

# MENTAL HEALTH

# Newsletter

Vol. 1 No. 4

April, 1961

## Editorially Speaking

"You've got to win a little, lose a little,  
And always have the blues a little. . ."

This was written originally about love, but it also applies to mental health administration. This is the way it is when you bargain mightily for a tiny margin, when you give up this to gain that, and when you know that any little advance is pathetically inadequate.

In November 1917, British troops under Haig made a prolonged offensive at Passchendaele, in Flanders. Soldiers struggled and died for weeks in a nightmare swamp. There were 400,000 casualties. The gain: a charred shell of a village. When it was over, a British headquarters general visiting the front for the first time wept and said, "Good God, did we really send men to fight in that?"

This is part of our problem - the remoteness of those who make the ultimate decisions. Only the mentally ill or mentally retarded themselves know what it is really like to experience these states. The ward aides and nurses are fairly close, the ward physician a step away, the superintendent a step further. Here in central office we are already dealing in abstractions. And by the time our requests are in the legislature, staff-patient ratios and per capita line items no longer have existential meaning; and the voters, the populace who are ultimately responsible. . . . .

But we know - and this can be shown experimentally - that the blunt approach won't work. As the anxiety level rises, people stop listening. A flood of guilt will cause a man to leave his money at the church door. With this expiation, his effort is finished. This probably explains the drop in public support for mental health after the big scare and scandal exposés of the late '40's. It probably explains the continuing dark side of mental hospital care, the still unresolved asylum function, the bad joke which history has played on us and which we are trying painfully to undo.

How to foster solicitude and at the same time hope, concern without fear, compassion without pity or despair, in just the right balance - this is one of our main jobs, and it is not an easy one.

Veritas vos liberabit - the truth will set you free. But as a schizophrenic patient once remarked to me, "You've got to take it in small doses."

David L. Vinton  
Medical Director



## **Nat'l. Conference of Social Workers Set for May 11-13**

Curtis G. Southard, M.D., Chief of the Community Services Branch, National Institute of Mental Health, will be the key-note speaker at the 13th annual conference of chief social workers from state mental health programs. The conference is scheduled for May 11, 12, and 13 at the Leamington Hotel in Minneapolis.

Mrs. J. Lucille Poor and Miss Mary LeRoux, DPW Social Services Consultants, are co-chairmen for the meeting.

## **Speech Correction Program Under Way at Willmar Center**

Now in progress at the West Central Mental Health Center in Willmar is a program of speech rehabilitation for children and adults referred to the Center. Services offered include evaluation and remedial therapy for all types of functional and organic speech disorders.

Mrs. Norma Mehmel, a trained speech correctionist and wife of program director Vincent Mehmel, Ph.D., is currently operating the program on a 3 day a week basis. Expansion of the program and the securing of a full-time speech therapist is planned for the near future.

## **Dr. Bostian Joins Staffs of CMHC's at Luverne, Marshall**

Sharing the services of Psychiatrist L. Edgar Bostian, a newcomer to the Minnesota program, are the Southwestern Mental Health Center at Luverne and the Western Mental Health Center at Marshall. Dr. Bostian started his new duties March 15, and will divide his time between the two centers.

Dr. Bostian is a graduate of the Marquette University medical school and completed his psychiatric training at the Milwaukee Sanitarium Foundation, and the Milwaukee County Hospital for Mental Diseases, both at Wauwatosa, Wisconsin; and the Mental Health Institute, Cherokee, Iowa.

## **Patient Activities Assistants Begin New In-Service Training**

A state-wide training program for assistants working in institutional rehabilitation therapies departments was set in motion earlier this month.

Purpose of the in-service training course is to develop a corps of skilled non-professional personnel to keep pace with the rapidly expanding activity programs at each of the state schools and hospitals. A critical shortage of college trained personnel in the occupational, recreational and industrial therapy fields and the need for expanded programs as more hospital wards are open were cited by Ardo Wrobel, State Rehabilitation Therapies Consultant, as the reasons for the establishment of a training program.

Included in the 2 year program is a combination of formal instruction and on-the-job training and supervision in all areas of the rehabilitation therapies program. In addition, participants will, through orientation sessions and work assignments, become familiar with all phases of the hospital treatment program.

Recent reorganization of the Civil Service job classifications for personnel working in the recreational, occupational and industrial therapy programs preceded inauguration of the training plan. The classification of Patient Activities Assistant II was established as a promotional avenue for personnel satisfactorily completing the training course.

## **Uniform Standards Now Set in Mental Health Rule #3**

Mandatory under a recent amendment to Mental Health Rule #3 is a minimum of four years broad post-graduate professional work experience for social worker and psychologist appointees in the Minnesota Community Mental Health Services program. The amendment was approved by the Attorney General's office and filed with the Secretary of State last month.

According to Director Herbert Dörken, the setting of uniform high standards is a step forward in further improving the professional climate in the Minnesota Community Mental Health Services program.

## **Mental Health Week April 30th - May 6**

Theme of the 13th annual Mental Health Week is "Mental Health Careers", according to Dr. R. H. Felix, Director of the National Institute of Mental Health.

