THE NEW MINNESOTA MENTAL HEALTH PROGRAM

A Statement

from the

Office of the Commissioner

of Mental Health

Division of Public Institutions

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PREFACE

Mental health, like the control of infectious disease, is a problem and responsibility for the entire community. The original purpose of establishing "insane asylums" was to protect the community from the person afflicted with mental illness. The present-day mental hospital system still reflects this concept of restraint of the mental patient. The patient is "committed" to the hospital by legal action and he is conducted to the hospital by a police officer. In the hospital itself many high walls and locked doors persist and in the back wards some patients may still be seen in personal restraint, though leather cuffs and "camisoles" have replaced chains and straight jackets. The more physical forms of patient restraint can and must be eliminated but the fact remains that our State Hospitals are restraining institutions; the patients cannot leave at will and they must conform to rigid rules and regulations.

But, though the invisible restraint of the Hospital is necessary for the welfare of both patient and community, this need not be essentially different from ordinary hospitals where the purpose is not restraint but rather the care and treatment of the sick. The new Minnesota Mental Health Program emphasizes the fact that the primary purpose of the State Hospital must be to provide medical care and treatment for the patient. Beyond this, the whole Program must attempt to prevent mental disease and must provide for the vocational and social rehabilitation of the patient who can be restored to a normal life in the community.

The tremendous magnitude of the problems in mental disease must be realized. In the United States as a whole there are more patients in mental hospitals than there are in all other hospitals put together. All the patients in hospitals with cancer, heart disease, tuberculosis, kidney disease, liver disease, stomach ulcers, all physical injuries and other diseases—all of these combined are fewer than the patients in mental hospitals. Moreover, psychiatrists tell us that only a fraction of the persons with mental illness are actually in mental hospitals. The weight of sheer numbers tells us that these are not problems only for the doctors and staffs of the State Hospitals.

The new Minnesota Mental Health Program recognizes this fact. The community cannot simply hand over these problems to a group of State employees; no legislative appropriation, however large, could permit this. The State Hospital patient still has his roots in the community and, in many cases, will eventually return to the community at large if proper treatment is provided and if the community is prepared to receive him.

The present statement attempts to portray the views and operations of the Office of the Commissioner of Mental Health working within the Division of Public Institutions of the State of Minnesota. The work of the Commissioner's Office, and the Office of the Director of the Division of Public Institutions, and of all the employees in the State Hospitals, must be based on the assumption of active cooperation from and with civic organizations and the private citizenry of the State. Among other things, this means attention to a volunteer program.

A program of volunteer services for our State Hospitals has been developed and is functioning throughout

the State. The pioneers in this field were people recruited from civic and religious groups and they make up the nucleus of what is an ever-growing number of volunteers.

The volunteer plays a very important part in our state mental health program and serves many purposes. The volunteer brings to the patient the personal warmth that comes with friendship. The patient who is well enough for discharge has, in the volunteer, a friend in the community who may be of real assistance where assistance is needed. The volunteers aid the recreational staff of the Hospitals and work with groups of patients as well as individuals. Because of the time they spend in actual contact with the patients, they learn something of the meaning of mental illness and can, in turn, bring that information to the public. The volunteers are also able to interpret the needs of the Hospitals to the community. These volunteer services must be expanded and it is gratifying to report that such expansion is, in fact, growing apace. When all of the people of the State are taking some part in the Mental Health Program, then the full success of the Program will be assured.

THE MINNESOTA MENTAL HEALTH PROGRAM

The Commissioner of Mental Health of the State of Minnesota is charged with the development and administration of the Hental Health Program of the State. The broad outlines of that Program, and some important details, were written into the Law by the 1949 Legislature which created the position of the Commissioner of Mental Health. But many specific problems and operating mechanisms remain to be analyzed and set forth. These will be examined here as they can be seen in the first year of the office of the Commissioner of Mental Health.

The Mental Health Program embraces all aspects from preventive hygiene to rehabilitation after hospitalization, but the most obvious and immediate problems are those of the State Hospitals. In all parts of the United States, and particularly in Minnesota, the people are demanding new standards of understanding and medical care for the patients in our Mental Hospitals. The days of the custodial insane asylum are gone; the new day of the Mental Hospital, with standards equal to those of any general hospital, is rising. This is clearly the Will of the People and is a mainspring of the mental health movement.

The essential human fact is the patient; there are fourteen thousand patients in the Minnesota State Hospitals, comprising a tremendous catalog of varieties of misery and medical problems. But the real issue is not a mass of patients; the vital consideration begins with One Patient who was born, who had a childhood, who has all the bodily and emotional needs—and more, in most cases—of any

human being. Examine *all* the needs of care and treatment of One Patient and the necessary ramifications of the Program are revealed. The development and operation of the Program starts from this One Patient.

The bases of the Mental Health Program, and the responsibilities of the Commissioner of Mental Health, are indicated by excerpts from the Mental Health Bill, Minnesota Mental Health Policy Act, Chapter 512, Laws of 1949:

'The State of Minnesota recognizes the necessity of adopting a program which will furnish dignity and hope for the patient, relief from anxiety for the patient's relatives and recognition for the psychiatric worker . . .

"Sec. 3, Subd. 7. At Hastings and Rochester, the Director shall establish training centers for the training of personnel and may require the personnel of other institutions to attend such training centers from time to time in order that the personnel may be better equipped to carry into effect modern mental hospital treatment."

"Sec. 4, Subd. 1. There is hereby established in the Division of Public Institutions a Commissioner of Mental Health and Mental Hospitals . . .

"Sec. 4, Subd. 3. The Commissioner, subject to the direction and control of the Director of Public Institutions, shall supervise the care and treatment of mentally ill or nervous persons and persons within those specified in paragraph (11) of Section 3 hereof. Within the limits of the appropriations available, the Medical Commissioner may provide consultative services for courts, and state welfare agencies, supervise the placement and aftercare of patients provisionally or otherwise discharged from a state hospital or institution, promote and conduct programs of education for the people of the state relating to the problem of mental health and mental hygiene. The Commissioner shall administer, expend and distribute Federal funds which may be made available to the state for mental health and mental hygiene purposes."

"Sec. 7 . . . The director of public institutions is hereby constituted the "Stage Agency" as defined by the social security act of the United States and the laws of this state for all purposes relating to mental health and mental hygiene."

Obviously, these legal provisions call for the closest cooperation and the fullest degree of mutual confidence between the Director of Public Institutions and the Commissioner of Mental Health. They must be in complete agreement on all matters of broad policy. The special province of the Commissioner would seem to cover all professional aspects of the Mental Health Program—medical care and treatment, training of professional and semi-professional personnel, and research. This means training of all employees from the psychiatric aide to the psychiatrist. Since in mental disease the total environment and living conditions of the patient are necessarily important in the psychiatric management, the Commissioner must also give close attention to these questions.

Other branches of the State Government have responsibilities which are intimately related to those of the Division of Public Institutions and of the Commissioner of Mental Health. Moreover, there are other organizations in the State which are concerned with those problems. The Mental Health Program, then, must involve many agencies and it is important that effective interrelationships be developed between these several sources of aid and

cooperation. Such a body as the Governor's Mental Health Advisory Board, which is primarily made up of leading psychiatrists who are not employees of the State, brings a wealth of wisdom and aid to the State officials and they, in turn, bring knowledge of the problems of the State to the Community at large. But on a less formal basis, it is believed that all persons who have official responsibilities in the Mental Health Program, must constantly seek to give and to receive aid from the courts and the judges, the city and county welfare agencies, the schools and churches, the medical and mental hygiene societies—everyone, in short, who can aid in the Program.

On matters of public education and consultative services regarding mental illness and hygiene, there is in operation the Interdepartmental Council which serves as a coordinating body. This is composed of representatives of the State Divisions of Education, Social Welfare, and Youth Conservation, the State Board of Health, and persons who bring the views of all other agencies in the State which have interest in these questions.

It is proposed to foster such cooperation and coordination to the end of achieving the highest degree of efficiency and effort in the Mental Health Program. Special mention must be made of the two great forces in medical work in Minnesota—the University of Minnesota and the Mayo Clinic and Foundation. With both of these institutions, increasingly active and cordial relations have been established in recent months. They bring to the Mental Health Program outstanding learning in the medical arts and sciences and extremely valuable assistance in the training of persons who are in, or who may enter, official positions in the Hospital system.

