Mary Olsen
Anoka State Hospital Oral History Project
7 February 2014
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[Drum music 00:00:00 to 00:00:32]

Neal Holtan: Good morning.

Mary Olsen: Good morning Neal.

Neal Holtan: I'm Neal Holtan. I'll be interviewing uh, Mary Olsen. May I call you Mary? asking you questions this morning for the Anoka uh, Historical Society doing it's uh, oral history project on Anoka State Hospital. This is the 11th of April, 2014 and I'm interviewing uh, Mr. Russ Farrell. Thank you for coming in.

Mary Olsen: Yes.

Neal Holtan: Um, this is for the Anoka State Hospital oral history project. Welcome, and thank you for coming in. Could you uh, give us a little bit about background, where you grew up and lived?

Mary Olsen: Well, I was raised uh; I was born in Red Wing, Minnesota. And when I was about five or six years old we moved across the boundary, the Mississippi River, onto an island and I was raised on that island, which was considered Wisconsin. Um, eventually I graduated from the Ellsworth High School in Wisconsin and went to North Central Bible College in Minneapolis and uh, was able to obtain a Ministerial degree. And by um, 1987 applied with the state to be their volunteer director, and have worked for the State of Minnesota ever since.

Neal Holtan: Good.

Mary Olsen: I am married. I have uh, two grown children and six grandchildren with a seventh one on the way.

Neal Holtan: That's exciting. Um, when did you start working at Anoka?

Mary Olsen: May of 1987.

Neal Holtan: And you said that was a state position?

Mary Olsen: It's a state position. Um, it was the uh, volunteer director. Yes.

Neal Holtan: Okay. Was that a full-time job?

Mary Olsen: It was a full-time job. Correct.

Neal Holtan: Um, what years after that – how long after that did you work?

Mary Olsen: I continued to work for the State of Minnesota.

Neal Holtan: Okay.

Mary Olsen: But unfortunately the volunteer department was um – there was a big change in the mental health system and hospitalization and how that was happening. Um, and so uh, they were closing the large regional treatment centers, the very large buildings. And they decided at that time in about 2001 to um, close the volunteer department, which actually had quite – quite an impact in the change on patients and the mental health system. When you look at early history um, up to about 1950 when volunteer programs started in the State of Minnesota and now they were closing those volunteer departments and having them no longer. At that time then I applied as a social worker and did case management in Dakota County for the State. Eventually came back up towards the Anoka Treatment Center uh, worked on a unit. Uh, it was a transitional unit, a step down from patients coming out of the hospital needing placement. And then um, seven years ago the hospital decided to build all of these um, sixteen-bed community behavioral health hospitals and centralize the admissions process. And I have been with that program six months after it started.

Neal Holtan: Prior to working at Anoka State Hospital, did you know about the facility? Did you have opinions about it?

Mary Olsen: I actually was a volunteer.

Neal Holtan: Okay.

Mary Olsen: And – And – And in my application to the hospital for about a year I actually volunteered to be the volunteer director with the hope that – the – the position was frozen with the State um, for various financial reasons. And um, at that time joint commission accreditation for hospitals was coming out. And uh, one of the things that was in their accreditation for hospitals was a volunteer program and so the state finally opened funds and at that point hired into the position. So I actually worked as a – a volunteer, to be the volunteer director for about a year. But it was a volunteer um, they had a clothing program. People would donate clothes and goods for the patients to be able acquire. And I volunteered in there helping to display those clothes and stuff like that uh, before I did the volunteer directing.

Neal Holtan: Did you live near the hospital?

Mary Olsen: Yes. I only live about four miles from it, so very close.

Neal Holtan: Were there other people near you that – neighbors that worked at the hospital also?

Mary Olsen: Not that worked there. My mother-in-law volunteered in the clothing room. Um, and then uh, a friend of mine was head of the clothing room. And that's kind of how I became familiar and more knowledgeable about the position.

Neal Holtan: Okay. Let's uh, focus on your role as the volunteer coordinator if you will. Uh, what were your duties?

