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## **Minnesota Bedlam**

### **Mentally Ill Need Care, Get Little Besides Custody**

By Geri Hoffner, Minneapolis Tribune Staff Writer

Behind the barred windows and locked doors of Minnesota's seven mental hospitals, 10,500 sick men and women live without adequate care, without many necessities, without the barest comforts.

Crowded like animals, many of them sleep in dingy attics where every hot or cold change in the weather brings acute discomfort, on cots in hallways and corridors, and in dayrooms which were meant for recreation.

There is no privacy. Patients are herded together for walks, meals, medical treatment and baths.

Livestock on farms of the institutions often gets better treatment than patients. At one hospital, the cows are bathed daily, brushed and combed twice daily. They are housed in bright, clean barns.

Pigs occupy a modern sty with thermostatically-controlled heat and air conditioning.

#### **'Our Forgotten People'**

At the same institution, patients are fortunate to get a weekly bath. Few toothbrushes are to be seen, and hair hangs matted and uncombed. In a foul-smelling attic, 600 people sleep on beds which often have no sheets or pillowcases because the hospital is short of linens.

Gov. Luther W. Youngdahl in his statement on Minnesota's mental hospitals March 21 called these men and women "our forgotten people."

With the governor's approval and co-operation, this reporter and Arthur Hager, a Minneapolis Tribune photographer, visited all seven state hospitals at Fergus Falls, Moose Lake, Hastings, Anoka, St. Peter, Rochester and Willmar.

We also toured the veterans' administration hospital at St. Cloud to see how the federal government operates an institution for the mentally ill.

On several of these visits, we were accompanied by Carl Jackson, new director of state institutions; Dr. Royal C. Gray, chief of the mental health unit of the institutions; and Justin Reese, executive secretary of Minnesota Mental Hygiene society.

#### **Hospital Atmosphere Missing**

At none of the state hospitals did we find the efficient, healing atmosphere of a hospital. Instead, we found hospitals mainly providing custody, not care.

And one superintendent told us:

“The custody we give isn’t as good as what the state prison provides.”

At all the hospitals, the superintendents and other staff members were co-operative. Many have worked for the state for years. They have lived with their problems so long that they are discouraged and skeptical.

They told us of--and showed us--shortages of personnel, equipment, clothing; shortages of everything but patients.

We saw the tragic results of three-fourths of a century of penny-pinching and public indifference: mentally-sick people who came to the hospitals in their teens and remain to live out a desolate old age because of insufficient treatment.

We saw aged men and women who have been in our state hospitals since 1900!

The single most important reason for their not getting well is lack of personnel.

Primarily as a result of trying to buy what admittedly is the most expensive type of medical and therapeutic care at cut-rate prices, all the hospitals are operating with an insufficient number of employees.

The only certified psychiatrist also is the superintendent in most of the institutions. He is so busy doing administrative work, that his psychiatric knowledge rarely is used.

Frequently there are only two or three physicians for more than 1,000 patients. At some hospitals, these doctors are in their late 60s and 70s.

Without the doctors, the hospitals would be in even more desperate circumstances. But with them--partly because of their age, partly because of their limited number--only a small percentage of patients are being treated for mental illness.

Few patients even got routine annual physical examinations. In crowded quarters, where every unknown sick person could start an epidemic, this is dangerous neglect.

Stemming directly from the personnel shortage--particularly the shortage of trained attendants--is the lack of organized recreation and occupational therapy for patients.

### **What Is There to Do?**

In ward after ward, hundreds of patients sit their lives away on wooden benches, on chairs or on the floor. We saw rooms full of men and women just sitting--dejected, hopeless, their chances of re-entering the normal world slipping away with every hour.

At one hospital, Reese and I approached a white-haired, gentle-looking man. He was standing motionless in front of a window, studying a sheet of violin music. There were at least 100 men sitting on chairs or lying on the floor in that room.

“Why are you standing there?” Reese asked.

The man turned and looked at us for a moment. Then he shrugged, clutched the violin music tighter, and asked in return, “What else is there for me to do here?”

We saw other rooms crowded with men and women--and particularly women--tied in strait jackets (also known as camisoles), feet and wrists cuffed with leather straps, their shoulders and waists strapped to benches.

Again the personnel shortage was blamed.

### **Senile Big Problem**

There are other problems, too. The institutions already are about one-third filled with aged men and women, the senile patients whose relatives cannot or will not give them the necessary care.

The old people overflow onto every ward and still they keep coming in ever-increasing numbers. Right now, the institutions can't even provide enough soft chairs for them.

Then there is the other extreme--the boys and girls under 18 who are suffering from severe emotional disturbances.

The state has no separate facilities where they can be given intensive treatment, so they just sit with the others.

Maybe they'll get well. More likely they won't.

The governor has called food one of the most difficult problems of the hospitals. The food we saw and ate was unappetizing and monotonous--and that's the best that can be said for it.

### **Milk Is Luxury**

Because of the type of equipment in hospital kitchens, patients seldom get fried, broiled, roasted or baked foods. Often, the food is cold by the time patients receive it. Fresh fruits and vegetables are seldom served. Even milk is a luxury.

But Minnesota is not alone in its antiquated treatment of the mentally ill.

Few states of the 48 have shaken off completely the dark ages' thinking on "insane asylums" and people "possessed by demons."

Although mental illness strikes one in five families, one in 20 people, only 25 cents per case per year is invested throughout the nation in research. Compare that with \$100 for every case of polio.

In Minnesota, only one hospital is seriously attempting to find some of the causes behind the many types of mind sickness.

### **Chief Uses Own Funds**

And in that hospital, the superintendent has bought equipment with his own money and has built a laboratory by sheer determination.

