staff are dedicated to developing new skills, programs and treatment methods which will enhance the opportunities for the retarded person to develop to his fullest potential.

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Willmar State Hospital

Established in 1907, the hospital provides services to psychiatric patients from 21 counties in southwestern Minnesota, and for inebriate patients from 72 counties. It is accredited by the Joint Commission on Accreditation of Hospitals.

Programs and Emphases

General Psychiatric Care and Treatment Four area mental health-mental retardation programs at Luverne, Marshall, Willmar and St. Cloud are located in the hospital's receiving district. Patients in the hospital are assigned into a geographic model of clinical care with separate units identified for the four area programs. A total psychiatric treatment program is offered to all patients including diagnosis and clinical care, social service, psychological services, chaplaincy services, and allied therapies as may be indicated. It is expected that all patients admitted to the hospital will return to their home communities in a relatively short time. Care and treatment is provided in an open setting, employing as many of the current techniques as is feasible. Admission to the hospital is by personal application, by referral from a physician or agency, or by a probate court action.

Alcoholic and Addictive Personalities This is a program of clinical supervision and education as it relates to alcoholism. It includes group discussions under the sponsorship of counselors on alcoholism, a series of orientation lectures, evening programs, and Alcoholics Anonymous open meetings. A chaplaincy program also is available to the patients.

Adolescent Treatment Program This is designed for the 12 to 17 year old person, and includes clinical psychiatric supervision and a well-structured educational experience in preparation for adult life.

Medical-Surgical Service Patients are provided an active, up-to-date and high quality medical-surgical care ranging from the diagnosis and short-term therapy for the elderly patients to general clinical care of all patients. Dental service is also provided.

As in any medical service facility, research and education is an important phase. The program at Willmar is focused on short-term projects for research in the many areas of psycho-social dysfunctioning, and it is frequently centered on alcoholism. An education program provides training for new personnel, offers extended training for the professional staff, and re-training for staff in patient care areas.

A six-month training course for counselors in alcoholism is available to assist in training personnel to serve in related agencies. A chaplaincy training program under certification of the Association of Clinical Pastoral Education and the National Catholic Chaplains Association is supplementary seminary education.

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Further information concerning the programs of these facilities can be obtained from the Administrators.

Anoka State Hospital
Anoka 55303

Brainerd State Hospital
Brainerd 56401

Cambridge State Hospital
Cambridge 55008

Faribault State Hospital
Faribault 55021

Fergus Falls State Hospital
Fergus Falls 56537

Hastings State Hospital
Hastings 55033

Minnesota Security Hospital
St. Peter 56082

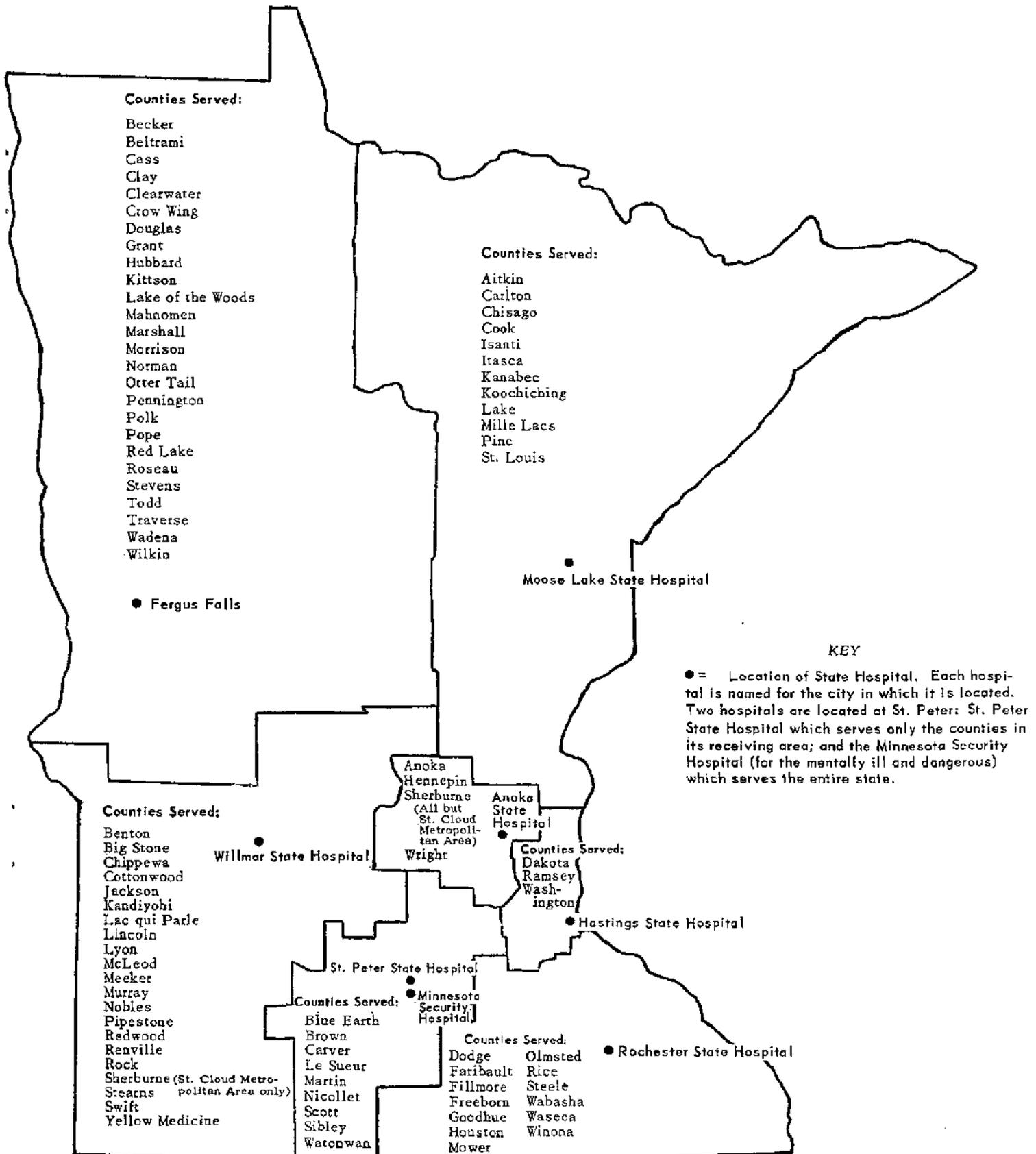
Moose Lake State Hospital
Moose Lake 55767

Rochester State Hospital
Rochester 55901

St. Peter State Hospital
St. Peter 56082

Willmar State Hospital
Willmar 56201

MINNESOTA'S RECEIVING AREAS HOSPITALS FOR THE MENTALLY ILL



MINNESOTA'S RECEIVING AREAS

STATE HOSPITALS FOR THE MENTALLY RETARDED

