

STATE OF MINNESOTA

*Division of
Public Institutions*

BIENNIAL REPORT

FOR THE

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Mentally Deficient and Epileptic

The laws of Minnesota provide that the director of public institutions may be made guardian of a mentally deficient or epileptic person by action of a probate judge following the findings of an examining board. The director then has authority and responsibility to plan for such wards either in or out of an institution. The Division's Bureau for the Mentally Deficient and Epileptic accepts commitments and keeps records, and sees that appropriate plans are made for wards within available facilities. For most of those placed under guardianship, care and training in one of the institutions for the mentally deficient or epileptic is needed over a period of time. The Bureau tries to make certain that, to the extent space is available, a ward is placed in the institution which best fits his needs. Facilities of the six institutions for mentally deficient and epileptic are very different and each is planned to fit the needs of a specific group of wards. The 87 county welfare boards are responsible for cooperating in these plans; it is they, therefore, who really help the ward or his family in the community under policies and procedures established by the Bureau.

Guardianship Commitments

During the biennium 789 persons were placed under guardianship, a mentally deficient or epileptic, an average of a little more than one a day. The totals for the two previous bienniums were 723 for 1946-48, and 712 for 1948-50, an average of less than one a day. Whether this increase, an average of more than 30 per year during the 1950-52 biennium, indicates a trend toward continued increase in the number needing guardianship services, cannot be stated at this time. It is interesting, however, that the total is not evenly divided between the two years. For the year 1950-51 the number was only 362, while for 1951-52 it was 427.

Who is to be cared for determines the kind of care, training and supervision provided. Therefore a division has been rather roughly made between the high and low grade mentally deficient in order to give some indication of how many might possibly become self-supporting and how many will probably need at least partial custodial care indefinitely.

Those who have been tested and have an intelligence quotient of 50 or lower are counted as "low," as are infants too young to test but medically diagnosed. Those with IQ's of 50 or above are counted as "high."

Physical handicaps which might make indefinite custodial care necessary are not considered in listing those with the higher IQ's.

COMMITMENTS TO GUARDIANSHIP JULY 1, 1950—JULY 1, 1952

Born	1945-52	Born 1933-44	1932 & before	Total
High				
Males	6	64	21	91
Females	3	46	23	72
Low				
Males	165	87	36	288
Females	142	50	46	238
Epileptic				
Males	4	27	22	53
Females	3	27	17	47
Total	323	301	165	789

This table shows that the bulk of commitments is for the more severely retarded person who will always require some degree of custodial care in an institution if the home is unable to give it. There are more of the lower grades in every age division but the difference is much less in the group born in the years 1933 through 1944.

The majority of committed boys and girls born in this period are the ones who qualify for training at the Owatonna State School, an institution providing education and training for those mentally retarded children who may become self-supporting.

Just what the trend toward earlier commitments may mean in future planning is uncertain, but of the 323 children born in 1945 or later, 163 were placed under guardianship before their second birthday. The number committed at this early age was greater for this biennium than for previous ones: 163 as against 79 in 1946-48, and 117 for the 1948-50 period. The currently recorded status of these babies is given below.

STATUS OF INFANTS ON JULY 1, 1952

In boarding homes*	36
Own homes	56
In Faribault	21
In Sauk Centre	15
Dead	34
Discharged—out of state	1
Total	163

(* This includes hospital placement for custodial care.)

Epileptics

Of the 53 males and 47 females committed as epileptic, the majority are also mentally retarded. A number of these had not had mental tests, and classification was therefore made from information in the record, in cases of doubt using the higher classification. Rough division by IQ is:

80 or above—"average;" above 50 and below 80—"moron or borderline"
50 or less—"low."

EPILEPTIC COMMITMENTS 1950-52

Born	1945-52	Born 1933-44	1932 & before	Total
Average				
Males -----	—	2	7	9
Females -----	—	4	6	10
Moron or borderline				
Males -----	—	12	4	16
Females -----	—	12	8	20
Low				
Males -----	4	13	11	28
Females -----	3	11	3	17
Total -----	7	54	39	100

This table indicates that seizures may not always be the main reason for asking help and institutionalization; in many instances there would be a problem even if there were no seizures. A large percentage of higher grade persons who have seizures manage without ever coming to the attention of the state. Because so many wards are both epileptic and mentally deficient, planning is complicated and periods of institutionalization may be long.