Mary Olsen: Well when I started um, you know there had been a lapse in the program. And so uh, it's very admirable I think to the community volunteers that many of them continued to come even

though there was nobody coordinating and directing things, but there was a lapse of services. And so I would recruit volunteers, I would train them, I would write uh, up their job descriptions. Work with the units to develop areas where volunteers come in and be helpful to that unit and be successful. Um, then we also would work heavily on resources for the patients, donations. Uh, the hospital has a rich history of community involvement towards the hospital. Christmas time was enormous. They would donate all types of gifts and parties and things of that, so we coordinated all of that and had volunteers coming in. Um, and then tried to create some incentives in new ones. One of the programs that I actually was um, felt quite -- quite well about was uh, the Metro uh, State University had a program in their Justice Department, or Justice Program for Law Enforcement. And one of the things that they asked for was community service hours. And I would go and recruit nearly half the class and we have uh, kind of a three-prong area. They would have to volunteer within our chemical dependency department so that they would get experience, what was it like to be on the inside of a chemical dependency facility, rather than being a law enforcement person bringing and just dropping off and seeing him just on the street side.

Um, they also were placed on one of our more difficult um, aggressive units so they could watch and see what was – how our staff handled that so when they would get into law enforcement they'd have a better concept about what they were encountering when they um . . . Sometimes many of them didn't even realize why this person might be hearing voices and this might be a mentally ill person. So it gave them some background. And then the hospital's auxiliary had developed a store and a little food court. And I would have them work in there and many of them would say, "I'm not going to do that. Why would I want to do that?" And I said, "Well I just want to see how well you can manage this and see if you end up getting shoplifted on. And they would kind of laugh and be caddy about it. Every single one got shoplifted on and they realized there was a lot more that they needed to learn and see. We had many uh, Sheriff Departments uh. The State Patrol called when these um, students would apply for jobs and said it uh – it was just a remarkable program for the beginning of training into mental health. It was also right about that time that you would hear in the news of law officers actually having shot and killed somebody that was mentally ill because of the aggressiveness and not understanding what was going on. So it – it really I think was uh, an important piece for helping to train people within the community, and it was definetely an incredible piece for us to have those students aboard.

Neal Holtan: Now you mentioned structural changes. Um, did the actual work of the volunteers change over time do you think?

Mary Olsen: I think it did. I – to some degree, I think they started like with this justice uh, program, they started having more training that was dual for them and not just the fact that it was a party. But definetely um, many of those old pieces of um, coming in and doing bingo and having little parties for the – the patients were a continuance. But we did develop um, further and further aspects where students could come in and through their volunteerism actually get experience and training. Some of them were, I – I remember um, we had some occupational therapy assistant students coming in. And due to the fact that they came in and volunteered and offered a part of the skills that they were learning in school um, turn around and apply for jobs in OT, Occupational Therapy. And because they had that little piece of experience from their volunteerism, were able to get a job at the hospital. So I – I – I think were the changes from the early, early years. Um, early years of history, volunteers were actually the impact of change to um, change how things were in a

hospital. The very early history, the first fifty years from about 1900 to 1950, there were no volunteers. Um, the conditions were probably what we would consider deplorable to this day – today. Um, people – there was no medicine. People were in straightjackets. And they had nobody touching them. And volunteers started coming in due to an article that was um, written uh, in the *Ladies Home Journal* in 1950 and literally impacted change to the – to the hospital and change for the hospital uh, patients. So volunteerism is a – an important factor. It really, truly is.

Neal Holtan: Did you face any issues of like liability or safety and security with the volunteers?

Mary Olsen: You're always going to face those issues of um, risks. And so you – you needed to be able to place people in a position where you minimize those risks. And that's why we did orientation and training so that they would understand that there were risks, that they were also keepers of um, privacy, not to go back into the community and talk about specific patients and names to – to be able to recognize the privacy of the patients. They were under the same guidelines and criteria that staff were.

Neal Holtan: And how did you orient them to be a volunteer?

Mary Olsen: Um, I had developed uh, an orientation to talk about the various um, areas of where they were going to be volunteering. We talked about privacy issues. We talked about um, geez I can't even hardly remember what all it was. But then we'd also have them, you know staffing the – staff education for uh, the hospital would help with that as well, kind of putting them through some similar orientation programs that the staff had to go through. But basically we sat and -- and talked about, you know what their roles would be and their responsibilities to that role.

Neal Holtan: And you mentioned training. Did you have ongoing updates?

Mary Olsen: Where they went was basically their initial training. So if they were on a unit direct with staffing, I mean many of these volunteers came in and did one-to-one volunteering. Uh, you'd have a patient who would be pretty isolative not talking, and staff would say, "If we just had a volunteer who could just befriend them," and they'd sit in the day room and talk with them one-to-one. So I expected the staff to that unit to do that initial type training to the role that they were going to do. Um, that would be totally a different type of a role as a volunteer versus um, a group of volunteers coming in to do a big meal, which there we would have staff come in and monitor as they – they were doing the party. And patients would flood to those – those events.

