

Your File Reference: M

October 5, 1946

Karl A. Menninger, M.D.
 Manager, Winter Veterans Hospital
 Topeka, Kansas

Dear Doctor Menninger:

Your two communications of September 30 have been received and we have read them with great thought and deliberation. In keeping with our policy of sharing such comments with our Executive Council and Associates (on the Staff), the letters were read and discussed at a joint meeting yesterday morning. It was our unanimous feeling that you were correct in every major point you made. We agree that publicity has been bad and though the clipping was not enclosed I'm certain we know its general content. You are not the only one who has questioned us on general program objectives.

Of this be assured: each of us is more anxious than ever to have you continue to advise us. We appreciate your frankness and your penetrating insight in the area of our activities. Our confidence in you continues to grow as we know you better.

Coincidences are interesting! Our Legal Director returned from an extended leave yesterday and we had on the agenda for consideration when he returned a thrice-delayed motion which outlined a plan of action leading toward the development of just such an organization as for sides as you suggest. Frankly, we've been considering the project for some time but haven't had the confidence that the time--and we--were ripe to tackle the job. There are several reasons for this and I will speak of them a bit later. Our meeting was scheduled for 10:00 a.m.; your letters were opened at 9:00 a.m.!

In addition, I had spent over three hours with Dr. Morrison of Rockefeller Foundation on the previous day. We have been in contact with the R.D. for over a year and have hoped that the day would come when we might get much-needed financial support from that source. Dr. Morrison expressed the feeling that we had evidently "spread" ourselves quite widely and was anxious to know more of the details of our present planning. Some of the recent publicity had led him, too, to believe that we were deserting some of our primary aims. Actually our staff has felt quite solidly that until major improvements were made in institutional conditions, we were committed to keep our emphasis there.

We have felt that our experience and knowledge of conditions made it imperative--to many of us, morally imperative--that we make the conditions known and strive for constructive solutions to the problems of shortages, inadequacies, inefficiency, and outright abuse. We have attempted to be temperate in our evaluations of conditions; we haven't even breathed a word about the most glaring and unbelievable details because seeing them, we didn't want to believe them ourselves. We have had them denied over and over again by the officials responsible for their existence and to this day we are not convinced that a large number of administrators are ready to honestly get out and fight the tragic conditions when they know they exist. We've been shown conclusively that a very high percentage of state hospital superintendents are willing to wait for another depression to meet their labor needs. Many are not ready to attempt a training course for attendants. The reports that come to us now show that conditions are worse than they were a year ago--worse than they have been for ten years and more; in some places abuses have been minimized but

generally neglect and abuse dominate the wards of state institutions that lack aggressive administrators.

I can ~~not~~ explain the relationship of this to some of our publicity--not with the intent of justifying that publicity--but to clarify our present situation. When we began releasing general reports of conditions we expected some resistance from professional persons who might be embarrassed by the revelations; actually it has been an almost all-out resistance and our efforts to gain support for improvements through greater appropriations have been greatly hampered. We understand this, but we're not happy about it.

In addition to those who have done it from sheer expediency, there are those who consistently deflect public attention from institutions to that vague field of "prevention" as the more lucrative and interesting place for emphasis. Naturally having seen the ravages of mental illness we tend to agree. On the other hand many of us have felt that "prevention" began with a constructive concern for those who were already handicapped and we were anxious to see that concern spread among more and more citizens. Certainly if ward personnel didn't display an understanding attitude toward patients, we could never expect the public to gain such an attitude and there by become set for the still longer step of effective preventive measures. Personally I feel there is much pioneering to be done in the preventive field before we can break out with a major undertaking of that sort and at this point I would certainly make no claims that ours was the organization to do the job. We do want to cooperate and we can't ignore the field of prevention.

As those in charge of our fund-raising have made contacts with individuals and with Foundations, over and over again has come the challenge: we're interested in research, or, we're interested in prevention, why don't you stress prevention and forget those past help! Perhaps it was the easiest way of telling us "no", perhaps it was na honest viewpoint, at any rate it did seem expedient to express our desire to "cooperate" with those who were establishing clinics, to support preventive measures--in fact to seek goals identical with those of all mental hygienists.

We recognize fully that there is nothing distinctive in our goals and that it is in the area of emphasis consistent with experience that we may be able to do our bit. I'm certain our promotion staffs have been greatly influenced by the popular demand for prevention. This influence has been the greater because we have for some months faced the possibility of having to shrink our staff to meet financial limitations--to shrink to a point of ineffectiveness.

Up until this week I have never heard of a possible source of major support for a program of attendant recruiting or training or standardization. The church agencies that supported us through the war years are now closing out their CPS departments and their support has dwindled to nothing. "The Attendant" and the "Psychiatric Aids" magazine have never been self-sustaining; we've had to go out and ask for money to keep every one of our projects going. We've found a deadening reluctance to attempt to improve the attendant situation in many state hospitals and though scores of hospitals are using our materials it is oftener the nurses or the doctors who read it than the attendant or aide. Last week we did receive a new source of support; a patient's relative group had been cultivated to the point of subscribing to 200 copies of "The Psychiatric Aid" to be given free to a hospital that wouldn't buy them but would use them to attempt to improve, even by a little, the work done by attendants. The week before we were encouraged to have an order for 100 copies of the "Handbook for Psychiatric Aides" from an employees association in another state who felt that they might expand this to all state hospitals in the one state if the project went over with the attendants. These are extremely

encouraging beginnings to us but along side of the ultimate goal it's almost infinitesimal. We've had to throw an increasing number of our staff into fund-raising activities and our project work has tended to dwindle. We've had to ~~XX~~ go back for sustenance to the same men who worked through the war without pay and it is from them that much of our present budget is coming. One of these men, a guinea-pig during the war, now on his way to do overseas reconstruction turned the major part of his saving over to us before he left--\$1000. It's not easy to accept such support but it is now our life blood. It's not easy to ~~XXXXXX~~ hold men with families and whose funds are exhausted and pay them a maximum of \$175 per month when they are receiving offers up to \$5500 on the outside. But that is precisely what we are doing.

When Dr. Morrison asked me for some specifics by way of a program that we were undertaking, I first suggested the incessant and urgent pleas of Superintendents for more and better ward personnel. I proposed a selling campaign, an all-out national recruiting drive for (1) permanent personnel (2) voluntary aides and (3) college and seminary summer service units. I proposed the completion of training materials now under way to implement the value of additional personnel and I proposed the relatively minor undertaking of completing our legal survey. He seemed to feel that these were sound projects and indicated that the Rockefeller Foundation might consider a grant for a year to underwrite a third or a fourth of a \$100,000 budget to do the jobs -- if we got similar assurances from other sources.

I feel that while such a program was being conducted we could make long strides toward the goal of professionalizing the work of the aide. Certainly ~~th~~ we have been and will continue to work to that end.

We have met with some resistance to professionalization of the aide from medical persons; we have met with a great deal more resistance from the nursing profession. [Perhaps you could recommend from your experience several leading nurses who would be wholly in sympathy with giving the aide a greater place in service.]

Perhaps you now have some definite ideas as to how much responsibility the aide should have and as to how much educational background and intelligence is required as a prereq for effective teamwork with doctors and nurses. We would welcome your observations on these points. Dr. Pratt, our staff psychiatrist, is deeply interested in this project of standardizing the work of the aides, and will undoubtedly be giving much thought and effort to this project.

May I say again that we appreciate and welcome the considered advice which you have given.

Sincerely yours,

Harold Barton
Executive Secretary