

THE DEVELOPMENT OF THE OFFICE OF PUBLIC INFORMATION  
OF THE TOPEKA STATE HOSPITAL

by 45

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The person whose name appears on a title page of a thesis rarely is the sole creator of the work. With the guidance of some people, he puts together information other people have been generous enough to help him discover, and with the help of still more people, the final paper is completed. At least that is true in this case. Many persons were helpful enough to give time, energy and thoughtful perspective to the creation of this paper. I am grateful to all of them, and without the cooperation of any one of them, the value of this paper would have been greatly diminished. Among those to whom I would like to express my appreciation are: Deryl Leaming, who gave me much needed guidance and support; the members of my committee: Professor Ralph Lashbrook, Dr. Lowell Brandner and Dr. H. T. Gier, who gave me invaluable suggestions and assistance in researching and preparing the paper; Dr. Alfred Paul Bay, superintendent; Dr. Robert Haines, director, DIM; Dr. Harry Levinson, Harvard U.; Robert Anderson, chairman, Board of Social Welfare; Letha Swank, former director of public information at TSH, and Dorothy Bishop, director of public information, OSH; James Bibb, director of the budget; and Topeka State Hospital staff psychiatrists, all of whom took a great deal of time to answer questions and express views on the issues with which this thesis deals; Indus Harrison, who, with much patience, did an excellent job of typing, editing and deciphering to put the thesis into a final form; my father, who has always given me much encouragement and provided other assistance, some of which only his banker knows for sure; and my mother, who instilled in me the desire to work, and to learn, and sometimes to excel; I can only hope she would have been proud of this effort.

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## INTRODUCTION

This study examined the development of the public relations department of a modern psychiatric hospital, how the department's evolution influenced its current strengths and weaknesses. The institution chosen for the study was the Topeka State Hospital where the author is employed as the director of public information.

The study reviewed the beginnings of a formal public relations program at Topeka State during the reform era when Harry Levinson, a psychology student at the Menninger Foundation, began working to help irradiate the "snake pit" conditions existing in the hospital. It examined how Levinson worked directly with the legislature to bring about changes necessary to improve staffing and to establish a training program for residents at the hospital. It traced the position of director of public information since it was established by Dr. Alfred Paul Bay, who became superintendent of Topeka State in 1954.

The growth and development of the department under Letha Swank, the first director, was studied and compared with public relations programs planned and carried out by Levinson. The study also explored some of the changes that the Kansas Plan (the way the adult hospital is organized into three semi-autonomous treatment sections, each serving designated counties of the hospital district) made in the hospital, the development of hospital tours, the changes in staff attitude toward the tours, and problems in medical ethics that resulted from the tours. The public relations program under Carolyn G. Foland, current director, was examined, including recent innovations in the program and problems the public relations

program faces today, particularly those related to the long range goals of the institution.

#### The importance of the study

An introductory literature review indicated the need for greater understanding of mental health and mental illness by a still uninformed public. It is hoped that this study provides insights that may be useful in developing of a public relations programs by other state hospitals or institutions that serve the mentally ill.

The study is important for other reasons: First, it provides an historical view of the development of a public relations department, serving the mentally ill. It records the first time milestones in the development of the program. It documents how the history of the public relations office paralleled the history of the institution. Second, it provides perspective for the current problems, showing that the role the public information director plays today, the attitudes of the staff toward the office, and the importance accorded public relations--all have been shaped by events that have gone before.

It is hoped that the study will benefit the increasing number of persons who want to do mental health information work, students of public relations in general, and persons who are interested in the Topeka State Hospital or similar institutions.

#### Limitations of this study

No public relations office can expect to have an effective public relations program without a knowledge and understanding of its publics.

Because lack of staff and budget preclude sophisticated public opinion studies by the office to learn about public attitudes, the program is shaped by impressions and feedback obtained from television, radio and newspaper articles by Kansas media, conversations with lay persons who visit the hospital, and contact with persons from related agencies such as the local mental health associations, mental health clinics, county welfare directors and probate judges. At the time of this writing, Kansans in communications work may be among those most retarding the understanding of mental health. For example, Thad N. Sandstrom, general manager of WIBW-TV, stated in an editorial, April 14, 1965:

There is a need for the citizens of the state to be informed on various state agencies and what they are doing. But if the agency is really doing a job it should be doing--the fame will come fast enough. The legitimate news media of the state--newspapers, radio and television--are ever on the alert for news about all branches of government. Most newsmen don't care for a mimeographed hand-out. A good newsman prefers, if possible, to get the story himself and write it in his own way.

Savings in government must be made in the same way that they are made in private business--by eliminating unnecessary spending. The State Department of Administration should take a good, hard look and see whether or not these informational representatives, writers, counselors and public relation directors are a necessity or a luxury.<sup>1</sup>

On the other hand, Robert Anderson, Chairman of the Board of Social Welfare, says we must fight to see that public relations positions are not removed from the budget. "I'm the guy that must battle for these positions," he said. "The public relations positions at the mental hospitals play an important part in the overall program."<sup>2</sup>

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<sup>1</sup>Thad N. Sandstrom, WIBW-TV Editorial, Topeka, Kansas, April 4, 1965.

<sup>2</sup>Statement by Robert Anderson, personal interview.

Related studies

The field of mental health information is quite new. Literature is scanty regarding hospital public relations or mental health information. No studies concerning the public information program at Topeka State preceded this one.

## CHAPTER I

### LITERATURE REVIEW

#### Current attitudes toward mental health

The field of mental health is changing rapidly, and one of the most significant changes, in terms of current spending and professional planning, is the development of comprehensive community mental health programs.<sup>1</sup> As mental health programs become active in communities, public understanding of mental illness and mental health becomes increasingly important.

Nunnally, in *Popular Conceptions of Mental Health*, concluded that:

- 1) Public information is neither highly structured nor highly crystallized.
- 2) The average man is not grossly misinformed, but most are uninformed.
- 3) Public attitudes are relatively negative toward persons with mental health problems, yet they are highly positive toward mental health professionals.
- 4) Mental health professionals are not held in as high regard as those who treat physical disorders, however, and the subgroups among mental health professionals are not readily distinguished.

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<sup>1</sup>There have been 336 community mental health center programs developed in the United States since the 1963 federal act which provided for the construction of community mental health centers.



5) Mental treatment methods and institutions are held in relatively low esteem.

6) Mental health topics do have a moderately high interest value, however, some have more than others.

7) Public interest in communications about mental illness is increased when the messages reduce anxiety and provide solutions to problems.

8) The language of mental health professionals is lacking in terms the public can understand and at times is misleading as well as producing strong negative connotations.

9) The more certainly mental health information is stated, the more favorable will be attitudes toward concepts related to the message.

10) Disseminating of information about mental illness without supplying new information results in negative attitudes toward related concepts.

11) Mental health messages aimed at the general public should be in words and sentences easily understood and without a "negative tone."

12) It is more difficult to change attitudes toward mental health concepts than to increase knowledge of mental health phenomena.

13) Favorable attitudes toward mental health concepts develop when people think they know something about the phenomena, whether or not their information is correct.<sup>2</sup>

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<sup>2</sup>Jum C. Nunnally, Jr., Popular Conceptions of Mental Health, Their Development and Change (New York: Holt, Rinehart and Winston, Inc., 1961).

A 1960 survey in Los Angeles County conducted by the Welfare Planning Council of the Los Angeles Region produced these general findings and conclusions:

1. The widespread participation in this survey on the part of hundreds of volunteers in all sections of the county indicates that the problem of mental health ranks high among the civic concerns of the citizens of Los Angeles County.
2. An appreciable amount of misinformation concerning the mental health movement is current in Los Angeles County and articulate opposition is manifest, some of which expresses itself in the dissemination of charges against the integrity and sincerity of purpose both of the mental health movement and of the lay and professional people identified with it.
3. In addition to the groups who oppose mental health movements there are numerous important local groups who are unaware of the mental health problem and lack knowledge concerning the professions, the programs, the institutions, and the agencies that are striving to cope with it.
4. The local demand for mental health services exceeds the existing supply in all types of educational and treatment programs with the exception of full-pay private hospital care for adults.
5. Although the shortage of qualified personnel is more serious in some mental health disciplines than in others and is determined in part by the community's readiness to provide substantial professional opportunities, nevertheless the existing supply of professional personnel in all of the mental health disciplines is too small to meet the identified demand for local mental health services.<sup>3</sup>

Findings by a 1963 survey of New Yorkers were similar, but explored different facets of the public knowledge of mental health and mental health services:

The survey tapped public knowledge and opinion about mental health care, appraisals of mental health facilities

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<sup>3</sup>The Mental Health Survey of Los Angeles County (California State Printing Office, 1960), p. 1.

and professionals and attitudes toward the mentally ill. The survey also explored public perceptions and conceptions of mental illness; experience with professional mental health help, including hospitalization; and the sources and recognition of personal problems. How New Yorkers go about seeking help, their awareness of the help system available, and their appraisal of the need for community-based mental health services were among the major mental health areas covered.

The survey showed clearly that there are chinks in the traditional public armor of rejection of the mentally ill. . . .

Yet not all the old views about mental illness have been completely dispelled. The public shares the view expressed in the report of the Joint Commission on Mental Illness and Health that mental illness tends to repel people; but, interestingly, only a small minority admit to being repelled themselves by mental illness.

There remains a kind of ambivalence in the public's attitude about the functions of mental hospital services for the mentally ill. The old notion that mental hospitals exist for the protection of the community is still quite prevalent, although many see these hospitals as becoming treatment institutions and believe that patients do get better there. While some still view state mental hospitals as being like prisons, the public image of the quality of care rendered in mental hospitals is not much different from the public image of the quality of care rendered in general hospitals.<sup>4</sup>

The results of that study correspond closely with one by a social work student doing field work for Topeka State Hospital. James G. Hohn studied the attitudes of county officials who work with the hospital in one county of the hospital district. He found that although the people questioned felt that the primary purpose of the hospital was treatment, their answers to specific questions indicated that they felt

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<sup>4</sup>Jack Elinson, Elena Padilla and Marvin E. Perkins, Public Image of Mental Health Services (New York: Mental Health Materials Center, Inc., 1967), pp. xiii-xv.

the hospital exists to provide protection for the community. Hohn's findings in general showed that the image of the county officials did not parallel the image that hospital officials had of Topeka State.<sup>5</sup> That indicates a need for better communication between the hospital and the community.

