

STATE OF MINNESOTA

*Division of
Public Institutions*

BIENNIAL REPORT

FOR THE

Period Ended June 30, 1942

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Mental Health Unit

Carl H. Swanson, Director
Division of Public Institutions

I am submitting to you my recommendations and findings in connection with the Mental Health Unit in the Division of Public Institutions:

The purpose of this program was to coordinate the medical and psychiatric activities of the various mental hospitals, the Bureau for Feeble-minded and Epileptics and the Bureau of Psychological Services, and to endeavor to find an outlet for as many of the patients now being housed in state institutions as could get along outside with some supervision. Also to attempt to establish an "out-patient" clinic at the various mental hospitals whereby physicians, social workers and private individuals could refer patients for advice and consultation while they are in the "pre-psychotic stage," especially for those who were unable to obtain the services of a private psychiatrist. This, we feel, would greatly diminish the number of complete breakdowns. We also planned to establish "return" clinics at each hospital so that the paroled and discharged patients could return to these clinics for checkup at any time that they might feel that their previous trouble might be returning.

Another idea that we had in mind was the placing of a trained psychiatric social worker in each mental hospital to follow up the paroles and discharges to see that they were progressing satisfactorily outside of the institutions and at the same time try to find boarding or work homes for many of the patients now in mental hospitals who might get along on the outside in a fairly satisfactory manner if they were given a minimal amount of supervision and guidance. We would also like to make all of the mental hospitals receiving hospitals, eliminating the old set-up of having three "transfer" hospitals for the so-called chronic or incurable cases, as experience has shown that with the improved methods of treatment many of the so-called hopeless cases respond to treatment and some recover and many others are greatly improved. This would also eliminate rather great expense involved in the transportation of patients among the various institutions.

The time has come when we must realize that man has the same claim to mental treatment that he now has to surgery and medical aid, and that the neurosis and psychosis menaces the health of the people not less than tuberculosis and like conditions. Health officers have been concerned with the conservation and prolongation of life and remarkable results have been obtained so that the average expectation of life at birth has risen from 38

to 61 years since 1787. But we feel that we should deal with the quality of this life as well as the quantity for we are dealing with human beings, individuals who have emotions, who have likes and dislikes, who experience happiness or sorrow, elation and depression; feelings which directly affect our capacity to take our place in the communities as contented, healthy, law-abiding, self-respecting, and self-supporting citizens. This capacity to live productively and happily is surely a concern of everyone in promoting public health in its usual conception and we cannot help but realize that this field has been neglected because over one half of the hospital beds in the United States are devoted to the care of mental patients.

When this program was established it looked as if its future would be very bright. Shortly thereafter we were plunged into the war and the small amount of funds necessary to carry on these activities were needed for other purposes so that we were unable to put the full program into effect. However, with the greatly curtailed budget and with the complete cooperation of the Administration and all of the superintendents we feel that we have obtained some results along this line.

It is recommended that all of the mental hospitals be made "receiving" hospitals and that the so-called "transfer" hospitals be eliminated as such. This would require the re-districting of the state and in nearly every instance would allow the committed patient to be taken care of in the hospital nearest to his point of residence. It would also require the expenditure of a small amount of money in the now so-called "transfer" hospitals to properly equip them for giving newly admitted patients the proper intensive treatment which is usually required when they enter any institution.

It is also recommended that each hospital set up "return" clinics for patients on parole or discharge where they may return for consultation and advice to the same staff that had previously taken care of them. We should also establish "out-patient" clinics at the state hospitals or some nearby metropolitan center whereby borderline cases could secure the services of a trained psychiatrist and staff in localities where this service is not available.

Sufficient appropriations should be made to allow for intensive work in deporting non-resident persons committed to our state hospitals. The cost would be far less than the cost of their keep, not considering the additional space they occupy which should be available to our own citizens.

The medical staff at each hospital should be enlarged so that patients could be given more intensive treatment, which would not only shorten the period of hospitalization but would greatly increase their chances for a complete recovery.

It is recommended that all tuberculous patients who are mental should be grouped in one institution where a proper tuberculosis technique can

carried effectually as this seems to be a difficult thing to do in the management of a mental hospital.