Neal Holtan: Could you say something about the volunteers? What motivations did they have for volunteering?

Mary Olsen: Those were very variant. Um, you know if it was a student there was a reason. Maybe they wanted to shadow. I would encourage, we'd have a lot of high school students come over and want a tour. And I would often ask many of them um, "How many of you are planning on going into psychology or psychiatry?" Of course uh, in high school that's kind of a time where, everybody thought, "Well that would be – I would love to do that. I want to be this type of a . . ." And I – I said, "Well you know I would really encourage you to come and volunteer, because you're going to see the underbelly of mental health. You're going to see the real world of it." And

many of them realized, "I – I might want to change my career pattern," or many of them embraced it even more and said, "Yes, absolutely. This is where I want to go. This is what I want to do." So it had a – a real again positive impact both for the hospital, for the patients, but for students themselves. For others, volunteerism gives you a sense of um, joy. It gives you a sense of being. It gives you a sense of accomplishment, and to be able to give rather than just always receiving is a remarkable thing. And I think that's the motivation behind others. So it was uh, there's a lot of reasons why people will chose to volunteer. And then of course we have the part where um, where the courts are going to tell you, "You are going to volunteer." People that maybe had DUI's or had other um, charges against them and would face a judge and would say, "You will be doing court-ordered volunteerism." And so I remember one woman coming in and calling me and saying, "I need to do so many hours of court-ordered volunteerism." So it wasn't because they necessarily wanted to, but they were being ordered to. And um, she had children at home and it was hard for her to be able to come to the hospital. So we actually had volunteers that never came to the hospital, but we developed programs for them. For her, we collected wool sweaters and she happened to know how to sew. And so in order to accomplish her court-ordered volunteer hours, she took those sweaters apart and made mittens, because our patients didn't have mittens in the middle of the winter. They had, you know they had very little money. By the time they got into the hospital sometimes they came in with the clothes on their back and um, we were able to dig into those mitten boxes and give them mittens in the middle of the winter when they'd be outside uh, in the courtyard area. So uh, volunteerism has a wonderful impact. Um, you don't necessarily have to be at a facility to volunteer and still impact the patients.

Neal Holtan: You've given several great examples of how the volunteers were affected by their experience. Is there one person that you – that changed the most or had the largest impact?

Mary Olsen: I don't know. There were so many it's hard to really pull out one. There's one that comes to my mind, I knew him very little um, because he – he actually passed away just about the time that I had started. I had – He um – He was a gentlemen that was chemically dependent. He had a hard time with alcohol. And um, he came to the hospital and went through treatment multiple times. Many of them do in – in chemical dependency. Now keeping in mind the hospital basically is a mental health hospital, but we had that chemical dependency component attached to that hospital. Many of our patients were what we would say, "MICD," Mentally Ill and Chemically Dependent. I can't even recall this gentlemen's name. But eventually he was able to overcome his alcoholism and he came back and started – he had developed a program prior to my starting um, but he was there when I started. And what he did was he developed softball teams and it just went – it was amazing. He got community softball teams to play against the patients there. They won trophies. Uh, he became a KARE 11, one of the very first KARE 11 volunteer award winners. He loved – I shouldn't say baseball, it was softball. He loved softball, absolutely loved it. And he actually died sliding into home plate. He had a heart attack and died at home plate. He was buried with his baseball bat, but an incredible, incredible impact to the programs and to the patients in letting those people know you can do it, you can overcome. So he really stands out in my mind.

Neal Holtan: That's a great story. Um, do you know if other State Hospitals had volunteer programs?

Mary Olsen: They all did.

Neal Holtan: And did you have interactions with your peers?

Mary Olsen: We did. There was actually a um – Minnesota was one of the first states in the United States that hired a volunteer director that was at a state level over all the other volunteers. We did not answer to this person as our immediate supervisor, but they um, coordinated all of the regional treatment centers, state hospitals, volunteers uh, directors. And we would have statewide conferences and meetings and um, learn from each other what was working, what was not working. Uh, it was a very – it was – Yeah, and eventually that program was dissolved, or that position for the State was dissolved. But it had actually I think the original person; I don't remember what year they were hired, but the original person. Um, what was unique about Anoka was we were uh, a facility only for mentally ill people. Then there were uh, a couple of the regional treatment centers that were unique only for the developmentally delayed, which back then they called the "Mentally Retarded." And then there were hospitals that had both. So we were the only facility that had just straight only mentally ill people. Most of them had a combination of both that MI/MR patient in their facility. And this woman, who became the first state volunteer director over all of the hospitals was an advocacy for the mentally retarded did much to change um, statewide uh, bringing in volunteers. She often called volunteers the "Watchdog," because that was right at the time when as I said before, early years there was no treatment. It was deplorable conditions in many ways. And people were probably not being treated the best. And she came in and brought change um, and talked about the impact of volunteerism to state facilities, which brought reform to all of the hospitals in the state and probably nationwide. So Minnesota was much a leader of volunteerism to uh, mental health and mentally retarded people.