ORGANIZATION OF THE COMMISSIONER'S OFFICE

The work of the office of the Commissioner of Mental Health is concerned with patients in hospitals and after discharge, with research and mental hygiene, with the attitudes and education of the public at large. This work should be done very largely in the Hospitals and out in the communities of the State. It is not proposed, therefore, to establish a large central bureaucracy. Besides a minimal central adminstrative office, the work falls into four major operating divisions which deal directly with the problems where they exist. The Office of the Commissioner is mainly a central reference point for the staff personnel working primarily in the Hospitals and in the communities in the four divisions of Hospital Administration, Training, Mental Hygiene, and Research. The program of the central office is to coordinate the work of these four divisions and to develop a Statistical Control Section for the service of all of the divisions and all of the State Hospitals. These functions, together with the programs of the four operating divisions, form the Program.

The business aspects of the Mental Health Program should be operated from the Office of the Director of Public Institutions in close conjunction with the other administrative offices of the State Government. The professional aspects of the program, however, should be operated in close proximity to patients and to professional personnel at work. It is proposed, therefore, to place the professional office of the Commissioner at Hastings State Hospital which has the special advantage of maximum

proximity to the University of Minnesota, the Mayo Clinic and Foundation, and to the great metropolis of the Twin Cities. Here also should be the center for in-service training and some special facilities for this should be provided.

HOSPITAL ADMINISTRATION

The improvement of the organization, operation, and services of the State Hospitals is a major objective of the Mental Health Program. The basic aim, in brief, is to develop these Hospitals into a medically coordinated system made up of Hospitals in the best sense of the word, fully equal to modern centers for the care and treatment of physical disorders. The operation of the individual Hospitals, and the development and maintenance of high professional standards in them, are the responsibility of the individual Superintendents. The task of the Office of the Commissioner is to coordinate the work of the several Hospitals, to establish uniform policies, and to aid the Superintendents in all professional problems. While it is proposed to place the continuing responsibility for dealing with problems of hospital administration in the hands of a senior psychiatrist, the problems are so large and so numerous that all personnel in the Office of the Commissioner must contribute to the work in this area.

Evaluation of Jobs

A definitive evaluation of all positions and position categories in the Hospitals is an early necessity. Not only must there be clearer and more specific definitions of the responsibilities of many positions; an equally serious need is the definition of the relationships between the several

classes of employees who have most constant and intimate contact with the patients—psychiatric aides, recreational therapy workers, occupational therapy workers. Memoranda on these questions have been prepared and will shortly be distributed to the Superintendents.

Admissions and Subsequent Work-Up

There can be no argument against the right of the patient, and of this Program to insist, that every patient be seen, for at least preliminary medical consideration, within 24 hours of the time of admission. The resulting admission note should cover a simple medical examination, orders for the laboratory studies which are indicated immediately, and brief remarks on the circumstances in which the patient is found, and the apparent mental and emotional status at the time. Within 10 days of admission, a complete neuropsychiatric work-up should be completed and the problems of diagnosis and treatment prescribed, or at least fully prepared, for decision and advice by the Staff. The Office of the Commissioner is insistent on these points.

Once the program of care and treatment has been decided upon, regular progress notes must be recorded and periodic review and re-evaluation must be provided on a rigid time schedule. The time schedules and nature of the reviews for different types of patients are currently under study. Tentatively, the following *minimal* schedule is proposed: 1) At the time of admission the patient must be seen by a physician and admission notes must be recorded then. 2) A preliminary examination made and recorded within 24 hours. 3) Full diagnostic work-up completed in 10 days. 4) Review of status and of the therapeutic

program made and recorded in 30 days. 5) Detailed review of progress and re-evaluation of diagnosis and treatment at 3 months, at 6 months and at 12 months. 6) Complete re-evaluation, work-up and staff re-consideration at intervals of 6 months to one year thereafter. Progress notes must be made much more frequently, of course. While this seems to be a minimal schedule, it is recognized that even so it will create a serious strain on the professional personnel with the present staffing pattern of the Hospitals. Recommendations in this regard will be presented after further study.

Specialization of Services

The enormous variety of mental and physical disorders represented by the patients in our State Hospitals clearly demands more specialized services than have been provided heretofore. While each of the State Hospitals, with the exception of the special hospitals at Cambridge and Faribault, should retain the character of a general mental Hospital, some concentration of special problems is necessary in order to assure proper medical diagnosis and treatment of the total person. Among these are the following categories: special neurological problems, some metabolic disorders, tuberculosis, emotionally disturbed children, cardiovascular problems, and the deaf and blind. The proposed dispositions for these special problems will be indicated in subsequent sections of this Statement.

Geriatric Units

The new Geriatric Units provided at Fergus Falls and at Rochester are examples of the provision of special facilities for special categories of patients. The problem is immediately posed, however, as to how to equalize the very

different standards thus created in the several Hospitals. Clearly we must insist on equivalent facilities and care for similar patients throughout the hospital system. Difficult economic and sociological as well as medical problems are involved, and it is believed that the Commissioner's Office should have outside advice on these problems. Some of these questions have recently been raised on a national basis at the National Conference on Ageing at Washington. In any case, the special requirements of aged patients must be met by special facilities, special personnel, and continuing research in our own State Hospitals.

Tuberculosis

There is a shockingly high incidence of tuberculosis in the State Hospitals; among 14,000 patients there are over 450 cases of tuberculosis requiring special treatment. In part, at least, this situation reflects the sins of the past—overcrowding, lack of segregation, inadequate general medical services, and the lack of vigorous treatment. A Tuberculosis Hospital is now being readied at Anoka State Hospital which will greatly improve the situation. A step which should make for much earlier diagnosis of tuberculosis is the insistence on frequent and careful roentgenological studies on all patients. Finally, it is proposed that at the earliest possible moment every State Hospital establish a daily routine of recording body temperature on every patient. This elementary medical service, a basic routine several times a day in all rodinary; that is general, mental hospitals, should reveal many developing infections besides tuberculosis. A special medical officer has

been given responsibility for tuberculosis problems in the Office of the Commissioner and all of these questions are currently under intensive study.

Emotionally Disturbed Children

Until now, the State Hospitals have had no provisions for the special needs for care and treatment of emotionally disturbed children. It is obviously improper to maintain such children in mixed groups of the feeble-minded, children with convulsive disorders, and with adult psychotic patients. To begin the correction of this situation, a center for emotionally disturbed children is being established at Hastings State Hospital and transfers to this unit will start early in September. Three categories of emotionally disturbed children must be differentiated: 1) those with normal intelligence who present no neurological problems, 2) those with normal intelligence but afflicted with neurological problems, 3) those with mental deficiency. It is proposed that these three categories be separately cared for and treated by specialized professional personnel. While the program initially is to provide only for those juvenile patients now in the State Hospitals, it is recognized that there is a large actual or potential waiting list of emotionally disturbed children in the State who need hospitalization but for whom there is at present, no room. This situation demands early consideration.

Cardiovascular Problems

Among the 14 000 patients in our State Hospitals there are many who suffer from serious cardiovascular disorders. These patients present difficult medical problems requiring specialized diagnosis and treatment. In order

to provide these services, a cardiovascular center has been established at Aonka State Hospital to which problem patients can be referred from all of the State Hospitals. This center will also provide consultation in other problems of internal medicine for which special knowledge and facilities are required. Cooperation of the University Medical School in the work of this center is highly desirable and efforts are being made to provide this. Besides providing diagnostic, medical management and consultation services, this center will engage in active teaching in the problems of internal medicine as they arise in mental hospitals. Besides giving great aid to patients who have cardiovascular disorders, it is believed this center will be important in attracting more physicians to work in cooperation with the State Hospital system.