The above outlined plan will not decrease our institution population but it might have a tendency to in the future curtail the ever increasing building program.

The feeble-minded problem is perhaps the biggest individual problem that the state has to meet as at present we have a tremendous waiting list and so many of these patients are creating a situation so bad that they should be removed from their surroundings at once. I feel there is only one solution to this problem and that is the creation of an additional home for the feeble-minded at the earliest possible moment.

The Bureau of Psychological Services should be increased as they are always months behind in application for their work and I also feel it would be quite desirable to place a psychologist in each one of the mental hospitals.

Due to the present state of unrest because of the war situation and the availability of trained people, it is impossible to submit an accurate estimate as to what these proposed activities would cost or to even give an estimate as to the amount of money the state could save by putting these principles into effect and I am attaching herewith a proposed budget which I think would cover the cost of these activities.

Very truly yours,

D. E. McBROOM, M. D.

Director, Mental Health Unit

Bureau for the Feeble-Minded and Epileptic

To the Director of the Division of Public Institutions:

The report of the Head of the Bureau for the Feeble-minded & Epileptic for the biennial period ending June 30, 1942, is herewith respectfully submitted.

FUNCTIONS, STATISTICS AND PROBLEMS

The functions of the Bureau for the Feeble-minded and Epileptic are those necessary for action as the representative of the Director of Social Welfare, who may be made the guardian of feeble-minded and epileptic persons. The functions are basically the same as when the department acted as the representative of the Board of Control following the passage of the guardianship law in 1917. There have been changes in laws and administration, and in the name of the department, but the law still provides for commitment to state guardianship. Therefore, the most important functions still remain:

1. Consulting with welfare boards and individuals on the advisability of procedures for commitment.
2. Advising with courts on hearings.
3. Keeping of court records.
4. Determining policies for supervision of those placed under guardianship.
5. With institutional and county cooperation, arranging for entrance to the institution of those who should be there—to the extent that space is available.
6. With institutional and county cooperation, planning for removal from the institution and community supervision for all who can be supervised locally.
7. Directing local welfare boards and community agencies in methods for supervision in individual cases.
8. Administering laws relating to the feeble-minded or epileptic in addition to that providing for guardianship, e. g.: sterilization, hearings for discharge of guardianship, census (in cooperation with the Board of Education and other divisions of the Social Security Board).
9. Cooperating with agencies, such as the Drivers License Division of the Highway Department, the schools, the Health Department, in carrying out laws or establishing policies to benefit or protect the mentally deficient or to protect the public from any acts by them.
10. Furnishing leadership or cooperation in improving understanding and social treatment of the mentally defective and epileptic.

With the functions of the Bureau in mind, some statistics for the biennial period from June 30, 1940 to July 1, 1942 are of interest. During this period 900 persons were placed under guardianship by the probate courts of the state as feeble-minded or epileptic. This figure is particularly interesting in relation to the number committed to state guardianship annually for the past 15 years:

Year	No. Committed
1927-28	462
1928-29	365
1929-30	393
1930-31	489
1931-32	444
1932-33	520
1933-34	480
1934-35	606
1935-36	552
1936-37	556
1937-38	656
1938-39	665
1939-40	517
1940-41	500
1941-42	400

It will be noted that fewer persons were placed under guardianship during this past year than in any since 1929-30. It will also be noted that increase and decrease has fluctuated from year to year, but there has been continuous decrease for the past three years. At this time it is impossible to determine whether this has any significance. The following questions are asked however with the idea that consideration of them may point the way to a correct interpretation of these figures:

Has the fact that only since 1937 counties have been required to pay for psychological services affected the number brought into court for hearings in feeble-mindedness since that date?

There is a long "waiting list". Has it discouraged commitments and caused probate and juvenile courts to send to other institutions—state hospitals and training schools?

Did the reorganization of the administration of the social welfare program, and the creation of a county welfare board responsible for all social activities, center effort on other problems to the exclusion of the feeble-minded?

Has there been better case work done so that more of those in a borderline group have adjusted without guardianship than in the past?

Has the giving of more "aids" made the problem of the feeble-minded less apparent?

