

# MISSOURI ASYLUMS

THEIR HISTORY & EVOLUTION

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## MIMH Webinar

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**Note: Many materials stolen shamelessly from Dr. Robert Reitz**

# What preceded the asylum?

- ❖ No real treatment
- ❖ Instead, in increasing orders of likelihood
  - ❑ Detention in the family home in attics and basements
  - ❑ Alms houses maintained by local churches or poor farms maintained in urban counties
  - ❑ Homelessness
  - ❑ Incarceration in jails or prisons, chained to the wall and suffering brutal and inhumane living conditions
- ❖ Changes began with the 18 Century's Age of Enlightenment
  - ❑ Introduction of Moral Treatment

# Moral Treatment

## ❖ Key Philosophy

- ❑ Rest and recuperation away from fetid urban environments, instead exposing patients to the restorative effects of fresh air and water, sunshine, and rolling countryside, complete with a daily routine of both work and leisure
- ❑ Cared for by staff who lived among them, and treated them with dignity and respect
- ❑ Patient outcomes depended on their conduct, recognizing the patient's agency and moral autonomy. Thus, patients were rewarded for good conduct and received minimal use of restraint for poor behavior, but without the abuses of earlier times

# Moral Treatment (con.)

## ❖ Originators

- ❑ Physicians: Vincenzo Chiarugi, Phillipe Pinel, Jean Esquinol
- ❑ Patient: Jean-Baptiste Pussin (France)
- ❑ Merchant, Minister and Reformer: Samuel Tuke (England)
- ❑ Hospital: [La Bicêtre](#), a Parisian asylum (1780) run by Pinel
- ❑ Transition to the USA (slow, painful, and not widespread until the 1840s)
  - Pennsylvania Hospital: Quakers established the first beds in 1752
  - Benjamin Rush – Pennsylvania physician (1745 – 1813)
  - Transformation began with Dorothea Dix – Boston Schoolteacher / Social Welfare Reformer



# Dorothea Dix

- ❖ After meeting Samuel Tuke in England, she investigated mental health treatment in Massachusetts and the incarceration of individuals with mental illness in New Jersey
- ❖ 1841 – 1888: Testified before general assemblies throughout the United States and was felt to be personally responsible for the creation of 32 hospitals offering Moral Treatment
- ❖ Came to Missouri in 1844 without success, until...
- ❖ ....the suicide of Gov. Thomas Reynolds in 1844. His successor, then Lt. Governor Meredith Marmaduke, championed the creation of the first public psychiatric asylum west of the Mississippi River – Fulton State Hospital.
- ❖ Came back to Missouri to visit Fulton State Hospital in 1859, donating cash and “amusement items”



# Work & Recreational Opportunities



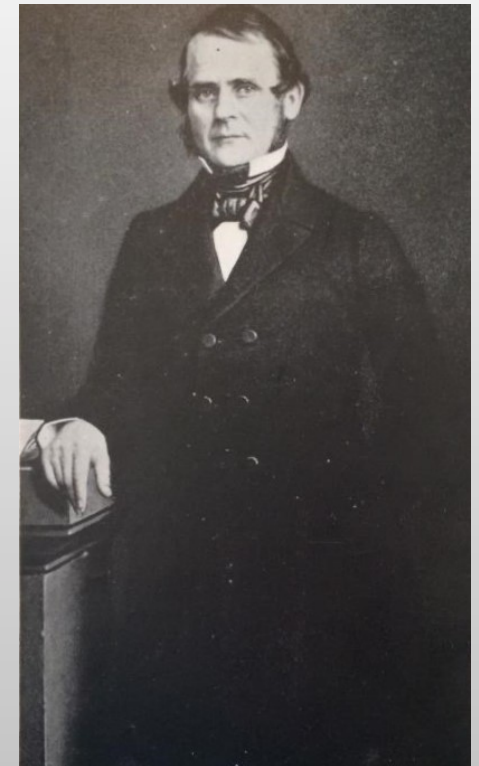
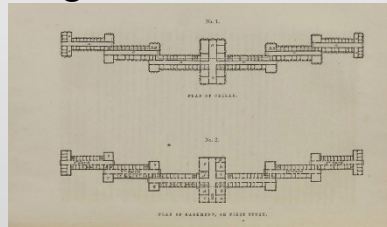
Diversional Occupation Department



Industrial Department Making Mattresses

# Kirkbride Plan

- ❖ Original State Hospitals (#1 - #5) built in accordance with Kirkbride Plan
  - ❑ Advocated by [Philadelphia psychiatrist Thomas Story Kirkbride](#) (1809–1883) in the mid-19th century
  - ❑ Various architectural styles, but had in common -
    - Multi-story floor plan around a central spire or dome
    - Long wings, typically 8, arranged *en echelon* (staggered or “bat wing”), so each connected wing received sunlight and fresh air, sprawling outward from the center
    - Each wing housed a stack of wards, each complete to itself
    - Located on spacious landscapes, 100 acres minimum, featuring farmland



# Kirkbride Plan (con.)

- ❖ All the staff, including the superintendent, lived on the campus and were balanced by gender
- ❖ Prescribed staffing plan, and even suggested salaries for the various positions
- ❖ The buildings, in companion with Moral Treatment, were believed to be curative
- ❖ Fell out of favor by the end of the 19<sup>th</sup> century

Salaries <i>per annum</i> (1854) <sup>[18]</sup>	
Position	Compensation (USD)
Physician-in-chief	\$1,500–2,500
Assisting physicians	\$300–\$500 + board
Steward	\$500
Supervisors	\$175–250
Engineer	\$240
Carpenter	\$240
Teachers	\$175–200
Carriage driver	\$168
Farmers & gardeners	\$144–200
Attendants	\$108–168
Cooks & bakers	\$100–150
Nightwatchmen	\$108
Seamstresses	\$96



# So What about Moral Treatment?

- ❖ Did it work?
- ❖ You bet
- ❖ So why are all common associations to the asylum so uniformly negative?
- ❖ Population Pressure
  - ❑ “If you build it, they will come.”
  - ❑ Hospitals opened with a few beds
  - ❑ Then, 100’s of beds had to accommodate 1,000’s of patients
- ❖ Moral Treatment collapses in the 2<sup>nd</sup> half of the 19<sup>th</sup> century, and in a matter of years of each institution opening
  - ❑ And it stayed that way until the mid 1950s, before huge transitions in the 1960’s