Neurological Problems

Every one of the State Hospitals has a multitude of neurological problems and it is proposed that each of the Hospitals establish a special neurological service for questions of neurological diagnosis, treatment, and rehabilitation. But besides this basic specialization within each Hospital, there should be several major centers for special problems and for research and teaching in neurology. The first of these neurological centers is now being established at Anoka with the cooperation of the University of Minnesota Medical School. It is planned to establish other neurological centers at Hastings and at Rochester; at the latter hospital it is hoped to provide the active cooperation of the Mayo Foundation. The neurological problems involved in the convulsive disorders are of a special nature and a proper focus for work in this area is at Cambridge

State Hospital. Arrangements to this end are proceeding, and the cooperation of the University of Minnesota Medical School is invaluable in this connection.

Drug and Alcohol Addiction

There is at present a concentration at Willmar State Hospital of patients addicted to drugs and alcohol and such patients make up an important sector of the population of our State Hospitals. It is believed desirable to intensify the concentration of such patients at Willmar and to give greater attention and study to these problems. There are, of course, many drug and alcohol addicts in the State who are not in the State Hospitals. They present a serious problem to the community and are, as potential patients, a matter of concern to the Office of the Commissioner. It is proposed, therefore, that the center at Willmar develop and maintain active cooperation with other agencies both govermental and private, which are interested in these problems.

Deaf and Blind Patients

Deaf and blind patients in the State Hospitals present special problems of communication, teaching, and medical care. It is believed these questions should be carefully examined in cooperation with specialists on problems of the deaf and blind in other branches of the State Government and in other organizations. It is hoped that such consultation and analysis may begin at an early date and will lead to sound recommendations for these peculiarly unfortunate patients.

Metabolic Problems

The frequency and character of metabolic problems in mental patients are unknown but, as a minimum, there are

certainly many cases of diabetes mellitus, of thyroid disorder, of obesity and emaciation, and of various liver diseases. Besides these disorders which may be relatively independent of the emotional and mental state, the possibility of metabolic abnormalities directly associated with the mental state must be considered. The metabolic factors in arteriosclerosis are important. Because metabolic problems require special facilities and experience not ordinarily available at State Hospitals, there is being established at Hastings, in cooperation with the University of Minnesota, a metabolic center for teaching, research, and consultation on metabolic questions. This center should also serve to interest the cooperation of internists in the Mental Health Program.

In-Service Training

The special training program of the Commissioner's Office will be discussed in a separate section of this Statement. Each Hospital, however, requires an active training program for its own staff and it is imperative to aid and intensify such programs as are now operating in the several hospitals and to inaugurate in-service training programs where they may be lacking. The in-training program has two aspects: 1) training all employees in the special tasks of their particular job categories, 2) training all of the staff in the difficult but essential task of working as a team. These training responsibilities must be assigned to competent persons whose schedules allow adequate time for this exacting work. The in-service training program for the psychiatric aides is of outstanding importance and it is proposed to insist that each new aide receive, as soon as possible after entering employment, not

less than 80 hours of actual training apart from merely learning as they carry on ordinary ward work. At least the major part of this in-service training for aides must be provided by the individual Hospitals and should consist of didactic lectures, organized discussions, a systematic series of demonstrations, and conferences with experienced representatives of other classes of employees. Similar attention to the in-service training of other classes of employees must be provided by the individual Hospitals. The training program for the doctors is especially important and much of this is, again, the responsibility of the individual Hospital. For all employees, carefully organized and prepared staff conferences, by job-category groups and by combined groups, must be provided on a regular schedule of frequent meetings. It is proposed to insist that these requirements for in-service training are properly met.

The Environment

The environment of the mental patient has a powerful influence on his attitude, his mental emotional status, and on the tendency for his disorder to progress or regress. Beyond his environment of persons, all features of the environment must be considered—housing, surroundings, clothing and diet, as well as the simple items of temperature, humidity and air movement. Each of these esthetic and emotional elements, as well as purely physical aspects, are important, and is is proposed to consider all of their features as they contribute to the betterment of the patient. Some of the outstanding points will be indicated in subsequent sections of this Statement.

General Esthetics

It is generally recognized that pleasant and restful surroundings are beneficial to patients and that ugly, unharmonious and noisy atmospheres should be avoided. This principle is generally incorporated in the exterior grounds of the State Hospitals but the interior of the buildings and wards may be another matter. Overcrowding may be unavoidable without additional funds, but much may be done at little cost by attention to color, drapes, light, bed arrangement, and similar details. A bare, prison-like atmosphere, with drab colors and glaring lights, is depressing to a normal person; what does it do to the fearful, depressed, unhappy, mental patient? It is proposed to co-operate with and aid the Hospitals to the fullest extent to improve the esthetic environment in which the patients live. In furtherance of this purpose it is believed desirable to set up a demonstration or exhibit room at Hastings State Hospital where color schemes, drapes, furniture, pictures, and so on may be examined and discussed by the Superintendents and their assistants.

Clothing

The clothing of other patients is an important part of the esthetic environment of the mental patient who has far less privacy than ordinary folk. More important is the patient's own clothing. This has other functions besides protecting the skin; it provides physical sensations of texture and color and it has emotional associations with the patient's picture of himself and his relationship to other people. Besides serving the most elementary utilitarian purposes, the patient's clothing can be pleasing or at least non-offensive to him, and may aid him in the ex-

pression of his individuality. Real improvement at little or no cost can be achieved by more careful selection of colors, materials and designs and, particularly, by providing more choice in these matters to the patients themselves. It is proposed that each Hospital establish a system whereby the patient may do a limited amount of shopping, of picking and choosing of such clothes as may be made available. To provide an increase in the variety and quality of clothing which can be made available is clearly recognized as a task for the Hospitals and for the Office of the Commissioner. For women patients, especially, the need for "dressing up" a little for social functions must be met. On a more elementary level is the insistence that adequate clothing and mittens be provided for inclement weather and that outdoor workers have straw hats when they are working in the hot sun.

Barbering, Hair Dressing, and Cosmetics

Unkempt hair and unshaven faces create a disagreeable aspect for others and are depressing to the individuals concerned. While barbering and beauty shop services have already been installed in the Hospitals, they are as yet far from adequate. Not only must there be insistence on more barbers and hair dressers; there must be considerable improvement in facilities and methods. It is proposed, therefore, to increase efforts in these directions and to work with the Hospitals in the development of arrangements for patient use of electric razors, the installation of more beauty and barber shop equipment, and the provision of cosmetics for women patients. Associated with these ques-

tions is the training of all personnel to encourage personal pride of appearance in the patients as a definite part of continuing psychotherapy.

Diet

The most intimate connection between any person and his environment is that represented by food. The dietetic services of the hospitals have several aspects for attention. Adequate nutritious and clean food is a basic need for every patient. He also needs esthetic satisfaction so he will eat properly and will derive all the sense of security which food can give. These aims are recognized by the several Hospitals but the needs are greater than can be met with the present staffing pattern. There is particular need for attention to the nutritional status of the patients and for the inauguration of therapeutic dietetics for diabetic, obese, emaciated and other patients who should have special diets. For these purposes it is proposed to provide nutrition and metabolism consultation to the Hospitals, to provide lectures and organized discussions on diet and nutrition for the dietitians and the doctors, and to insist on enough dietitians in the Hospitals to cover the basic needs of patients who should have dietetic management for diabetes, peptic ulcer, ulcerative colitis, obesity, emaciation, hyperinsulinism, cardiac failure, and other such well-recognized indications. In addition, study is proposed for the feasibility of special dietetic treatment for hypertension, hypercholesteremia and atherosclerosis.

Dental Problems

The dental needs of the patients in the State Hospitals are more than can be met with the present dental personnel and facilities. A study of staffing requirements and of

the problems of oral hygiene, of dental prostheses and of oral surgery has been undertaken and recommendations will be made from the results of this analysis. Besides the purely physical requirements for dental work, it is recognized that in many cases dental work, particularly the provision of prostheses, may be important in the psychotherapy of the patient; a toothless man or woman may be shameful, withdrawn, and hostile because of the lack of dentures. It seems reasonable to suggest that every patient has the right to chew his food.