The most extensive study of public attitudes toward mental health was conducted between 1958 and 1960 by the National Joint Commission on Mental Health and Illness. The study provided information about the public receptivity to mental health programs. Commission recommendations for better public information methods included these:

A sharper focus in a national program against mental illness might be achieved if the information publicly disseminated capitalized on the aspect in which mental differs from physical illness. Such information should have at least four general objectives.

1. To overcome the general difficulty in thinking about recognizing mental illness as such--that is, a disorder with psychological as well as physiological, emotional as well as organic, social as well as individual causes and effects.
2. To overcome society's many-sided pattern of rejecting the mentally ill, by making it clear that the major mentally ill are singularly lacking in appeal, why this is so, and the need consciously to solve the rejection problem.
3. To make clear what mental illness is like as it occurs in its various forms and is seen in daily life and what the average person's reactions to it are like, as well to elucidate means of coping with it in casual or in close contact. As an example, the popular stereotype of the "raving maniac" or "berserk madman" as the only kind of person who goes to mental hospitals needs to be dispelled. We have not made it clear to date that such persons (who are wild and out of control) exist,

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<sup>5</sup>James G. Hohn, "Comparison Between Attitudes Toward a State Mental Hospital Held by County Officials and Hospital Administrators," (unpublished Master's thesis, The University of Kansas, Lawrence, 1967).

but in a somewhat similar proportion as airplanes that crash in relation to airplanes that land safely.

4. To overcome the pervasive defeatism that stands in the way of effective treatment. While no attempt should be made to gloss over gaps in knowledge of diagnosis and treatment, the fallacies of "total insanity," "hopelessness," and "incurability" should be attacked, and the prospects of recovery or improvement through modern concepts of treatment and rehabilitation should be emphasized. One aspect of the problem is that hospitalization taking the form of ostracism, incarceration or punishment increases rather than decreases disability.<sup>6</sup>

#### Some theories of mental health information

How may effective public relations programs be carried out?

There are certain prerequisites to them. Sallie Bright states in a chapter on "management's responsibility for Public Relations:"

Basic to the planning of the agency's public relations program is a clear conception of the agency's purpose and the program needed to carry out that purpose, on the part of the governing body, the chief executive, the public relations director, and others who will be involved. The public can be given no clear image of the agency unless the agency has a clear image of itself.

. . . It is only against a backdrop of a clear self-image that an agency is able to establish the priorities which will determine its service program for any given period.<sup>7</sup>

That means essentially that to sell itself to the public, the institution or agency must first know what it is and where it is going.

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<sup>6</sup>Action for Mental Health, Final Report of the Joint Commission on Mental Illness and Health (New York: Basic Books, Inc., 1961), pp. xviii-xix.

<sup>7</sup>Sallie E. Bright, "Management's Responsibility for Public Relations". (Chapter 1 in Public Relations in Health and Welfare, eds. Francis Schmidt and Harold N. Weiner, New York: Columbia University Press, 1966) p. 4.

Without such self understanding, the agency will be unable to present a clear, uncluttered picture of itself to the public.

Inherent in image problem is the need for long-range goals. The institution must know what it is and where it is going. Report No. 55 by the Group for Advancement of Psychiatry (GAP), "Public Relations: A Responsibility of the Mental Hospital Administration," discusses the problem:

To capture public imagination and enlist citizen support, mental hospital administrators need to formulate long-range plans and projects that provide for step-by-step advances toward across-the-board adequacy. There are "three-year," five-year," "ten-year," programs. Sometimes they are formulated as the end product of a state-wide survey of mental health needs and resources conducted under the auspices of a legislative or citizens' committee, perhaps with outside consultative help.<sup>8</sup>

Miss Bright states also, "The policy-making body of the agency and particularly the chief executive should be ahead of the public in their recognition of needs and their ability to choose programs and methods to meet those needs. Valid programs often have to be 'sold.'"<sup>9</sup>

Another GAP report (No. 46) states: "Without goals, clearly set out and understood, only vague generalizations or inchoate regulations can be formulated, never policies."<sup>10</sup>

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<sup>8</sup>Public Relations: A Responsibility of the Mental Hospital Administrator (New York: Group for the Advancement of Psychiatry, 1963) p. 87.

<sup>9</sup>Bright, op. cit., p. 5.

<sup>10</sup>Administration of the Public Psychiatric Hospital (New York: Group for the Advancement of Psychiatry, 1960), p. 130.

For a public information office to plan an effective long-range program that is in line with goals of the institution, the director must know these goals. In Public Relations For Social Agencies, Harold P. Levy states, "Be specific about your public relations objectives. Know what you wish to accomplish and work on it."<sup>11</sup>

Rex F. Harlow writing in Social Science in Public Relations about the necessary ingredients for effective propaganda states that the most important thing is for the objectives to be clearly defined.<sup>12</sup>

The psychiatric hospital faces another problem about taking such goals to the public. There are ethical codes of conduct that prohibit advertising for the medical profession. The physician feels an obligation to his patient to protect him from the prying eyes of the public. The doctor's dilemma at this point is very real.

A pamphlet "Psychiatry, the Press and the Public" states:

As a member of the medical profession, the psychiatrist has been imbued with the concept of publicity as advertising, and advertising, of course is strictly unethical under the medical Code of Ethics. Perhaps nothing gives the physician such discomfort as having a colleague greet him, after he has been quoted in the press, with "Hello, Joe. Saw your ad in the paper last night. Nice going!" And if his picture appears in the press, matters are even worse.

The psychiatrist realizes the importance and the urgency of giving the public a better understanding of mental health

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<sup>11</sup>Harold P. Levy, Public Relations for Social Agencies, (New York: Harper & Brothers, 1956), p. 18.

<sup>12</sup>Rex F. Harlow, Social Science in Public Relations, (New York: Harper & Brothers, 1957). p. 88.

problems. Yet the attitude of his colleagues has a tremendous impact on his reaction to having his name or picture in the lay press. For better or worse, the medical Code of Ethics governs him, and he is sensitive to the reactions of his fellow-physicians. The press, however, is not concerned with his qualms and uncertainties.

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Demands for off-the-cuff comments and human interest material, including photographs, are the result of public demand, the press pointed out. Popular interest in emotional problems and people's need for help focus attention on psychiatrists. They are in the public eye today. What they do and say and think is news. The press is not manufacturing this situation. In responding to public interest and need, it must use people, not abstractions. This may create problems for the articulate and authoritative members of the psychiatric professions, but it is constructive and useful.<sup>13</sup>

In other areas of medical ethics physicians have qualms about tours of wards and the use of patients' pictures to illustrate important messages about mental health and illness.

Pictures of competent mental patients, when used with their permission and the permission of their relatives, also serve a useful purpose, in humanizing the entire field of mental illness, and in removing the atmosphere of shame and stigma still attached to it. It is encouraging that some mental hospitals and some mental patients have been shown to the public without disguise. A notable example is the dramatization of "The Cry of Humanity," staged for the public by the patients of St. Elizabeth's Hospital during its Centenary Celebration in 1955. Another is a famous baseball player's account of his experiences with mental illness that appeared with illustrations in a leading popular magazine.

(In March, 1956, as this report was being completed, the Columbia Broadcasting System presented on television "Out of Darkness," showing the therapeutic steps by which an actual patient was brought back from the depths of mental illness to normal, happy living. The vast audience of television saw patients and their relatives; they saw doctors, nurses and aides at work in an actual hospital. All these persons consented to being filmed. The result was a human document of intense

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<sup>13</sup>Psychiatry and the Press and the Public (Washington: American Psychiatric Association, 1956) pp. 26-28.



dramatic interest and emotional impact, an historical landmark in the presentation of Psychiatric subject-matter.)

Although there were some dissenting opinions, it was generally agreed that the trend toward the use of patients' pictures should be encouraged. Proper safeguards, both legal and medical are essential. The patient's capacity for making a rational decision about permitting his picture to be used, the permission of the relatives, and the nature of the story, its context, and all of the factors that affect the patient's future must be carefully considered. Despite these difficulties, the human interest and warmth conveyed by photographs of sick people is of such fundamental value in fostering public interest that the use of photographs of the mentally ill will undoubtedly increase rapidly in the near future.<sup>14</sup>

The public relations practitioner should be aware that his own outlook on the hospital is reflected in his communication of it.

Robert L. Robinson, public information officer for the APA, stated in an address to administrators of the New Mexico state institutions in 1965:

Now, if we are going to talk about images and improving them, we must appreciate that there are three groups of people involved: the people who hold the image (i.e., the various publics), the people who create the image, and the people who guard the image. It is interesting to consider whether we, as professional people, are the creators or the guardians of an image. We will find both kinds among us, and a public relations man can be either a creator or a guardian, depending on which group is running the show, so to speak. For all the public relations man can do is facilitate the communication of the attitudes, feelings, knowledge, and programs that are evolved by the professional people he represents in the service institutions.

To illustrate it simply:

The creator shouts: "Tear down the walls, throw away the keys, give our patients living space that they may again learn to join the human race." The guardian shrieks, "No, no, you mustn't do it! If you do, my Susie will run right out the door and strip herself naked on Route 1. And besides it makes me nervous."

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<sup>14</sup>Ibid., pp. 33-34.

The creator says, "Let's mix up the sexes on our wards. We may have a little scandal but, if so, wouldn't it be better to have heterosexual scandal than homosexual scandal"? The guardian says, "No, no, no! Don't do that! What will people say"?

The creator says, "Let's get these patients off the benches. Let's get them to form a patient government, take them to a movie in town, go on a camping trip next summer." The guardian says, "My, my, I smell trouble. Why my patients can't even make a bed decently, let alone govern themselves. And just when they were so nicely tranquilized with that new drug! Will the patients like the new drapes I picked out for them, I wonder"<sup>15</sup>

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<sup>15</sup>Mrs. Fritzen Dykstra (ed), Proceedings of a Conference on Development of Techniques for Public Information and Communications (State of New Mexico, 1965), p. 4.

## CHAPTER II

### TOPEKA STATE HOSPITAL

The Civil War had been over only one decade and Kansas was still a struggling new state when the Legislature met in the new capitol building in 1875 and appropriated \$25,000 "for the purpose of building an insane asylum for the insane at some convenient and healthy spot within two miles of the state capitol building in the city of Topeka."<sup>1</sup> Topeka State was the second institution for the mentally ill in Kansas. The first opened at Osawatimie in 1866 with one two-story wooden building.<sup>2</sup>

Topeka State opened in 1879 after only two ward buildings with accommodations for 135 patients had been erected. Dr. B. D. Eastman, the first superintendent,<sup>3</sup> arrived in Topeka in April, 1879, in time to help with final preparations before the first patient was admitted, June 1.<sup>4</sup> The first patient was a 32-year-old

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<sup>1</sup>Kansas Biennial Report Covering All Agencies of the Government of the State of Kansas for the Biennial Ended June 30, (Topeka: State Printing Plant, 1964) p. 1139.

