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cc: mck
DEPARTMENT OF PUBLIC WELFARE

67-101-01V
Still not done

TO: Morris Hursh, Commissioner

March 2, 1967

FROM: David J. Vail, M.D., Medical Director

SUBJECT: National Association of State Mental Health Program Directors'
Survey of States Concerning the Placement of mentally retarded
persons in hospitals for the mentally ill (as of 3/1/67).

Question asked:

"Given: a shortage of space for treatment of retarded persons and a
growing excess of beds in state hospitals would you

- . mix mentally retarded and mentally ill patients at the same
facility (i.e., on the same ward or cottage)?
- . in separate wards?
- . build new facilities?

Number of States Reporting: 20.

SUMMARY

- . Idaho and Massachusetts have integrated mentally retarded persons
in the same wards or resident buildings in hospitals for the mentally
ill; while Idaho gave no evaluative comment, Massachusetts has found
it to be satisfactory for selected patients. Iowa, Pennsylvania,
and Virginia did not comment. South Carolina and Wyoming thought it
could be accomplished as a last resort. The thirteen other respondents,
or approximately two-thirds, objected to integrating mentally retarded
and mentally ill persons.
- . Approximately three-fourths of the respondents indicated mentally
retarded and mentally ill persons could be housed on the same grounds
provided they were in separate wards or buildings. Connecticut,
Kansas, and North Carolina preferred separate buildings to wards.
Oklahoma is "violently opposed" to using the same facilities for
mentally retarded and mentally ill persons on the basis that it
would repeat the "old error of consolidation for the purpose of
economy" and would invite "all the evils of low financing,
inadequate staff, etc."
- . Hawaii, Indiana, Michigan, Oklahoma, South Carolina and Wyoming,
or a little over one-fourth of the number reporting, encouraged
building new facilities for mentally retarded persons. Georgia
opposed this plan indicating they were moving toward small multi-
purpose hospitals to treat mentally retarded, mentally ill,
alcoholic and addicted patients all geographically separated on
the grounds and having separate programs. Maine did not think
new facilities should be built as long as there are empty beds
in present facilities.

- . Pennsylvania and Hawaii indicated they are using space at TB hospitals for mentally retarded persons as the TB population decreases.
- . Georgia, Indiana, Kansas, Kentucky, Pennsylvania and Wisconsin, or a little over one-fourth of the respondents, stressed the importance of a special, separate program for mentally retarded persons and expressed concern that this might be neglected. Kansas, Pennsylvania and Wisconsin saw a need for a separate staff to carry out this program. Maine is planning to build separate buildings for mentally retarded persons but use the care services already existent in the hospital for the mentally ill.
- . Three states, Pennsylvania, Georgia and Connecticut showed particular concern for keeping mentally retarded patients near their home communities.
- . Iowa indicated that the greatest problem they had had in transferring mentally retarded persons to a hospital for the mentally ill was the initial resistance. South Carolina cautioned that hospitals should be allowed considerable leeway and time before requiring them to comply with a new design.

CONCLUSION

Approximately two-thirds of respondents objected to integrating mentally ill and mentally retarded persons on the same wards.

Approximately three-fourths of respondents approved of using the same grounds for mentally retarded and mentally ill persons providing they were in separate wards or buildings.

A little over one-fourth of the respondents encouraged building new facilities for mentally retarded persons.

SUMMARY OF RESPONSES BY STATE TO
NATIONAL ASSOCIATION OF STATE MENTAL HEALTH PROGRAM DIRECTORS' SURVEY OF THE
PLACEMENT OF MENTALLY RETARDED PERSONS IN HOSPITALS FOR THE MENTALLY ILL

State	Mix Mentally Ill and Mentally retarded	Have separate wards at same facility	Have separate buildings at same facility	Build New Facilities separate	Comments
Arkansas	No	Yes			
Connecticut	No		Yes		Considering making land available on large hospital grounds to build community based centers for mentally retarded.
Georgia	No	Yes	Yes	No	Should have separate treatment programs for mentally ill and mentally retarded. Are moving toward developing small multi-purpose hospitals for mentally retarded, mentally ill, alcoholic and addicted, all geographically separated and with separate programs.
Hawaii	No	No	Yes	Yes	Are using empty beds in TB hospital for other programs, e.g., retardates.
Idaho	Yes				Have integrated 40 mentally retarded between ages of 45 and 70 in with chronic mentally ill patients.
Indiana	No	Yes	Yes	Preferred	Have mentally retarded patients, who are also mentally ill, still in hospitals for the mentally ill because of lack of space in hospitals for the mentally retarded, but find their program is neglected. Think it would have been better to return them to the community. Best arrangement would be for community to do more for the mentally retarded themselves.

