

JUSTIFICATIONS FOR INCREASED STAFFING

AT INSTITUTIONS FOR THE MENTALLY RETARDED

MINNESOTA ASSOCIATION for RETARDED CHILDREN

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Minneapolis 8, Minnesota

In summation of their recommendations concerning Minnesota's institutions, the Sub-Committee on Residential Care of the Governor's Advisory Committee on Mental Retardation forewarned that unless prompt attention was given to its recommendations on residential care, the results of postponement would well be more costly to Minnesota in the long run than would be the increased appropriations involved at this time.

While the statement takes into account the total needs of our institutions for the mentally retarded, including replacement of antiquated or fire trap buildings, the construction of other necessary new facilities, as well as the grave problems of overcrowding, the lack of adequate numbers of staff personnel may appropriately be included in this description.

Developing the Residents' Full Potential

Minnesota has not yet freed itself completely from the concept that an institution is primarily a colony with a purpose of providing life-long care for all of its residents. Its institutions cannot reach the stage of providing a level of care, treatment, and training, in keeping with the concept of a state school and hospital, under the tremendous staff shortages that presently exist.

As a result, the personalities of the residents of state institutions for the retarded cannot possibly be developed, presently, to levels that would lead to eventual economic savings to the state. Observing residents of any of our state schools and hospitals, one notices the obvious effects of serious staff shortages. Personality atrophy - emotional distress - physical deterioration - residents rocking back and forth on benches because of the lack of stimulation, are outward signs of neglect of human beings. The longer that these institutions are required to operate without necessary additional personnel, the more costly will be the process of overcoming the results.

There is a belief, shared by several leaders in the field of mental retardation in Minnesota, that a considerable number of individuals, presently committed to our state institutions, could return to the community at a savings to the state. However, they are aware that this can only be accomplished if these individuals can be given adequate preparation, possible only through much more intensive attention and individual training prior to their release. The state of Iowa, in particular, has made sizeable strides forward in returning to the community a significant number of previous residents of institutions for the mentally retarded, through increased staff services to them. Thus, in these situations, a delay in providing necessary personnel may well represent a more costly alternative in the long run.

Closely related to the above is the fact that, as of this time, there are no indications that there will be a marked decline soon in the number of individuals who will require admission to our residential care facilities for the retarded. Commitments to state guardianship are following the same general pattern as the birth rate for the past few years. (See Table I). Therefore, unless greater emphasis is placed on comprehensive services to the residents, possible only through increased staff and allowing for a continuing increase in the number of individuals capable of being returned to the community, a need will most certainly exist for additional state facilities within the near future. The present estimated cost of constructing space for one person is approximately \$11,000.

A number of institutions throughout the U.S., where adequate staffing is available, have been able to accomplish exceptionally fine results working with patients who previously had been confined to beds or inactivity. When the ratio of patients to psychiatric aides is lowest so that individual attention can be given to their respective handicaps, patients are responding and are able to do many things for themselves that had to be done for them by the staff prior to the time they received individual attention. Again, in this instance, the results of perpetuating the problem of insufficient staff may be, in the long run, the more costly approach.

There are additional considerations that tend to support this premise.

The Human Side

The most serious deficiency in our residential care programs is the shortage of staff, especially in the area of patient care personnel. Aside from the probable economic savings which can result from having sufficient staff, there are additional justifications for adequate staffing based on human dignity. The Governor's Advisory Committee on Mental Retardation, while visiting Minnesota's residential facilities for the retarded, observed the following situations which emphasize the human aspects of staff shortages.

- (1) Many children spend all day in bed, often with soiled diapers, because no staff member is available to care for them out of their cribs or to change their diapers - except by schedule;
- (2) Some children cry, but do so alone because no one is available to comfort them;
- (3) Children look out of windows at playgrounds, but are confined indoors because of lack of recreational workers;
- (4) Patients, hundreds of them, have nothing to do but to sit, walk aimlessly, sleep excessively, or watch television;
- (5) Meals are gulped and spilled by patients who should have help in eating; helpless patients are fed in rushed fashion by other patients;
- (6) Patients, in large numbers, come up to visitors, obviously craving a touch, a word or some other form of attention;
- (7) A helpless bed patient had his noon meal "shoveled down" in $3\frac{1}{2}$ minutes, because there are not enough patient-care personnel to allow for a normal, enjoyable feeding period.