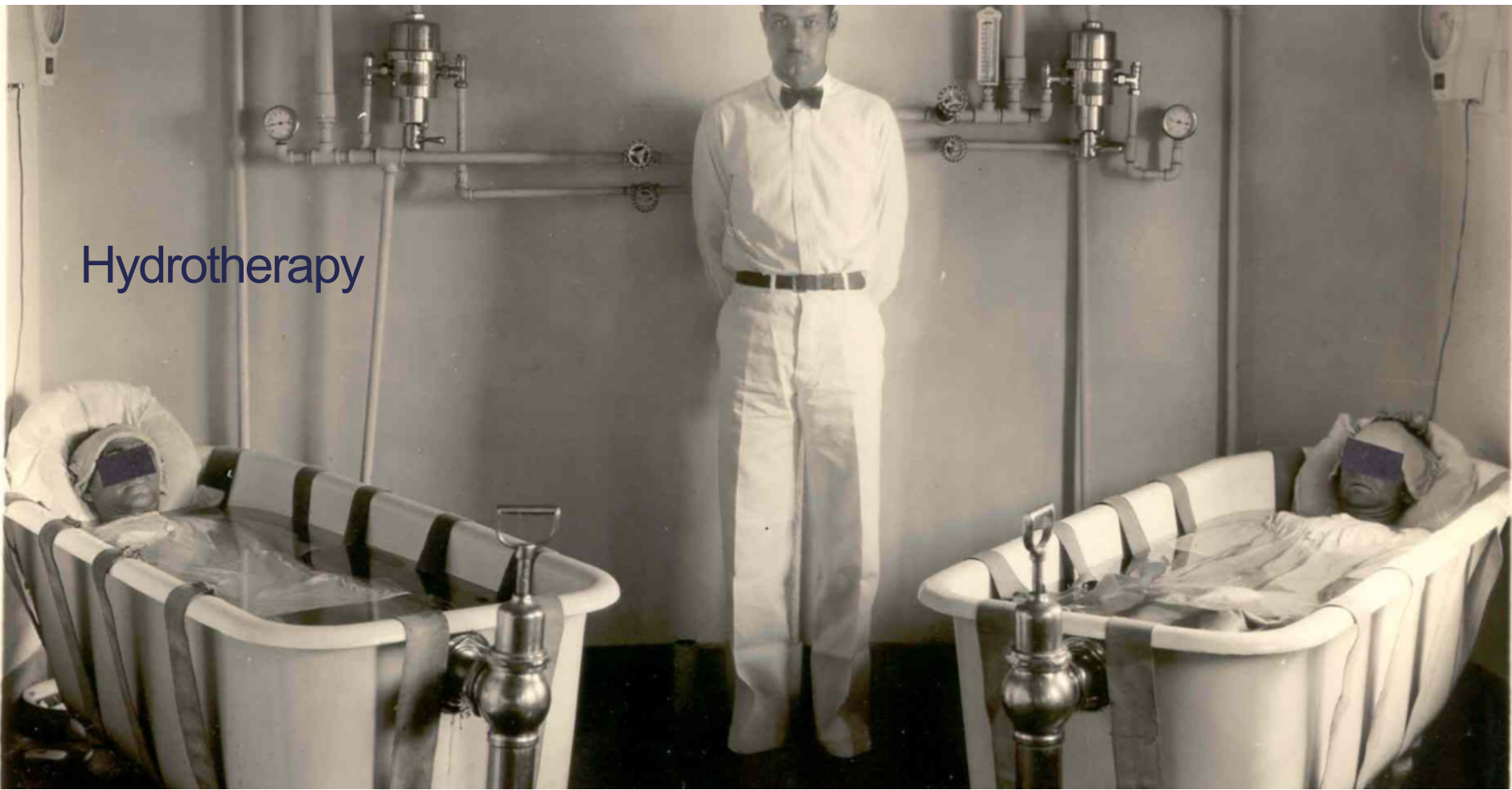


# Key Historical Developments

## ❖ Favored treatments

- ❑ 1850's - Moral Treatment
- ❑ 1920's - Hydrotherapy, Industrial/Occupational Therapy
- ❑ 1940's - ECT and lobotomies (the latter with mortality rate of 2%)
- ❑ 1950's - Introduction of antipsychotic medications
- ❑ 1960's - Racial integration of treatment environments
  - Deinstitutionalization / community mental health center movement
- ❑ 1990's - Evidence based psychosocial rehabilitation treatment

## Hydrotherapy



“The water cure,” hot or cold wet sheet packs, and continuous tub baths in state mental hospitals during the early twentieth century. Hydrotherapy treatments used to calm agitated or manic patients in the era before neuroleptics.

# Other Somatic Treatments

## ECT, Lobectomies/Lobotomies





# Pharmaceutical Services



# Integrated Dance at FSH

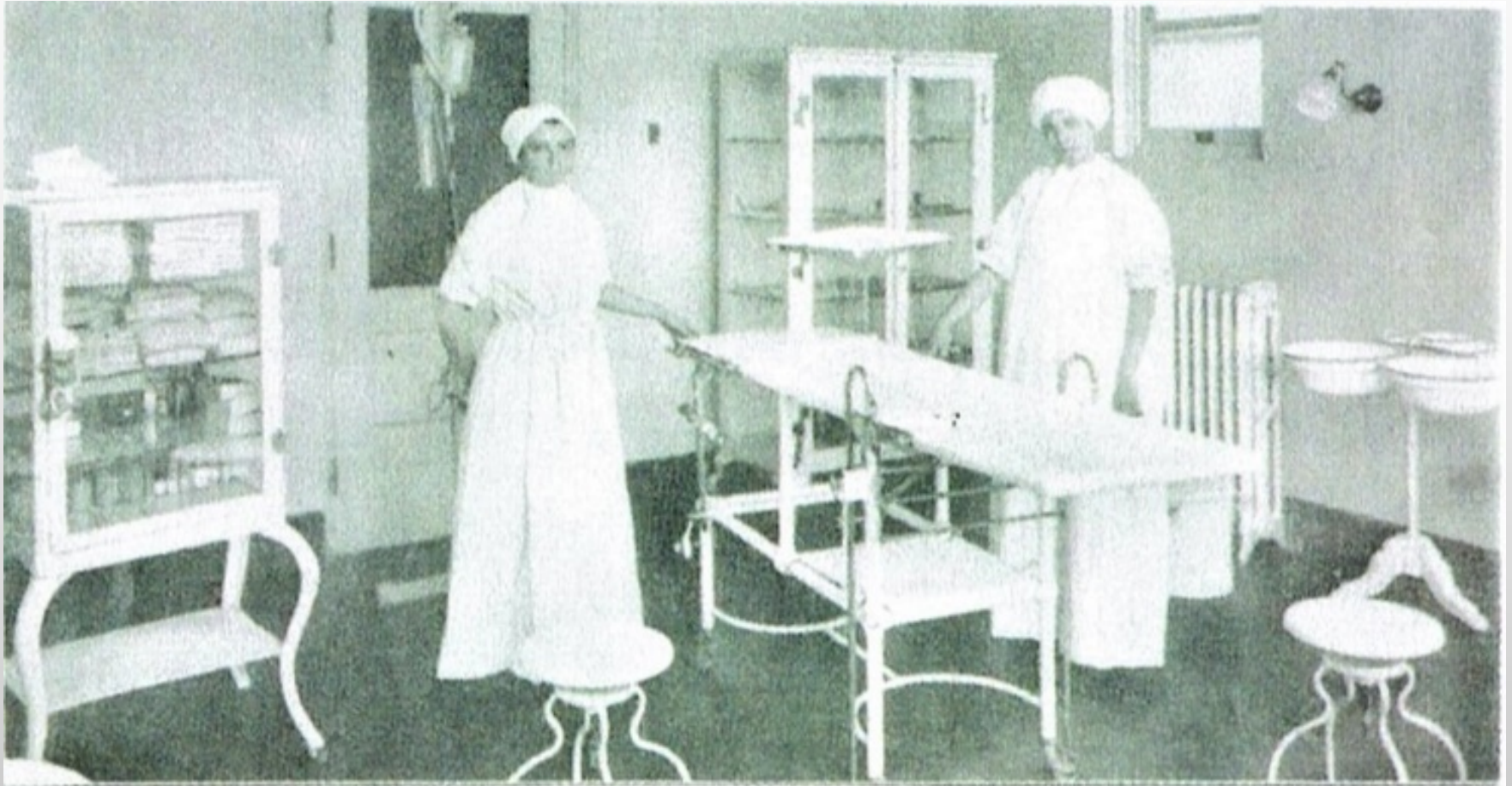




# Key Historical Development (con.)

- ❖ Prior to the 1960s - Full Service Psychiatric Hospitals, with Full Medical Capacity
  - ❑ Acute, intermediate and long-term inpatient psychiatric treatment, along with emergency rooms, outpatient programs, satellite clinics to far-flung counties
  - ❑ Serving children, adolescents, adults, and seniors, with intellectual disabilities, substance use disorders, acute psychiatric disorders, “problems in living,” and serious and persistent mental illness
  - ❑ Complete with operating room theaters

# Operating Room



OPERATING ROOM.