<sup>2</sup>First Biennial Report of the Board of Trustees and Officers of the Kansas State Insane Asylum, at Osawatimie, and Board of Commissioners of the Topeka Insane Asylum to the Governor of Kansas; for deficiency year 1877, and fiscal year ending June 30, 1878, (Topeka, Kansas: George W. Martin, Kansas Publishing House, 1878,) p. 5.

<sup>3</sup>See Appendix for complete list of Topeka State Hospital superintendents.

<sup>4</sup>Biennial Report of the Kansas State Insane Asylum at Topeka, (1880), p. 75.

farmer from Nemaha County admitted with a diagnosis of "chronic mania" and discharged two years and twenty days later as recovered."<sup>5</sup>

Temporary partitions had been put up in the new buildings to separate the offices from the patients' rooms. Kitchen and store rooms were inconveniently situated in the basement. Laundry, boiler room and bakery were in temporary wooden buildings.<sup>6</sup> Nearly seventy-five years later these large stone Kirkbride buildings became known as "Woodsvie section"<sup>7</sup> and were replaced in 1965 with one-story units representing the most modern concepts in architecture for the mentally ill.<sup>8</sup>

Nevertheless, these tall, yellowish limestone buildings set in the wavy grass of Kansas and arranged in what was known as the "Buffalo Plan" were then the most modern concept for housing mental patients.<sup>9</sup> A third building was added to the others in 1882, but by 1890, 95 applications were rejected for want of rooms.<sup>10</sup>

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<sup>5</sup>Medical Records Office, Topeka State Hospital, Topeka, Kansas.

<sup>6</sup>Biennial Report, *op. cit.*, 1880, p. 79.

<sup>7</sup>News Release, Education Department, Topeka State Hospital, August 17, 1950.

<sup>8</sup>"The Team Approach. . .As Reflected in Mental Health Architecture" Topeka State Hospital, 1965.

<sup>9</sup>Biennial Report, *op. cit.*, 1880, p. 80.

<sup>10</sup>Third Biennial Report, Kansas State Charitable Institutions, 1881-'82, p. 56.

Starting in 1884, construction began on a series of "detached" brick buildings<sup>11</sup> ("Eastman section") which were used until 1960 and were originally to house the chronically insane. Around that time, also, Edison electric incandescent systems as well as a telephone exchange and intercommunications systems were installed in the buildings.<sup>12</sup>

Dr. Eastman's superintendency of the institution was long and conspicuously successful, though on two occasions, for political reasons solely, his tenure of office was broken for short periods. Dr. Eastman was particularly gifted in planning the most approved architecture of the time for the new hospital. In addition, he had the love and esteem of the patients in the hospital. Following each absence he returned to the superintendency and did not finally sever his connection with the institution until July, 1897, when, for a third time, he was relieved from his charge because of a change in the political administration of the state.<sup>13</sup>

In 1887 wards A, B, C, E and F of what later came to be called Stone section were built, adding two more imposing limestone buildings on the relatively flat Kansas landscape.<sup>14</sup> In 1899 the final three wards

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<sup>11</sup>Seventh Biennial Report of the Kansas State Insane Asylum at Topeka, (Topeka, Kansas: Clifford C. Baker, State Printer, 1890,) p. 9.

<sup>12</sup>Fifth Biennial Report of the Kansas State Insane Asylum at Topeka, (Topeka, Kansas: T. D. Thacher, State Printer, 1886), p. 10.

<sup>13</sup>Biddle, T. C.; Transactions of the American Medico--Psychological Association, Vol. 17, 1910, pp. 500-502.

<sup>14</sup>Sixth Biennial Report of the Kansas State Insane Asylum at Topeka, (Topeka: Kansas Publishing House, 1888), p. 11.

were added to that section.<sup>15</sup> In 1900, between Woodsview and Stone sections, the administration building was constructed.<sup>16</sup>

By act of Legislature in 1901 the official name of the institution was changed from "Topeka Insane Asylum" to the "Topeka State Hospital."<sup>17</sup>

In 1903 women taking care of male insane was introduced, which improved the decorum and added a markedly restraining influence. Force and intimidation were superseded by tact, kindness and intelligence.<sup>18</sup> From 1904 to 1928, Topeka State Hospital had a training school for nurses. But it had to be discontinued because of lack of funds.<sup>19, 20</sup>

The brick cottages and hospital buildings now known as Biddle section, were constructed during the early 1900's.<sup>21</sup> They were named for Dr. T. C. Biddle, superintendent of the hospital from 1899 to 1918.<sup>22</sup>

<sup>15</sup>Twelfth Biennial Report of the Kansas State Insane Asylum at Topeka, (Topeka: W. Y. Morgan, State Printer, 1900).

<sup>16</sup>"Doors Are To Open", a supplement to the 38th Biennial Report of the Topeka State Hospital, 1952.

<sup>17</sup>Thirteenth Biennial Report of the Topeka State Hospital at Topeka, (Topeka: W. Y. Morgan, State Printer, 1902).

<sup>18</sup>Fourteenth Biennial Report of the Topeka State Hospital at Topeka, (Topeka: George A. Clark, State Printer, 1904), p. 6.

<sup>19</sup>Ibid., p. 6.

<sup>20</sup>Twenty-fifth Biennial Report of the Topeka State Hospital at Topeka, (Topeka: State Printer, 1928), p. 6.

<sup>21</sup>Op. cit., "Doors Are To Open".

<sup>22</sup>Twenty-first Biennial Report of the Topeka State Hospital, Topeka, Kansas, (Topeka: W. R. Smith, State Printer, 1918,) p. 5.

Dr. M. L. Perry, a kindly man who knew each patient by name, was superintendent from 1918 until April, 1948.<sup>23</sup> During those thirty years the hospital became a place where the management took almost as much pride in agricultural pursuits as in services to the mentally ill. The hospital had one of the finest dairy herds in the state. Many patients spent their working hours in little huts of driftwood, tin and cardboard, on the edge of the hospital acreage, tending gardens. The patients gave little thought to leaving the hospital. Relatives of the patients then in the hospital say that the relatives were assured by hospital administrators that patients would be able to spend the rest of their lives in the hospital--as though that were a privilage.<sup>24</sup>

Then, in the aftermath of the second World War, came the Revolution. In August, 1948, just after Dr. Paul Davis succeeded Dr. Perry as superintendent, three doctors at Topeka State Hospital resigned and the other supervisory employees threatened to resign to protest the level of patient care.<sup>25</sup>

September 1, Governor Frank Carlson appointed a five-man committee headed by Dr. Franklin Murphy, chancellor of the University

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<sup>23</sup>"Kindly Hands Re-Kindle Hopes of 1,850", Topeka State Journal, April 29, 1948, p. 8.

<sup>24</sup>Alfred Paul Bay, M.D., superintendent, Topeka State Hospital, personal interview.

<sup>25</sup>"Ire Over Hospital", Charles W. Graham, Kansas City Star, September 1, 1948.

of Kansas, to study the state hospital's program.<sup>26</sup> The press responded with numerous expose articles deploring conditions at Topeka State and urging reform.<sup>27</sup> "A Study in Neglect" was published. That report on conditions in the state mental hospitals proved, among other things, that the odds were two to one that a person entering a Kansas mental hospital would get better.<sup>28</sup>

By October 2, the committee was ready to make its report:

"We recognize in principal," Dr. Murphy said, "that Kansas cannot borrow from other states the trained psychiatrists, psychologists and technical personnel it needs because the shortage is universal. The committee is disposed to look with favor on a program that would be designed to tie the education of personnel to the service of patients in the hospitals. We hope that whenever feasible, the teaching program can be brought into the hospitals." Other members of the committee present at Dr. Murphy's report were Dr. Karl A. Menninger, psychiatrist; Paul Wunsch, state senator from Kingman; and Paul Shanahan, State repre-

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<sup>26</sup>"Dean of Medical School to Head a Hospital Study", Topeka State Journal, September 17, 1948.

<sup>27</sup>Charles W. Graham. Kansas City Star, three part series, September 1-3, 1948. John McCormally. "The State Hospitals--A Kansas Crisis", Emporia Gazette, ten part series, October 27-November 7, 1948.

<sup>28</sup>Levinson, Harry; Helen K. Moore; and Verlyn L. Norris: "A Study in Neglect", (Topeka: Kansas State Board of Health, 1948).



sentative from Salina. Dr. J. Haddon Peck, St. Francis, president elect of the Kansas Medical Society, the fifth member, was absent from the state.<sup>29</sup>

Informed about the deplorable "snake pit" conditions in the state hospital, the public became enraged. The legislature, acting on public demands and on recommendations from the governor's committee, doubled appropriations for the mental hospitals and directed that the Topeka State Hospital be made a training center for psychiatric personnel.

The state later reorganized the department of social welfare, providing for a three-man board whose members would be paid per diem and who would appoint a full-time executive and a director of institutions. The superintendents of the state hospitals reported directly to the director of institutions. The state also created a full-time advisory commission that would make recommendations to the board.<sup>30</sup>

During 1950 the state jumped from 40th place to 11th place among U.S. states in the amount per patient spent in mental institutions.<sup>31</sup>

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<sup>29</sup>Charles W. Graham. "To A Psychiatric Crux"; Kansas City Times, October 3, 1948.

<sup>30</sup>"State Hospital and Welfare Steps", (editorial), The Topeka State Journal, February 24, 1949, p. 4.

<sup>31</sup>"Long Gain in Aid to Mentally Ill", Topeka Daily Capital, July 3, 1950.

Because of the increasing need for children's services in Kansas and the influence of the Kansas Council for Children and Youth,<sup>32</sup> the Kansas Treatment Center for Children was created. In 1951, an adolescent unit, and in 1959, a preadolescent unit became a division of the Topeka State Hospital, known as the Kansas Treatment Center for Children.<sup>33</sup>

Now Topeka State Hospital's purpose is fourfold: It is a treatment center offering inpatient, outpatient and day services. It also conducts research. It is a training hospital for professionals in psychiatry, psychology, nursing, psychiatric aide nursing, activity therapy, hospital chaplaincy and mental health information, and is a center for education in mental health. Finally, it offers consultant services to the communities it serves.