Has the increase in employment removed persons from relief rolls and therefore decreased the local problems caused by mental deficiency plus dependency?

The answers to these questions may in the future have a real bearing on the policies pursued.

The two functions of this department—arranging for entrance to, and return from, the institutions—are closely related. The institution must have the space before a plan for entrance is possible. Figures showing the disposition of all patients are a part of institutional statistics. The purpose of this report is primarily to indicate the problems and accomplishments in planning for wards outside of the institution. With this in mind, the following figures are of interest.

	1940-41	1941-42		1940-41	1941-42
Entered Faribault -----	201	277	Placed from Faribault-----	158	157
Entered Cambridge -----	61	92	Placed from Cambridge--	36	30
Totals -----	262	369	Totals -----	194	187

These figures do not show spaces made by death, transfer to other institutions, or patients who ran away and were not immediately returned. Neither do they show those that were returned from having run away after the space had been filled by someone else. They indicate the relationship between the movement of population in the institutions and the problems in the counties. As such they are interesting.

It will be noted that in 1941-42 the number entering both Faribault and Cambridge is appreciably higher than for 1940-41. The number removed is approximately the same for the two years. This may be partially explained by a greater number of deaths in the second year, but it is also partially explained by an effort on the part of the institutions to care for more patients even without additional facilities. However, when one realizes that for the biennial period 900 persons were placed under guardianship and only 631 entered these two institutions, he can understand that if the "waiting list" for institutional care did not grow longer, it is because of good planning and supervision by the welfare boards for some of the wards. Most of these returned to their communities are adults of moron intelligence who have had institutional training and who do not show serious delinquent tendencies so that it is thought they should be capable of being self-supporting or partly so, under supervision.

Before placement, many of those committed as feeble-minded had operations for sterilization in accordance with Minnesota law, as indicated by the following figures:

	Men	Women	Total
Operations 1940-41 -----	27	91	118
Operations 1941-42 -----	38	70	108
Total -----	65	161	226

(The sterilization law does not apply to epileptic persons).

Approximately two-thirds of those placed under guardianship are of imbecile or idiot grade of intelligence, that is, requiring some degree of actual physical care. Many of them are hyperactive children of very low intelligence, characterized by constant motion, and throwing, hitting or tear-

ing objects nearby. With physical strength sometimes great, but no more discernment than an infant might show, these children are really menaces to children in the home or community. Others are helpless; others lack *coordination* of movements; others, while crippled, are able to crawl and climb, though unable to care for themselves; many have repulsive physical and sex habits. Some of these groups have reached adulthood before coming to the attention of the state. More than two-thirds of the waiting list (W.L.) is composed of the above groups, since, after entering the institution, few leave except by death. The morons, if not delinquent or possessing additional handicaps, enter for special training or care, and then return to community supervision (O.S.). There are some in the lower groups whose families can and wish to care for them so long as able, as shown in the figures below. (N.U.C.).

	7-1-40	7-1-41	7-1-42
Waiting list (W.L.) -----	1,477	1,590	1,485
Outside Supervision (O.S.) -----	1,624	1,784	1,934
Non-urgent Custodial (N.U.C.) -----	199	186	193

It will be noted that the waiting list (W.L.) increased 113 the first year and then decreased 105, so that on July 1, 1942 it was only 8 greater than two years previously. This is largely due to the fact that in the spring of 1941 a questionnaire was sent the county welfare boards to be filled out for every ward counted for this group. If the information indicated county supervision was satisfactory, the ward's name was transferred from waiting list to "outside supervision" or "non-urgent custodial". It will be noted that the outside supervision group increased only 60 for the first year, but 150 for the second. This increase is in spite of the fact that in the first year 41 persons were discharged from guardianship, and the next year 24. These, with few exceptions, came from the group under outside supervision. Some were acted upon by the court on the petition of the Director of Social Welfare, and others on the petition of the ward or his relatives, but not opposed by the Director. Only in three instances did the court discharge a ward after the state had presented a case opposing it.

