

August 5, 1960

Dr. Joseph E. Bounds  
Rancho Veterans Administration Hospital  
Salem, Virginia

Dear Dr. Bounds:

David J. Vail, M.D., Medical Director, Department of Public Welfare, sent me your request for material you would like to use for the Discussion Sessions at the Twelfth Mental Hospital Institute in Salt Lake City.

This institution is one for children and adults committed as mentally retarded and in need of institutional treatment, training and/or care. In Minnesota these so committed become wards of the state. The commitment in County Probate Court as a mental defective is to the Commissioner of Public Welfare who determines whether institutional treatment is necessary and if so arranges for the patient to be admitted to the proper institution serving the district in which the commitment occurred. Until admission and upon return to the community upon discharge from the institution the individual continues to be a ward of the state and is under the supervision of the local county welfare board acting for the Commissioner of Public Welfare. There is a provision for voluntary admission to institutions for the mentally retarded but this is an imperative at present because the waiting list includes more than 1,000 persons. One of the institutions for mentally retarded in Minnesota is in Owatonna which is about 15 miles from Faribault and is known as the Owatonna State School. This institution operates as a residential school and admits only patients of the more level of intelligence of school years (roughly 8 to 18 years) without additional handicaps and who do not remain there beyond the age of 21. Usually they are returned from there for placement in their communities in jobs that provide for self-support either completely or in part. If plans cannot be made for such return when they reach 21, they are transferred to the institution serving the residence from which commitment occurred. Faribault has a population of about 3,200, Cambridge State School and Hospital population of about 2,000 and the new institution at Brainerd (Brainerd State School and Hospital) has about 400 beds at present but will ultimately have 2,000 beds. Faribault serves the southern counties of the state, Cambridge the northeastern and Brainerd the northwestern counties of the state, while Owatonna accepts statewide and has a capacity of about 400 beds.

I shall attempt to answer or to make comment on each of the items as stated in

August 5, 1960

your letter.

"1. Referring and Consulting Physicians." We have no serious problem. Local physicians submit pertinent information on a special blank prepared for that purpose and which reaches us in advance or upon arrival of the patient. Requests for information to physicians or clinics having had previous contact with the patient previous to admission are usually answered promptly and fully. Consulting physicians on our staff who visit the institution are well qualified as they are Board certified in their respective specialties. They serve in a highly satisfactory manner providing our resident physicians play their part adequately in making written requests for consultations, reviewing the situation with the consultant at the time of his visit, making sure that the consultant makes a written report on the chart of the patient at the time seen and contacts the clinical director if there is any doubt about the future course to be followed or any disagreement with the consultant's opinion and advice.

"2. Referral Agencies." We often do have delays in discharge of patients no longer in need of institutional care because the county of residence must first plan for living accommodations and job finding. If the person is unequal to perform or find gainful work, suitable living conditions must be found with relatives, in a foster home or possibly nursing home. Staff members of county welfare boards are encouraged to visit the institution, to meet the ward personally and discuss various possible plans with our staff. These visits are increasing in frequency and we feel this is a real advance. Inefficient staffs in the institution also hampers placement so if and when adequate institutional and county welfare board staffs exist placement from the institutions will be facilitated. If and when staffs are adequate there should also be less need for original admission to institutions as local staffs can encourage the establishment and utilization of community resources such as classes for educable and trainable retarded children, foster homes, nursing homes, occupational workshops, etc.

"3. Physicians and agencies to which the patient is referred on discharge." This presents no problem that cannot be met providing there is adequate staffing as already mentioned since local county welfare boards arrange for the necessary follow-up. They contact the office of the Commissioner of Public Welfare through Miss Frances E. Conkley, Supervisor, Section for Mentally Deficient and Epileptic if patient is not getting along satisfactorily after discharge, or the institution directly in case of an emergency while the patient is being carried as on leave from the institution. Such leave does not continue beyond sixty days.

"4. Psychiatric, other Medical, and other Mental Health professionals who may provide service for patients." Within the institution this

Batter

Dr. Jos

August 5, 1960

matter is met through maintaining the best possible system of communications through normal channels to and from all departments and the superintendent, conferences and committees. Among these are case conferences which are held each week and at which are present a group of approximately twenty members of the staff. At this meeting all new patients are seen. An abstract has been prepared by the Social Service Department which contains all pertinent data of which a copy is distributed to each of the members present. The resident physician who had examined the patient states his diagnosis after which the patient comes in for interviewing, following which there is a discussion as to any questions about diagnosis, etc. Dormitory placement is determined as well as the type of program to be instituted. At the case conference there is also a discussion of any patients presenting special problems. Whatever decisions seem necessary are made in those instances. The director of clinical services has a conference every other week of the department heads who are immediately responsible to him as does the director of administrative services of those under his charge. As superintendent I preside at the case conferences, minutes of which are kept and reviewed at each subsequent case conference. I try to attend at least a part of the conferences with department heads held by the director of administrative services and of medical services and receive copies of the minutes of such meetings. The director of clinical services presides at a meeting of the committee on placement and programming at which are present the clinical psychologist, director of social services, school principal, the director of nursing services, the supervisor of rehabilitation therapies and such other staff members as may be necessary to give specific information in regard to the various patients being considered at the time. The patient is not present during the conference but will have been seen shortly before by all or most of those present.

I believe that for institutions, such as this one, where understaffing and overcrowding exist the most urgent need is for sufficient public support to result in correction of these conditions and until that occurs programs will suffer. In the meantime those responsible as administrators must use every possible resource and method to maintain the best program of care, training and treatment possible.

My comments necessarily are different than would be those of superintendents for the mentally ill but I hope that they may prove of interest and possible help to you in the presentation you will be making at the Institute. I hope sincerely that you will include some reference to the institutions for the mentally retarded as I believe this is a phase of increasing interest and importance in the field of psychiatry and one which is likely to be neglected because of the greater concern usually evidenced for the mentally ill.

Sincerely yours,

E. J. Engberg, M.D.  
Superintendent

EJE:aj

cc: Dr. David J. Vail