Recreation

The insistence on suitable recreation programs to reach all patients in all of the Hospitals is definitely a part of this program. As a human being, every patient is entitled to recreation; as a mental problem the important role of recreation in his treatment must be recognized. The supply of trained recreation workers is inadequate to the needs of the State Hospitals and discussions have been held with University officials to develop more training in this area. In the meantime, however, the fact is that all members of the Hospital staff can and should contribute to the recreation program of the Hospitals. The absence of a special recreation worker need not mean the absence of recreation or a recreation program. Conversely, the appointment of recreation workers does not remove the necessity of others to contribute to the recreation of the patients. The adjustment of the type of recreation to the patient is a responsibility in which the Superintendent, the staff doctors, and the psychologist must participate. The psychiatric aides and nurses are, as in other questions, of

the greatest importance in the recreation program. These points must be stressed in the training programs within the Hospitals.

Occupational Therapy

It is recognized that the distinctions between occupational therapy, recreation, vocational training and just plain work are not always easy to make. The distinctions are psychiatric and psychological; they exist in the minds of both patient and doctor and must be established for each patient in the prescription of his treatment. It is insisted that this concept be accepted and adhered to so there is no possibility that slave labor is disguised as occupational therapy. As in other areas of professional work in the State Hospitals, the principle must be established that the occupational therapist is by no means the only person concerned with occupational therapy—doctor, nurse, aide, psychologist must also be concerned. Moreover, every ordinary work assignment must be considered as at least potentially a therapeutic aid. To this end it is urged that members of the non-professional staff—cook, painter, farmer and the like—be brought into staff meetings to learn that they, too, are occupational therapists in their way.

Vocational Rehabilitation and Placement

For every patient the goal is eventual discharge and this means the necessity for the ability to earn a living. There are always patients who are psychiatrically so improved that discharge would be possible but no suitable job can be found outside. It must be insisted that this question of vocational rehabilitation be considered early

in the course of treatment of every patient. Attention to this point will also reinforce the attitude of hope which should be brought to every patient. It is believed that more attention to vocational preparation for discharge and to placement outside will be rewarded by more discharges, more human happiness and a smaller Hospital burden. In spite of efforts in this direction, however, it is evident that there are large problems to be solved. Accordingly, it is believed that intensive study and conferences by social workers, vocational specialists, psychologists, and representatives of employer groups are needed to provide realistic recommendations from the Office of the Commissioner.

Psychological Services

The value of trained clinical psychologists in the State Hospitals is increasingly clear but, as is true of other professional workers in the State Hospitals, the jobs to be done are more numerous than the workers.

It is urged that the psychologists can perform many valuable services other than their own work with patients. For example, they should be able to develop and institute the use of simple but systematic behavior records which can be kept by the nurses and the aides. Another area of service is in evaluating the team work and interpersonal relationships between the different categories of employees. Advantage should also be taken of the fact that the psychologists have all had at least some training in statistical methods so they should be able to bring these techniques to bear on problems of the evaluation of various activities, including research, in the several Hospitals. In order to attract and retain the highest calibre of psychologists in

the Hospitals it is considered that attention be given to the frequent desire of these specialists to engage in research. In many cases it is believed that a psychiatrist-psychologist team on a research project in the Hospital will create mutual stimulation and satisfaction and will benefit the operations of the whole Hospital.

Social Services

The social services have been touched on in several preceding sections of this Statement. The social services represent a principal contact between the Hospital, the patient and his relatives, the potential employer, and the community. Since a prime factor in the commitment of the patient to a mental hospital is the wish of the community and/or the relatives for protection, the great importance of the social worker is evident. Moreover, the social worker obtains information about the background of the patient and this is essential for the doctor who has charge of the case. When discharge is contemplated, the social worker is a key person whose advice on the prospects of the patient for a job and for family and community acceptance is crucial. Properly done, such work is necessarily time-consuming and it is urged that the staffing pattern of the Hospitals must recognize this fact. But even a considerable increase in social workers will not fully discharge the obligations of social service. Social agencies outside the Hospitals must, together with volunteer agencies and public spirited individuals, take a large burden. The problem in the social services, then, is partly one of supplying trained social workers and partly one of public education to assure full cooperation and help from outside the Hospitals.

The Education of Patient

The question of patient education in the State Hospitals involves both children and adults. The requirements for education of feeble minded children are obvious and increasing efforts should be made in this direction. There are also to be considered the educational needs of emotionally disturbed children and of children with neurological disorders. Clearly, presence in a State Hospital should not preclude a child from all the advantages that ordinary education can bring. But the question is not so simple for adults. Vocational rehabilitation necessarily involves some education and there seems to be no valid reason why this must always be limited to the lowest level of simple skills. Moreover, in some adults it is likely that remedial defects in education may be involved in the production or maintenance of the mentall illness. Insofar as education may contribute to the restoration to the community of the most acceptable and useful type of rehabilitated citizen, just so far must education be provided. It seems proper at this time to ask for joint consideration of all of these educational problems with the State Department of Education and with other experts in the field.

Consultation Services

The use in the State Hospitals of professional consultants in the various medical specialties is well established. It is considered that the Office of the Commissioner should aid in any way possible in the provision of such consultants as may be desired by the several Hospitals. To this end the maintenance of a list of well-qualified consultants by the Office is proposed as a supplement

to such lists as the individual Hospitals may now have. It is not suggested that the prerogative of the individual Hospital to select consultants be infringed, but only that a central list may be helpful as a reservoir of proved ability and willingness for the Hospitals to draw upon in case of need. To some extent the provision of special centers, as maintained in preceding sections, will reduce the need for casual consultants, but increasing emphasis on first class medical practice in all aspects will, on the other hand, increase the demand for specialist services. The Office of the Commissioner proposes to strengthen these so far as possible.

Training

The success, in all aspects, of the Mental Health Program depends primarily on the persons who operate and administer it in the Hospitals. This means properly trained personnel. Some of the staff members, notably doctors, enter the service with much training behind them. Others, notably the psychiatric aides, often start with little or no training for an exacting job. But in all cases there is the inescapable need for continued training, for indoctrination into this program and this Hospital system, and for fully integrated team work. From the standpoint of the Office of the Commissioner, the training problems are central to the program in mental health. It is proposed to place the responsibilities of developing and operating the training program in the hands of a senior psychiatrist as soon as possible. At this time, however, the main features of the training program may be indicated. The major present concentration is on the training of the

doctors and of the psychiatric aides and on the development of the team approach to the total personality of the patient.

According to the law, the direct training functions of the Office of the Commissioner of Mental Health must be centered at Hastings, Rochester, and the University of Minnesota. At Rochester, cooperation from the Mayo Foundation has resulted in a very valuable arrangement for training staff doctors in psychiatry and neurology. It is planned to continue and extend this plan whereby, through most of the year, there is provided intensive instruction weekly for doctors from all of the State Hospitals. At Hastings it is planned to develop a training center for all categories of State Hospital employees, particularly for psychiatric aides and for those who have teaching responsibilities in the Hospitals and for such professional and semi-professional employees as psychologists, recreation workers, occupational therapists and dietitians. With the University of Minnesota, cooperative arrangements have been made whereby University faculty members assist in all aspects of training. The University departments involved in this work at present include Psychiatry, Neurology, Radiology, Pediatrics, Surgery, Social Sciences, and the School of Public Health.

Besides direct training, the Commissioner's Office must actively stimulate and aid the organization and operation of effective training programs in each of the Hospitals. There must be uniformity in standards and in policies and equivalence in schedules and subject matter in these several training programs. A series of continuation center meetings of section heads of all the Hospitals has been organized for these and related purposes. These meetings

have been held in various Hospitals at frequent intervals during the past few months; they will be concentrated at the Office of the Commissioner when the necessary physical facilities have been provided. A basic policy is that every State Hospital employee is to be provided with continuing in-service training.

In-Service Training

Some questions of in-service training were mentioned above under Hospital Administration. The major functions of the Office of the Commissioner in this area seem to be to provide organization, to intensify and provide uniformity in the in-service programs of the Hospitals, to facilitate the exchange of training services between Hospitals, and to provide special arrangements for those training problems that cannot be fully met within any individual Hospital. The regular use of well-prepared staff meetings in the Hospitals is insisted upon for the training features involved as well as the more obvious use for day-to-day operation problems. The argument that such meetings take valuable time cannot be accepted; there is no substitute for frequent staff meetings for training and the maintenance of high medical standards. Besides these, each Hospital must provide organized and adequate training programs for new employees. In spite of individual peculiarities in the Hospitals, the Office of the Commissioner must insist on a uniform approach to the training problem. It is also proper to insist that the policies of the whole system and of this program be fully incorporated in the training arrangements in each of the His-
porated in the training arrangements in each of the Hospitals as outlined below:

1) The State Hospitals must be actual Hospitals for medical treatment, with cure and discharge being the goal for every patient.