Shown next are the number of commitments and the part of the state from which they come in relation to population. The figures used for population are those of the 1950 census. The counties constituting the southern boundary of the northern section are Chisago, Isanti, Sherburne, Stearns, Pope, Stevens, and Big Stone. Geographically this is more than half the state, but less than half by actual population. The number placed under guardianship during this biennium has no relation to the total number under guardianship in any one county or section; it is of value as a possible indication of what might be expected in the future.

RELATIONSHIP OF COMMITMENTS TO POPULATION 1950-52

	Population	Commitment	Commitment per 100,000
Northern Minnesota -----	941,595	258	27.4
Northern Minnesota (less St. Louis county) -----	735,533	217	29.5
Southern Minnesota -----	2,040,888	531	26.0
Southern Minnesota (less Hennepin & Ramsey counties) ---	1,008,977	258	25.6
Total Minnesota -----	2,982,483	789	26.5

COMMITMENTS AND POPULATION, URBAN COUNTIES 1950-52

	Population	Number committed	Commitment per 100,000
Hennepin county -----	676,579	175	25.9
Ramsey county -----	355,332	98	27.6
St. Louis county -----	206,062	41	19.9

It can be noted that the number per 100,000 population is greater for the northern part of the state than for the southern part, with or without Hennepin and Ramsey counties. If the population in this portion of the state increases, there may be a relative increase in commitments.

In spite of the large number of commitments in Hennepin county, the figure in relation to population is low on a comparative basis. St. Louis county is also far below average on this basis. In fact it is so low that it raises the figure for the northern part of the state sufficiently to indicate real significance for future planning.

Waiting List

Most persons placed under guardianship should have immediate institutional care; but ordinarily this is not possible because of lack of space, and this creates a waiting list. However, the waiting list is mainly for those qualifying for the Minnesota School and Colony and to some extent the Cambridge State School and Hospital. During the biennium those qualifying for other institutions were placed as soon as the appropriate institution was determined and the ward prepared for entrance.

The 1951 Legislature, recognizing the problem of the waiting list, authorized the use of three cottages at the Home School for Girls at Sauk Centre and one at the Women's Reformatory at Shakopee, and provided funds for maintaining them. There are accommodations for 90 small boys of lower intelligence at Sauk Centre and 30 girls of the same type at Shakopee. In addition three new buildings were opened at the Minnesota School and Colony at Faribault with funds provided by the 1949 Legislature.

In December, 1950, because of the pressures in many homes caused by caring for children who could not fit into a home environment, the commissioner of mental health opened a building at the Hastings State Hospital, where up to 30 children at a time were placed on a three-month vacation basis. Three groups of children vacationed there, but with the opening of the buildings at Shakopee and Sauk Centre in the fall of 1951, the cottage was closed.

On July 1, 1950, there were 881 persons on the waiting list. Of these, 14 were being cared for outside their own homes but were in need of space in a state institution. Since that date the waiting list decreased; on July 1, 1952, it was only 500 in spite of the 789 new commitments during the biennium.

In addition to filling additional buildings, the waiting list was re-

duced in other ways. Some patients entered the institutions when space was opened through the death or removal of other patients. Some were transferred from an institution for the mentally deficient or epileptic to a state hospital; populations in these were rearranged and more beds put in some of the dormitories. Some patients entered state hospitals directly from the waiting list and some were permanently planned for otherwise. Also some of those on the waiting list died. Still another reason for reduction of the waiting list was refusal of space by a number of persons when it was actually offered. Ordinarily these refusals run from 10 to 15 per cent of spaces offered when new buildings are filled, and during this report period it ran 15 per cent.

There is little chance of much reduction of the waiting list in the future without the opening of new space. This is shown by the figures in the sections following on institutional placements in the community from the institutions.