# Key Historical Development (con.)

## ❖ Conversion to Forensic System

### ❑ 1990s

- Long-term beds began to transition into forensic beds
- State hospitals, but not Mental Health Centers, discontinued all service lines that were not forensic, closing acute and intermediate units, ERs, geropsychiatry, substance use units.
- Outpatient programs, whether in state hospitals or mental health centers, were privatized as community mental health centers

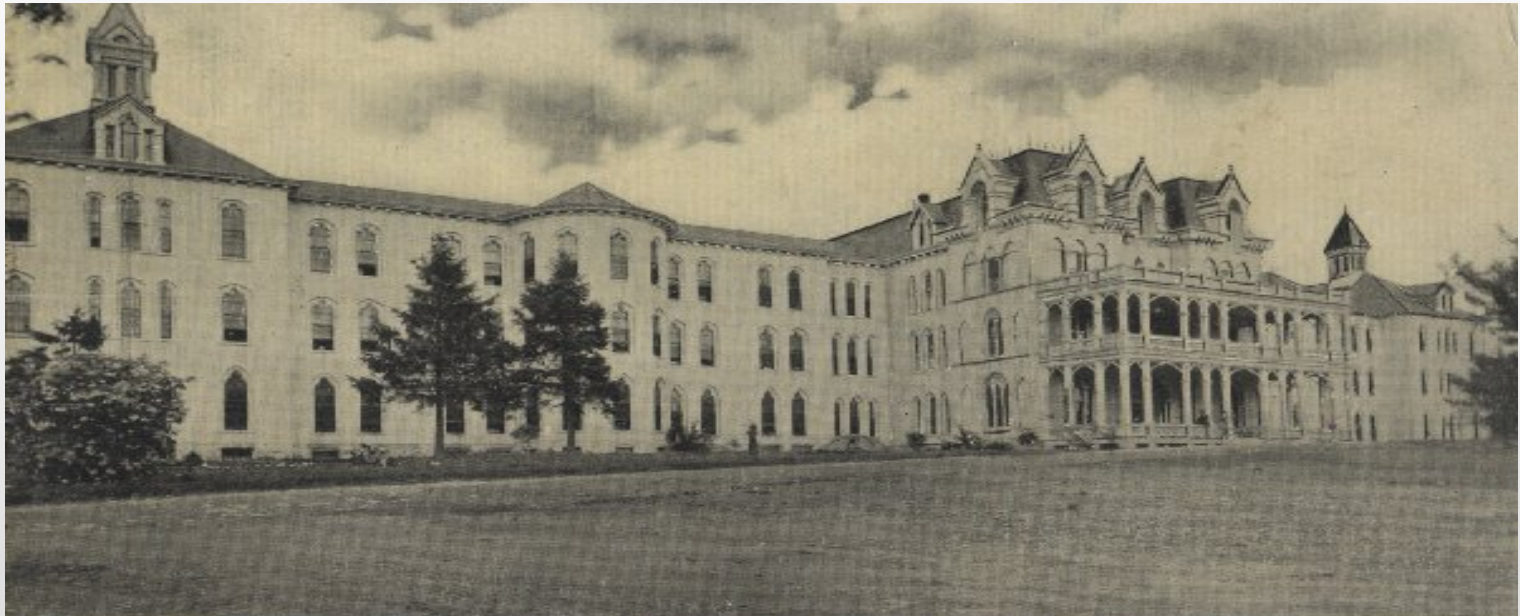
### ❑ FY12: Inpatient Redesign, transitioned all remaining acute care beds to the private sector, and converted those beds into additional forensic capacity

- CBM, MPC, SMMHC – all went from acute care to forensic

# And salaries have always been a problem...

- ❖ In 1900, salaries for attendants ranged from \$18 to \$27 per month for a 12-hour day.
- ❖ Today, Missouri is #50
- ❖ But there's some room for hope...