Pioneering a concept for treating the mentally ill, based on a method of hospital organization called "The Kansas Plan," the three state mental hospitals in Kansas under the Division of Institutional Management, Department of Social Welfare, have captured the interest and imagination of mental hospital administrators throughout the country.

Under the plan the Adult Division of Topeka State Hospital is organized into three semiautonomous treatment sections ("three little

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<sup>32</sup>"Plan Move Toward Children's Center", Topeka Daily Capital, February 19, 1950.

<sup>33</sup>Consolidated Report, Kansas Social Welfare Institutions under State Department of Social Welfare, 1960, p. 57.

hospitals"). Each serves designated counties of the hospital district. Functioning as a complete unit, each section admits, treats and discharges all patients from its assigned geographical area. County officials, family physicians, ministers, and others concerned with the patients' admission, course of treatment and discharge, work only with the staff of the section that serves a particular county. Thus, each section becomes a regional mental health center of its county area, providing, in addition to treatment, consultation service, a speakers bureau, speakers and other informational programs. The section also is host to visitors from the area.

The outpatient services were begun in 1951 and day treatment services were begun in 1965. In 1966 they were combined into the Division of Extramural Psychiatry. In a recent reorganization of the hospital, (July, 1968) the Division of Extramural Psychiatry was combined with the inpatient Woodsvie section, which serves only Shawnee County. The Adult Outpatient Service provides psychiatric evaluation and psychotherapy. The staff is divided into teams, each of which works with assigned inpatient sections in accord with the Kansas Plan. Services include psychological evaluation, psychiatric treatment and social services for individuals and groups. Services in the Day Treatment Center are designed to help the patient continue to live with his family while receiving several hours of psychiatric treatment each day. To facilitate helpful relationships between the patient and his home community, the Center emphasizes working with community agencies such as Social Welfare Departments, vocational rehabilitation, local

physicians and other community resources persons. The Division of Extramural Psychiatry is expanding its transitional workshop and has developed an alcoholism treatment program, a pre-school nursery and a training program for psychiatric personnel working in community mental health. Services of both the Day Treatment Center and Adult Out-patient Clinic are available to individuals who already live or can arrange to live within commuting distance of Topeka State Hospital.

The Children's Service of Topeka State Hospital serves the entire state, providing intensive treatment for children severely emotionally disturbed or psychotic, as a backup to other treatment resources.

## CHAPTER III

### HISTORY OF THE PUBLIC RELATIONS OFFICE AT TOPEKA STATE HOSPITAL

#### The beginning

Although Topeka State Hospital of necessity had "public relations"--that is relations with the public--during its early history, no formal program began until the summer of 1948. Work in genuine public relations began at Topeka State Hospital that year when Harry Levinson,<sup>1</sup> training in clinical psychology at the Menninger Foundation, wrote a paper for a summer course. Levinson had visited the state hospital and had been rather appalled by what he had seen there and thus chose to study the state hospital. He began work for his paper with historical research, checking records at the historical society, old biennial reports, etc., and prepared a pamphlet--a report in pamphlet style--with help from Verlin Norris, now at the Menninger Foundation's childrens service, and Helen Moore, now a psychologist in California.

"The Odds are Two to One--A Study in Neglect"<sup>2</sup> was the title of the pamphlet. Briefly exploring the history of Kansas state hospitals, the report proved, among other things that for a person entering the state hospital, odds against his return to society, alive, were two

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<sup>1</sup>Dr. Harry Levinson, personal interview. Material pertaining to Dr. Levinson's role in this section represents Dr. Levinson's views as expressed in the interview.

<sup>2</sup>Levinson, op.cit., "A Study in Neglect."

to one. Dr. Karl Menninger reviewed the report and recommended that it be published. The Mental Hygiene Division, then a part of the State Board of Health, was headed by Dr. Edgar Warren who agreed to publish the report.

July 1, 1948, Dr. M. D. Perry, superintendent at Topeka State Hospital for 30 years, retired, and was succeeded by Dr. Paul E. Davis, formerly with Parsons State Hospital and Training Center. Dr. Davis immediately came into conflict with the staff who promptly resigned en masse.

Governor Frank Carlson appointed a committee made up of Dr. Karl Menninger, Franklin Murphy, the Speaker of the House, the President of the Senate, and the president of the state medical society. They investigated the situation and recommended that Topeka State Hospital be converted into a training hospital in an effort to increase staff. At that time there were more than 1800 patients and 125 untrained aides, one nurse and two physicians.

Public support for such a program came through expose articles like those by John McCormally of the Emporia Gazette, and Charlie Graham, Kansas City Star.<sup>3</sup> Levinson worked with those newspapermen to show the wretched conditions in the gloomy locked wards where patients sat, month after month, year after year, and rocked in wooden rocking chairs in a line one behind the other against the wall. The 1949 Legislature made an emergency appropriation of \$1 million to set up a train-

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<sup>3</sup>See footnote no. 27, page 22.

ing program and changes got underway. Dr. Leonard Ristine came from Iowa to become superintendent. Levinson was still fairly peripheral then, but when events moved too slowly with the program at Topeka State Hospital, Dr. Karl Menninger, on the recommendation of Irving Sheffel, asked Levinson to go over and help.

The first public relations office was a desk in the mailroom. Bill Homan, who arrived about the same time that Levinson did, ran the mailroom while Levinson conducted public relations in a corner by the windows. Chaplain Thomas Klink came sometime later and his office was a rocking chair next to Levinson's desk.

The hospital had a deficit of \$250,000 which the cash basis law in Kansas "prohibited." There was quite a bit of stirring on the part of certain authoritative legislators when all the patients did not get out of the hospital immediately and the legislators were concerned that the hospital was spending a great deal of money and nothing was happening.

Levinson set up the public relations program by doing several things: First, he prepared press releases of the things that went on at the hospital and sent them steadily downtown to the local paper. Second, he prepared a weekly release to go to all Kansas weeklies. Third, he arranged for reporters to come to the hospital to visit. He assured them that everything was open to them and that they could come out any time and ask any question and get any information.

In 1951 when rivalry was high between Topeka State Hospital and the other two state hospitals about "all the money going to Topeka", Levinson worked with Mary Palmer, recreational therapist at Topeka State

who had started a very active volunteer program there, to have the legislative wives group visit the hospital. Lillian Bishop was then head of Volunteer Services. The wives were taken to one of the cottages that housed senile women patients. A program was arranged, with the hospital staff conspicuously absent. Only volunteers showed the women what the patients did. Legislators' wives were shown around the cottage where 80 patients had only one bathtub, and Levinson stated, "It was a pretty stinking place." The women were very concerned and subsequently voted to buy a radio or TV for the ward.

Following that Levinson began going to the legislature, introducing himself to several legislators, and inviting them to go with him to the state hospital. After driving them to the hospital, Levinson showed them around the two worst sections--Eastman and Woodview. Food carts were still going through dirty tunnels providing the patients with cold, miserable food. Once a patient stopped one of the legislators on this tour, which lasted about two hours, and asked him to come into his room just off the main hall. The rooms had no heat or lights; on the window ledge was a pile of snow.

One of the elder senators tried to get Levinson fired because of his tours, but he did not succeed. Meanwhile Levinson sent stories to weekly and daily newspapers and continued his sessions with the legislators.

Then he set up a two-day conference for the press, inviting, among others, Lucy Freeman of the New York Times, the Associated Press, the United Press and members of the local press. Miss Freeman's article in the Times was the turning point for the Kansas program.



Topeka, Kansas, May 1--A dramatic story of how a state hospital, rated two years ago as one of the most inadequate in the country, is turning into one of the most (sic) treatment hospitals, was unfolded today on the eve of Mental Health Week.

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The hospital is putting into action Dr. Menninger's philosophy and is proving it gets results. In 1948, under the old static concept that custodial care was enough, only forty-one patients were discharged as "restored". Last year there were 164. For newly admitted patients under 55 years old the average hospital stay in 1948 was 149 days. Last year it was cut to 100.<sup>4</sup>

When this article that called national attention to the progress that had already been made in Kansas was distributed to the legislators, they were determined to continue the programs.

Levinson by then had completed another pamphlet, "Behind These Walls,"<sup>5</sup> with money from the Kansas Mental Health Association. On the cover was a picture of the dismal brick walls of Eastman section; the pamphlet described the conditions behind the walls. Unfortunately, the legislative pages distributed the pamphlets back cover up, calling attention to an editorial on the back questioning the social value of a new University of Kansas field house as contrasted to the hospital need. One of the prominent legislators was angry at Levinson for trying to compete with the University of Kansas. However, there were powerful men on the Board of Social Welfare at that time and because the legislature trusted them, they were able to move appropriation bills through.

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<sup>4</sup>Lucy Freeman, "Kansas Improves Mental Care Plan", New York Times, May 2, 1951.

<sup>5</sup>Dr. Levinson, op. cit., "Behind These Walls".

They worked with Dr. Karl Menninger on his testimony before the legislature. And so a number of proposals were passed including a constitutional amendment that would allow the legislature to levy a fixed sum for state hospital buildings as it does for state educational buildings, if approved by voters.

The follow-up for all that legislation involved continuing the press releases and setting up annual informal meetings between superintendent and the local press in his house. Those off-the-record discussions with the superintendent helped the press to get to know him personally and to understand his problems. They continued when John Anderson, the clinical director, took over for the superintendent when he got tuberculosis.

In 1952 November elections, Kansans voted on the constitutional amendment. Levinson prepared to make a wide sweep of the state with speaking tours. He wrote letters to all the legislators in western Kansas and said, "I am coming out your way. Would you like me to tell your constituents what you did with respect to the mental health program?" He made a 1500-mile circuitous swing to Meade, stopping at various civic clubs along the way where he had local legislators introduce him. Then he told what went on at Topeka State and other mental hospitals and emphasized the legislators' support of the mental health program. That built support of the mental health needs in local communities so the legislation did not stop its support of mental health with one session.

The emphasis throughout the campaign was Dr. William Menninger's concept of 'brains before bricks,' a slogan which still guides the

legislature twenty years later. However, expanding programs and increased awareness showed citizens that "bricks" were also needed.

As part of the campaign to get the building appropriation amendment passed, Levinson visited all the state institutions and did stories on building conditions at each. One picture showed a big cable that went through a building at Parsons Hospital for Epileptics, to hold it together.