Institutional Placements

The Bureau fills available spaces in the institutions, selecting persons suitable because of sex, age and degree of ability, and also considering them in relation to their places on the waiting list. Here the county welfare boards play an important part for they have full responsibility for aiding families to prepare persons for entrance. The figures for entrances during the biennium are as follows:

ENTRANCES TO STATE INSTITUTIONS—1950-51, 1951-52

	1950-51	1951-52	Total
Faribault -----	172	388	560
Cambridge -----	60	83	143
Owatonna -----	57	62	119
Annex for Defective			
Delinquents -----	21	23	44
Shakopee -----	—	35	35
Sauk Centre -----	—	118	118
Total -----	310	709	1,019

These figures include all the entrances whether from the waiting list or not. Some patients were transferred from other institutions. Other were emergency placements due to some critical situation in the home or delinquencies, although previously counted for "outside supervision" as persons not needing or not wanting institutional space. Some of these had previously been in an institution and after a period in the community were returned because of failure to adjust or inability of the families to continue to care for them. Three-fourths of the total 1,019 entrances, how-

ever, came from the waiting list, which was composed of 881 patients on July 1, 1950, plus 789 committed during the biennium—a total of 1,670 patients during the two-year period. The years are shown separately since the additional space has been available in the last year, and 310 is a more normal yearly figure for vacancies created by death or removal of other patients.

Outside Supervision

Outside supervision, arranging community placements for patients ready to leave an institution, is carried out by the close cooperation of the institutions and welfare boards with the Bureau. The welfare boards make the plans and give the supervision; the Bureau advises and aids in such planning, which constitutes a large part of the Bureau's social work.

The number of wards living in the community on July 1, 1952, but not included on the waiting list, was 2,487. Of this number 535 required some type of custodial care, while 1,952 were of higher mentality capable of full or partial self-support. On July 1, 1950, there were 2,274 wards not on the waiting list. Of these, 367 required custodial care and 1,907 were capable of full or partial self-support. The increase in the number of lower grade persons is accounted for by the transfer to outside supervision during this biennium of many previously counted as on the waiting list. Judging by previous experience, however, a number of these may become emergencies and require placement in an institution.

For some years there has been a growing trend for the lower grade persons to constitute a greater percentage of all commitments. There were 326 lower grade persons committed during the biennium as against 163 higher grade. Entrances to the institutions present a similar picture. This means that the number who can be placed out will steadily decrease and there will be fewer placements.

Over a period of years emphasis has been put on placements from the institutions of those able to adjust outside, with particular effort to remove those who had no interested relatives to help plan for them. There has been some success and this may partially explain the fact that fewer persons were placed from the institutions during this biennium than the preceding ones with the exception of the number placed from the Annex for Defective Delinquents. There were fewer placed from the Minnesota School Colony and Cambridge State School and Hospital this biennium than in the previous two bienniums.

COMPARATIVE PLACEMENTS FROM INSTITUTIONS 1946-48, 1948-50, 1950-52

	1946-48	1948-50	1950-52
Minnesota School & Colony at Faribault ----	132	118	111
Owatonna State School -----	30	104	69
Cambridge State School & Hospital -----	74	40	26
Annex for Defective Delinquents -----	10	25	34
Total -----	246	287	240

The status as of July 1, 1952, of those placed out in the 1950-52 biennium is shown next.

ADJUSTMENT OF THOSE PLACED—JULY 1, 1950—JULY 1, 1952

	Faribault	Owatonna	Cambridge	Add	Total
Good adjustment in community--	65	42	11	20	138
Adjustment poor or questionable	4	4	3	2	13
In home—custodial -----	21	—	6	—	27
In armed forces -----	1	13	—	—	14
Discharged or restored to capacity	4	4	1	—	9
Returned to an institution -----	8	6	3	7	24
Out of state or lost -----	7	—	2	5	14
Dead -----	1	—	—	—	1
Total -----	111	69	26	34	240

(*Those discharged from escape are not included in these figures. In the biennium however, there were 34, and in several instances they were located, allowed to remain in the community and have made a good adjustment. Fourteen babies born in the Minnesota School and Colony are also not included.)

Twenty-two of those placed from the Minnesota School and Colony and six from the Cambridge State School and Hospital were low grade persons incapable of self-support. Most of them were children whose parents decided to keep them at home and only one has so far been returned to the institution.

Good adjustment for the higher grades varies from very excellent to just barely satisfactory—but at the time of the last report from the county there was no reason to consider return to an institution.

Of the 69 higher grade persons placed from the Minnesota School and Colony and still in the community, the following table shows the length of time spent in an institution.