# State Hospital A



# State Hospital B





# State Hospital C



# State Hospital D





# State Hospital E





# State Hospital F



# State Hospital G

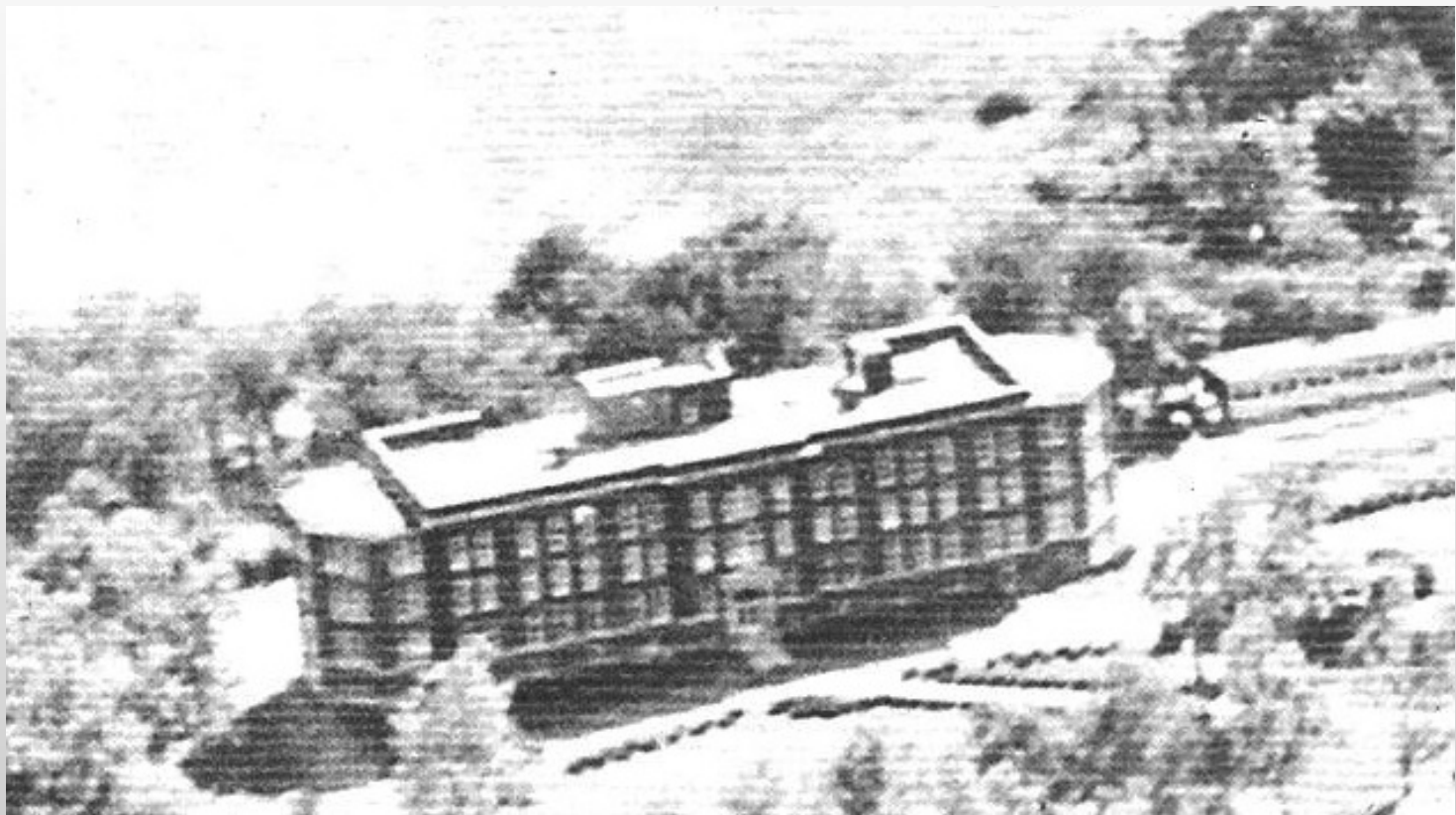




# State Hospital H



# State Hospital I

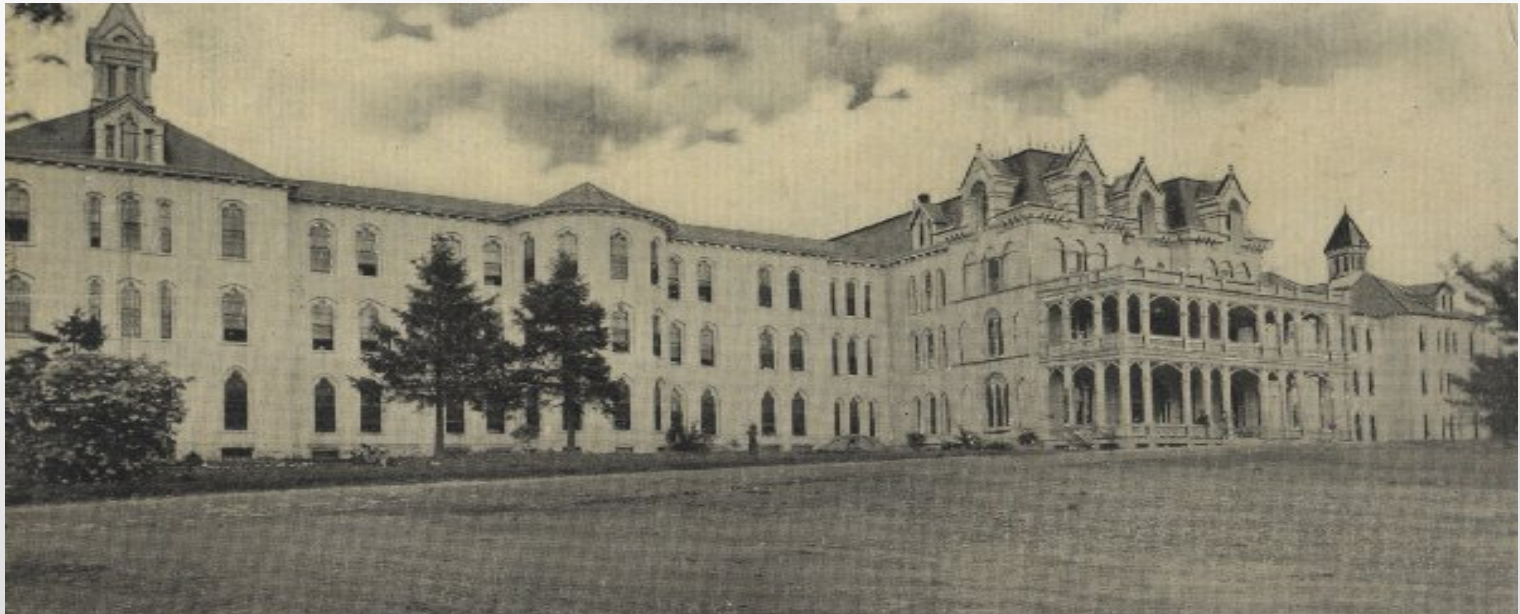


# Hospital A – Northwest MO Psychiatric Rehabilitation Center (St. Joe State, Hospital #2)





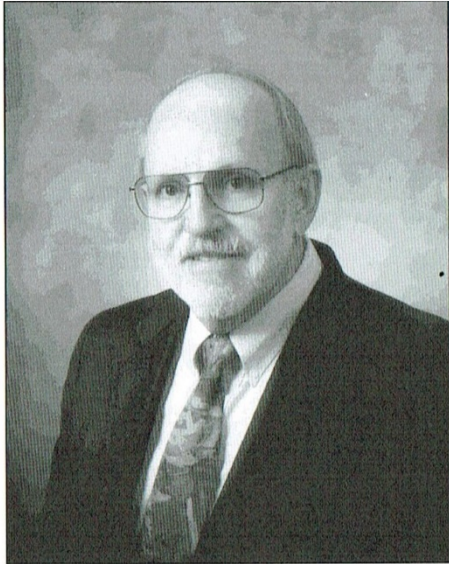
# State Hospital A



# NMPRC History

- ❖ In 1872, the Missouri General Assembly approved the creation of a second state asylum, and a location east of Saint Joseph was selected. Saint Joseph State Hospital began taking patients in the mid-1870s. The institution was originally known as State Lunatic Asylum No. 2.
- ❖ At its zenith, St. Joseph cared for 3,111 patients and was the largest state hospital in Missouri until the assimilation of St. Louis State Hospital in the state system.

Much of rich history of the hospital is now displayed in the Glore Museum, located on former hospital property.





# 1879 Fire



*Fire at the State Hospital in St. Joseph, Missouri*

## Hospital B – Southeast MO Mental Health Center (Farmington State, Hospital #4)



# State Hospital B



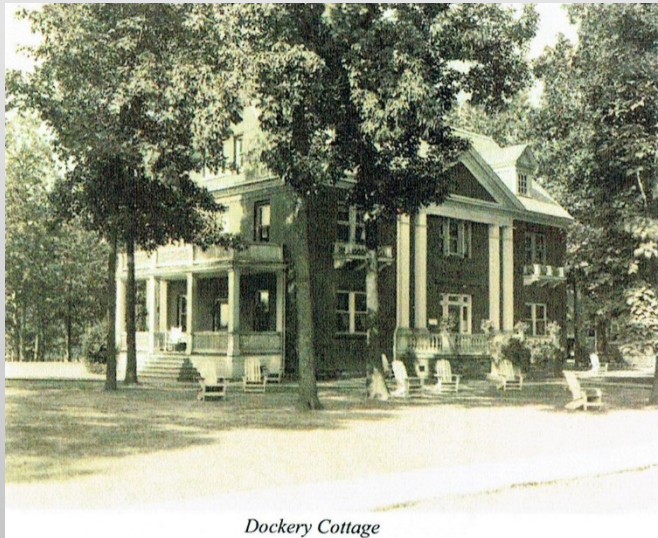
# SMMHC History

- ❖ The 40th General Assembly authorized the establishment of State Hospital No. 4 in 1899, and appropriated \$150,000 for the purchase of the site and erection of buildings.
- ❖ Opened to receive patients, January 1, 1903.
- ❖ The ADP reached 1,986 in 1954-55.
- ❖ In 1924 one of the favored treatments was hydrotherapy, followed by lobotomies in 1942.
- ❖ One of the first cottage plan institutions in the United States. The lower floors of the cottages were for day time activity and the upper floors were for sleeping
- ❖ In 2009, Southeast Missouri Mental Health Center and the Missouri Sex Offender Treatment Center merged into one hospital.

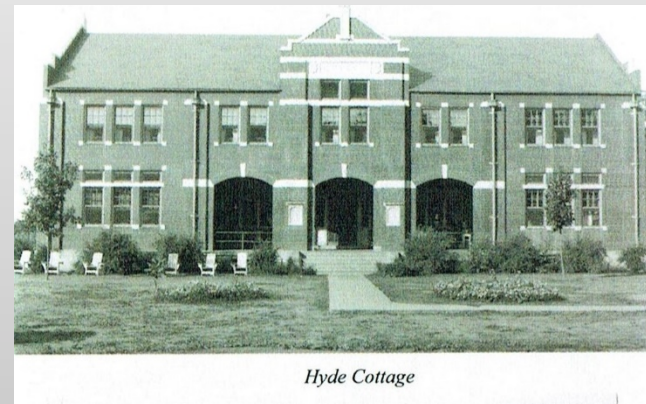




*Cayce Cottage*



*Dockery Cottage*



*Hyde Cottage*



“They journeyed in life with an illness understood by few.”



## Hospital C – Southwest MO Psychiatric Rehabilitation Center (Nevada State, Hospital #3)



# State Hospital C





# SWMPRC History

- ❖ Provisions for an asylum in Nevada were established by the state general assembly in 1885. The asylum began life in a striking Second Empire style Kirkbride building designed by architect Morris Frederick Bell which was completed in 1887.
- ❖ Nevada State Hospital formerly closed in 1991, but state operations continued and a new facility opened in El Dorado Springs in 1997.
- ❖ In 2014, SWPRC began operations as a Pathways Program.