To emphasize to the 1953 legislature what was being done, Levinson prepared "Doors Are to Open"<sup>6</sup> and the annual report which indicated the need for new buildings, higher salaries and better working conditions for employees. He then summarized the principles involved in the Kansas program in a paper called "Social Action for Mental Health,"<sup>7</sup> which detailed the statement of the problem, an analysis of it, contrasted that with what needed to be done, and pointed to the achievements. Legislators' wives continued to visit, and an employee publication, still in existence, was started. Mary Palmer, in volunteer services, named it The Statesman.

In addition to his work in public relations, Levinson was responsible for setting up training programs, served on the Menninger School of Psychiatry executive committee and participated in education

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<sup>6</sup>Dr. Levinson, op. cit., "Doors Are To Open."

<sup>7</sup>Dr. Harry Levinson, "Social Action for Mental Health," presented to Training Conference for Employed Staff of State Mental Health Associations sponsored jointly by National Association of Mental Health and National Institute of Mental Health, New York, August 30, 1953.

and professional training activities. His public relations program, theoretically, was incidental to everything else. When he left, Dr. Paul Feldman, Manteno (Illinois) State Hospital, became director of research and education, leaving the public relations position unfilled.

By that time Dr. Alfred Paul Bay had also come from Manteno to become superintendent. He was a member of the Group for Advancement of Psychiatry (GAP)<sup>8</sup> committee that prepared a report emphasizing the need for public relations in a state mental hospital.

A position as director of public relations was set up in Topeka in May, 1954 (and at the other two state hospitals) and Letha Swank was hired as the first director of public relations at Topeka State Hospital.

When the first director was hired, "we had already established the downtown (Division of Institutional Management) responsibilities so the superintendents no longer were responsible for going to the legislature," Levinson said. "The Director of Institutions was, which meant there was a shift (for the public information office) in relationship with the legislature and with state-wide media. It was no longer state-wide; it was largely local."<sup>9</sup>

#### The formal establishment

Letha Swank was employed six months after Dr. Bay became superintendent. During the employment interview she expressed some anxiety

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<sup>8</sup>GAP Report, op. cit., No. 55.

<sup>9</sup>Personal interview.

about the work. Dr. Bay's comment was, "We will learn together; I am new here, too."<sup>10</sup>

A week later, Mrs. Swank arrived at the hospital that was ill prepared for her coming. Her experiences on arrival show some of the lack of preparation. She was told that she would be sharing an office with Dr. Feldman's secretary who had not been informed that Mrs. Swank was coming. The property control clerk located a desk, typewriter and stand. Dr. Feldman's secretary ordered office supplies and became secretary for Mrs. Swank. When the work increased so that Mrs. Swank needed a full-time secretary, she hired a former patient who had been on industrial assignment to her during hospitalization, but the patient moved out of the hospital, worked three days, became ill, was readmitted, and died a few days later.

"So there I was, responsible for the hospital's newly created public relations office, unacquainted with the personnel and with the hospital programs. Dr. Bay, busy with his duties, had no time to orient me either to the hospital or to his concept of my duties. It fell to the lot of Dr. Feldman's secretary, Mrs. Herzog, to acquaint me with the hospital. Gradually she told me about various staff meetings that she thought I should attend. Dutifully, I went, having no basis yet to form my own judgments.

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<sup>10</sup>Mrs. Letha Swank, personal interview.

At the first Clinical Staff meeting I attended, Dr. Clark Case, clinical director, asked me to introduce myself and tell about the work I would be doing. He, too, had not been informed of my employment, was not acquainted with public relations and did not know how to integrate me into the meeting. I could help him very little because I had not yet talked with Dr. Bay about the specifics of my work and my knowledge about the hospital was so little I could only answer in vague abstractions about public relations."<sup>11</sup>

Looking back, Mrs. Swank feels that was a weak beginning for the public relations office at Topeka State, largely because public relations functions were not yet understood. At the outset, no one at the hospital had a clear idea of how public relations function or how they can be applied to a hospital and its program.

At that time employees were enthusiastic, dedicated, and worked with a pioneering spirit. They were creative in developing ideas to improve treatment. Patients' care and welfare were foremost in everyone's mind. Employees were willing to work overtime and do whatever was needed. The public, too, was enthusiastic about improvements and gave full support to the programs. The hospital sometimes received even more appropriations than requested. The employees desired public support and realized its contribution and importance to developing a good program. But in the '54 or '55 fiscal year, it became apparent the hospital would run short of funds for salaries. Employees were given the choice of (1)

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<sup>11</sup>Ibid.

each voluntarily working two days without pay, or (2) releasing enough of the more recent employees to balance the budget. Employees willingly chose the first because of their concern for each individual employee and because of the feeling that to release employees would harm the treatment program.

Thus the public relations program worked with relative ease. The hospital was still "honeymooning" from the marriage of the public and staff to improve the treatment program. Public visitors were treated very courteously; the staff was eager to tell what it was doing. But year by year as the number of visitors increased, the staff became tired of repeating the story of the "snake pit days" and the reform. Support from the state legislature was easy to obtain and the federal government was beginning to pour money into state mental health programs. As a result the staff began to lose its feeling of dependence on public support; it did not want to be "bothered with the snoopy public." Hence, public visitors began to feel less welcome; the 24-hour social service which evaluated applications and determined treatment was discontinued; calls after hours were discouraged.

Hospital activities during that period were coordinated through two weekly meetings: the superintendent's meeting and the clinical director's meeting. The former was mainly announcements; the latter was to iron out clinical matters and sometimes administrative matters. The public relations director attended both meetings. The clinical director's meeting helped her to keep up on clinical planning; the superintendent's, to learn about strictly administrative matters.

The public relations director reported exclusively to the superintendent who discouraged any attempts on the part of the clinical staff to control public relations activities.

"I think the primary reason that this is important is that the superintendent and the public relations director have a total viewpoint of the hospital services whereas the clinical staff is only interested in clinical aspects. Because of their more limited viewpoint this might affect their attempt to include the content of public relations program."<sup>12</sup>

Arranging with the staff for visitors' receptions, making speeches, and obtaining information for news releases was done by the public relations director on a personal "good will" basis. Prior to the Kansas plan, public relations activities could be worked out fairly smoothly. If one psychiatrist or team did not want to participate in the public relations activity, the director would obtain cooperation from another group of employees. The hospital was big enough to obtain cooperation somewhere. The director had almost exclusive control and responsibility for public relations.

The Kansas plan, which broke the hospital into four cachement areas, began to decentralize the hospital and to isolate the sections from a centralized public relations office. Before the Kansas plan, each section treated patients from all 36 counties that comprised the hospital district in northeastern Kansas. Patients were assigned to

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<sup>12</sup>Ibid.



sections on a rotation basis. A social worker had been available 24 hours a day to handle emergencies; the O.D. (officer of the day) was available to "drop-ins" after hours. With the advent of the Kansas plan in 1960, each of four sections of the hospital was assigned specific counties to serve. The public who looked to a "Topeka State Hospital" had opportunity to be confused by a policy in "Eastman section" that differed from the one in "Woodsview section."

Gradually the section staffs became more loyal to the section than to the hospital as a whole. It was decided as a policy that each section was responsible for participating in all public relations activities for the counties each served. Assuming that responsibility, the section staffs also began to participate in planning public relations. Persons who represented the hospital as a whole, such as the public relations director, were resisted by the sections. Unlike the clinical staff who readily call in clinical consultants, the sections became reluctant to call in the public relations director, the one competent person available in an area where the clinical staff was not. Perhaps it was because the public relations director was an "outsider" who was not closely identified with the section.

The effect of the Kansas plan was to break Topeka State Hospital into four little hospitals, each with its separate public relations program. Each section developed unique ways of receiving visitors, which naturally confused the public. For example, one group of visitors would be allowed to visit wards, while a group from a county reporting to another section district would not be allowed to. That meant four

separate public relations programs to work with instead of one. It also meant that mass media with readers, receivers, or listeners in counties not served by one section of the hospital could easily confuse, rather than enlighten, the public about that aspect of the public relations program. The "four little hospitals" additionally required much public relations time to explain to visitors from one section's district why their program differed from that presented to visitors from another section's district.

"This meant that my work was four times as difficult," stated Mrs. Swank. "I had to plan four separate public relations activities for each hospital public relations activity."

Even mention of any kind of hardship on the part of the staff today because of the Kansas Plan causes Robert Anderson, chairman of the Board of Social Welfare, to comment adamantly: "It is the public policy that the hospital will act on a section basis: Eastman, Woodview and Biddle. That is the policy the state approved for the hospital for the benefit of the patients: Larned, Osawatomie and Topeka State will operate on the section plan. Everyone is in general agreement about this except the people at Topeka State." He states firmly that the Kansas Plan exists for the patients' benefit; not for that of the staff.

Dr. Robert Haines, director of the Division of Institutional Management, stated recently that he wanted to be sure that any discussion of this problem also say that the condition need not exist. He points to Osawatomie State Hospital: "There is no image problem there," he says.

Asked about Osawatomie, Dorothy Bishop, public information director at Osawatomie State, said, after conferring with the superintendent, Dr. George Zubawitz, "I think one thing may be the administrative structure at Topeka State. Here we have an Employees Advisory Council and a Patients Advisory Council where gripes get ironed out. If a person hands in a grievance sheet, they hear from the superintendent within five days. We also have an annual State of the Hospital meeting, which Topeka State used to have but discontinued. In addition, we have Monday rounds where staff members visit other sections, so that a plumber gets to visit with a psychiatrist.<sup>13</sup>

Notwithstanding the theory back of it, the Kansas plan divides the loyalty of staff members at Topeka. Staff members are responsible not only to their section chief, but also to the head of their clinical discipline as well. Thus a social worker must act as a member of a treatment team in one section responsible to a section chief, and also be responsible to the chief of social service for the entire hospital. Treatment programs of the various sections represent treatment philosophies of the section chiefs. The same competitive spirit that makes for high esprit de corps also makes for a divided hospital. One staff physician stated:

"I think that my primary loyalty is to the section and secondarily to the hospital," he said, "and yet I see the hospital as a functioning unit, and institution. Many of the medical staff feel that there are too many fragments and a lack of unity."

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<sup>13</sup>Telephone interview.

Divided loyalty of physicians which has occurred often through the years, is yet another problem of the director of public information. It is really a problem of medical ethics best exemplified by the superintendent. As a psychiatrist he has very strong feelings about ethical codes and protecting his patients.

Dr. Bay states:

. . .the patient's personal dignity and his right to privacy is very important. Important for treatment and humanistic reasons. So we have to protect the patient from exposure on one hand, but on the other hand, the public needs to be educated that the patient is a human being. The patient used to be alienated from the general public by virtue of the mental illness. We have to present him to the public and defend him from them as well.<sup>14</sup>

But, as an administrator who must concentrate on the public's image of the institution, he cannot avoid some things that conflict with his role as a physician; in fact, they are necessary.

