



State of Minnesota
Department of Social Security
Division of Public Institutions
Globe Building - 4th and Cedar
St. Paul 1



November 27, 1950

Dr. E. J. Engberg
Superintendent
Minnesota School and Colony
Faribault, Minnesota

Dear Dr. Engberg:

Some questions have sifted through to this office relative to the role and function of recreation in the lives of people who are mentally ill. We would like to point up that our hospital recreation programs should be for two groups, the occupied and unoccupied. In no way are we attempting to take patients away from hospital industries or occupational therapy for the purpose of participating in recreation activities. However, the occupied patient should be entitled to hobbies and play activities after his working hours, like any similar person in the community. Therefore, creative activities should be available to patients who have completed eight hours of gainful employment daily.

It is apparent that recreation for the unoccupied patient is still lacking in some of the hospitals. Recreation personnel have been instructed relative to the need for taking activities to the back ward patient. Obviously, various factors have caused a lack of a job well done in this area. If certain unoccupied patients are consistently restrained from participation in these activities, more stringent action will be necessary. It is essential that recreation leader-patient ratios be maintained according to the recommended standards, good supervision and in-service training be effected and medical directives regarding an integrated program of activation and treatment be made more obvious.

The superintendent can assist in the integration of recreational activities and the psychiatric aide's work. The head recreation leader and psychiatric aide supervisors should confer regarding how integration can be better effected in these departments. The organization of many Minnesota community playgrounds typify good supervision, leadership and participant coverage. All Minnesota state hospitals have far to go if we are to approach even minimum organizational standards and integrated approaches that reflect cooperation and understanding resplendent in many community recreation programs.

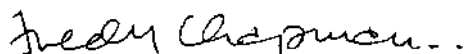
We are very concerned about the number of patients who are still not activated in our state hospitals. Recreation should be particularly available and stimulated for those men and women who are bedridden, sitting listlessly, catatonic, mute and senile. Mr. Ferd Chapman will be more than happy to help develop any program specifically in the activation of back ward patients for any superintendent. In each of our institutional programs, a census could be maintained which would show statistical progress of activation on the back wards. This treatment stress will in no way interfere with the occupied patient who is participating in occupational therapy, gainful employment or rehabilitation.



We have certainly questioned certain decisions made by medical personnel in regard to the progress of hospital recreation activities. Major technical recommendations and suggestions in this field have been made from this office. However, we cannot assume the responsibility for integration of program on the hospital level by the doctor, nurse, recreation leader and psychiatric aide. This local integrated concept has to be promulgated by the Superintendent. We have orepared lists of what we consider gross negligence and tine wasted as a result of lack of integration on the part of psychiatric aides and recreation workers in a setting lacking medical direction.

Implications have been made that we want to recreate patients and let the tomatoes and potatoes rot in the fields. This communication stems from such an unfounded conclusion. We have personally seen patients who are overworked, who have not had recreation on or-tunitieg, and those particularly who have been neglected on the back wards. We can certainly provide recreational opportunities for patients and bring in produce from the fields under a plan of integrated medical direction.

Yours very truly,



Fred M. Chapman, Supervisor
Patient Programs Services



Ralph Rossen, M. D.
Commissioner of Mental Health

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