The "waiting list" is the very serious problem today. Girls and women in the imbecile and idiot groups (except the totally helpless which have been placed in the hospital at Faribault, and the epileptics for whom we are nearly up-to-date at Cambridge) who were brought into court in the early part of 1934, are still awaiting space. The males are one year farther advanced! Home situations are frightful; normal children are becoming behavior problems due to stress in the homes; parents are on edge and estranged; mothers' health is impaired; neighbors are afraid for their children; property damage sometimes occurs due to setting fires or other depredations. Wherever possible, the counties attempt to remove such children from the

own homes when these effects are shown and place them in a certified boarding homes. Even when the community is willing to pay, or the family can pay, a boarding home frequently cannot be found. No one without institutional facilities can take care of many of these children without sacrificing everything else, including health. In addition to the family strain and the cost to the neighborhood—financial and emotional—there is the fact that the workers in the counties and in this office spend a great deal of time at the expense of the taxpayers, trying to make plans that at best are very unsatisfactory! Nothing constructive can be done for a large part of this group.

Another important group on the waiting list is made up of the school boys and girls, as well as older adolescents. These are of moron intelligence and frequently come from very bad family situations where there is immorality and vice as well as poverty. Sometimes however, they are from good families who fail to understand them. Many of these children who should have training can be and are placed to board in a good environment and get on well. The older ones, and those who have themselves become delinquent however, usually fail to adjust without a period of institutional training and discipline. For these groups our waiting list only extends back to the commitments of 1939 for girls and 1940 for boys. Unfortunately however, failure to make immediate placement for some of these girls in their early teens has resulted in later placing them in the institution for confinement care. Boys frequently have become delinquent while waiting for an opportunity for training suited to their abilities.

Another important group for whom we should, but do not always have immediate space, are the older boys and girls or men and women whose actions are definitely anti-social. Many of these are known to us as impossible of supervision, but there is not adequate space, and so they remain in the community until there is a serious conflict with the law. This is not fair to the community nor to the ward whose low mentality and delinquencies are bound together.

The constructive job with the feebleminded is planning for those counted for outside supervision. These persons are supervised in the counties by the welfare boards, but this office aids in the supervision by trying to help the counties understand feebleminded persons and what constitutes good supervision. Within the past year a manual has been prepared for the welfare boards giving information on all policies and procedures, but with special reference to "outside supervision." Stella Hanson, a social worker employed in the department for a year, spent much of her time studying and analyzing records to see just what is good supervision. Her study, with conclusions and suggestions, is incorporated in the manual. At the present

time, Grace Pratt, the assistant, is emphasizing supervision of families where one or both parents are committed as feeble-minded. Frequently such families do not come to the attention of the Bureau until there are from one to twelve or more children! In the past, in a great percentage of cases, the children have been removed because of neglect. Frequently they too are of low intelligence, and if the home could be improved would be happier with their parents. It is the hope of this department that Miss Pratt may be able to discover methods of supervision that the counties can use with the parents so that they will be able to respond by giving their children better care. It is realized that this is not an easy task, but an occasional family has responded. We hope to find out why. If we can suggest methods, we are certain the welfare boards will utilize them with good results.

RECOMMENDATIONS

The following recommendations are made as embodying necessary action in view of the foregoing report:

1. The most pressing need is space for wards requiring physical care, and for those who are delinquent. Therefore, it would seem that:

(a) All available buildings or institutions in the state should be surveyed with the idea of utilizing one or more for the care of the low grade feeble-minded. This should not be done as a permanent plan, but simply to meet a need during the war, and until construction of permanent buildings is possible.

(b) A law should be formulated setting apart a group of defective persons whose delinquencies and delinquent tendencies make special care advisable. If then there is available space in the reformatories where they could be kept separate from the regular inmates, but yet given the needed disciplinary training and segregation, it would seem that the law should make this possible during the present emergency.

2. The law providing for a census of the feeble-minded should be repealed. It has never had an appropriation and could not be really administered without the expenditure of a very large sum of money. It is questionable whether it would give the desired results if it could be fully carried out. At a later date, if a study of the whole problem should indicate the advisability of some type of census, a new law could then be proposed.