The most controversial topic originating during Mrs. Swank's time at Topeka State was patient panels. Osawatomie State Hospital had for some years, taken groups of three or four patients into the community where they discussed life in a mental hospital as they have seen it and some even discussed personal problems that caused them to seek treatment. The panels have been highly successful and were accepted enthusiastically by the lay community. For several years, the sophisticated psychiatric community in Topeka looked upon patient panels extremely critically. The author heard one staff doctor state in a staff meeting that the very idea made his flesh crawl. The arguments against patient panels are

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<sup>14</sup>Personal interview

psychiatrically valid. Some doctors feel that the wrong kind of patients want to be on the panels. Since the panels are voluntary, patients who respond to the request may be doing so as part of their own pathology, the doctors say. Many feel that the patient who is a member of a panel is too exposed, too vulnerable and is in a way, exploited. Yet, the panels unquestionably have a positive effect as an educational tool with the public. Both Mrs. Swank and the current director have worked with the staff to make wider use of the panels for the beneficial effects that occur. They have both had the support of the superintendent who admits to mixed feelings about the use of the panels to improve the image of the hospital, the image of the mental patient and the public's understanding and tolerance of mental illness. In Mrs. Swank's tenure at the hospital, the panels were used very sparsely and only rarely off the hospital grounds. (Osawatomie State Hospital traveled all over the state with patient panels, and stayed overnight when necessary.) Gradually, over the years, the physicians have come to accept the panels more easily and they have been allowed to travel to parts of the hospital's district, although even this is sometimes met with passive resistance on the part of doctors. During a recent staff shortage, patients scheduled to travel with the director of public information were not permitted to go at the last minute. Physicians in charge of the patients stated that they had no objection to the patients going so long as a staff member went along who knew them. That was impossible because no staff members were available to go.

Tours of wards have similar implications of conflict between the director of public information and ward psychiatrists. Again, the crux of the problem is the protective feelings the physician has for individual patients and the responsibility the director has to educate the public. As doctors become interested in programs in community psychiatry, their attitudes about the public are changed, so problems associated with patient panels are lessening. One doctor in such a program at Topeka State recently stated:

Anything that helps is good. The patients on our admission wards do not look any different from anyone else and it helps present a more realistic picture. There is no detrimental effect on the patients. I would say that the staff functions at the moment leave too little time in our working week to do the work that needs to be done with the patients. Anything that takes them away from their duty is bound to be an imposition. It boils down to what his (the physician's) own personal inclinations are. Because we know that public relations is important, we make time by altering our schedules. I am very interested in the community. The community must be informed and I am willing to make the sacrifice.

To say that we have an 'obligation' is too moralistic. Public relations must convince the staff that this is for their own best interest and for the best interest of the institution and for the patients.

It is important for public relations to keep reminding us as we become rather cloistered and separated from the public that we do have to keep in contact with the community.<sup>15</sup>

Dr. Bay echoes part of that sentiment in describing the role of the public information director in relation to the superintendent.

Part of the function of the office is to be "at odds" with the superintendent. The information office exists to expose, inform

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<sup>15</sup>Statement by staff psychiatrist, personal interview.

and publicize. A large part of the superintendent's job is to protect. The opposition is healthy if understanding flourishes between the two parties.<sup>16</sup>

Dr. Bay recognized and stated the primary problems for Letha Swank and her successor. The office had changed. The title is director of public information--not public relations.

As a high level decision maker as far as policy is concerned, the chairman of the board of social welfare, Robert Anderson gives his concept of the office. "The role of the director of public information is what the superintendent tells him to do. It can only be justified by public understanding of a program. It is important that the public does understand mental illness. It is really a part of the treatment program. I'm the guy who must battle for these positions. The public relations positions at the mental hospitals play an important part in the overall program."<sup>17</sup>

But Anderson feels that there is danger when the professionals at the institutions began playing a role in legislature, (as Levinson did). He states that the staff members are paid servants of the state who may make decisions about the treatment program, which Anderson is not qualified to make, but they must remember that it is a policy decision by the legislature that the hospital even exists.<sup>18</sup>

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<sup>16</sup>Personal interview.

<sup>17</sup>Personal interview.

<sup>18</sup>Ibid, Anderson.

The public information department today

In September, 1966, Carolyn G. Foland was appointed temporary director of Public Information for three months. She returned in April, 1967, in a permanent capacity. Many patterns had already been set: tours of the hospital, arrangements for speakers, scrapbooks of clippings, a summer intern program, good relationships with the Capital-Journal, and the employees publication, The Statesman, published twice or three times a year. The Director has made few major changes in the public relations department and in its policies.

The Statesman now is published monthly, as when it was created in 1951. It is the director's belief that this employee publication should have as wide appeal to the staff as possible. Included in the publication, which averages 12 pages a month, are a page of recent additions to the professional library, designed to appeal to the medical staff; small notices concerning the lives of employees: babies, marriages, summer vacations, etc.; recognition of talks, trips and papers by staff members; and longer articles to keep all hospital employees informed about new hospital programs. The director hopes that The Statesman helps unite the hospital staffs and prevents hospital fragmentation.

The previous director usually contacted a local newspaper reporter who was given the necessary information and then wrote the story. This director prefers to do a release for all four local radio stations, two television stations, two newspapers, the Associated Press and the United Press International. When events occur at the section level--personnel changes, section procedure--news releases are sent to all papers in the



counties served by that section. From July 1, 1967, to February 1, 1968, 254 news releases were sent to those media. The director has continued to maintain good relations with the Capital-Journal for staff-written, exclusive special features.

One television station has been most cooperative in doing feature news films, which are usually run on the Sunday night news when there is a lack of hard news. The director also has furnished the television stations, both of which have local color, with color transparencies of buildings at Topeka State Hospital, and key, newsmaking personnel.

The current public relations project is developing a closer working relationship with the section (initiated by the work on this thesis). Each section is unique in that each has chosen a different way for the director of public information to relate to individual sections. The most workable solution has come from Woodsvlew. Instead of allowing the director to become an immediate member of the administrative staff meetings, they have asked that she attend section meetings, Diagnostic and Appraisal Conferences and other section meetings to study the needs of that section. After a month or so of such study, the director recommends to the administrative staff of the section how the public information office may be of value to that section. That arrangement permits the director to acquire understanding of the section, its relationship to the community and its internal workings so public relations programs recommended to the section are much more likely to be valid. The director now attends section meetings on all the sections of the hospital.

Another major project was the initiating of an annual Students' Day program. Instead of high school classes visiting the hospital throughout the school year, all classes who had previously exhibited an interest in Topeka State Hospital are invited to a one day program. The staff has planned a tour of the physical plant and a program designed to: eradicate stereotypes of mental illness and mental patients, explain the role of the state hospital in treatment and perhaps instill some interest among students for a career in mental health. The program was a major success.

Staff members devoted considerable time to planning a program on each section for the students. A central committee drafted goals for the program and the goals were communicated back to each section. Each section was then responsible for devising its own unique program. Without exception, each section involved patients in its program. On most of the sections, the visiting students received an orientation on mental illness and the hospital's treatment program and then toured facilities of the section, stopping to visit with patients on the ward at some point in the tour.

Students were asked to fill out a questionnaire giving their response to the program, and on the whole that response was favorable. In general, students did not particularly like the tour of the physical plant, feeling that if they had not been on that tour, they could have spent more time with the patients--an assumption that is totally unwarranted. In examining the results of the questionnaire, the central committee felt that the students would never think that they had spent enough time with

the patients and the 20 to 30 minutes allotted for this purpose was probably all the patients or the students could tolerate. One member of the committee reported, however, that some of the patients on her section were disappointed that the students did not stay longer.

The staff felt that the effort to provide one high quality program for the students once or even twice a year was an excellent use of their time.

The most pressing problem for the current director is one of identifying long range goals for the institution. Topeka State Hospital is part of a broad state mental health program. The superintendent reports directly to the director of the Division of Institutional Management who, in turn, answers to the Board of Social Welfare. The Division of Institutional Management is responsible for all eleven state institutions, (three for the mentally ill) as well as the numerous community mental health centers throughout Kansas.

"The state of Kansas does have long range goals that the institution is part of," states Robert Anderson, chairman of the State Board of Social Welfare. "They may each have individual goals but they are all part of the Division of Institutional Management which is the State mental health authority and has the right and responsibility to make plans."<sup>19</sup>

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<sup>19</sup>Ibid.

The mental health plan for the state, as pointed out by Anderson, is the Kansas Citizens Plan, published in 1964.<sup>20</sup>

"Two thousand people worked on this plan. . . (but) the Board of Social Welfare decided what the plan would be. . . (after meeting) with many advisors," Anderson said.<sup>21</sup>

The Kansas planning study was one of 50 supported by the national government aimed at improving mental health services throughout the country. Of \$4.2 million granted to the states during fiscal 1963 and 1964, some \$100,000 was given to Kansas, the maximum a state with Kansas's population could qualify for. The goal of the Planning Study was to develop by 1965 long-range plans for (a) mental health services for all persons with any sort of mental disability and (b) methods to prevent mental illness. Through questionnaires to "care-giving" Kansans and regional meetings the planning study arrived at a final report which was published in 1964.<sup>22</sup>

Anderson and Dr. Robert Haines, director, Division of Institutional Management, point with pride to the planning study. Both feel that the long range goal of the state is to provide comprehensive mental health care to all citizens of Kansas.

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<sup>20</sup>Kansas Citizens Plan, Comprehensive Mental Health, Three volumes, (Topeka: Community Mental Health Services, Division of Institutional Management, State Department of Social Welfare, 1964).

<sup>21</sup>Personal interview.

<sup>22</sup>Kansas Citizens Plan. See appendix for recommendations for state institutions.

"Kansas is committed to this kind of program. It is our first line of defense," Haines stated.<sup>23</sup> Anderson was more explicit: "More and more mental health services will be closer to where the people live. It will become acceptable to blow your lid when you want to and not just during hours that the doctor wants to work."<sup>24</sup>

James Bibb, director of the budget, and Dr. Bay, superintendent of Topeka State Hospital, do not view the plan with alarm, but they find it of little help to them. Bibb feels that it is of little use because it offers no step-by-step outline of where the state is going in the field of mental health. He finds it as vague as declarations of love of "God, mother and country."<sup>25</sup> Bay feels that it makes too many recommendations; "We do not need a planning study to tell us what could be done. What would be useful to me would be a person at a policy-making level, the Board of Social Welfare, the governor, someone, to take one suggestion and say this is what we should do".<sup>26</sup>

Harry Levinson, formerly director of industrial mental health at the Menninger Foundation, and now at Harvard, states:

You do have to have long-range goals for any institution in order to have institutional cohesion of any part of them. If not, then the only thing that holds it together is money, and that's what holds most universities together, which is part of the trouble. When you go along from day to day and are pushed by the

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<sup>23</sup>Personal interview.