# The Electric Pencil – James Edward Deeds



# Hospital D – Center for Behavioral Medicine (Western Missouri Mental Health Center, MHC #21)



# State Hospital D

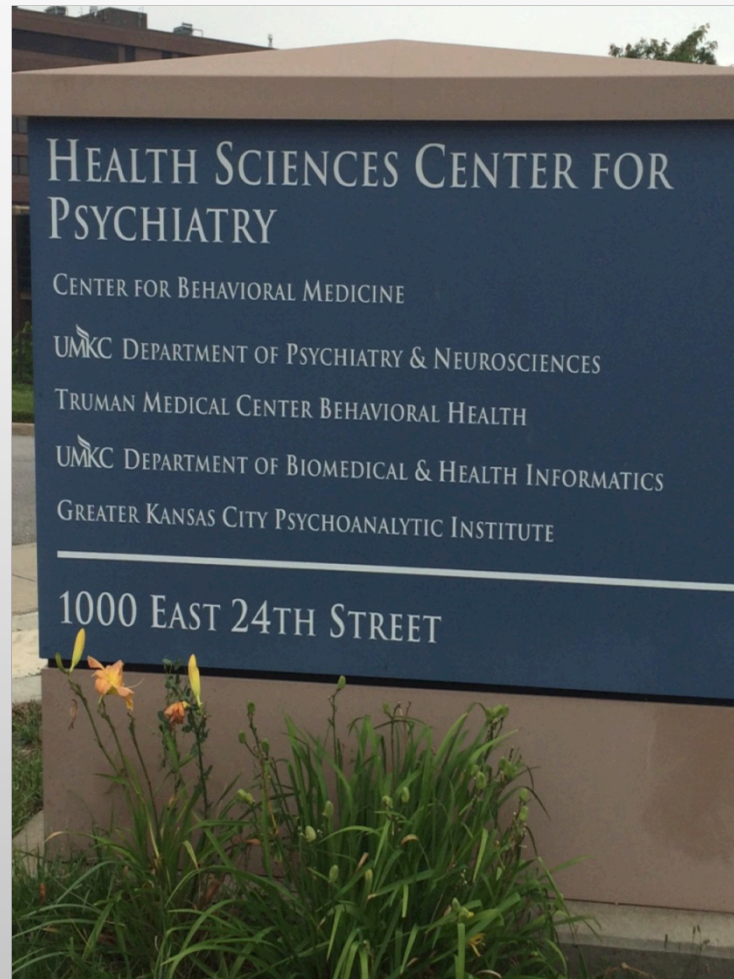


# CBM History

- ❖ The Psychiatric Receiving Center began operations through the Greater KC Health Foundation in April, 1954 as the first racially integrated psychiatric hospital in Kansas City.
- ❖ General Hospital #2, formerly for African American patients, was purchased by the city, remodeled and enlarged. Directly adjacent to the PRC, WMMHC opened on March 11, 1966, and the two facilities worked together to continue and expand services to the indigent and extended these services to the residents of the 31 western counties of Missouri. A total assimilation of the Psychiatric Receiving Center by DMH occurred on March 1, 1970.



# CBM shares a building with the Greater Kansas City Psychoanalytic Institute



## Hospital E – St. Louis Psychiatric Rehabilitation Center (St. Louis State, Hospital #5)



# State Hospital E



# SLPRC History

- ❖ On April 23, 1869, St. Louis County Lunatic Asylum opened its doors to 150 mentally ill people.
- ❖ When City of St. Louis separated from St. Louis County, the facility's name changed from St. Louis County Lunatic Asylum to St. Louis City Insane Asylum. Thirty-five years later, it was renamed City Sanitarium.
- ❖ In 1948 the City of St. Louis sold the City Sanitarium to the State of Missouri for the sum of one dollar.
- ❖ In its first year of operation as St. Louis State Hospital, the average daily population was 3,446.
- ❖ Between 1866 and 1869, a 3,843 foot well was dug by hand and until 1966 was the deepest well in the US.



A tour of the  
“Dome ” is an  
adventure well  
worth having to  
see get the feel  
of the Kirkbride  
Plan and see a  
slice of mental  
health history



# Carnival Time





# Hospital F – Fulton State, Hospital #1





# State Hospital F





# FSH History

- ❖ Authorized by the legislature in 1847, the Missouri State Lunatic Asylum first accepted patients in 1851.
- ❖ The hospital ADP grew to 2,576 in 1948-49.
- ❖ “The criminal insane population of the hospital for January 29, 1936, was 118 patients. Of these there were 5 women (one colored) and 113 men, about 12 men being colored. There is no especial building for the insane criminal, but about 50 per cent of them are confined to one ward, the worst cases among these, while the other 50 per cent are scattered through the institution. Plans of the present building program include a building for the criminal insane.” (Author Unknown, 1936)

“[Alice] Ligon created this dress as a Christmas gift for her children while she was a patient at Fulton State Hospital. She was hospitalized there in 1949 and 1953 for an unspecified condition. Ligon enjoyed sewing, crocheting, and quilting, but this garment; this gown, probably her first hospital gown or uniform, shows her remarkable skill. She crocheted the hem and sleeves and used every available inch of cloth to embroider religious, patriotic, popular, and personal portraits, vignettes, and inscriptions. “

The Smithsonian American Art Museum.





# Hospital G – Missouri University Psychiatric Center (Mid-MO Mental Health Center, MHC #10)



# State Hospital G





# MMMHC History

- ❖ M3HC was the first public federally funded CMHC under Kennedy's 1963 Community Mental Health Act and opened in February 1967. (East Central Missouri Behavioral Health Center was the first private, federally-funded community mental health center in the country dedicated in June 1968)
- ❖ It housed Missouri's first publically funded chemical dependency unit.
- ❖ The property was transferred to University of Missouri Healthcare in 2009 and became the Missouri Psychiatric Center.
- ❖ Served over 10,000 patients during its 42 year history as a state-operated hospital

# Hospital H – Metropolitan St. Louis Psychiatric Center (Malcolm Bliss Mental Health Center, MHC #9)



# State Hospital H



# MPC History

- ❖ Malcolm Bliss Psychopathologic Institute opened in 1938 as a hospital in the St. Louis City hospital system.
- ❖ In 1964, Malcolm Bliss Mental Health Center became part of Missouri's mental health system.
- ❖ Malcolm Bliss operations relocated to the grounds of St. Louis State Hospital from 1995-1996 until relocating and being named MPC.