Throughout the country, approximately \$1 a day is spent on the food, clothing, linen, drugs, personnel, etc. for each patient. In Minnesota Dr. Gray has stated the amount is \$1.05.

But Jackson said the figure is closer to \$1.63. He based his estimate on the following figures:

- 52 cents for each patient is allowed in the current expense fund which provides for food, fuel and clothing.
- 30 cents is calculated to be the worth of farm products provided for each patient.
- 81 cents per patient is allowed for salaries.

Jackson admitted that the 81 cents for salaries is not all spent because the hospitals do not have even the quota of personnel allowed by the legislature. This year the division will return about \$200,000 of unspent salary money to the legislature, Jackson said.

The \$1.63 per day which Jackson has budgeted for care of Minnesota mental patients compares with an average cost of \$9 for care in general hospitals.

### **\$3-5 Minimum Need**

Experts in the field of mental illness claim the minimum treatment cost in state hospitals should be from \$3 to \$5 a day.

Superintendents of all seven state hospitals believe that many more patients could be cured if that amount of money were available for care.

"It's up to the public, people like you, to be willing to spend more money so something can be done for these men and women," one superintendent, who has worked in state institutions for 21 years, told us.

"But first of all, the public needs to understand what is happening."

And a young assistant superintendent added: "When you, the public, decide that you want this place run like a hospital; when you decide you want it run humanely, just say the word. If you put up the money, we'll provide hospitals."

We don't maintain these conditions of shameful neglect because we're sadists, but because the public won't foot the bill."



IN RESTRAINT—two women patients, their bodies strapped and tied to a wooden bench, sit for hours at a time in one of Minnesota's seven mental institutions. From shoulders to waist, they are bound in camisoles, modern version of the strait jacket. Around their waists are leather straps fastening them to the bench, and around their ankles are tight, leather cuffs. With modern psychiatric treatment, these women might be cured.

## Minnesota Bedlam

### Picture Story

#### Medieval 'Restraints' Stay at State Mental Hospitals

Minneapolis Tribune Photos by Arthur Hager

In medieval times, men and women who were said to be "possessed by devils" were locked up, chained, tortured. This "treatment" was intended to drive out the devils.



In Minnesota's seven mental institutions, ideas about the devils have been replaced by more modern knowledge on mental illness. But some of the ancient "treatment" methods linger on. Straps, cuffs and straight-jackets, also known as camisoles, still are used. They are called restraints.

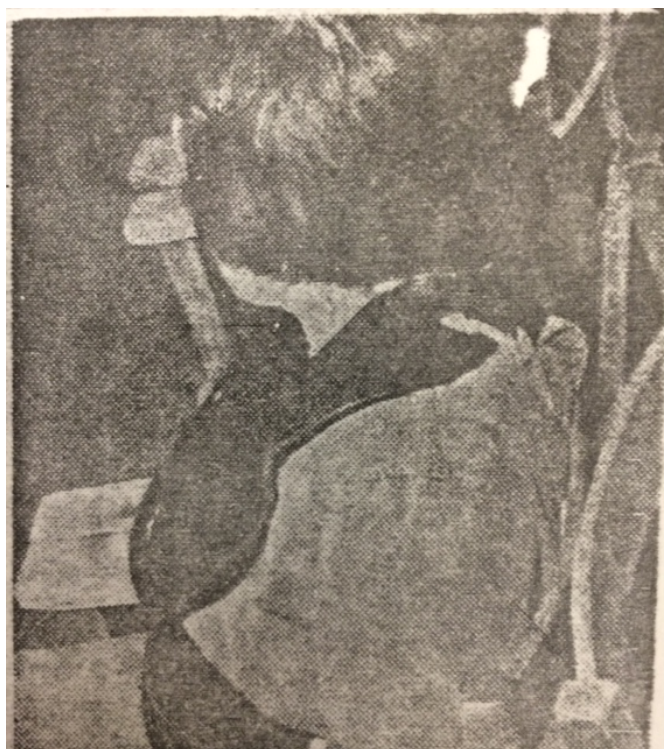
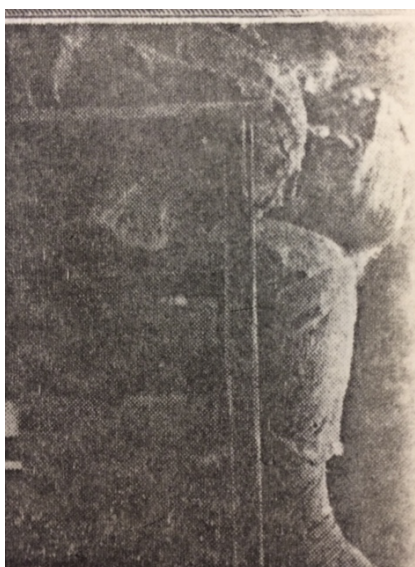
All these pictures show only women in restraint. State hospitals provide more activities for men patients. About one-half as many men as women are restrained.

"Mittens" and leather cuffs used on these women are to prevent their harming themselves, attendants say. Leather cuffs strap their ankles to the bench as do leather belts around the waist.

There are not enough attendants to watch these aged women, right, so they are strapped by their wrists to benches. Restraints, except those needed for surgical cases are considered unnecessary by psychiatrists if modern treatments are used.







Leather cuffs and bib are tied on this patient because she is destructive and chews and tears her clothes, attendants said. This woman, like the others pictured here, may sit on wooden chairs or benches all day.



Waist-length camisoles prevent these patients from moving their arms. The bibs of ticking are to protect camisoles from soiling. Haircuts such as these are typical for women patients in disturbed wards.

Despair, loneliness, boredom are portrayed in this picture of women staring out the gridded window, right. In "limited restraint" --a belt around the waist tied to the bench--they nevertheless have no freedom.