The committee visited a cottage at Cambridge. It housed about one hundred women patients. They slept on the second floor in two large dormitories where the beds were crowded one beside the other. There was no room for a bedside table or a small chest where the women could keep personal belongings. During the day in this cottage, the women patients lived in four day rooms, two on the first floor and two in the basement. Two female aides worked the building and were responsible for all that went on inside of it. When the committee showed up, one of the aides was asked to be our guide. We could see that she was apprehensive about leaving the day rooms she was overseeing. When we reached the basement, we went into a day room where there was no aide. A patient was lying on the floor, stiffened by a seizure. Several patients were standing over her, whimpering. Another patient was over in a corner crying about something else. Our guide rushed over to the prone patient, then rushed out of the room to get some help. Just then the telephone rang. Then the doorbell.

These are not examples of conditions under which any Minnesotans should rightfully have to live.

Basic Information in Support of Requests

Because of the development of community programs for the mentally retarded in recent years, individuals admitted to state residential facilities represent overall a younger, more severely retarded group who require far more attention, thereby accelerating the need for increased patient-care staff (see Tables 2 and 3). On the average, each psychiatric aide in our state schools and hospitals must care for approximately 31 individuals each hour that they are on duty. Viewed from the standpoint of caring for that number of normal children, it represents a most difficult task. Considering the multitude of added responsibilities in attending to the needs of severely handicapped individuals with varying needs, it represents an almost impossible task even in terms of providing minimum standard care. Critical shortages of staff exist in other categories of personnel intimately involved in patient care, such as registered nurses, food service workers, and custodial workers.

For good or for bad, and for a variety of suggested reasons, Minnesota has in the past emphasized the state institutions as a means of providing service and care for the mentally retarded. The state ranked third in 1960 among all states in the number of resident patients per 10,000 population (17.8). Yet, it has allowed the level of care, based on average per diem operating costs, to fall to the degree that Minnesota ranks 30th among states in this regard. Obviously, we do not have a good program considering the large number of individuals for whom it was decided that institutional care was a good plan. Below average per diem costs are closely related to adequate staffing, because approximately \$2 of every \$3 in costs goes for staffing.

Last fall, both the Governor's Advisory Committee on Mental Retardation and the Minnesota ARC, after careful consideration and with a conservative approach, recommended that Minnesota should do no less than the average state in supplying the necessary staff required to do an adequate job of meeting the needs of the mentally retarded in our institutions. They recommended that the following increases in staff be authorized based upon needs at the time:

Faribault State School and Hospital	281
Cambridge State School and Hospital	76
Brainerd State School and Hospital	73 *
* To serve present population	<hr/> 430

They further recommended that fifteen (15) additional positions be granted Cambridge State School and Hospital for its intensive therapy unit, and that Owatonna State School, a special facility for the mildly retarded, be granted thirty-three (33) new staff positions.

Since then, there has been some modification in book population at the institutions. Based on present and future estimates of average population, the Minnesota Association for Retarded Children recommends that 510 new positions be authorized in order to bring Minnesota up to average U. S. staff-patient ratios. Of this number, 135 represent additional requests to allow for the 432-bed expansion of Brainerd State School and Hospital, already authorized by passage of the 1961 Building Law (see Table 4).

These requests are far below the number of employees, estimated as essential to provide the additional training and treatment implied by the "school and hospital" concept, according to Dr. Richard Bartman, Director, Children's Mental Health Services, Minnesota Department of Public Welfare. However, they do represent an important step forward toward realization of potential long-term monetary savings to the state. They do represent a recognition that the human dignity of the individuals involved is important.