# Malcom Bliss is now a heavy metal band in California

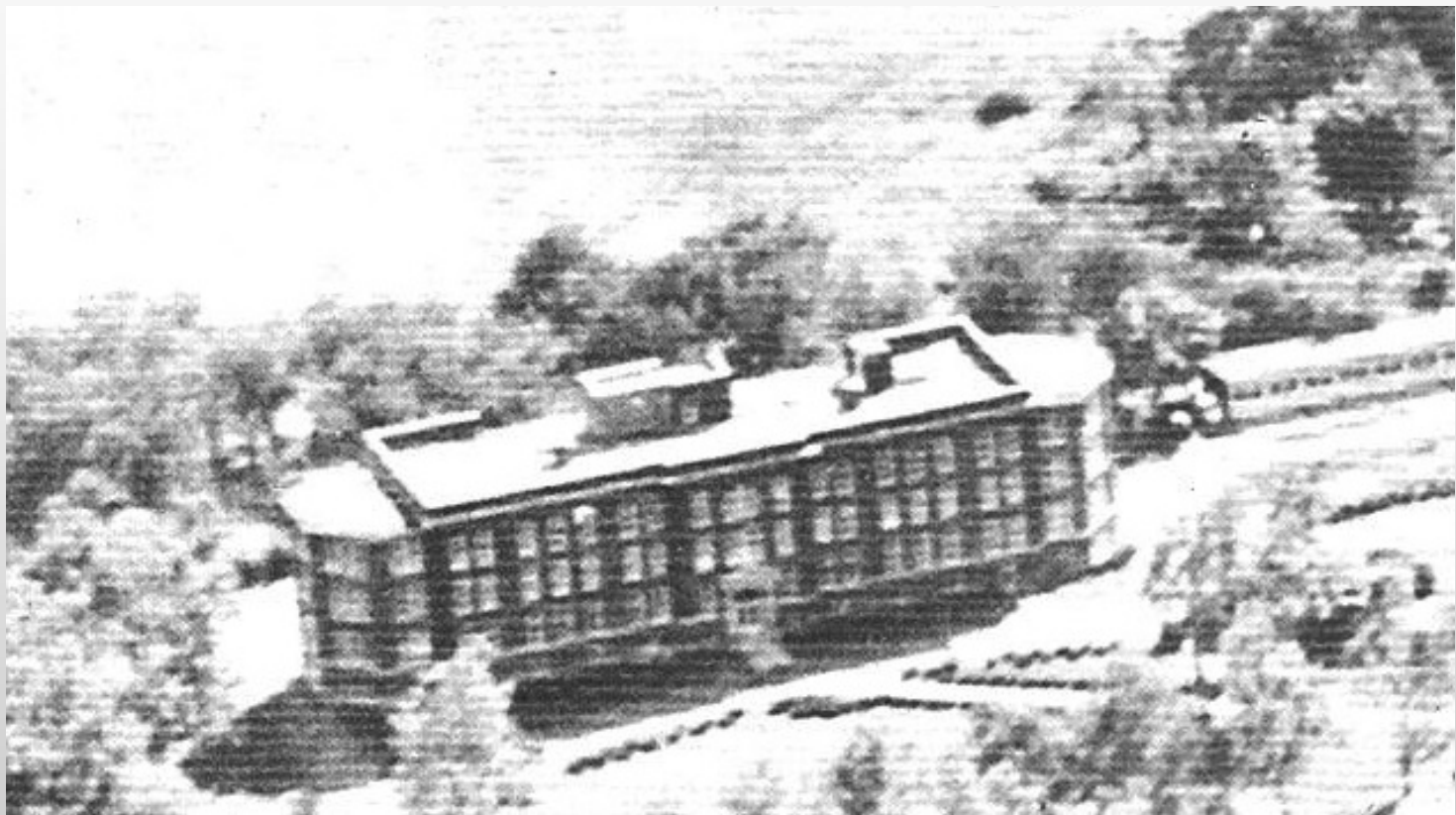


<https://www.facebook.com/malcombliss/>

# Hospital I – Hawthorn Children's Psychiatric Hospital, #26



# State Hospital I



# HCPH History

- ❖ HCPH was formally established by the Missouri State Legislature on July 1, 1981.
- ❖ Prior to that, mental health services for children and adolescents from eastern and southeastern Missouri were provided by two facilities in St. Louis: the St. Louis State Hospital Youth Center and the Malcolm Bliss Mental Health Center's Children's Services Program.
- ❖ In 1976 these two program were combined into the Youth Center and housed at St. Louis State Hospital under the administrative direction of the superintendent of St. Louis State Hospital.



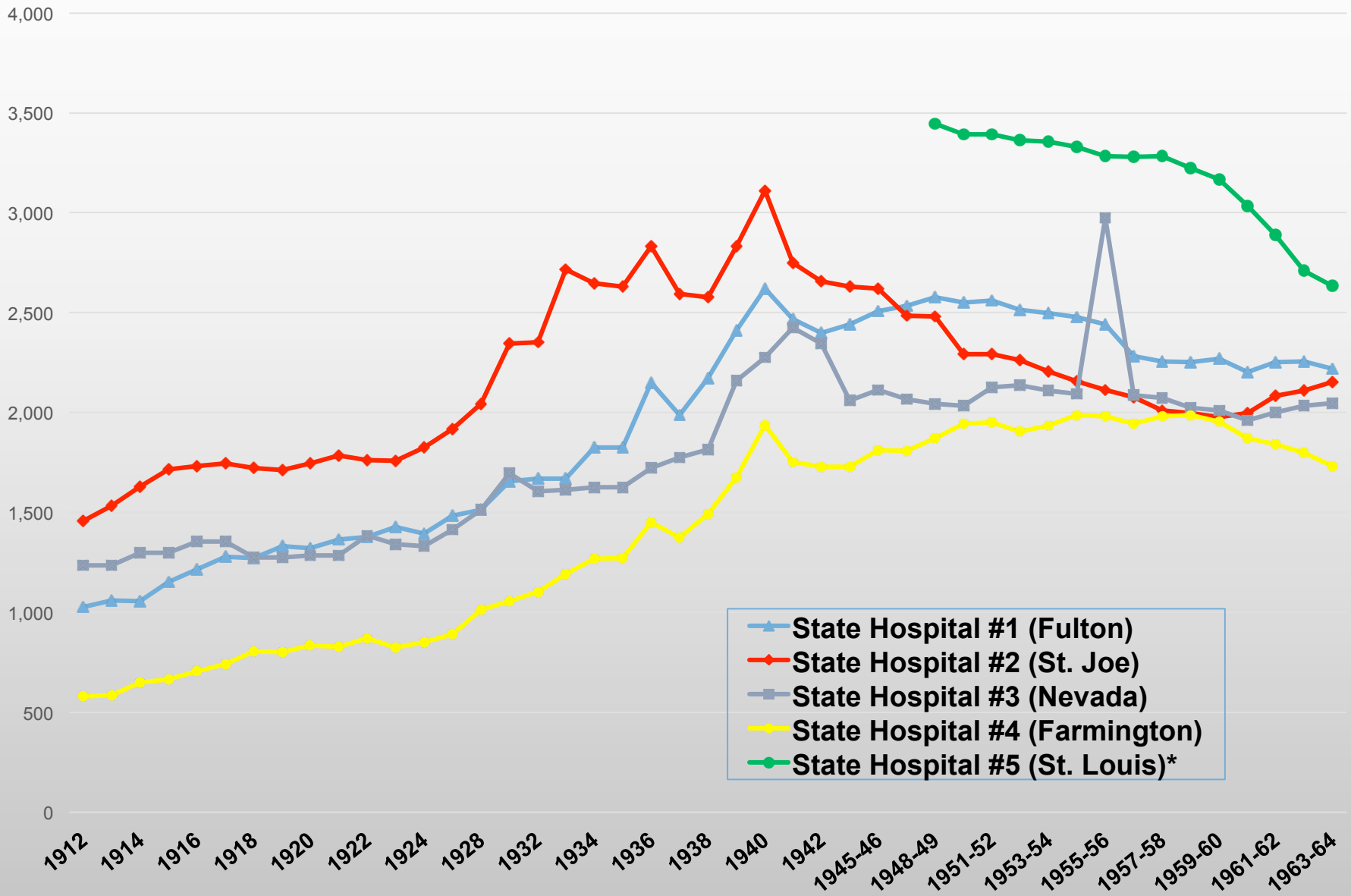
# HCPH remains as one of only 74 programs internationally to be certified by the Sanctuary Institute