State	Mix Mentally Ill and Mentally retarded	Have separate wards at same facility	Have separate buildings at same facility	Build New Facilities separate	Comments
Iowa		Yes			Experimenting with moving 21 mentally retarded persons into a hospital for the mentally ill - only problem so far was initial resistance. Each of the mental health institutes has some retardates with psychiatric problems mixed in with the general psychiatric population.
Kansas	No	Yes	Preferred		Should have separate staffs or one program will be neglected. Buildings should be new and modern to carry on an active full-time treatment training educational program. It would be better to combine two hospitals for the mentally ill into one, and use the other institution for the mentally retarded.
Kentucky	No	Yes			Are planning to transfer adult retardates to specific organic wards or unit operation in hospitals for the mentally ill. See no problems except tendency to overlook the need of the mentally retarded for different treatment. Have one hospital which will eventually be 50-50 of mentally retarded (emphasis on self-help) and mentally ill (emphasis on acute treatment). Designation of some patients as "organic" allows special provision for older mentally retarded patients and older mentally ill patients.
Louisiana	No	Possibly			Considering establishing a unit for psychotic mentally retarded persons at existing state hospital.

State	Mix Mentally Ill and Mentally retarded	Have separate wards at same facility	Have separate buildings at same facility	Build New Facilities separate	Comments
Maine	No	Yes	Yes	"Not if beds are empty."	Are planning to build separate buildings for extended custodial care of dependent mentally retarded persons using care services already existant at state hospitals.
Massachusetts	Yes				Have done "for generations" and found it satisfactory method of treating some who are carefully selected.
Michigan	No	Yes		Yes	Considering use of space in psychiatric hospitals for mentally retarded patients, but would continue to build new facilities for the mentally retarded.
North Carolina			Yes		Developing adult hospitals and children's hospitals with mentally retarded and mentally ill persons at each.
Oklahoma	No			Yes	"I am violently opposed to such a proposal." "Would be repeating old error of consolidation for purpose of economy" with "all evils of low financing, inadequate staff, etc."
Pennsylvania					Excess of beds is relative to number of staff available. Must have good staff and program. TB hospitals have been turned into facilities for the mentally retarded. Nearly 10% of the population of hospitals for the mentally ill are mental retardates admitted for various reasons. Move toward community-centered approach may mean new buildings.
South Carolina	Only if it is the only solution	Yes	Yes	Preferred	Separate buildings or wards may be impractical due to wide variety of behavior patterns of the mentally

State	Mix Mentally Ill and Mentally retarded	Have separate wards at same facility	Have separate buildings at same facility	Build New Facilities separate	Comments
South Carolina (Continued)					retarded unless hospital has a sizable number of retarded patients and flexible buildings "allow hospitals considerable leeway and time before requiring compliance."
Virginia					Each state has its own particular set of problems and should make these decisions for themselves.
Wisconsin	No	Yes	Yes		Must have a program specifically designed for needs of the mentally retarded. And special staffing to meet them.
Wyoming	Third Choice	Second Choice		First Choice	

DEPARTMENT OF PUBLIC WELFARE

TO: Morris Hursh, Commissioner

April 10, 1967

FROM: David J. Vail, M.D., Medical Director

SUBJECT: Supplement to National Association of State Mental Health Program Directors' Survey of States Concerning the Placement of Mentally Retarded Persons in Hospitals for the mentally ill (Report of March 2, 1967).

Question asked:

"Given: a shortage of space for treatment of retarded persons and a growing excess of beds in state hospitals would you

- mix mentally retarded and mentally ill patients at the same facility (i.e., on the same ward or cottage)?
- in separate wards?
- build new facilities?"

Additional number of states reporting: 12

SUMMARY:

- West Virginia has combined mentally retarded patients with chronically mentally ill patients and found that both groups suffer in program. However, Ohio has no objection to mixing the adult moderately retarded with the adult chronic psychiatric patients in the same ward. New Jersey is presently mixing on the same ward some mentally ill persons with some mentally retarded persons of varying ages and "varying organicity and emotional disturbances." However, Illinois feels it inadvisable to mix mentally retarded persons, especially those with multiple handicaps and/or of the non-ambulatory group, with the mentally ill.
- California, Delaware and West Virginia felt that mentally retarded persons and mentally ill persons could be housed on the same grounds provided they had separate wards or buildings. California reported success with this arrangement at three of their institutions and gave a comprehensive report of their experience. Delaware felt it financially unsound not to use resources available. Ohio felt that some mentally retarded persons would need special programming, housing and staff, but could be on the same grounds with mentally ill persons. New Jersey felt it would be best to raze old buildings used for mentally ill persons and build new facilities especially planned for the mentally retarded. Oregon presently has remodeled eight wards and contemplate the same for two additional wards for profoundly and severely retarded persons in a hospital for the mentally ill. They have found no particular problems in this arrangement.
- Maryland, New Hampshire and Rhode Island indicated that separate institutions should be provided primarily because of the difficulty in programming, staffing, and proper architectural design.
- California, Delaware and New Jersey stressed the need for special training for personnel in mental institutions to work with the mentally retarded.