Neal Holtan: Could you describe one of these statewide meetings of – of volunteer directors? How long did it last? What did you cover?

Mary Olsen: Wow. That really takes me back and I – I'd really have to think about it. Um, you know I – I don't even know. We would talk about um, what was probably current at the time, you know positions, what can we do to – to continue to bring change and to develop things. We were um, looking at statewide conferences to help train not only our volunteer directors, but volunteer directors in other types of volunteer roles um, of various kinds of community agencies, The Red Cross, whatever. Um, some of that was orientation to volunteers, the risks that were there. Could you be sued? Should volunteers be volunteer drivers and have these patients in – in their cars or a statewide car? So there was a lot of things that came up that um, we would talk about. And people didn't realize maybe there was a risk if I decided to take a patient out in my own car. What would happen if the patient fell and got hurt? Where was the risk and the liability to the volunteer versus the patient themselves? Or what would happen if the car was in an accident? So there was a lot of – a lot of discussion about some of those things that were developing on new horizons.

Neal Holtan: Maybe we could um, leave the specific topic of volunteerism and go for maybe big picture issues for a while.

Mary Olsen: Okay.

Neal Holtan: Um, were – you were around when the – the new facility was built and the move happened?

Mary Olsen: Uh-huh.

Neal Holtan: Could you say something about why that happened and of your impressions of it?

Mary Olsen: Um, at the time in the 1990's they started looking at – at all of the regional treatment. They were called regional treatment centers. Maybe I should go back a little bit and kind of just talk about the name changes. Uh, Anoka was the first asylum, and in 1950, or 1949, 1950, the name was changed to the Anoka State Hospital. And then um, I think it was around – I can't remember the exact year, but in the 1980's the, State – State Hospital name was dropped. It was called a Regional Treatment Center, which it is yet to this day. So those changes were current. That – Those name changes were current to all of the hospitals in the State of Minnesota. The only thing different was the other hospitals were not asylums in the early years. We were the first, and I think um, Hastings was the only other asylum. Everything else was a State Hospital. Um, when we became the Regional Treatment Center, of course they were very large, large buildings. Most of those buildings were built in the 1800's to the early 1900's. They had cottage plans, and um, I think with change in mental health, how we treated mental health finance – finances and how that was working and how you accessed um, those finances for treatment were changing. And so the uh, State was looking at needing to close many, many of the Regional Treatment Centers. Another reason for closure was they were realizing that um, a lot of people were staying in the hospital for a long length of time, up to a year or more, many more than a year. And they realized that they needed to have change, that patients should be able to be in their community and develop in their communities.

So one of the things the State was doing was to offer money more to the counties to develop programs to surround these patients, keep them out of the hospital, and they were looking at closing the large Regional Treatment Centers. They realized though that there was obviously going to have to be something. And Anoka being in the Metro Area probably having fifty percent of the population in the State as far as hospitalization was concerned, because in the Metro Area you have the density of your population of the State. So you obviously then had probably more people percentage wise that would be mentally ill. So those people um, they – they decided then to rebuild the hospital into more of a hospital setting and less of a cottage setting, which is what the old Regional Treatment Centers were, and looking more and more towards um, better treatment. It was always looking forward, always looking to better treatment. How can we treat patients and make them successful, decrease hospitalization and keep patients in their community to live a successful life?

Neal Holtan: Did the change to the new facility affect your volunteers and their work?

Mary Olsen: Um, as I said, it wasn't long after that they decided to dissolve the volunteer program. I have to commend -- Many of the volunteers chose to come without a volunteer director and continued to. Uh, we still have some that are coming out to this day, but it's very limited. Yeah, so it did impact the change.

Neal Holtan: Did you interact with the leadership of the organization?

Mary Olsen: Yes.

Neal Holtan: And could you say something about that?