Emphasis in the nation-wide observance is to inform young people about careers in mental health and to encourage them to prepare for vocations in the field.

## **Psychiatric Training Program for GP's to Begin in the Fall**

Program plans have been approved and a training grant received from the National Institute of Mental Health, according to Dr. David J. Vail, director of the new training program in psychiatry for general practitioners. The program, scheduled to begin in the fall, will be sponsored by the Minnesota State Medical Association and the Minnesota Academy of General Practice.

Physicians in the four training areas, Willmar, St. Cloud, Duluth and Grand Rapids, will be invited to enroll in a 12 week course designed to better equip general practitioners to handle the psychiatric and mental health problems which they encounter in their daily practice. Participants will meet weekly in 2 hour sessions. Another objective of the initial training course, and a similar one planned for the spring of 1962, is to develop a resource of psychiatrically-oriented physicians to provide medical consultation and guidance for mentally ill and mentally retarded patients discharged from state institutions.

Staff psychiatrists from the Community Mental Health Centers in the four training areas will serve as instructors. They are Dr. Paul L. Dunstan, West Central Mental Health Center, Willmar; Dr. John E. Haavik, Duluth Mental Hygiene Clinic, Duluth; Dr. Frank Kiesler, Tri-County Mental Health Center, Grand Rapids; and Dr. John P. McNamara, Central Minnesota Mental Health Center, St. Cloud.

## **Dr. Jesse Bollman New Research Director at Rochester Hospital**

Appointment of Dr. Jesse L. Bollman as Director of Research at Rochester State Hospital and senior research consultant to the State Department of Public Welfare was announced earlier this month. Dr. Bollman retired March 31 as consultant and head of the section of experimental biochemistry at the Mayo Clinic.

Dr. Bollman holds a B.A. degree in chemistry and a B.S. and M.D. from the University of Illinois Medical school and a M.S. in Bacteriology from the University of Michigan. He is the author or coauthor of 365 papers on phases of biochemistry, pathology and physiology related to medical research, and author of chapters on these subjects in 10 books.

Dr. Bollman's earlier association with the Minnesota mental health program was in 1954-58, when he served as a member of the Mental Health Medical Policy Committee, a state advisory group.

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A former patient of a mental hospital who is a good friend of mine once told me, "the worst is feeling so completely unworthy and so completely alone". I think she put in a nutshell the basic problem of all human beings - namely the wish to be accepted and respected as somebody worthwhile and to be a part of the human community.

In this need lies the significance of our therapeutic approach which aims at the accomplishment of a more healthy feeling of self-esteem, the capacity to relate to one's fellow human beings and to be able to take the inevitable hardship that life brings to all of us.

Dr. Gisela Konopka, Consultant to the Minnesota Children's Center and Associate Professor, University of Minnesota School of Social work.

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The above quotation appeared in Dr. Konopka's paper, "Group Work in Psychiatric Settings". The paper was reprinted and distributed as a supplement by Canada's Mental Health, the monthly bulletin of the Mental Health Division, Department of National Health and Welfare, Ottawa, Canada.

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## **Dr. Herman Snow, Authority on Open Hospital Operation to Conduct State-wide Institute**

Staff members from each of the state hospitals for the mentally ill and the state schools and hospitals for the mentally retarded will learn firsthand some of the techniques and problems of effecting a 100% Open Hospital during the state Mental Hospital Institute May 15-16-17.

Here for the 3 day program will be Dr. Herman Snow, Director of the St. Lawrence State Hospital at Ogdensburg, New York. The St. Lawrence institution earned the distinction, early in 1958, of becoming the first completely open mental hospital in the United States.

A documentary film "Open Hospital", depicting the St. Lawrence program, was originally made and shown as part of a nation-wide educational television series in May of 1960. It is now available for national distribution. Several copies of the film were added to the DPW mental health film library and are in circulation throughout the state.

In order that as many staff members as possible may participate, three separate one day institutional assemblies have been planned. Host institution for the May 15 meeting will be St. Peter State Hospital; on May 16, a similar program is planned for Faribault State School and Hospital; and the final meeting set for Anoka State Hospital on May 17.

Scheduling of identical programs on the 3 successive days will permit institutional personnel to attend the program in the area nearest to them and also provide, by staggering of staff attendance, participation in the assembly by a larger number of personnel.

The one day programs at each of the 3 institutions include a tour by Dr. Snow and the host staff of the hospital facilities with emphasis on the Open Hospital concept as applied to each of the special services: a maximum security unit (St. Peter); an institution for the mentally retarded (Faribault); and infirmary services (Anoka). The formal program agenda includes the showing of the "Open Hospital" film, a lecture, question-and-answer period, and dispersal into smaller discussion groups.

According to Medical Director David J. Vail, "Dr. Herman Snow is an acknowledged expert on the Open Hospital. The knowledge we acquire from him should give a decided impetus to the Open Hospital goals of the Minnesota mental health program".