(4)

Prepared by
The Minnesota Association for Retarded Children
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TABLE I

CHANGES IN MINNESOTA'S COMMITMENT RATES AND BIRTHRATES
OVER THE YEARS

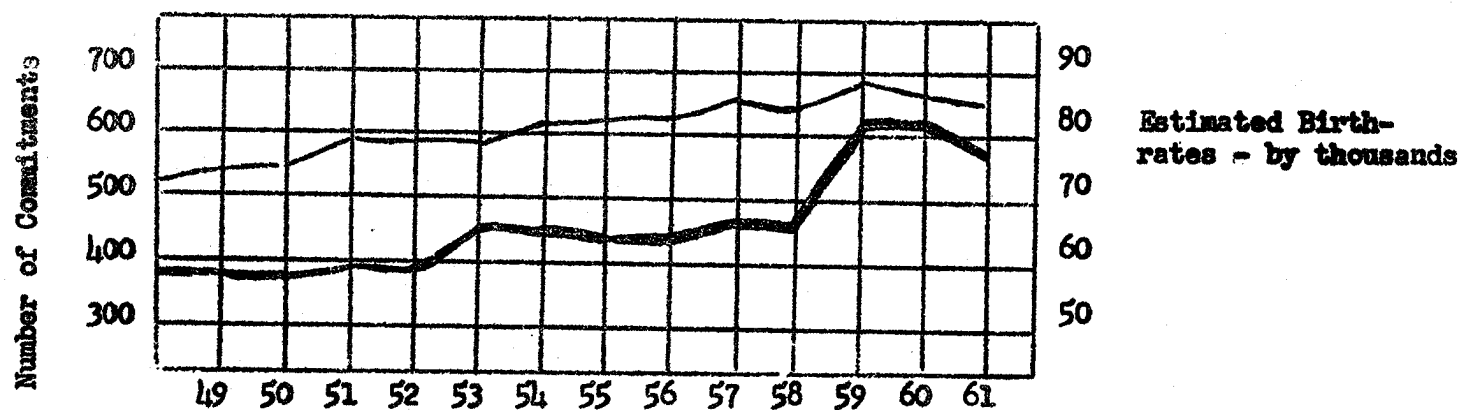
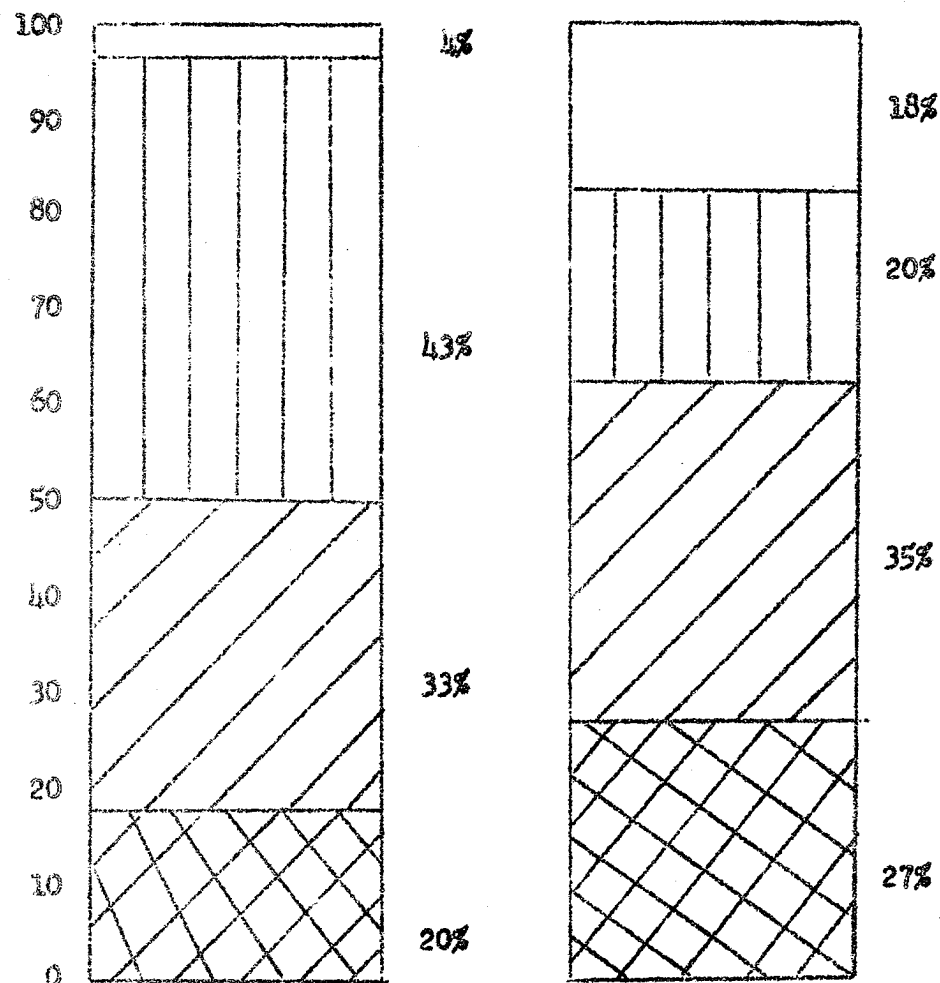