YEARS IN AN INSTITUTION

20 years or more -----	6
15 years and less than 20 -----	8
10 years and less than 15 -----	14
Over 5 years and less than 10 -----	16
5 years (approximately) -----	10
Less than 5 years -----	15
Total -----	69

This table shows where considerable effort has been concentrated during the biennium. Many of these persons have no relatives or the relative

cannot give help; therefore, placement outside means providing both work and living arrangements as part of the supervision given by the welfare boards. When persons have been in an institution for a great many years, outside placement becomes even more difficult. In addition to being mentally deficient, these patients know nothing of life outside; streetcars, buses, handling money or how to shop. It requires a great deal of the social worker's or employer's time to teach them these things. Thus the actual number placed from the Minnesota School and Colony does not accurately indicate the great amount of work involved in placement and supervision by the county welfare boards.

Trends in Placement

There are still some patients who are sufficiently high mentally for self-support and who have been in the Minnesota School and Colony many years. Some are very unstable and may never be able to get on outside, but others will be placed. Some might have been placed earlier had there been a larger professional staff in the institution and more social workers in the counties. The next two or three biennial periods will show quite definitely whether the population of this institution will become to a large extent static, because few persons below moron mentality can be self-supporting and therefore few leave the institution after once being placed there.

The number of young persons placed from Owatonna each year will probably now remain static. Only those expected to become self-supporting enter there and most of them are returned to the community by their 20th or 21st birthdays. The population averages about 350 and many of these children enter at 8 and 9 years of age, staying for many years even if ready to leave by 18 or 19. For this reason 69 placed for self-support in a period of two years is good.

The epileptics are difficult to place. The high grade stable epileptic is rarely placed under guardianship. Those who, in addition to seizures, are of moron mentality or are emotionally unstable find it hard to get or hold jobs, particularly because many employers will not even consider hiring an epileptic, regardless of his abilities. Frequently there is no family or the relatives are unable to even assist with living arrangements. Nevertheless, some excellent placements have been made, but more study of jobs and abilities is needed.

The success of placements from the Annex for Defective Delinquents is far greater than anyone would imagine. The population averages about 60 and only those considered serious problems from the standpoint of

behavior or social adjustment are sent there.

Review of Earlier Placements

Continued successful adjustment of wards may show good preparation in an institution and good supervision in the community. At any rate, it is interesting to follow the group returned to the community in the 1946-48 biennium. The present status of the whole group released between July 1, 1946 and July 1, 1948 is as follows:

PLACEMENTS FROM INSTITUTION—JULY 1, 1946—JULY 1, 1948

	Faribault	Owatonna	Cambridge	Add	Total
Good adjustment -----	41	5	17	4	67
Poor adjustment or questionable -----	7	5	6	1	19
In home—custodial or young -----	30	4	12	—	46
In armed forces -----	—	1	—	1	2
Discharged or restored -----	26	9	11	3	49
Returned to an institution and now in -----	19	6	15	1	41
Lost or out of state -----	5	—	1	4	10
Dead -----	2	—	10	1	13
Returned but out again -----	2	—	2	4	8
Total -----	132	30	74	19	255

Owatonna opened in 1945 and there were so few placements for the 1946-48 biennium that a follow-up of the 1948-50 placements is shown as an indication of what may be expected of the boys and girls prepared for placement. These figures include some children whose parents decided to keep them at home, but who were too young or unstable to be self-supporting. Most of the group, however, were older boys and girls whom it was felt should be tried outside with the idea of readiness for self-support. In some instances success seemed doubtful but a trial advisable.

PLACEMENTS FROM OWATONNA—1948-50

Good adjustment -----	37
Poor adjustment or questionable -----	15
In home—custodial or young -----	11
In armed forces -----	6
Discharged or restored -----	15
Returned to an institution and now in -----	12
Lost or out of state -----	3
Dead -----	3
Returned but out again -----	2
Total -----	104

After two to four years back in the community only 15 (those returned to an institution and those lost) have totally failed to adjust and some of these may adjust on a second trial. Thirty-seven have made an excellent adjustment. This does not include those being cared for at home as children or because of inability to earn a living, but only those who are self-supporting or partially so. The figures show about 13.5 per cent of the total num-

ber may be considered as failures as against 35.5 per cent successful in the community. If those in the armed forces and those restored to capacity were added, really successful placements would constitute something more than 55 per cent. Some of those counted as unsuccessful or questionable were put in that category because there has been no recent report. When there is this high a percentage of successful adjustment of the mentally deficient supervised in the community, it shows that these persons can become good citizens if given adequate training and supervision.