2) Every person who has contact with the patient is a part of his psychiatric environment and has a responsible role in his psychiatric treatment. Hence every employee must be trained with this in mind.

3) Constant improvement, through training, is essential for every employee; the alternative of merely attempting to maintain the status quo actually results in regression.

4) The patient never represents simply a problem of one deranged function; the whole psychobiological personality must be treated and all training programs must emphasize this.

5) It is impossible to treat a mass of patients. One Patient is treated and he is not reached by dividing the population in the Hospitals by 14,000; the total population of the Hospitals is accounted for by 14,000 times One Patient.

Training for Psychiatric Aides

The State Hospitals at present employ some 1400 psychiatric aides and this number will be increased in 1951. Many of these persons are relatively new employees, and from recent experience, it must be expected that a continuing high turnover will call for training 300 to 500 new aides each year. This is a serious problem, because of the tinuing high turnover will call for training 300 to 500 new numbers of wholly untrained persons involved, and because of the great importance of the aide to the physical

and mental welfare of the patient. The major task in this training must be done by the individual Hospitals. Each new aide must have not less than 80 hours of actual systematic instruction covering all aspects of the job, before he can be entrusted to relatively independent work. To help with this task, the Office of the Commissioner has organized a training team which, on invitation, visits the different hospitals to give intensive training to 8 aides over a period of 3 or 4 days. The training team consists of a psychiatrist, a nurse, several aides, a recreation worker, and a psychologist. The same personnel for the training team cannot be kept on such a travel schedule for more than a few weeks or months at the most, so this plan can be continued in constant service only if enough personnel can be provided for frequent rotation. Efforts are being made toward this end.

This visiting training team is mainly an expedient for the period required to institute proper full training programs in each Hospital. However, there must be provision for maintaining uniform policies and high standards throughout the hospital system; a program of training at a central institute for the hospital instructors should ensure this. A study of the practical problems of training psychiatric aides has just been completed. The whole problem of psychiatric aide training requires continued effort. As soon as facilities can be provided at the training center at Hastings State Hospital, it is proposed to inaugurate a program of starting the training of new psychiatric aides with a week of intensive work at this center. This will much relieve the burden of the individual Hospitals, will assure uniformity and high level of attitudes, policies

and procedures, and will bring all the efficiency associated with a properly organized and specialized program.

A Manual for Psychiatric Aides

The psychiatric aide, particularly the new appointee, obviously needs a basic guide—regulations, instructions as to duties and procedures—for private study and reference. There is no such manual provided in the Minnesota State Hospitals and, in fact, nothing really suitable of this nature exists anywhere. Several of the Hospitals have assembled sets of rules and there are in print a few books which attempt to explain the work of the aide in terms more suitable for the college student than for the actual aide. From a survey and collation of all available materials, and from detailed discussions with competent and experienced aides as well as administrative psychiatrists, a manual for Psychiatric Aides in Minnesota is now being developed. In preliminary form this will be tested and criticized in the Hospitals and then, after incorporating the experience of actual trial, the manual will be published for general use. Preliminary issue is scheduled for the current year, with publication in final form by the summer of 1951.

Physicians and Psychiatrists

The psychiatrist is the leader of the mental health team which treats the patients in the Hospital. He is a physician with special knowledge and understanding of mental ills and an appreciation of the fact that he must deal with the total psychobiological personality of the patient. Formal training is necessary to convert the physician to a full-fledged psychiatrist but it is necessary to insist that every physician who enters the State Hospital System immediately incurs responsibilities as a psychiatrist. The schedule of duties, the arrangements for staff meetings and the provisions for lectures and conferences, must all contribute toward training for the most effective discharge of the responsibilities of a psychiatrist.

The severe limitation of numbers of suitably trained physicians and psychiatrists available as applicants for work in the State Hospitals necessitates great efforts in recruitment. The training of these professional workers is being carried out by insistence on medical and general staff meetings in each of the Hospitals, by continuation center meetings of personnel from all of the Hospitals, by the weekly program arranged by the Mayo Foundation, and by the employment, as consultants or part-time workers and teachers of specialists, mainly from the University of Minnesota. The arrangement whereby some of the younger doctors continue their University training on a part-time basis is also effective. It is planned to continue and strengthen all of these training devices for the physicians and psychiatrists. In addition, it is proposed to inaugurate a continuing series of professional lectures and seminars to be given in the several Hospitals by visiting specialists, and to establish adequate working libraries and reference facilities for the professional staffs.

Specialist Board Training

A serious limitation to the recruitment and advancement of doctors in the State Hospitals is the absence of provisions for specialist Board training. Until now none of the State Hospitals has been accepted for Board training so the doctors employed there cannot use their Hos-

pital work to become eligible for examination by any of the specialist Boards. The goal must be to make each or the State Hospitals acceptable for Board Training in Neurology and Psychiatry. In addition, it would be desirable to have several of the Hospitals acceptable for Board Training in other areas, notably internal medicine and pediatrics. The Office of the Commissioner is making strenuous efforts toward these ends and it is hoped that Board training in Neurology and Psychiatry may soon be available at Rochester and at Hastings as an important start. The cooperation of the University of Minnesota and of the Mayo Foundation is of great importance in this connection. The absence of Board acceptance of the State Hospitals is the most serious handicap in recruiting doctors; correction of this defect can only be made by an adequate training program.

Psychologists

The necessity for competent clinical psychologists in the State Hospitals has been mentioned elsewhere in this statment. The problem of recruitment and training of psychologists is somewhat similar to that of the physicians. Frequent meetings of the assembled psychologists from all of the State Hospitals is a valuable training device for the individual psychologists, particularly when, on such occasions, lectures and discussion are provided by competent specialists. Recently, arrangements have been made to establish psychological internships in the State Hospitals and this is an important step in the training of clinical psychologists. The goal of certification as a clinical psychologist is a powerful training incentive which must be exploited. It is proposed to strengthen and intensify all these means of providing training for psychologists.

Recreation Workers

Recreation workers trained for the special needs of State Hospitals are few at the present time and the provision of a proper recreation program in the State Hospitals requires a training program in and for the State Hospitals. Moreover, important contributions to the recreation program can and must be made by all categories of employees but indoctrination and training are required to assure this. At the outset it must be recognized that recreation is not merely a device to please the patient and to give him activity; it is an essential item in the treatment and rehabilitation of the mental patient. The means now being developed and utilized for training in recreation work are similar to those for other categories of employees —staff meetings, conferences of recreation workers from all of the Hospitals, active participation in clinics and the programs of visiting training teams. It is believed that, in addition, a program of special lectures and discussions by outside experts should be provided at the training center at Hastings State Hospital. In order to assure a reservoir of trained recreation workers for employment, the Office of the Commissioner considers that cooperation must be enlisted from the University of Minnesota. Preliminary discussions have been held with officials of the University and with specialists on recreation and there appears to be no serious obstacle to the establishment at the University of curriculum for hospital recreation workers. This possibility is under continuing study.

The General Continuation Center

In order to reach all categories of employees in the State Hospitals, and to emphasize the importance of team

work and the broad approach to the total psychobiological personality, there has been organized a series of Continuation Center meetings. At these, heads of departments of all the State Hospitals, together with the professional staff of the Office of the Commissioner, meet to examine all of the problems raised by one illustrative patient, to discuss the particular interests of the several job categories represented, and to provide mutual instruction and criticism. So far, these have been one-day meetings at biweekly intervals, this schedule being adopted to afford rapid indoctrination in the general policies and methods of the Program. It is planned, however, to alter this schedule to provide for fewer but more prolonged and more carefully prepared meetings. For long-time operation, it is proposed to hold two-day general continuation meetings at intervals of two or three months and to centralize these at the training center at Hastings State Hospital when regular facilities for housing and effective meeting and case presentation can be developed there. It is believed that these meetings will most effectively bring about integration and uniformly high standards of the whole hospital system.