REVISED CONCLUSION (combining these 12 states with the 20 states in the first report, making a total of 32 states responding to the survey.)

Approximately two-thirds of the respondents objected to integrating mentally ill and mentally retarded persons on the same wards.

A little less than two-thirds of the respondents approved of using the same grounds for mentally retarded and mentally ill persons providing they were in separate wards or buildings.

A little more than one-third of the respondents encouraged building new facilities for mentally retarded persons.

SUPPLEMENT
TO
SUMMARY OF RESPONSES BY STATE TO
NATIONAL ASSOCIATION OF STATE MENTAL HEALTH PROGRAM DIRECTORS' SURVEY OF THE
PLACEMENT OF MENTALLY RETARDED PERSONS IN HOSPITALS FOR THE MENTALLY ILL

State	Mix Mentally Ill and Mentally retarded	Have separate wards at same facility	Have separate buildings at same facility	Build New Facilities separate	Comments
Alabama		Yes		Best	
Arizona		Yes		Yes	"We are doing both. There is no clear statement of policy, we just do it."
California	No	Yes	Yes		Have three hospitals which house both mentally retarded and mentally ill patients. Stressed need to remodel some of existing facilities to meet standards for mentally retarded and need for emphasis on recruitment and training of personnel to carry out program and change climate of hospital to accept the mentally retarded. Advantages: (1) services provided closer to home, (2) mutual use of some services at the hospital. Disadvantages: (1) Danger of lack of well-defined, separate programs, (2) danger of emphasizing one program over the other.
Delaware	No	Yes			Parents express concern over identifying mentally ill with mentally retarded. Need for comprehensive program for mentally retarded with professionals trained in work with mentally retarded. Feel it financially unsound not to use available state resources.

State	Mix Mentally Ill and Mentally retarded	Have separate wards at same facility	Have separate buildings at same facility	Build New Facilities separate	Comments
Illinois	No	Yes		Yes	Stressed the importance of different training needs of staff to work with mentally retarded persons as compared with work with the mentally ill. Suggested there would be problems in staffing, equipment and adaptation of facilities. Thought it inadvisable to mix mentally ill persons with the profoundly retarded especially those with multiple handicaps and/or non-ambulatory. Best to raze old buildings and build new facilities for the mentally retarded. Suggested that completely vacating a facility for the mentally ill which could then be used for the mentally retarded, would be acceptable.
Maryland	No			Yes	Difficulty in providing adequate program and medical services. Would need re-orientation of staff. Buildings not appropriate. Might be able to combine adult upper level trainables with lower level educables with poorly motivated mentally ill if could add different staffing patterns.
New Hampshire	No	No	No	Yes	Stress difficulty in staffing and the dichotomy in programs and services. "Too often the mentally retarded are treated in the same manner as chronic psychotic patients and pushed backwards receiving only custodial-type care."
New Jersey	Yes				Are presently mixing on the same ward some mentally retarded persons of varying ages and "varying organic and emotional disturbances" and mentally ill persons.

State	Mix Mentally Ill and Mentally retarded	Have separate wards at same facility	Have separate buildings at same facility	Build New Facilities separate	Comments
Ohio	Yes	Yes			Have two institutions which house both mentally ill and mentally retarded persons. Some mentally retarded persons need separate wards, program and staff; however "see no objection to mixing the adult moderately retarded with the adult chronic psychiatric patients on the same ward."
Oregon		Yes			Presently have eight wards, and contemplate two more, for profoundly and severely retarded persons in a hospital for the mentally ill. They remodeled the wards. Have had no particular problems with this arrangement.
Rhode Island	No			Yes	Feel separation of mentally retarded and mentally ill institutions should continue. However, following factors would influence decision: (1) Urgency of situation; (2) financial status and philosophy of the state; (3) limitations of retardates who would be assigned to the facility; (4) architecture of facility as it would affect programming.
West Virginia	No		Yes		Now are housing mentally retarded with chronically mentally ill patients and find both groups are deprived of proper programs. Hope to develop community facilities reduce hospital population, and then provide separate facilities and program for mentally retarded and mentally ill on the same hospital grounds.