Mary Olsen: Well the change – I mean we had a lot of change in our leadership over the years, but they were always very supportive to volunteerism until those later couple of years when they decided to dissolve that. And I wouldn't say that they weren't supportive to volunteerism, but it was more change of what was happening. Um, what – As they closed Regional Treatment Centers, the – they were building these little sixteen-bed community behavioral health hospitals, which are basically along the 94 corridor. Um, we have to this day what is it six of them? I have to almost think them through my head. So they built those. Volunteer were not going to be involved. And um, I think looking at that whole thing was what really created some of the impact of dissolving some of that and looking more towards the clinical only model. There was a lot of um, talk about that too. As I said, in the early 1950's – 1950 -- when the original director of the State in volunteerism was uh, really believed in volunteerism as being a watchdog to change. And there was talk about as patients are um, in group homes if they're in other places where they can't be watched, are you going to have those volunteer watchdogs seeing what's really going on? I personally feel that we have incredible staff throughout the State of Minnesota. I think we have incredible staff throughout our counties. And um, I think because of change and how things have gone, we – we probably don't' have quite that need for the volunteer watchdog that they did back in 1950. But uh, volunteers will always have an impact to keeping people a little bit more on their toes in how they're – they're handling um, patients and other conditions, because there is going to be outcry from – from them to communities and it – it can impact change.

Neal Holtan: Did you and your volunteers interact with the medical staff or the administrative staff, or both?

Mary Olsen: They – They probably did not. It would probably be more the medical staff, yeah, not so much with the administrative. Um, I would probably be more involved with that administrative stuff as we were developing programs. But the patients – volunteers themselves would be probably more indirect then to nursing staff to aides, to maybe even some of the positions. Um, as I said, as students came through and especially if they had um, some thoughts about walking into mental health education, it was an opportunity for them to really talk firsthand to medical personnel and finding out more about careers and how that would develop and what direction they wanted to go with with that. So yeah, it – it had a real impact to them.

Neal Holtan: Would volunteers ever be a part of a staff meeting or a case conference?

Mary Olsen: No. No. That would truly be clinical. Volunteers were allowed data privacy even for – for staff. It's um, a need to know type thing. So an example, even though right now my position is um, a preadmission screening process, it would not merit for me to go up to a unit, sit down, and open up a chart on a patient just because I was curious to want to know some information. I don't need to know that. But if I needed to know something in order to perform my job, that's different. So for volunteers their need to know would be if they needed to be aware that a patient . . . Actually

I do remember there was a woman that came in and what she did was she volunteered to do dance with the patients. It was a small group and we had a patient who didn't track for anything. His eyes didn't track. He was just kind of – He wasn't catatonic, but he just flat affect and just did nothing. And she noticed that and we talked about, you know what could she do. And she started to notice that his eyes were tracking her if she danced. And that was an incredible move forward for the patient. So something like that you would give her – give a volunteer, maybe enough information to help that patient with what you're doing to be able to move back, but you would definetely would not be opening up a – a chart and giving out everything. So it was a need-to-know basis. So therefore, they were not. Now could they go into a session um, if there was a meeting if the volunteer had something that they needed to offer? They could possibly have been invited in to give their perspective of what was happening in their interaction, but then would probably be asked to leave the meeting as it continued.

Neal Holtan: Um, in regard to the – the doctors that treated the patients, did the volunteers interact with them?

Mary Olsen: At times, as – as I said, it depended upon the volunteer and their role. Um, if it was uh, volunteers coming in to do Bingo or to do a party or something of that affect, they were coming in the evenings and probably had no interaction to physicians. If it was a volunteer coming in during the day when physicians were there and um, they themselves wanted to stop and talk to them and – and uh, again have some direction for – it may be their potential for a career, our doctors were wonderful to be able to uh, interact with everybody and give out advise.

Neal Holtan: Did your doctors stay um, over a long period of time, or was there a quite a bit of turnover?

Mary Olsen: I would say both. Some of them were there for many, many, many years. Some of them came and turned over quickly. So it – it just really depended. I think as in any career, as in any occupation, you have people that might come in for short periods of time, gain some experience, and move forward to something else. But then you have others who are very, very dedicated. Um, now there's one physician in mind that um, was on hospital staff eventually as we were moving people outward and developing more things to happen in the communities, he became a community doctor. So he was still dealing with many of the same patients, but he was dedicated maybe not in the hospital role, but he'd go underneath bridges to talk to patients where you had people that were homeless.

Neal Holtan: How about the Anoka community? How did – What's your idea of how the community interacted with the hospital and attitudes that people had?