TABLE II

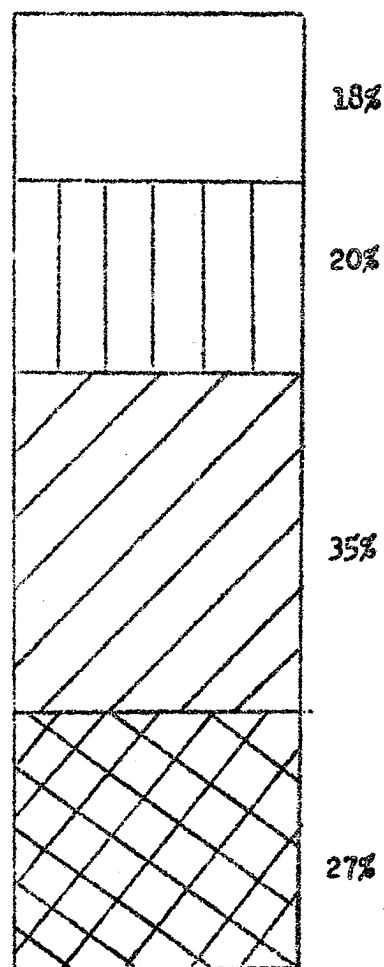
COMPARISON OF MENTAL STATUS
OF FIRST ADMISSIONS TO INSTITUTIONS
FOR THE MENTALLY RETARDED