Discharge and Restoration

Figures given for those leaving the institutions indicate some discharged from guardianship or restored to capacity. Either action is by the probate court acting on a petition. Discharge of guardianship can be initiated only by the director and is for those so stable as to no longer need supervision, or for those lost or permanently absent from the state. Restoration is by petition asserting the ward is not mentally deficient. The petition can be initiated by the director, the individual or someone acting for the individual.

The figures of those removed from guardianship during the biennium are as follows:

NUMBERS REMOVED FROM GUARDIANSHIP—1950-52

Restored, petition by state -----	19
Restored, petition by or for ward -----	24
Discharged (not restored) -----	236
Total -----	279

Like some other figures, this total will likely become smaller as the years go by if the percentage of higher grade persons under guardianship becomes less.

Other Activities

The statistics given in this report showing the number of mentally deficient put under guardianship and what has happened to many of them, reveal how the Bureau and those cooperating carry out the statutory responsibilities of guardianship. Certainly each person is an individual with special needs, assets or liabilities, and plans are made on that basis to the extent that facilities exist. But to carry out the statutes under policies providing for individual consideration, other activities are necessary. In order that the Bureau effectively administer the laws, it must make certain there is knowledge and understanding on the part of county workers, cooperation with parents and other agencies, community educa-

tion, and close coordination of the activities of all interested persons. Following are some of the methods used in the two years to effect these purposes.

Although the Bureau has no responsibility for the operation of the institutions, it does have responsibility for seeing that each ward is placed in the most appropriate institution. Thus, meetings were held about once every three months with some members of the professional staffs of the Minnesota School and Colony, Owatonna State School and Cambridge State School and Hospital to discuss possible transfers of patients who might do better in a different institution from the one in which placement had been made.

There were two meetings with staff members from the Minnesota School and Colony, Owatonna State School, Annex for Defective Delinquents, and St. Peter State Hospital. This was primarily for discussion of the older adolescent or adult who is not only defective but delinquent or unadjusted and may need to be in a maximum security institution.

Conferences were also initiated on some individual cases involving a mentally deficient boy or girl committed to the Youth Conservation Commission, or for whom such placement may seem advisable. Such conferences had representatives from the commission, the Minnesota School and Colony, Owatonna State School, and usually the county of settlement of the boy or girl.

The Bureau sometimes arranged conferences at the institution when wards were about ready for placement, and discussion was needed between staff members at the institution and the county welfare board workers who must place the ward. In cases where there was an added physical handicap or some reason to believe additional training or on-the-job training would be needed, representatives of the Office of Vocational Rehabilitation were asked to join.

Two other committees were established during the last year of the biennium. One of the committees is for consideration of the mentally defective child or adolescent who is also delinquent or a management problem in an institution. It is composed of staff members of the Youth Conservation Commission, Minnesota School and Colony, Owatonna State School, the Annex for Defective Delinquents, a social worker from the Division of Social Welfare, psychiatrists and psychologists from the University of Minnesota, and other children's psychiatrists. The purpose of the committee is to determine what are the basic problems, where they can best be met and what additional facilities are needed.

The second committee is called the Conference Committee on Men

tal Deficiency. It is composed of representatives from the staffs of the institutions for the mentally deficient and epileptic and five welfare boards, and a representative from each local chapter of the Minnesota Society for the Mentally Retarded. The purpose of the committee is to bring about understanding between parents and the state and county workers. Information is exchanged on plans and accomplishments of interest to all and problems of common interest are discussed.

In addition to the several committees initiated and directed by the Bureau, a three-day Institute on Mental Deficiency has been held each year in cooperation with the Center for Continuation Study of the University. It is held to increase the understanding and efficiency of social workers in the counties, and until the one held in January, 1952, only county social workers were eligible to register. Then for the first time others interested in the mentally retarded were asked to participate, with special emphasis on securing attendance and cooperation of the parents.