Mary Olsen: Again you have a real varied opinion about that. You had some people that were frightened of the mental health world. We still do today. There's – As much as we have done to educate community and people, still to this day there is this little cloud that hangs over mental illness that people have a mindset about. But then you had others that, I mean they -- they were just remarkable. Um, I know that a lot of the staff would say, "Find me a one-to-one volunteer." I said, "If you had to rock a baby at Mercy Hospitals . . . I can't think of the word I want . . . up on their um, birthing areas, versus uh, come in and um, sit down with a mentally ill patient who might not

even interact to you or you don't know how they're going to interact um, some people are going to take the – the easy, warm, fuzzy volunteer job. Those that chose to come to the Regional Treatment Center found it very fulfilling when they saw the impact that they obviously could have. So I think it takes um, a remarkable volunteer to come in and say, "This is what I want to do," and make -- make change happen. Um, so the community really does have still I think a lot of questions about mentally ill people. And there were – there were incidences that – that could happen and did happen.

There was an incident um, in I think it was in the '70's where a patient managed to leave, get out of the Miller Building, crossed over to 7th Avenue, and hid in a woman's garage. And the woman happened to come out and startle the patient. And the patient I don't think was trying to be aggressive and violent going after the person, but rather being um, probably delusional or whatever was frightened and ended up actually very unfortunately killing this woman. We often said it's probably the fasted thing that ever happened in the State, why a fence went up around the Miller Building within a day to offer more security. It was very tragic that that happened. Very tragic. On the same tone when you look at a hundred years and now we're looking at more like a hundred and fourteen years, that's the only incident. What does that really say about the dangerousness? Um, I don't think we can take one incident and utilize that to um, mark people who are mentally ill as all being very dangerous people. A lot of students that would come to tour would tell me when they first arrived, "I really kind of got flutters in my stomach. I was kind of scared. I didn't know what to expect." And I would talk to them about um, "When was the last time they heard about a crime within their community or maybe the Metro Area?" Maybe there was a shooting, stabbing, something of that sort. And they say, "This morning while I was getting ready for school." I said, "Well when was the last time you heard about somebody that was mentally ill that killed somebody or took somebody's tennis shoes because they wanted them?" They say, "Yeah, I don't remember." And I said, "So, is it more dangerous to walk in your community or walk across the campus of this hospital?" And they suddenly got it. That just because you're mentally ill doesn't mean you're a dangerous person that's going to reach out and seeking out to hurt other people. And that's where volunteerism I think would bring the education to the community. They could go back. They could talk about those positive things and help to break the barriers of mental illness and educate the community.

Neal Holtan: Um, were there ever instances where um, your volunteers did – were in danger of um, being harmed by any of the patients?

Mary Olsen: You are always going to have a risk by being in the spot, because you don't know if a person is – is having a delusion, if they're hearing voices, what – you – you don't know what those thoughts are and who are they going to go after. I would say for the volunteers, because of what they brought to the patients and the patients knew it, they loved the volunteers and that risk was really minimal. They knew that these were the people that came and brought gifts. These were the people that came and talked to me, that would write letters for me, that would um, you know do things for me that maybe staff didn't have time. And so I think in the end their risks were very minimal because I – I – the staff I think were -- if you're going to talk about would there be a higher risk, I think the staff had a higher risk, because they were the ones that had to say no to the patients. The volunteers always came with open arms and things like, "What can I do for you?" So that – that had an impact with them.

Neal Holtan: Do you think that the communities saw or sees the hospital as a economic plus?

Mary Olsen: As far as job opportunities that type of thing?

Neal Holtan: Yes.

Mary Olsen: Very much so. Yeah. I mean when you look at the amount of staff that we have at the Anoka Treatment Center, if that downsized to a sixteen-bed hospital you would be downsizing a lot of jobs. And that actually was an outcry as these Regional Treatment Centers across the State were being closed. Many of them were the – the um, economic piece within their community. Fergus Falls, Brainerd um, jobs were suddenly eliminated, and people that were getting close to retirement, maybe in their 50's, "Where am I going to get a job? This is what I did all of my life?" I was uh – I was uh, a psyche aide, "Now you're going to close the hospital, where do I go?" So it had a huge economic impact as these hospitals were closing. Um, and people had to be um, uprooted and relocated. Many of them could not relocate and so they had to do different kinds of training and career planning. So yeah, the – the hospitals had a huge, huge impact in their communities.

Neal Holtan: I understand that you're – you've taken on a role as a bit of a keeper of the history.

Mary Olsen: [Laughs].

Neal Holtan: Could you say something about that?