Minnesota

1954



1959



Severely Retarded



Moderately Retarded



Mildly Retarded



Unclassified

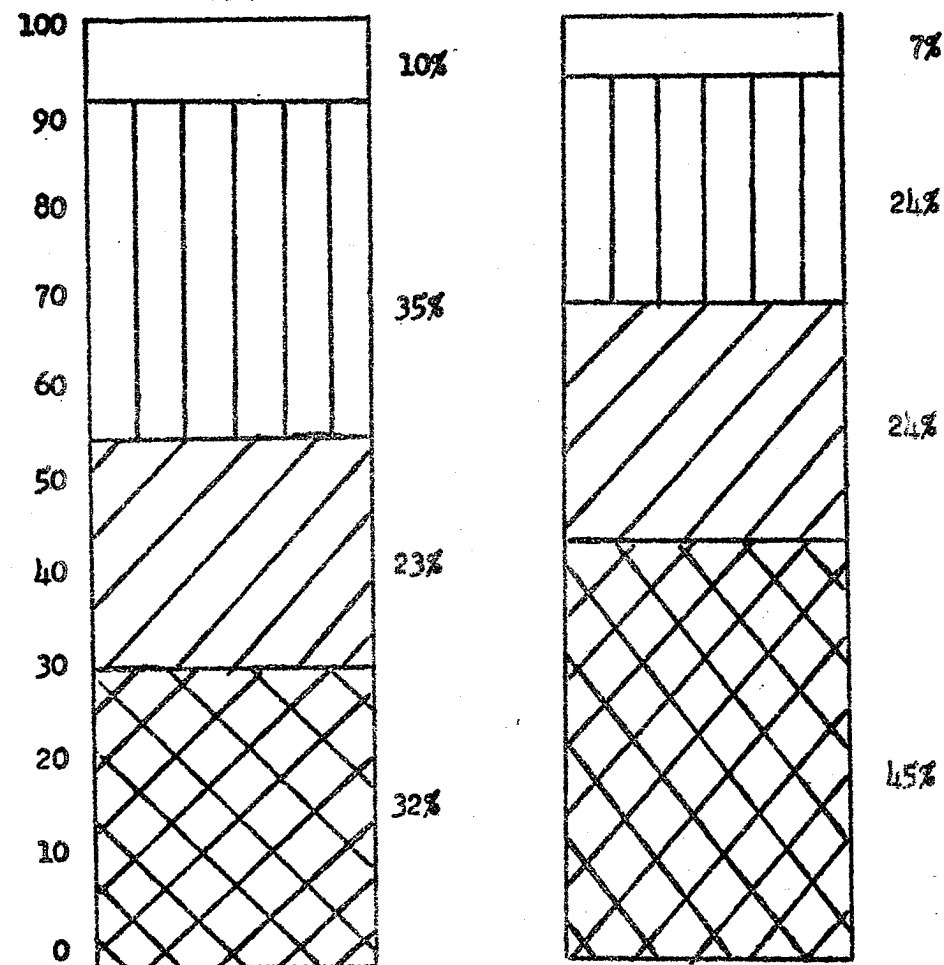


TABLE III

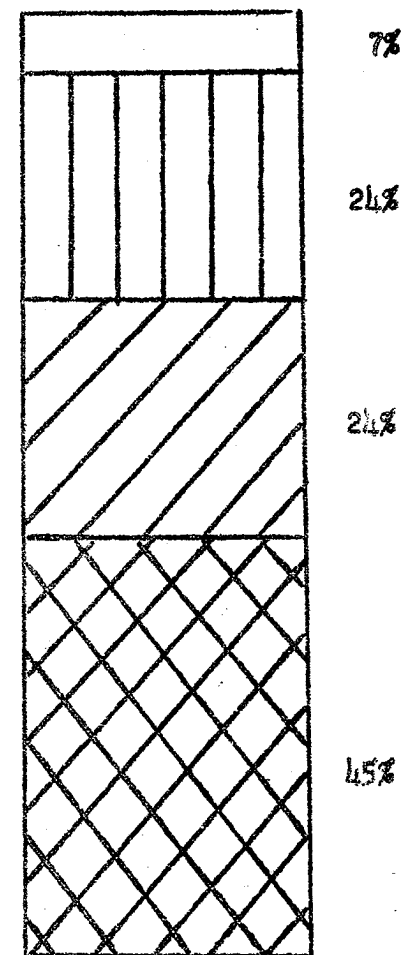
AGE ANALYSIS OF FIRST ADMISSIONS
TO INSTITUTIONS FOR THE
MENTALLY RETARDED

Minnesota

1954



1959



0 - 9 Years



10 - 14 Years



15 - 39 Years



40 or over

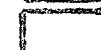


TABLE 4
COMPARISON OF PATIENT-STAFF RATIOS
IN INSTITUTIONS FOR THE RETARDED
MINNESOTA - U.S.

	<u>Book Population</u>	<u>Authorized Staff</u>	<u>Pres. Ratio</u>	<u>Gov.Recomm. Inc.in Staff</u>	<u>% of No. Nes. to Equal 3.2 Ratio</u>	<u>New Ratio Including Gov. Rec. Increase</u>	<u>New Positions Necessary to Bring Minn.to U.S. Average</u>	<u>Additional Positions Necessary over Gov. Req. for 3.2:1 Ratio</u>
Brainerd	971 (1,403)*	225	4.3:1	115.75	54%	4.1:1	213	97
Cambridge	1,967**	552	3.6:1	50	79%	3.3:1	63	13
Faribault	3,048**	719	4.2:1	75	32%	3.8:1	234	159
	<u>5,986</u>	<u>1,496</u>		<u>240.75</u>			<u>510</u>	<u>269</u>

Note: Book Population Column using future figure for Brainerd totals 6,418.

(U.S. Average 158,119 49,892 3.2:1)

* 971 - Population 3-1-63
1,403 - Book population including authorized addition of 432 beds

** As of 3-1-63