The Bureau cooperated with local chapters of the Society for the Mentally Retarded and with the state group by furnishing speakers for meetings, advising on problems of mutual interest, and giving specific and general information on mental deficiency and the program in Minnesota. Staff members also spoke to college and university classes in social work or psychology.

There was cooperation with the Division of Social Welfare in in-service training for new county social workers.

Members of the staff attended regional meetings of the public health nurses to which board staff members were also invited. The purpose was to discuss the mentally deficient and how all might cooperate in planning for their welfare.

The Minnesota Society for the Mentally Retarded, an organization composed largely of parents of retarded children, has a very active legislative committee particularly interested in helping to secure a new institution. The Bureau furnished this organization with all figures and information requested.

The Bureau also cooperated with the Dight Institute in the follow-up study of families of mentally deficient persons first studied about 1910.

In order that social workers in one field may know what others in the same field are doing and also may relate planning for one group to a total welfare program, it is necessary to participate in national, regional, state and local organizations and meetings. This has been done by the staff of the Bureau. Not only has the Bureau chief had membership on national

boards, but the Bureau's social workers serve on committees or as officers of the American Association on Mental Deficiency and the Minnesota Welfare Conference. Both have participated in the program of the annual meetings of the national association.

These special activities do not exhaust the list participated in by the staff of the Bureau in order to enlarge their own horizons of service or bring about greater group or community understanding of the mentally deficient. They are given as an indication of what must be done in special activities if the best service is to be rendered the mentally deficient of the state.

Plans for the Future

The Bureau realizes that any report of success it may make is really a report of success of the institutions and the county welfare boards. The Bureau is a coordinating and guiding agency. It is hoped that during the next two years staff members of the Bureau can meet personally more often with county welfare board staffs and therefore be more helpful in interpreting policies and in planning for individuals.

The emphasis for the next two years should be on:

1. How best to plan for the unadjusted or delinquent defective.
2. Getting all persons out of institutions who can adjust in the community.
3. Helping parents in local communities organize and work for the welfare of the mentally deficient.

These points are listed as main objectives in the hope and on the assumption that the Legislature will provide for a new institution which can be expanded to meet continuing needs. If this is done, trying to make temporary plans for those who should be in an institution will no longer consume so large a portion of the time, effort and emotions of the staff of the welfare boards and the Bureau for the Mentally Deficient and Epileptic. The institutions should be included because they, too, should be relieved of overcrowding and its attendant problems.

Tuberculosis Control

One of the greatest achievements during the biennium has been the long awaited opening of the tuberculosis isolation and treatment facility at the Anoka State Hospital. This unit, designated "The Herbert A. Burns Memorial Hospital," was officially opened on November 19, 1950, and the first group of patients were transferred from the old tuberculosis isolation ward for women at the Anoka State Hospital into the south wing of the newly remodeled building. During the ensuing months, patients with active tuberculosis from Fergus Falls, St. Peter and Willmar were transferred to the isolation center at Anoka. By September 30, 1951, all of the patients from the three institutions were finally transferred to Anoka.

During the interval between the opening of the Burns building and the final movement of tuberculous mental patients to Anoka, there was almost continuous discussion concerning the needs for personnel and equipment for the tuberculosis isolation and treatment center as well as need for additional quarters to house the overflow which could not be cared for in the 253-bed facility. Two additional cottages, each having a capacity for approximately 100 patients, would be required to care for the load over and above the number of patients which could be accommodated in the Burns Memorial if we were to concentrate all of the tuberculous mentally ill at the Anoka State Hospital. Early in 1951, it was found necessary to utilize one cottage at the Anoka State Hospital to care for the excess number of female patients. In May of that year, when the mass transfer of patients from Willmar State Hospital to Anoka took place, it became necessary to utilize an additional cottage to house the excess male population.

After a thorough evaluation of the existing cottages at Anoka, it was found that each of these could not provide accommodations for 100 patients and that the maximum load possible for mentally ill tuberculous patients was 75 patients. The conversion of these two cottages, therefore, still found us about 50 beds short of what we had anticipated that the patient load would be. The survey work constantly going on continued during the biennium to bring in the newly found active cases, and this contributed further to the overloading of facilities.

After the tuberculosis wards at Fergus Falls, St. Peter and Willmar were closed and patients transferred to Anoka, there still remained two