# 1924 versus 2014

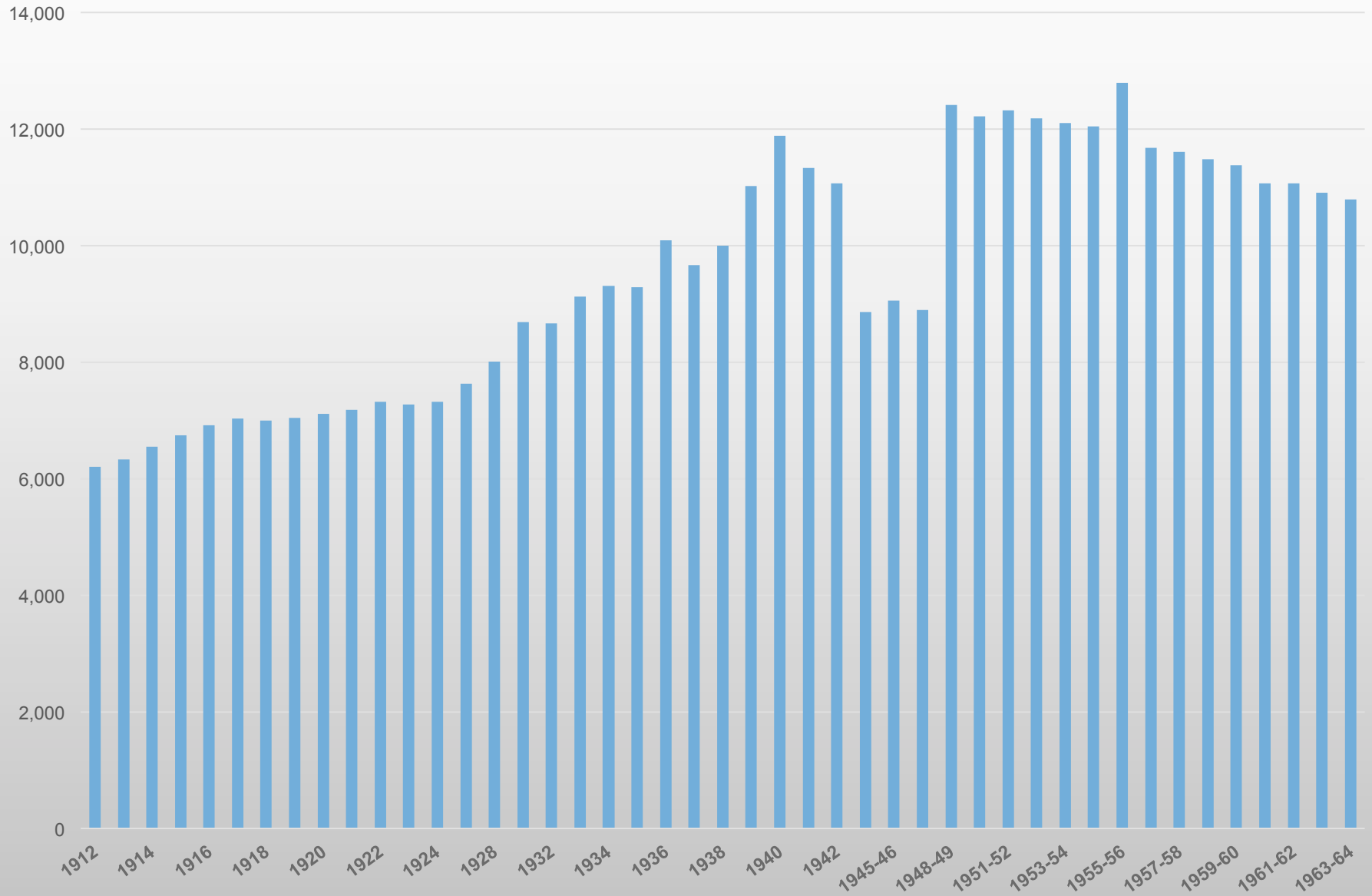
1924		2014
5,401	Patients	1,187
790	Employees	3,653
412	Patients Per Physician	31
89 cents	Daily Per Capita Costs	\$515.45
\$3,459,363	Expenditures	\$225,324,895