Division of Medical Services  
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## Early Results of Hastings Study Show Benefits of Aftercare Services for Discharged Patients

Providing aftercare or post-hospitalization services to mentally ill patients after they return to the community will successfully prevent later return for hospital treatment in a significant number of patients. This was the conclusion reached by Howard Krasnoff, Chief of Social Services at Hastings State Hospital, and members of his Aftercare Study staff, as they completed a 1½ year research project last month.

The research study, which included 65 discharged patients who received regular aftercare services by the staff, and 63 patients who served as a control group, was financed by grants from the Smith, Kline & French Laboratories. Similar studies were supported by SK&F in one hospital in each of a number of representative states.

Purpose of the Hastings project was (1) to determine the difference in the rate of readmission of patients receiving aftercare services from those who did not; (2) to determine whether aftercare services resulted in more frequent contacts by patients with community agencies or private physicians; (3) to establish whether factors such as age, sex, marital status or length of hospitalization can be used to predict the chances of a patient successfully remaining out of the hospital and (4) whether or not discharged patients follow through with hospital staff recommendations on the use of drugs and contacts with their physician and community agencies.

Patients in the Aftercare group were followed closely by the staff for a one year period. Monthly visits were made in the patient's home, staff members kept in touch with members of the patient's family and with the family physician, and often worked closely with social and psychiatric agencies in the community in coordinating the services needed by the patient. Patients in the control group were given only the routine hospital discharge planning recommendations and interviewed at the end of a one year period.

Since much of the data collected is now being tabulated, a full report on all phases of the Hastings study will not be completed until early in the fall. Available now however are the readmission rates of the patients included in the study, one year after the date of their discharge from the hospital; in the aftercare group, 21% of the patients have returned for additional treatment; in the control group, 44% have been rehospitalized.

Concludes Mr. Krasnoff, "An out-patient clinic affiliated with a state hospital or a community aftercare clinic would undoubtedly be an effective tool for providing continuity of treatment and rehabilitation of the discharged mentally ill patient, until he is comfortably reintegrated into his home community. Such a clinic should probably be a comprehensive therapeutic center providing drugs, drug supervision and psychotherapy for patients, and if necessary, for their families".

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## **Decline in Mental Hospital Census Slows in February**

As of February 28, 1961, the resident population of the seven state hospitals for the mentally ill was 9924 patients, (9637 mentally ill and 287 inebriates). This represents a decrease of only 25 patients from the preceding month.

As in previous years, mental hospital population movements during the month of February showed no marked change, despite the general continuing downward trend in resident populations.

On the same date, February 28, 1961, there were 6294 patients on the books of the state schools and hospitals for the mentally retarded, an increase of 3 over the previous month. With the new buildings at Brainerd State School and Hospital filled to capacity, little increase in the resident population of these institutions is anticipated until new facilities at Brainerd are opened in the fall. The current waiting list for institutional placement is 873.

## **490 Retarded Youngsters Enjoy Outing and Shrine Circus Show**

A trip to the circus, a rewarding experience for all the young in heart, was a reality for 490 mentally retarded children and adults from four of the state's schools and hospitals as they attended performances of the Shrine Circus in St. Paul and Minneapolis early this month.

Tickets were donated by the Shriners, and bus transportation and spending money provided from funds donated by local associations of the Minnesota Association for Retarded Children.

The Minnesota mental health program lost a sincere friend and supporter with the recent passing of Mr. Cedric Adams, noted Minneapolis writer. Although most remembered by our patients in the institutions for the retarded for the joy he brought into each of their lives with his annual Christmas Gift Appeal, his stimulation of public interest in their behalf will undoubtedly continue to reap benefits for many years to come.

## **Hospital Echoes**

The second in a series of off-campus Mankato State College courses began March 9 at Faribault State School and Hospital. Preliminary registration for the 12 week education course, "Teaching the Mentally Retarded Child" included 24 special education teachers from public and institutional programs, psychiatric aides, nurses, social workers and rehabilitation therapies personnel.

Mr. Bruce Mattson, Associate Professor, Division of Special Education of Mankato State College is instructing the extension class.

According to the St. Peter State Hospital News, "Nobody laughed when they sat down at the piano, because they knew how to play". Twenty patients are currently learning the intricacies and delights of making their own music, under the tutelage of Volunteers Mrs. Roy Frentz and Mrs. Martha Mattson, of Mankato, who spend each Friday at the hospital. Most of the 20, who range in age from the teens to the sixties, are beginners.

The following is part of an editorial by Harold W. Peterson, Administrator of Brainerd State School and Hospital. It appeared in a recent issue of the institution's newsletter:

"The most basic thing of all is the recognition by every employee and by every volunteer that the mentally retarded patient is a definite individual who possesses a certain mystic equality with ourselves. He is endowed with a limitless value in the sight of God, and should be so viewed by we who think of ourselves as normal. He has capabilities which may be developed, and as much right as we to the education and training that will help him develop these potentialities."

Recent additions to state hospital and school staffs include: Harold Swift, Social Worker II at St. Peter; R.N. II Hazel Larson at Faribault; Orthopedic Shoemaker Robert Paul, at Cambridge; R.N. II Lilly MoQuin at the State Sanitorium and Dr. Harlan D. Root, Consultant in surgery at Anoka State Hospital.