Mary Olsen: Well when I started in 1987 um, there was a lot of change starting at that time. The hospitals were not very beautiful inside. The colors were pretty awful. Um, very not pleasant pastel colors and they were starting on a beautification project. We were able to go in and – and assist with that with volunteers. In fact I was able to contact a number of wildlife artists. Les Kouba being the Father of Wildlife, donating uh, limited edition prints and found galleries that would museum mount those prints and offer them around. And as I looked I started looking at the history. My predecessor, the person that was there before me, had started to collect some of the artifacts, but it went nowhere. And unfortunately the pieces were just kind of lying around. So we started um, looking at, "If we're going to have change, then we have to understand our history." So um, we started collecting and looking for some of those artifacts and try to preserve them, try to preserve the history itself. And um, we were approaching our one hundred year centennial and we were able to kind of present a small, little, one-room museum as – as um, you can picture and display those items and talk about the history and the change. I have said if the community understands that there's been so much advocacy through the years for mentally ill, people today are very fortunate that are mentally ill compared to what they were in 1900 when there was no medication. There was no volunteers. Um, people were in straightjackets. Um, they had to live in their delusional states. Actually at the Anoka Hospital because it was an asylum, it was considered people that were incurable and the concept of treatment was not there at all. It wasn't even a thought of. Um, there was one at – at the peak for Anoka . . . So I'm just going to kind of diverge on a little bit. I'll – I'll speak and you'll kind of see where this might be going.

At the peak Anoka Hospital had about over fourteen hundred patients. The cottages were built for fifty. They'd have more than one hundred in them. There was one hypodermic needle for fourteen hundred people. It was kept in the supervisor's, who was the administrative supervisor; it was kept in a drawer of his desk along with a hammer and a screwdriver. That's the concept of treatment at that time for the asylum. Uh, there were very limited bandages um, medicine of any kind. Probably some cough syrup and that was it. By 1950 when volunteerism hit, reform started, Governor Youngdahl was immensely, immensely involved in change and reform. The hospital's name changed from asylum to a State Hospital. He wanted treatment. He uh, was instrumental. He uh – He was instrumental in having all of the straightjackets and restraints and shackles burned. And on Halloween night, there's a picture of which I believe the Anoka Historical Society has, if they don't I do have one, of uh, all of those um, items brought into the center circle and he lit a fire and the – the flames went I think they said nearly thirty feet high burning the straightjackets. It was an incredible mark of change. Um, so we keep moving forward. We keep moving forward to more change, more betterment for people with mental illness. And I think a part of that has to be the education. We have to understand our history and we have to understand where we're going so that change can happen. These are people that continue to not be fully understood.

Neal Holtan: Do you remember what year that was that the straightjackets were burned?

Mary Olsen: I believe it was 1949, right on that precipice of change.

Neal Holtan: Uh-huh. How about the other artifacts um, that you displayed in your one-room museum, are they still around?

Mary Olsen: Well I hope they are. Um, things that – that could be preserved like pictures. Um, some of the smaller items I tried to put into um, because of – of the volunteer program being dissolved, I knew that we needed to preserve it somehow. So I had it with the auxiliary's office. Uh, there is a suit, which we could talk about some – at a later time uh, that is very historical that needs to be preserved. And so the auxiliary is – is preserving parts of those things. Larger type items um, were put in to uh, warehouses or whatever and I'm not really so sure where a lot of those items are. And then as – as these community behavior health hospitals came up, the regional treatment centers were closing, the Department of Human Services in St. Paul wanted to be able to preserve parts of things and asked everybody to bring certain things. So some of those pictures are now um, in St. Paul with the Department of Human Services, and some of them the hospital still does have.

Neal Holtan: Do you think the Minnesota Historical Society has some of those documents?

Mary Olsen: I – I – The Minnesota um, possibly. I'm not sure. Yeah.

Neal Holtan: Okay, anything else about the history that you want to talk about?

Mary Olsen: Well I can talk about some of the – some of the things um, for a change and it will really help to understand when I was talking about at our peak of fourteen hundred people, those cottages were built for fifty and had one hundred, had only about one point eight employees per one hundred people. Today we have a multiple of a team surrounding each patient. Um, back at that time, it was maybe I think it was like a dollar sixty-five cents was spent per patient um, for their