3. Sufficient funds should be made available for the employment of at least one additional person in the Bureau. It should be a person who has the ability to train local social workers or teachers so that they may assist mothers in giving definite home training to their children of imbecile grade of intelligence. Something of this kind has been tried on a small scale in Massachusetts, and by utilizing their methods and experience, it should be possible to help many such children to adjust to their homes and the community much better than in the past. (It must be remembered however,

that an enlargement of a program means more clerical assistance also, if it is to function satisfactorily).

In making the few recommendations listed above, it is recognized that there is a real responsibility upon the Bureau for the Feebleminded and Epileptic for attempting to integrate the mentally retarded of the state into our war program. This means cooperation between the institutions, the welfare boards and this office to see that:

Information wished by draft boards be made available so that men not qualified to become soldiers may not be inducted.

That every ward qualified and needed for work is placed under conditions that will not cause too great a strain.

That as far as possible, feebleminded wards be removed from homes where their presence interferes with efficiency in the war effort.

Constant alertness to any plans which may involve the feeble-minded.

In addition to recommendations for the present, there are certain others that should be listed as part of a progressive program, but that are probably not feasible while our country is at war. In this group would come the establishment of a new institution, preceded by careful study to determine the type of care it should give, as well as the location. Some others are:

1. Appropriation to try out the possibility of boarding a large group of institutional patients within a radius of the institution sufficiently small for frequent returns to the institution if necessary, and for supervision by the institution on a group basis. (Boarding homes are difficult to find now even for normal children due to changes because of war conditions).

2. The employment of from two to four social workers in the Bureau for Feebleminded and Epileptic who would go to the counties where there were especially difficult problems, or new workers who needed direction in planning for the feeble-minded. The county welfare boards are asking for this, but such workers would not be available due to the fact that Red Cross and other war work have taken so many social workers.

3. Appointment by the legislature of an interim committee empowered to employ trained personnel for a long enough time—possibly six months or a year—to actually study records, and determine whether our laws in regard to the feeble-minded and epileptic are basically sound or should be drastically revised.

The guardianship law of Minnesota is different from the law pertaining to the feeble-minded and epileptic in most states. Some changes are needed. Until study can determine whether basically it is an advance over the laws of the older states, it would seem better not to amend it. It may

be the changes should be drastic or they might be minor. While waiting for the time when it can be studied, those administering it must continue to look at it objectively and use it to obtain the best possible program for the care of the feeble-minded and epileptic from the standpoint of the individual and the community.

CONCLUSION

The foregoing description of work of the department and the problems involved form the basis for the recommendations made. It is hoped that the improvements suggested may be carried out, and the Bureau become of even more service to the Division and the state than it has been in the past.

Respectfully submitted,
MILDRED THOMSON,
Head, Bureau for Feeble-minded
& Epileptic

Bureau of Collection and Deportation of the Insane

Carl H. Swanson, Director
Division of Public Institutions

Herewith is respectfully submitted the biennial report of the Bureau of Collection and Deportation of the Insane for the period ended June 30, 1942.

SUPPORT OF THE INSANE

During this period seven field agents or investigators were engaged in investigating the financial condition of persons legally responsible for the support of those committed to the various state hospitals. These agents in turn report the results of their investigations in order that the responsibility for the support of such persons may be fixed and the case properly disposed of. This work has increased in volume to such an extent and is of such importance as to warrant my making the recommendation to you that at least two more investigators be appointed in order to adequately carry on this work. The following facts show that this recommendation for additional help is justified. May I call your attention to the fact that with one agent assigned to Ramsey County and one to Hennepin County the remaining part of the state must be covered by five agents. This cannot be done satisfactorily with that number. Some years ago it was found necessary to employ eight agents, while at that time the insane population in all of the state hospitals was 8,482 compared with the present population of insane and inebriate of 10,620, an increase of 2,138 cases to be investigated with but seven agents. Our report of collections shows a tremendous increase and the work has necessarily increased accordingly.

We have in all cases endeavored to conduct the collections for hospital support in accordance with the provisions of Section 8976, Mason's Minnesota 1941 Supplement.

We have always held to the policy of making the payment of maintenance free from hardship to the patient or to the family.

COLLECTIONS

The total amount of collections for the biennium ended June 30, 1942, shows:

Support of the Insane -----	\$479,687.95
Feeble-minded -----	17,678.64
Total -----	\$497,366.59