Research Training

The general program in research is discussed in a subsequent section of the Statement. Training in research is important, not only for the special needs of the research program, but also because of the needs and demands of the professional personnel—notably physicians, psychiatrists and psychologists—for research experience and opportunity. Moreover, some training and contact with research has a profound influence in creating a progressive,

hopeful, and critical attitude throughout the Hospitals. Training in research is necessarily individualized and requires, as teachers, research experts who are actively engaged in scientific investigation. Research training related to various specialties of the medical sciences will be provided as a part of the regular functions of the several research units and centers in the Hospitals. Such training must be provided not only for the doctors and others who may show potentialities for planning and executing research projects; there is also the necessity for training selected aides, nurses, dietitians and technicians in the methods of research. The major part of such training must be covered as in-service experience in actual research projects, but organized seminars and lectures should be provided as well.

Chaplains

The provision of religious counsel and comfort to the patient in the mental Hospital requires at least some training of the ministers, priests and rabbis who provide such services. In parallel with the establishment of regular positions of chaplains as hospital employees, a training program for chaplains has been started and will be further developed. This program provides that appointees who have not had special training for work in mental hospitals shall receive systematic in-service instruction and shall be, from time to time, sent elsewhere for limited periods of organized special education. These provisions will aid recruitment of good men as well as assure progress in the effectiveness of their work.

Other Training Problems

The unique character of mental hospitals means that all employees must have at least some measure of indoctrination and training so as to achieve full understanding of the patient and the dependence of his welfare on the combined efforts of all of the staff. For this reason there have been brought into continuation center and other meetings employees whose responsibilities may not seem, at first sight, to have much direct connection with the treatment of the mental disorder of the individual patient. But the experience of widening the circle to include business managers, dentists, and maintenance workers, is encouraging and it is planned to develop further the training of all classes of employees in the State Hospital system.

Research

Research offers the hope of the future for prevention, treatment, and cure of those afflictions represented by the patient in the State Hospital. It is admitted everywhere that scientific knowledge on these conditions is extremely rudimentary and that only the barest beginnings of a research attack have been made. The problems are extremely difficult and, in fact, have scarcely been posed in scientific terms as yet. But progress on these problems can only come from systematic, critical research and, by and large, the rate of progress will be dependent on the extent and intensity of the reseach effort. The State Hospitals of Minnesota, and the Office of the Commissioner, must recognize major responsibilities for sponsoring, aiding, and prosecuting research as a part of the world effort to understand and to control mental disease.

The virtual absence of important research activities in the State Hospitals until very recently may be explained by lack of facilities, lack of trained researchers, inadequate staffing, and the custodial philosophy. The single change from the custodial philosophy to one of medical treatment immediately brings the needs for research to the fore. A real hospital system is based on medical science and the life blood of medical science is research. Competent professional workers demand the possibility of undertaking research so that an active research program is essential for the recruitment and maintenance of staffs. Mere contact with research develops a forward-looking and analytical approach. The Office of the Commissioner insists that a substantial research program is an absolute necessity for the whole Mental Health Program.

It is recognized that there are as yet few members of the State Hospital staffs who are experienced in or fully competent for the highest quality of research. However, new appointments including those of consultants and part-time employees, are greatly strengthening the research potential of the Hospitals and new arrangements will provide vast improvement.

The general plan is to provide all possible stimulation and aid to every member of the professional staffs of the Hospitals who has the will and the competence to engage in research, to encourage the establishment of research units or sections in each Hospital, and to establish several continuing research centers with regular research personnel. Some details will be made clear in subsequent sections of this Statement.

Areas for Research

Because the patients in the State Hospitals represent almost every conceivable variety of mental disease, and because the interrelationships between mental and bodily functions are so close and so complex, a complete research program would cover the entire range of biology and medical science. For the purposes of allocating support and of evaluating the total research effort, the following areas of research will be recognized: *Biophysics* (including instrumentation, electro-encephalography, thermal exchanges, etc.), *Biochemistry* (including enzymology, lipid, protein, and carbohydrate metabolism, cytochemistry, nutrition, etc.), *physiology* (including basic neurophysiology, renal function, respiration, circulatory function, digestion, excretion, muscular action etc.), *Morphology* (including anthropometry, anatomy, histology, pathology), *psychiatry and psychology* (including behavior, emotion, intellective capacity, psycho-analysis, group dynamics, etc.), *therapeutics* (drugs, surgery, psychotherapy, etc.), *epidemiology* (statistics, factors in etiology, etc.), *neurology* (including convulsive disorders, irritability, etc.), *sociology* (community attitudes, economics, social service programs, education, etc.), *familial factors* (including genetics, environmental factors, etc.), No priorities can be assigned among the foregoing areas of research; priority of support must be assigned on the basis of consideration of the research personnel and their interests, the emergence of promising ideas, and the facilities available and needed. However, it is belived that a substantial proportion of the research effort should be devoted to relatively long-range and basic projects in contrast with short-range and applied or de-

velopmental research. In any case, for each of these areas it is proposed to appoint one or more expert consultant who may be willing to provide advice, when requested, on technical questions in his area of special knowledge.

Research Projects

At present, research projects are in operation or in development in several Hospitals and on a variety of questions, including: 1) systematic analysis of the results from lobotomy and other similar procedures, 2) The preparation of nucleic acids suitable for administration to man, 3) autonomic function as revealed by thermal adjustment in schizophrenia, 4) analysis of methods for cholesterol measurement in blood and brain tissue, 5) the effects of administered cortisone on psychiatric status, 6) retinal photography in relation to mental disease and arteriosclerosis, 7) cholesterol metabolism in man and the relation to diet, 8) physical analysis of lipids and lipoproteins in human blood, 9) follow-up results from lobotomy and other surgical treatment procedures, 10) The use of histamine in the treatment of mental patients.

For the future it is proposed that requests from the several Hospitals for aid for research projects will be invited and will be met according to the available funds and a dispassionate analysis of the merits of the project. Such invitations for the year 1951-52 will be sent out this December for return by February 1, 1951; the allocations will be made as soon as possible after the legislative appropriations are made known.

Research Centers

A research center is now being established at Hastings State Hospital for a continued program of study on

problems of biophysics, biochemistry, metabolism, physiology, and laboratory analytical methods. There is space for 30 resident patients for prolonged study and a full chemical laboratory has been installed. It is proposed to provide for the completion of the installations at this center in 1951-52, and to provide a regular research staff for its operation apart from such special projects as may be indicated from time to time. Meanwhile an active program has already started on problems of cholesterol metabolism and of the relationship between nutritional status and the bodily and mental functions.

Another research center is being established at Anoka State Hospital for a continued program of study on problems of neurology and of cardiovascular disease. An organizational arrangement somewhat analogous to that at Hastings is contemplated. The Anoka center will have an active teaching program, in operation by October of this year, both in research methods and in the practice of advanced neurology, cardiology, and angiology.

A third research center is contemplated for Rochester State Hospital where active collaboration with the Mayo Foundation is sought. It seems appropriate that this center should concentrate on problems of endocrinology, of psychotherapy, and of the evaluation of therapeutic methods.

Research in the convulsive disorders and related neurological problems, especially as seen in children, is appropriate to Cambridge State Hospital and plans are being developed with the Hospital Staff and the Department of Pediatrics of the University to this end. Other problems of pediatrics are appropriate for a concentration of re-

search efforts at Faribault. The University Department of Pediatrics is expected to cooperate in the program at that State Hospital.

The problems of alcoholic and drug addiction are most fully represented in the State Hospitals by patients at Willmar. It would be, accordingly, appropriate to stimulate research at Willmar on these problems which have great general social importance.

Each of the State Hospitals can and should develop into a research center on some phase of the total mental health problem. The new geriatric installations at Fergus Falls and at Rochester suggest the desirability of research efforts in these Hospitals on the many and important problems of aging and the care of the aged.