care, for their per diem per day. Um, pretty cheap when you look at a hospital bill today might be eight hundred dollars a day. Um, they uh, patients grew their own food, canned it. Um, patients sold clothes. They were self-sufficient. They were their own little community. Um, prior to 1950 if a person -- or actually 1935 there was no morgue. If a patient died he was kept on the bed where he died until somebody could come from the county to take them away. That might be two or three days. In the 1930's we had the Dust Bowl, high heat. There was no air conditioning in these buildings. One hundred beds on a second floor one-room. You had to turn sideways to be able to get between them. So literally if I put my hand out I was hitting the next bed. I don't think I would want to be a patient with no – no treatment, no medication, and the patient next to me had died and it's going on the second day and the county hasn't picked up the body yet. It was deplorable at that time. So um, today it's so different. It's so different. Um, this concern, many of the staff back in those early – early history, I remember staff telling me that um, they were told, "You're not to touch the patients and show them any kind of touch or kindness," which I – I cannot comprehend in my mind. Today, staff are – are there to help people with a warm heart. So it's – it's a time in history that keeps moving forward to positive change. And um, that needs – we need to see that. We need to see how we can continue, that we have to break those barriers of mental illness and show that these people are just like all of us.

Neal Holtan: How do you see yourself um, in the future um, with work or in volunteer roles?

Mary Olsen: Well I'm hoping to retire soon [Laughs]. This is my year of retirement. And I have pondered you know, would I come back to the hospital in a role as a volunteer? Um, I'm not sure exactly where I will be with that. Maybe it'll be more community education, continue to – to um, advocate for change, for people to understand, because we still like I said um, when I developed the program with the uh, Natural State University uh, bringing in their – their students from the Justice Department classes, it really made a change how law – you know law enforcement is now starting. And I don't think that what I did was the change in the State with law enforcement. I think it just happened to coincide at a perfect time where they started to realize, "We need to understand what we're encountering." Patients when they're off their medications and they're delusional and they're hearing voices, they're not hearing your commands very well. And they're not trying to be obstinate to law enforcement when they tell them to stop. They just honestly are hearing something totally different. And so to help people to understand that and to understand that change of um, "How do I approach people." I remember being in church one time and um, there was a patient – there was a person that was speaking out inappropriately. And I immediately thought, "Wow. I think we've got a – I think we have somebody mentally ill in our – our midst." And I found out afterwards that was absolutely so. I taught a Christian Education, an adult education class within my church and uh, person happened to approach me. I had never met her before, and started talking and within that much time realized, "This person has a mental health issue." And she proceeded to um, leave me and go into a different Christian Education class. And after our – our class was done she sought me out again and proceeded to tell me, "I had stopped my medications. I'm suicidal." I was in the right place at the right time. I was able to get her to contract for safety, not to do anything and you contact her medical treatment team and get herself back on her meds. So there's a lot you can do if you have education and have insight to help these people start to go back towards what they need to be doing correctly, just as an everyday citizen. So I – I probably will take more of that role, because I – I think it's vital for the community to understand that.

Neal Holtan: Do you have any connections with the advocacy groups for the mentally ill, the state or national?

Mary Olsen: At this time I – I – I don't have connections. I did as – as a volunteer director. But my role now um, I work ten-hour days doing preadmission screening, placing people within hospitalization. So um, I'm not – that would be something that um, you know I – I definetely would be able to seek out and – and do.

Neal Holtan: How did you interact with them when you were the volunteer director?

Mary Olsen: We would contact NAMI as actually a source for recruitment for volunteers. NAMI was often parents of mentally ill people. It was um -- All kinds of people are involved with that and um, a very definite advocacy group. And I – I think that you know they need more. They need more people aboard um, to bring about continued change. And they have had a huge, huge impact um, to our communities and to change. So um, yeah – So many of those – those groups you could look at as – as a resource of recruitment area. And um, they would come in because they had – they had a reason to.

Neal Holtan: So any final thoughts that you want to share as we wrap up?

Mary Olsen: Um, I just think it's very, very important as I've been saying continually, "Volunteerism brings change." And I believe we have seen volunteerism as a whole, not just to mental health, but to all kinds of aspects. St. Jude's hospital, hospitals of all kinds um, Special Olympics. It really changes lives. And it doesn't only change the lives of others. It changes your life. And I can't um – I can't uh, underscore that enough that it's an important piece and that we can continue to – to bring change to the mental health world as we . . . It – It doesn't have to be just with the hospital. You can volunteer in a mentally ill person's life in the community. Offer to take them to a grocery store and help them buy their groceries. Um, seek some of those areas where you can have an impact and get involved.

Neal Holtan: Well thank you for sharing your experience and your thoughts today, and also for your years and years of service.

Mary Olsen: You're welcome.

[Drum music 00:55:17 to 00:55:38]