<sup>24</sup>Personal interview.

<sup>25</sup>Personal interview.

<sup>26</sup>Personal interview.

forces it doesn't really make for a vibrant institution--one you could dedicate yourself to. So it's a sort of sine qua non of any institution that it maintain its vitality. That it has to know where it's going, and all its people have to know where it's going. They have to be identified with its goals. Now to what extent can you have such goals when the legislature provides the money? I think you can have the goals whether the legislature appropriates a dollar or a million dollars. The goals are the same. You may not be able to go as quickly toward them. On the other hand I think it would contribute significantly to working with the legislature to have such long-range goals because you can say, "This is where we are going. Over the long pull, this is what we intend to do, and this is where this appropriation fits in at this point." And draw it out in a beautiful chart; if we can't do this now we can't get there then, etc.

Now I have over-simplified it a little bit, but not much. Because the one thing that legislatures need to know, and often will ask, is, "Where are you going? What do you want? What do you intend?" And they are often in no position to judge whether you ought to spend \$20 in this ward or \$20,000 in another ward. But if you can make clear what it is you intend to do and why you intend to do it, and how this goes step by step from year to year, I think this can have tremendous impact for budgeting. Legislators are always looking for administrators they can trust.<sup>27</sup>

At present there is very little certainty about the future role of the state hospital in the treatment of mental illness. Many concepts are undergoing change. Twenty years ago when the Topeka State Hospital was a snake pit, people recognized that something needed to be done. Dr. Karl Menninger was a charismatic figure with whom the legislature could identify. They said "What shall we do?" and Dr. Karl replied: "One, two, three, four, five--" "Thanks."

In 1968, there is no clear pattern set by such a dynamic figure. Issues in community mental health and services for children have not been

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<sup>27</sup>Personal interview.

defined for the role of the state mental hospital. Particularly in the area of services for children, professionals are divided.

"You cannot expect the formation of social goals when people are so divided," Bibb stated. "When there is a social demand that something be done and the professional people cannot respond together on a program. . .then the legislature will have to make a decision. This may only be a decision to take the public heat off."<sup>28</sup>

Dr. Bay states:

Our long-range goals are uncertain. At the time when the hospital was in crisis, way behind the times, understaffed, it was easy to say our long-range goals are to bring the hospital to the highest of excellence in all services. This what we have been about for the past fifteen years. Now that we approach excellence in all fields it becomes more difficult to innovate so one could say our long-range goals are to continue to give excellent service.

We do still have some things unaccomplished. One is: we have a long-range building program which has been interrupted. Not by any lack of vision on the institution's part, but by speculation on higher levels about what the future needs will be. We lack data about future needs in Kansas.

For example, how many children does the public want us to take care of? What level of illness do they want us to care for? What illnesses do they want us to take care of? Some agencies test us out by sending us delinquents, or children with personality problems, maturity problems, motivational problems and so forth. So it becomes difficult for us to know what we will be expected to take care of ten or twenty years in the future. As far as program is concerned, we have a long-range plan. But our immediate superiors haven't bought that plan yet. They have been asking us to sit and mark time until they can be sure this is the right plan."<sup>29</sup>

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<sup>28</sup>Personal interview.

<sup>29</sup>Personal interview.

Bibb, as a public administrator, looks at the current dilemma of the mental health professionals:

Concepts of what mental health is and how you deal with it, are undergoing changes. Right now there is less certainty on the part of the mental health professionals on what their role is in society than at any other time in history. You cannot expect the formation of social goals when people are so divided.<sup>30</sup>

Thus it seems that the mental health program in Kansas now is marking time. The state has a planning study that advocates providing comprehensive mental health service to all persons in Kansas. Few persons would argue with that premise. Yet the state hospitals are really not sure how they fit into the picture. If the planning study is to be of any use, then individuals at policy making levels should be setting up some realistic plans to carry out planning-study recommendations. Administrators in the hospital should be shown how the finished puzzle will look and how their individual peices fit into the final pattern. Some pieces may be missing at this point but the hospitals should have an idea of the part of the puzzle they are to provide. That is important not only from the standpoint of the hospital understanding its role, but also from the standpoint of being able to justify expenditures to the legislature.

For example, scientists have been saying for fifteen years that we would be on the moon by 1970. They planned a series of projects, each complete in itself: Mercury, Gemini and Apollo. There were long-term goals and short-term ones. But they all fit into a well-planned overall

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<sup>30</sup>Personal interview.



scheme that stated, "This is the way we will do it: one, two, three." There may be set-backs--there always are. But space program officials can say more than a vague "We want to get a man on the moon." (cf. "We want to provide comprehensive mental health care to all Kansans.") They can say in getting a man on the moon, we will do this, this and this. By this date we will be here. At Houston, research is being done that will tie in with the work at Cape Kennedy. There are research projects at Huntsville and St. Louis that will provide information we will need at a given point. This is what we need to accomplish our goals. Give us only part of the necessary funding and we will be able to accomplish only this."

The State of Kansas, it seems, needs a mental health program that can be accomplished and explained in step-by-step phases that reach step-by-step goals. They must, if they are to know how they wish to achieve their goals, much less explain the goals to their many publics, including the state legislature.

## SUMMARY AND CONCLUSIONS

The Topeka State Hospital public relations program has changed considerably since Dr. Harry Levinson started in 1949. Since the establishment of the Division of Institutional Management and the Board of Social Welfare, the hospital has been discouraged from going to the legislature. Robert Anderson has made in plain that it is he who should go to the legislature and not anyone at the hospital. He states that the staff members are paid servants of the state who may make decisions about the treatment programs, which he is not qualified to make, but they must remember that it is a policy decision by the legislature that the hospital even exists.<sup>1</sup>

The public information director today writes news releases, prepares pamphlets, conducts tours of the hospital, plans public relations activities, works with other Topeka mental health agencies and institutions on mental health education projects for Shawnee County, and publishes the Statesman. She recognizes the need, however, for a more active "public relations" program aimed at long-range goals as opposed to a day-to-day routine "public information" program.

Two recent events made it clear that the hospital's public relations program is woefully inadequate: an attack on the children's program and an aide strike with its charges, counter charges and aftermath.

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<sup>1</sup>Statement by Robert Anderson, personal interview.

In the fall of 1967, Dr. Robert Switzer of the Menninger Foundation, at the annual meeting of the Kansas Mental Health Association in Wichita, was quoted in the press as having said that the cottages for adolescent children at Topeka State Hospital were chicken coops and not fit for habitation by animals. The legislature had already begun to question the time it took to treat a child at the Kansas Treatment Center for Children--as long as five and a half years. Legislators were feeling the pressure of parents of children who were on the waiting list to be admitted to the 95-bed hospital, then the only state supported facility to provide service for an estimated 2500 children in Kansas who need professional psychiatric treatment. The treatment center had been established in 1952 to provide short, intensive care for mentally ill children, but its staff had found that the extremely ill children they were asked to treat could not be helped with short, intensive care. In 1967, the program was compared with day programs at the two other state hospitals in terms of the time required to return patients to their communities and numbers of children who could be treated. The treatment center was separate both physically and spiritually from the state hospital, had a high esprit de corps among its staff and had isolated itself in a protective shell in complete devotion to the children it was trying to help. The result? It was virtually helpless to do more than wage a defensive effort against the attack on its very existence. An understanding, or even an aware, public would not have attacked. More likely it would have defended the Treatment Center and helped it enlarge by increasing its appropriations from the

legislature. But it had no public relations program and, consequently, no public to defend it or to help it.

Then in the summer of 1968--while this paper was being written--the aides of Topeka State staged a one-day "work-in" in an effort to demonstrate their lack of recognition as professional mental health workers, their poverty level wages and lack of personal dignity. June 19, Superintendent Bay entered a ward on Woodsvlew section and found several aides lounging in the nursing station, among them Emerson Stamps, president of Local 1271 Health Workers Union which had been in existence about eighteen months. He asked the aides individually what they were doing on the ward, as many of them were either off duty that day or assigned to other wards. Bay was told that this was an administrative take over of the hospital. He asked persons not assigned to the ward to leave the grounds or return to their wards. He was ignored. He then told them that they were suspended and to leave the grounds. When they failed to, they were arrested and taken to the county jail where they were released by the sheriff.

The aides were subsequently fired for such acts of insubordination such as failure to surrender to the chief nurse keys to a drug cabinet, failure to record medications administered to patients and interfering with patients' treatment programs.

Following release of its members, the Union declared an all out strike and picketed the hospital. Many members of the medical staff felt that the aides should be reinstated and returned to the hospital. The Civil Service Board hearing the appeal from the health workers who were

fired upheld the 30-day suspensions of 17 aides but reinstated them at their former salaries following this. The state was denied an appeal, when the district judge ruled that the statute was unclear as to whether the court had any jurisdiction over the matter. Because the Governor indicated that any further action would be a waste of time, the Division of Institutional Management abandoned the idea of obtaining a ruling from the State Supreme Court on whether or not the District Court could hear the case.

Those two cases demonstrated a lack of public relations foresight on the part of the institution. The Kansas Treatment Center for Children had made no effort to inform the legislature or the people of Kansas that it felt its purpose had changed since it was established. In the latter case, administrators had not kept either the public or hospital employees informed about steps that had been taken to upgrade the position of the psychiatric aide. Neither the public nor the employees knew that the job specifications had been rewritten by personnel at Topeka State and other state institutions and were to be considered by the finance council in 1969. A staff development program that had been planned for several years had not been adequately communicated to the staff.

In the aftermath of the strike, the superintendent and public information director considered their lack-of-communication errors as critically as possible. In light of the information presented earlier in this paper with regard to goals and objectives of the mental health program in Kansas, they decided to meet with members of the Division

of Institutional Management staff to clarify goals and the role of Topeka State in the overall Kansas mental health plan. Following that discussion, Dr. Bay; Miss Foland; the Topeka State clinical director, Dr. William Simpson; Dr. James Horne, section chief, Biddle section; and Miss Elizabeth Clark, director, social service, met with Dr. Haines, Mr. Kenneth Keller and Dr. Howard Williams of the Division of Institutional Management. The meeting was a productive session where ideas about goals and programs were exchanged until both sides knew more accurately the direction the hospital staff wanted the hospital to go and the direction the Division saw the hospital moving. The director of public information will use that information to call attention to specific steps being taken and to attempt to inform the public and get its reactions to the ideas and programs of the hospital. Public reaction will be communicated back to similar group meetings where further refinement of objectives will take place.