# State Hospital Census By Year

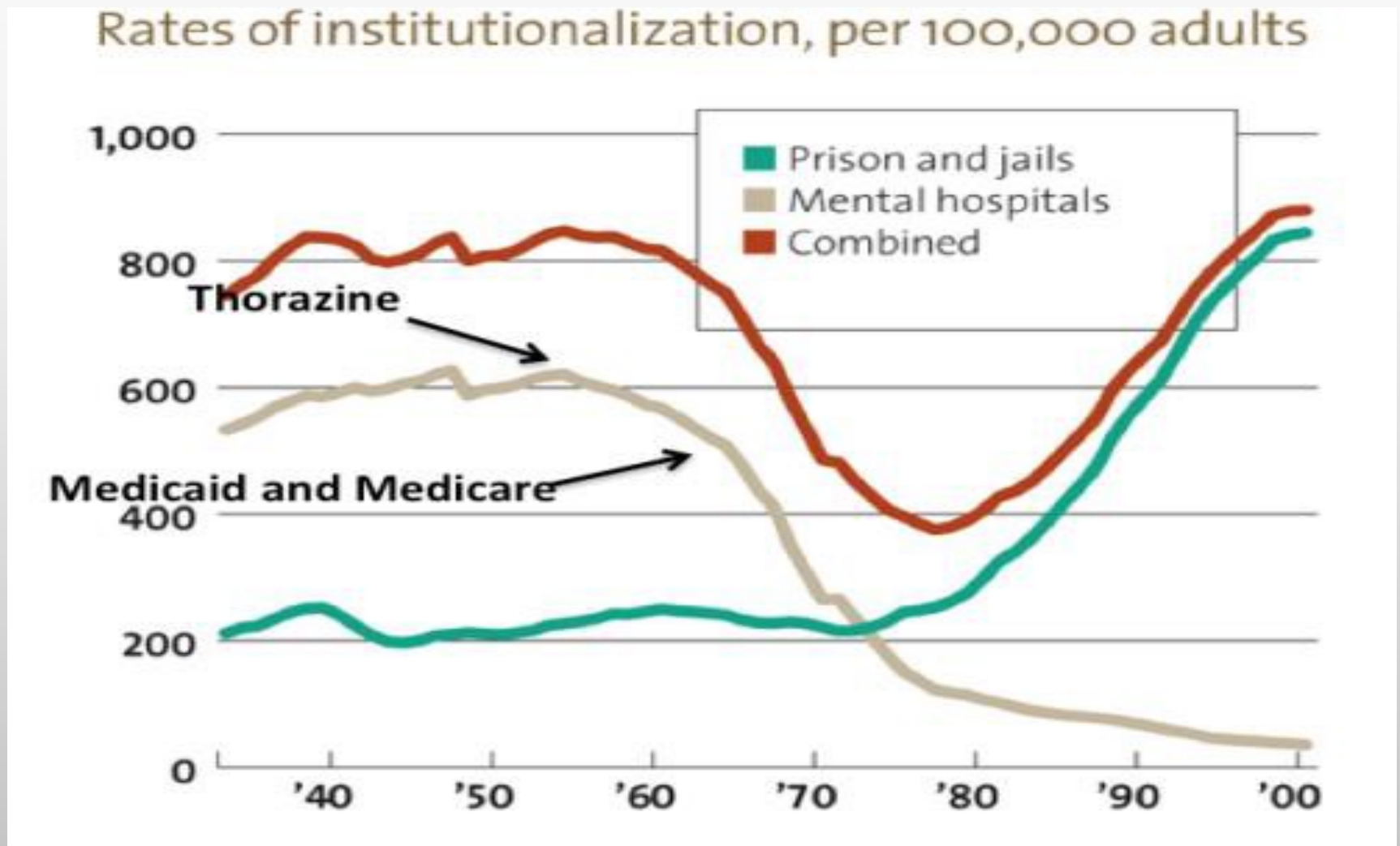




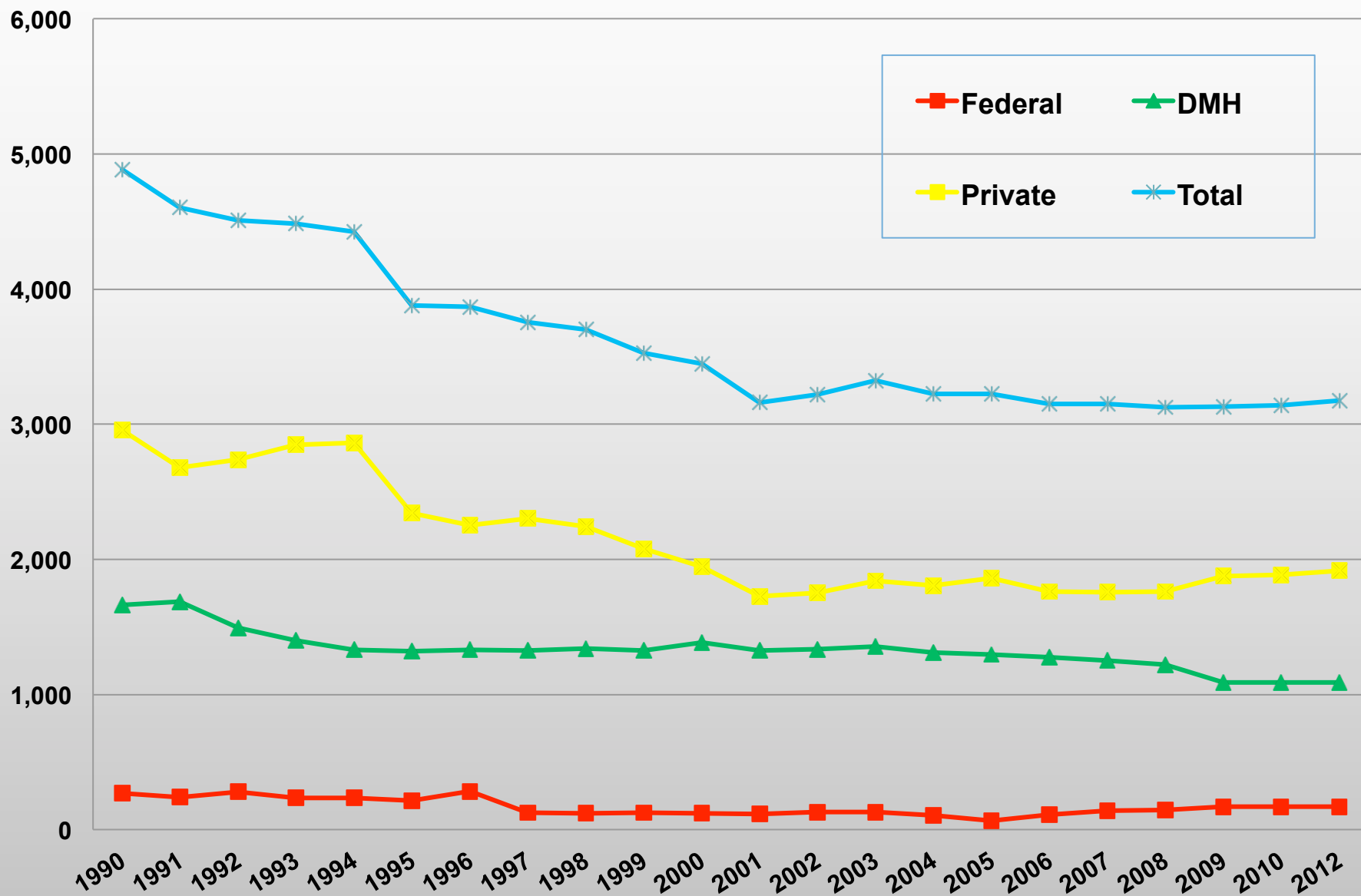
## TOTAL STATE HOSPITAL CENSUS 1912 - 1964



# Mental Health vs. Correctional Beds



## Number of Psychiatric Beds in Missouri - 1990 through 2012



# Changes in Bed Type 2013 - 2015

Commitment Type	2013 Total*	2013 Percent	2015 Total**	2015 Percent	% Change
Voluntary by Guardian (VBG)	236	21.7%	163	16%	-31%
Involuntary Criminal – NGRI	305	28.0%	226	22%	-26%
Involuntary Civil - SVP Committed	187	17.2%	214	21%	14%
VBG (formerly PIST)	133	12.2%	187	18%	41%
Involun. Criminal - Incompetent To Proceed	120	11.0%	177	17%	48%
Involuntary Criminal - PIST	55	5.1%	53	5%	-4%
Voluntary	27	2.5%	1	0%	-96%
Involuntary Civil - Adult Court Order	16	1.5%	3	0%	-81%
Involuntary Criminal - Other (Circuit Court)	5	0.5%	3	0%	-40%
Involuntary Criminal - Pre-Trial Evaluation	4	0.4%	3	0%	-25%
Involuntary Civil - SVP Prob Cause	1	0.1%	2	0%	100%
Involuntary Criminal–CSP	1	0.1%	1	0%	0%
<b>Total</b>	<b>1090</b>	<b>100.0%</b>	<b>1033</b>	<b>100%</b>	
* Includes SWPRC and Group Homes at CBC					
**Includes only adult inpatient beds					



# Current Missouri DMH Beds

Operational Capacity Effective July, 2018											
Facility	Adult Inp	Comp Rest	Adult Res	Children Acute	Children Res	Forensic DD	SORTS Inpatient	SORTS Res	Total Inp	Total Res	Total
FSH	277					22	100		399	0	399
HCPH				28	16				28	16	44
MSLPC		50							50	0	50
SLPRC	180								180	0	180
SMMHC	142		28				170	8	312	36	348
NMPRC	108								108	0	108
CBM	40	25	25						65	25	90
Totals	747	75	53	28	16	22	270	8	1142	77	1219

# Current DBH Revenue

	Insurance	MC+	Medicaid	Medicare	Other	Private	Non Proj	DSH	Total
FSH	\$317	\$0	\$477,680	\$2,391,557	\$12,450	\$231,572	\$81,605	\$52,976,857	\$56,172,038
NMPRC	\$125,901	\$0	\$578,824	\$524,820	\$4,969	\$88,024	\$18,609	\$14,924,587	\$16,265,734
SLPRC	\$0	\$0	\$502,404	\$690,067	\$3,739	\$432,118	\$50,297	\$21,289,603	\$22,968,228
MSLPC	\$38,128	\$0	\$329,989	\$1,589,011	\$5,053	\$3,473	\$486,523	\$9,277,598	\$11,729,775
SMMHC	\$0	\$0	\$457,985	\$1,387,078	\$96,361	\$348,753	\$108,522	\$38,429,150	\$40,827,849
CBM	\$147,887	\$0	\$869,409	\$576,952	\$28,899	\$261,116	\$452,581	\$9,225,000	\$11,561,844
HCPH	\$244,630	\$44,035	\$6,419,999	\$0	\$144	\$0	\$1,404	\$4,733,556	\$11,443,768
Total	\$556,863	\$44,035	\$9,636,290	\$7,159,485	\$151,615	\$1,365,056	\$1,199,541	\$150,856,351	\$170,969,236

# What's Past is Prologue

- ❖ What is our future?
- ❖ Readily foreseen - Continuing to serve our Forensic Role
  - ❑ NGRI consumers - stable
  - ❑ IST and PIST clients – growing
  - ❑ SVPs - growing
  - ❑ VbGs –virtually non-existing

# What's Past is Prologue – con.

## ❖ Bed Expansion

- ❑ SVPs

- ❑ ISTs

## ❖ Seen through a glass darkly

- ❑ The Vital Role of State Psychiatric Hospitals (2014, NASMHPD, Parks & Radke)

- ❑ The Return of the Asylum: JAMA January 20, 2015: Sisti, Segal & Emmanuel

- ❑ Follow-On Articles: Psychology Today (Pruchno); Science, Psychiatry, and Community (Steingard); Mental Health America (Gionfriddo); The Atlantic (Kozlowska); Others (Jim Amos, Linda Rosenberg)

- ❑ Examples

  - Worcester Recovery Center and Hospital in Massachusetts

  - SWMPRC integrated inpatient/community model

- ❑ Dorothea Dix: your dream is not yet forgotten!