Cooperation in Research

Cooperation arrangements which greatly augment the research potential of the State Hospitals have been noted in passing in several places in this Statement. Clearly, the State Hospitals do not have nor could they afford the wide variety of all expert research personnel needed to analyze and to operate all desirable research activities. Fortunately, it has been possible to develop arrangements with the University of Minnesota and with the Mayo Foundation whereby leading experts in neurology, psychiatry, pediatrics, physiology, genetics, biochemistry, surgery and radiology are providing cooperation and advice to the research program. It is proposed to continue and extend these advantageous arrangements.

Expenditures for Research

The very nature of research precludes detailed anticipation of many needs for supplies and equipment. As

research developes the need for new tests and measurements, suddenly becomes critical. While basic items and large pieces of apparatus can be planned for, many purchases must be made only when the need is apparent from the actual findings of the day-to-day work or from the publication of new information from other laboratories. It is imperative, therefore, that appropriations for research be kept as fluid as possible and that ordinary purchase requirements for long anticipation of needs be removed or reduced to the minimum. By the same token, long delays in processing requisitions for many research items are very expensive in terms of time lost and of rustration of the research staff. The Office of the Commissioner hopes that suitable adjustments of purchasing routine to the special character of research needs can be made.

Medical and Technical Libraries

Good medical and technical library facilities are essential for all aspects of professional work in the Hospitals but research is peculiarly dependent on readily available, up to date, detailed sources of knowledge. A program of providing adequate libraries, with current files of major journals, is urged for all of the Hospitals. The library at the Center for training and for the professional work of the office of the Commissioner of Mental Health must be fully adequate and, in fact, could serve as a central library for consultation and loan services to the other Hospitals. It is proposed to provide for these needs in budgetary requests to the Legislature. The costs involved are not large but they must be provided for in a definite fashion.

Mental Hygiene

As with all other diseases, the prevention of mental disease is the final goal of medical work. It must be recognized that the science of mental hygiene is as yet in the most rudimentary stage of development and there is a crying need for research to discover elementary principles as well as to develop methods of application. However, there is an important body of knowledge which can be applied now and the Minnesota Mental Health program must utilize this to the fullest possible extent.

Any statewide program on mental hygiene must stress the following: 1) Public education on the nature of mental illness, its treatment, and the general principles of its prevention so far as these are known, 2) Special education of the general medical profession regarding the recognition of mental illness, the estimation in individual patients of its character, severity and prognosis, the understanding of currently available methods of care and treatment, and the responsibility of the general practitioner in these matters, 3) The provision of facilities to give advice, to patient and relatives alike, where commitment to a State Hospital may be avoided and where private psychiatric help cannot be provided, 4) The provision of facilities to aid patients discharged from State Hospitals, with a view to the prevention of relapse or recurrence of mental illness.

It should be obvious that the major responsibility for mental hygiene work in the State cannot be assumed by the State Hospitals, though they should play an important role in the work. The Hospitals have a specific responsibility in regard to the patients discharged from them and

should contribute to the work in public education. Every visitor to a State Hospital is a potential learner who has a personal interest which may be cultivated. Every State Hospital employee has a circle of friends, relatives, and numerous casual contacts to whom some knowledge may be imparted. This assumes, as seems reasonable to insist, that every State Hospital employee is educated, to an extent compatible with his responsibility, in regard to mental disease.

The larger job in mental hygiene, however, must be carried by agencies, groups, and individuals who are not a part of the Hospital system. Education on mental hygiene must reach every member of the community, beginning with school children, and must use all available devices of lectures, forums, and the mass media of newspapers, magazines, radio, television and motion pictures.

Public Education

It is proper to assume that there is a great discrepancy between what is known and believed by the public and what the public needs to know in order to be intelligently informed upon matters of personal mental health. Public education in the field of mental health and hygiene derives its methodology from the field of general education. It should be a continuous process directed toward specific goals. The particular educational devices, and the way in which these are employed, must be selected with careful regard for the specific audiences involved in each case.

There are several different areas, each with its own importance, for consideration in the program of public education: 1) Education with regard to the different forms of mental illness and disability, with some information on their natural history, available methods of treatment, possible or probable etiology, and prognosis.
2) Specific education on matters of personal mental hygiene, including the influence of parents, teachers, and associates of the individual.
3) Specific education in regard to the laws regarding mental patients and mental disease, the actual procedures of commitment and discharge, the various type of patients in State Hospitals, and the mode of life and treatments in these Hospitals. In this area, also, is the question of education regarding the Mental Health Program itself, and its objectives and progress.
4) Education at the professional and semi-professional level for physicians, dentists, nurses and others who may be able to assimilate more technical details.

At the beginning of the present Statement, mention was made of the Interdepartmental Council which serves as a coordinating body in the State on matters of public education about mental disease and mental hygiene. The Council brings to a focus the State Divisions of Education, Public Institutions, Social Welfare, and Youth Conservation and the State Board of Health and has important relationships with the Federal Mental Health Program and the various local private agencies concerned with education and with mental health.

The educational work of the Office of the Commissioner of Mental Health should aid and reinforce the larger long-run educational program which is conducted by other agencies of the State Goverment. Two expert consultants have helped in the analysis of the problems and in the preliminary organization of the program. They are Dr. Roger Howell, Associate Professor of Psychiatry of

the University of Minnesota, who is an expert on radio techniques and group programming, and Dr. Howard Rome of the Psychiatry Section of the Mayo Clinic, who is also a consultant to the National Mental Health Film Board.

A first step in the educational program of the Office of the Commissioner of Mental Health is the insistence that each of the State Hospitals serve as a public education center for the adjacent community. This is in conformity with the widely accepted principle that all mental hospitals should be community-linked educational centers. These Hospitals are closest to the reality of mental illness and to the people. To this end, each of the Hospital Superintendents has been asked to designate an "educational officer" in his Hospital and to instruct his staff and to participate himself, to stimulate public discussion of mental hospital problems and services, and of mental health and hygiene generally. The Hospital educational officer should co-ordinate the activities of all Hospital staff members in services to educational and social agencies, lectures, and study-group programs, and should act as the representative of the Hospital who maintains contact with the Commissioner's Office on all matters of public education. The objectives to be stressed by the individual Hospitals are similar to those promoted by other operations in the educational program: social acceptance of mental illness and mental patients, and understanding of the principles of prevention and the relationship between prevention, treatment and research.

Another activity originating from the Commissioner's Office is a pilot radio program. This has been so successful that arrangements have been completed, in cooperation

with the University of the Air, Radio Station KUOM, and the State Department of Education, for the production, recording and distribution of these radio programs to schools, other radio stations and to community groups.

Other educational work in progress includes the distribution of printed materials, the provision of motion picture programs at the State Hospitals, the preparation and release of special articles and news items to the public press, and the presentation of public lectures and discussions in all parts of the State.

Follow-Up and Rehabilitation Clinics

It must be emphasized again and again that the aim for every patient in the State Hospitals is his improvement and discharge to take a satisfactory place in the community. Provisional discharge, however, cannot end the interest and responsibility of the Hospital and the Mental Health Program. Too often provisional discharge has been only an unhappy trial of "freedom" to be followed by return to the hospital with a greater discouragement and a more serious psychiatric problem. Realization of the likelihood of such failure has, moreover, prevented many patients from being discharged even though their status in the Hospital might appear to warrant it. The patient on provisional discharge is still convalescent and complete rehabilitation often is not achieved without periods of great difficulty. The patient must have readily available advice, periodic check-ups, and re-inforcement of his returning mental vigor. Without proper provision for these services, the stay of patients in the Hospitals will tend to be prolonged and the percentage of recommitments will be high.

It is proposed, therefore, to establish a system of follow-up and rehabilitation clinics to maintain close contact with every patient who is discharged from the Minnesota State Hospitals. Within recent months it has been possible to set up such follow-up clinics at Fergus Falls and at Minneapolis, the latter serving both Anoka and Rochester State Hospitals. But additional clinics are needed if all of the State is to be served and arrangements for several of these are now under study. It must be noted, however, that the present complement of trained personnel is not equal to the obvious needs. The psychiatric social worker has great importance in this work and it is proposed to make every effort to enlist and to train more of these invaluable workers in the psychiatric team.