A more active "public relations" program is certainly needed, one that would require a public information staff member on each section. Such staffing would provide better opportunities to know the sections and the communities they serve. Knowing the section's problems and goals and its public would provide many opportunities for a public information worker to help those two groups communicate and understand each other. Understanding results in tolerance, sensitivity, and, quite often, needed political power. So such a public relations staff should help the hospital reach its long-term goal of services to all Kansans

who could benefit from them. An example of the kind of results one could reasonably expect is exemplified in the relationship between the current director and the executive director of the Shawnee County Mental Health Association.

Almira Collier, executive director, is in a position to hear many of the complaints and fears the community expresses about the hospital. Mrs. Collier and Miss Foland meet for two hours once a month to share information. The public relations director, armed with information about community discontent, can then intervene to correct unjustified criticism before it spreads. Frequently a simple communication is all that is needed. The importance, however, of someone being available in such a "trouble-shooting" capacity, cannot be over emphasized. Each section of the hospital needs such a person.

Even more important, however, is communication between the hospital and the Division of Institutional Management and the State Board of Social Welfare concerning goals and obligations. Meetings like the one described earlier in this chapter are essential if the public relations program is to succeed. As proved by the aides' strike, uninformed or misinformed employees are restless, unhappy and potentially rebellious employees. A public relations director, privy to policy making and planning, can make sure that the staff is informed about things that interest and affect them. A coordinator of public relations could be involved in such activity while others on a public information staff were working with section problems.

The hospital's public relations problems are complicated and far reaching. The director needs a public relations-conscious staff, a public relations-minded superintendent, director of Institutions and chairman of the Board of Social Welfare. Given those, along with staff and funds, he should create understanding of and support for the mental health program and long-range goals.



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APPENDIX

## RECOMMENDATIONS

### FROM THE

#### REPORT OF THE COMMITTEE ON INSTITUTIONAL PROGRAMS FOR THE MENTALLY ILL

The recommendations for state institutions are as follows:

1. The Kansas State Department of Health should be encouraged to recognize the need for temporary holding units in all community hospitals for acutely psychotic persons.
  - 1a. Such recognition should include a licensing requirement that facilities for the temporary detention of mental patients be included in the organization of every general hospital.
  - 1b. Such recognition should also include the requirement that beds for acutely psychotic patients be included in the construction plan for all hospitals for which Hill-Burton funds are sought.
  - 1c. Furthermore, there should be an active program on the part of the State Department of Health to encourage all general hospitals to allocate funds to support the basic staffing of temporary holding units for psychotic patients, rather than large sums of money for the construction of separate or remote and detached physical facilities.
2. The Kansas Medical Society should encourage all local medical societies to accept responsibility for the development of adequate local medical consultation to county courts, probate courts, and law enforcement agencies, to meet the need of those citizens under temporary detention who are mentally or physically ill.
3. Enabling legislation should be introduced to permit counties to reimburse local hospitals for the treatment of mentally ill citizens who may require temporary detention. Present laws which make the income of sheriffs and turnkeys dependent upon jail population should be modified in such a way as to remove any advantage on the part of the law enforcement officer from keeping a mentally ill person in jail rather than transferring him to a hospital.

4. Finally, the Kansas Association for Mental Health and the Kansas Association for Retarded Children should encourage the development of handbooks and training courses for general hospital personnel and for law enforcement officers to assist them in dealing with the problems presented by mentally ill persons temporarily consigned to their care and custody.

Responsibility for and participation in the patient's aftercare is not exclusively a problem of the medical profession. The physician is only one unit of the larger responsible community. The pre- and post-hospital care of the mental patient demands only a small portion of the general practitioner's time: approximately two patients are released from mental hospitals for every physician in private practice in the state. It is unreasonable, therefore, to assume that the private physician would invest a substantial amount of time or money in training for a type of service which affects only a small part of his time. Practical considerations weigh heavily against the average general practitioner spending many days of his time or traveling substantial distances to confer about a mental patient. The degree to which the community recognizes its responsibility for patients rests heavily upon the local opinion setters.

5. Local mental health associations must make a specific effort to see that mental patients are included in the services provided by all types of local agencies. Mental health associations occupy a key position in this strategy because of the breadth of representation and personal commitment which exists in their boards and their memberships.
6. Integration of the general practice of medicine and the practice of psychiatry must begin by giving psychiatry status and emphasis in the Medical School of Kansas University beyond that which it now endures.
7. The Division of Institutional Management should promote legislation changing the present moral responsibility for aftercare which presently rests upon state hospitals to a definite legal responsibility. Staffs should be adequate to carry out such a continuing relationship.
8. Persons presently eligible for admission to the hospital for the criminally insane are a heterogeneous lot which are congregated disadvantageously because of their widely differing needs, both in terms of treatment program and of the public security. A range of security should be

available for different types of patients. Mutually incompatible treatment programs should be provided in physically distant facilities. At least three types of facilities are required:

- 1) A mental hospital unit within the prison system.
  - 2) A security hospital for the dangerous mentally ill.
  - 3) A training institution for the individual with characterological defects.
9. The State Board of Social Welfare should request appropriate legislation and appropriations to replace the present Dillon unit with the latter two units, in a location where professional help is more readily available.
  10. The Director of Penal Institutions should be urged to request legislation and finances to provide the first unit in a population center where professional help may be obtained.
  11. The Division of Institutional Management, the law schools of universities within the state, the Legislative Council, the Foundation of Law and Psychiatry, the Kansas Bar Association, and university faculties in anthropology and sociology should be urged to study, encourage, promote, and support research and training in problems of the delinquent, the criminally insane, the psychopathic deviant, the retarded delinquent, and the like.
  12. The organizations mentioned above should be encouraged to review and revise existing laws concerning the disposition of individuals who have committed anti-social acts who may also be in need of psychiatric treatment. Legislation should be introduced, making it mandatory upon courts to schedule for trial within reasonable lengths of time individuals who are certified by medical authority to be no longer in need of mental treatment.



## SUPERINTENDENTS OF TOPEKA STATE HOSPITAL

Barnard Douglas Eastman, M.D.	The year 1879 to July 1, 1883
* Asa Pease Tenney, M.D.	July 1, 1883 to March, 1885 (1)
B.D. Eastman, M.D.	March 1885 to July 1, 1893
J.H. McCassey, M.D.	July 1, 1893 to Feb., 1895
B.D. Eastman, M.D.	Feb., 1895 to July 1, 1897
C.H. Wetmore, M.D.	July 1, 1897 to Oct. 1, 1898
L.D. McKinley, M.D. (Acting Supt.)	Oct. 1, 1898 to April 1, 1899
* Thomas C. Biddle, M.D.	Oct. 1, 1899 to Feb. 16, 1918 (2)
John H. Cooper, M.D. (Acting Supt.)	Feb. 16, 1918 to April 7, 1918
Middleton Lee Perry, M.D.	April 7, 1918 to April 30, 1948
Paul E. Davis, M.D.	May, 1948 to September, 1948
William Francis Blair, M.D.	Sept., 1948 to Sept., 1949
Leonard Paul Ristine, M.D.	1949 to 1951
John Martin Anderson, M.D.	1951 to 1952
Clark Case, M.D. (Acting Supt.)	1952 to 1954
Alfred Paul Bay, M.D.	1954 - - -

\* (1) Supt. Osawatomie State Hospital, 1877 - 78

\* (2) Supt. Osawatomie State Hospital, 1895 - 98



THE DEVELOPMENT OF THE OFFICE OF PUBLIC INFORMATION  
OF THE TOPEKA STATE HOSPITAL

by

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B. A. Kansas State University, 1966

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## ABSTRACT

Persons in the United States are not really misinformed about mental health and mental illness, but uninformed. The public information departments at mental health agencies face a responsibility in correctly informing persons about their institutions and mental illness in general. A good public information office should have clear goals. A good self-image and the ability to cope with the ethical demands of the medical association. This paper examines the evolution of an office of public relations. The public information office of the Topeka State Hospital began in 1948. At that time, Kansans became aware of the deplorable conditions existing in their state hospitals as a result of newspaper articles exposing the state of mental hospitals. Harry Levinson, a psychology student at the Menninger Foundation, became the first unofficial public relations director in addition to his other duties at the hospital. He wrote pamphlets calling attention to the need for improvements. He worked with the press to call the public's attention to problems. He personally contacted legislators and brought them to the hospital. He traveled throughout the state to tell the public how their legislators were helping conditions in the state hospital.

In 1954, Mrs. Letha Swank was employed as the first official director of public information. With the hospital's "Revolution" just behind them, the hospital employees were eager to work with the public. But as time and federal funds erased the need to cooperate, the staff

became less willing to welcome visitors to the hospital. The Kansas Plan, which divided the hospital into geographical cachement areas, splintered the hospital and thus its image of itself. Also a major factor in providing programs for the public was the psychiatrist's responsibility to protect his patient. The director and the psychiatrist must work together to provide an educational program which helps remove the stigma of mental illness and yet protects the privacy of the patient. Areas of conflict have been in tours of the wards and patient panels.

In April of 1967, Carolyn G. Foland was appointed director of public information. She continued many of the past programs and initiated a few others. The Statesman, an employee publication, was returned to a monthly basis and a philosophy defined for it. She expanded relationship with the mass media. She found ways of working with the sections. She instituted a Students Day for high school psychology students. Her most current concern is the need for goals for the institution, the Division of Institutional Management and the mental health program. The Director of Institutions and the Chairman of the Board of Social Welfare feel that the goals are clearly defined in the Kansas Citizens Plan for comprehensive mental health services. The Director of the Budget and the Superintendent are unsure of the extent that this plan is helpful. Two recent incidents, an attack on the Topeka State Children's program and an aides strike, made clear the need for clearly defined goals and for properly laid groundwork to attain them. A meeting was arranged with both hospital and state level persons present where goals and policies could be discussed. This

meeting, and the potential of other such meetings, makes great strides in helping the director of public information plan an effective public relations program. In addition stronger public relations ties must be established between sections and their cachement areas, necessitating a larger public relations staff.