The follow-up and rehabilitation clinic should serve many purposes besides being a source of advice for the former patient in his moments of discouragement. There is a continuing task of interpreting the patient to his family (and vice versa) and to the community. There are jobs to be got for the patients—and the protection of the patients from exploitation in these jobs. There is aid to be given in the cultivation of new interests and new friends. And, should the patient prove unready for continued discharge, there is the necessity for providing the hospital psychiatrist with full details on the problems of the patient which are still to be solved by active treatment.

For these reasons, then, the follow-up and rehabilitation clinics must be increased in number and *accessibility* and improved in the quality of their work. The question of the proper location of these clinics is still not settled. The State Hospitals themselves would be most convenient for the staff but more urban locations would be more con-

venient for the former patients. Moreover, the former paient is often unhappy about "reporting" to the scene of his severe illness. On the other hand, possibly the rehabilitation clinic at the Hospital might serve to break some of the isolation of the Hospital. In any case, this is an important area for real effort in the Mental Health Program.

Out-Patient Clinics

One of the most disadvantageous aspects of the State concern with mental illness in the past has been the fact that the only officially recognized problem has been that presented by the more serious form of advanced disease. The State has stepped in only when the case is extreme and, in fact, often judged to be hopeless by others. It is right and proper, of course, that the private physician or clinic should have all possibility of responsibility up to the moment of commitment. But there are many intermediate problems where the private physician or the community may need competent psychiatric help short of actual commitment to a State Hospital.

It is not proposed that the State Mental Health Program seek out patients to receive expert psychiatric advice; the load of the State service is already large. But if the individual community and the local medical practitioners agree that State out-patient help is needed, then this Program should provide for such cooperation. An out-patient *is now functioning in Duluth on this basis.*

A cardinal rule for the operation of any such out-patient clinic must be insistence that every patient is referred to it and that no patient will be received without such referral. With proper safeguards, and with full as-

surance of the interest and cooperation of both the general public and the medical community, it seems obvious that the out-patient clinic can do effective work in mental hygiene and can actually prevent some cases of mental disturbance from progressing to the point where commitment to a State Hospital is necessary.

Closing Remarks

The program outlined here contains numerous proposals and plans which go beyond the direct authority of the Commissioner's Office to implement. They require the approval of the Director of Public Institutions, or legislative authorization, or both. They require the concurrence and the active aid of the Hospital Superintendents and their staffs.

It is proper to point out here that there are serious defects in the present law and organizational framework within which the Mental Health Program, and particulary the State Hospital program, must operate. Public Administration Service has just completed a study of the Minnesota State Division of Public Institutions. This analysis indicates that there is in this Division both over-concentration of responsibility and administration burden in the central office of the Division, and an undue degree of autonomy of the individual State Hospitals. From the recommendations of Public Administration Service we may quote (Memorandum Report of May 12, 1950, pp. 15, 16)

"Some of the more important changes proposed are as follows:

1. The institutions are placed into three major groups, each group to be headed by an official with line authority.
2. The head of the mental hospital group would be the Commissioner of Mental Health and Mental Hospitals; Deputy Directors would be provided to head the correctional group and the special schools and hospitals group respectively.
3. The position of Business Manager is created in the central office to integrate administrative functions which are now performed ineffectively.
4. A Cost Accounting Section is established and placed under the Business Manager.
5. Provision is made for the position of Clinical Psychiatrist to direct out-patient services under the supervision of the Commissioner of Mental Health.
6. The position of Inspector of Jails and Lockups is eliminated on the grounds that this function should be performed by the State Department of Health.

A proper organization structure provides the framework within which it is possible to attain effective management. However, a change in the structure alone cannot bring about the desired results; it is also essential that:

1. The Commissioner of Mental Health and Mental Hospitals and the Deputy Directors be given complete "line" authority over the institutions placed under their control.

2. The business management and other special central office staff units provide positive leadership and service to the institutional officials as well as to enforce restrictions imposed by law and the policies of the Director.

2. The superintendents of the institutions observe lines of authority and stay within the limits set by the Director with respect to their latitude for independent action."

While it is not proposed at this time to comment on these recommendations, the operation of the Office of the Commissioner so far has clearly revealed many limitations in the present legal and organizational basis of the Office. That important progress has been achieved already is due, in large measure, to the desire of the Office of the Division of Public Institutions and of the Superintendents of the Hospitals to get on with the job without great regard to precise definitions of authority. While it is hoped and expected that such cordial cooperation will continue, greater progress can be expected if improvements in the organization and law are made.

In any case, the key to success in the Program is cooperation. The cooperative efforts of a great many people are required. Within the State Hospital system there must be, of course, whole-hearted determination to make the Program succeed, and similar views must actuate the State employees in the Division as a whole. But, to repeat what has been said before in this Statement, many other individuals and organizations must also take part.

The cooperation of the University of Minnesota and of the Mayo Clinic and Foundation has been mentioned

repeatedly in this Statement. The State of Minnesota is fortunate in having two such outstanding medical centers. The Office of the Commissioner counts among its major contributions to the Program the promotion of cordial and sympathetic relationships with both of these insititutions. It is widely recognized that all types of medical services are much benefited by association and contact with great medical teaching centers. The cooperation, already developed, of the University and of the Foundation, means among other things, both the direct assistance of members of their staffs and also contacts with young physicians and other professional and semi-professional persons who may be recruited into the full-time service of the State Hospitals.

It is hoped that we may continue and increase the cooperation afforded the Mental Health Program by the outstanding authorities in the clinical fields and in the basic medical sciences who make up the faculty of the University and the staff of the Foundation. The great value of such cooperation is most directly visible in the training and research aspects of the Program, but the indirect value may be even greater in the effect on the standards of the medical care and treatment prevailing in the Hospitals.

The basic principle of the entire Program outlined here is to provide all the needs for the practice of *good medicine,* including but not exclusively good psychiatry, in the State Hospitals, and in the related services of mental health in the State. Those services which every good general hospital needs are no less essential to mental hospitals. These include adequate clinical laboratories and

X-ray services, complete and up-to-date clinical records on every patient, and proper provisions for autopsies and the study of pathological materials.

In addition, there is in the mental hospital the special problem created by the sensitivity of the mental patient—and of the progress or education of his disease—to all aspects of the total environment, including general and personal esthetics, physical activity, and inter-personal relationships with all staff members, with other patients, and with visitors. The requirements for good medicine in the State Hospitals, accordingly, include careful attention to such matters which are more important than in ordinary hospitals where the treatment of physical disease is the primary task.

The Minnesota Mental Health Program is in the early phase of a task which must extend into the indefinite future. We must hope and work for constant improvement and continuing progress. From careful analysis of our present problems we can expect to find ways for immediate improvement as well as many questions which demand further research. From this research we shall find better answers but also further problems. This is the way of progress and progress is the keynote of the Program.

NUMBER OF EMPLOYEES

The care and treatment of the patients in the State Hospitals is primarily dependent upon the employees in the Hospital system. In the present Statement it has been emphasized repeatedly that the progress of the Mental Health Program is limited by the number and character of the professional and semi-professional personnel avail-

able. The following tabulation shows the total numbers of employees in the major categories just before the inauguration of the expanded Program (June 1, 1949), four months later (Nov. 1, 1949), and at the time of preparation of this Statement (Aug. 31, 1950).

CLASS OF POSITION	June 1, 1949	November 1, 1949	August 31, 1950
Physicians	37	54	68
Medical Residents	0	0*	2*
Dentists	9	9	8
Nurses	102	125	142
Psychiatric Aides**	1064	1374	1429
Dietitians	1	8	9
Psychologists***	0	7	10
Social Workers	9	11	14
Recreational Workers	0	20	64
Occupational Therapists †	29	3	3
Handicraft Instructors	0	26	24
Laboratory Workers	10	14	15
Research Scientists	0	1	10
Cosmetic Therapists	6	7	8
Barbers	10	12	12

* Does not include 5 Residents serving part time.

** Includes Attendent Guards at St. Peter State Hospital (ADI)

*** Does not include 5 Bureau of Psychological Services Psychologists, those are constant during 3 periods shown above.

† Reduction in this group due to reallocation of non-professional worker positions in this field to Recreational Worker or Handicraft Instructor classes.