

Legacy Column: STATE HOSPITALS

“Say not thou, What is the cause that the former days were better than these?...”.

Solomon (B.C. 977).

Solomon was on to something. No man can stop time. Warren Buffett and Bill Gates with all of their billions cannot stop time. They are getting older. The most brilliant scientists cannot stop the march of time. I heard the story of when J. Paul Getty died (perhaps apocryphal) that someone asked the lawyer coming out of the room, “How much did he leave?” The lawyer remarked, “All of it. He left it all.”

At this point you might respond, ‘I don’t know who J. Paul Getty is.’ And that is the point. At one point in the 1950’s he was said to be the richest American by Fortune magazine. Perhaps something more relevant, who was President 30 years ago? Who won the Super Bowl last year? Time moves on, and though we strive for recognition, it is fleeting. Maybe Willie said it best, *“Ain’t It Funny How Times Slips Away”*.

Time takes another twist as well and it is funny and sad at the same time. Many of us look back and see the ‘old days’ as being better. It isn’t a mystery as to why. Life is chaotic and we live in chaotic times. So, I am not blaming but stand as an observer and participant in such reverie. I have heard people who grew up during the depression speak with fondness of all the things they didn’t have. I have heard people, somewhat younger, do the same thing. They remember with glee ‘making do’ on little.

So what does all of this have to do with this column. Well first, I have been thinking about time lately (from both Solomon’s and Willie’s perspectives). Secondly, when I discuss state hospitals I am looking back somewhat wistfully. So maybe that blows my idea out of the water, before I can get started.

I am a fan of state hospitals. I wrote an article for *Perspectives in Psychiatric Care* on this topic in 2008. It was stimulated by two different conference events 1)

In 2002, while giving a talk in Dallas, I mentioned that state hospitals had been vilified and they, in fact, had served a very meaningful purpose. The response was gratifying. In the middle of my presentation nurses started clapping and some rose to their feet to applaud my statement. 2) Fast forward to an APNA conference in Orlando five years later, where at the end of a presentation on the ailments associated with schizophrenia (e.g. metabolic syndrome, weight gain, diabetes, heart disease, smoking, etc), I wondered aloud at the open microphone whether, had we not turned people out of the state hospital system en masse, perhaps some of these problems would not be as chronic. I was unprepared for the hostility from the psychiatrist speaker who went on to describe in detail all of the shortcomings of state hospitals. I guess that underscores the maxim of, “Don’t get into a debate with someone who controls the microphone.”

That said, I cannot help but wonder if my fond recollections of the state hospital system are partially related to what Solomon is talking about.

I have quoted Dr. E. Fuller Torrey countless times and I will again, “The practice, over the past four decades, of releasing people with severe mental illnesses, from institutions has been one of the largest social experiments in twentieth century America.” I agree with him wholeheartedly so maybe I am not guilty of just looking back with rose-colored glasses.

I recently read of yet another shooting with multiple deaths by someone stated to be mentally ill. The family, as have other families, tried to gain inpatient treatment for him but truly long term care was not available. Beyond that, I have worked in positions in which part of my job was to visit the SMI in their homes. As I noted in the article, some of those places were in areas I would not go to at night. A few I didn’t even feel comfortable visiting in the day. Most vividly, I remember visiting one patient who pointed across the way to a house where 3 policemen had been gunned down just a year or so before, in broad daylight. I pondered whether those who closed state hospitals would want to live in such an area themselves. Probably not! Is living in an unsafe neighborhood or in poorly run boarding home really better than a state hospital? Maybe for some but for most, I don’t think so.

I will finish by quoting directly from that 2008 article in which I sarcastically describe how all of the metabolic concerns related to the SMI could be addressed.

“Simply all that needs to be done to correct premature death by heart disease, diabetes, etc is to:

- .lose weight;
- .stop smoking;
- .improve diet;
- .exercise regularly;
- .lower blood pressure; and
- .lower cholesterol.

That’s it! That is all these individuals with schizophrenia need to do- these individuals who may have subtle or pronounced cognitive decline; have the negative symptoms anergia, avolition, apathy, anhedonia, and ambivalence; and who may have a poor educational foundation.”

Like I said, I like state hospitals. They provided an important service. And, although it would need to be discussed in a different column, state hospitals absolutely changed for the better when nurses infiltrated the system. Perhaps the professionalization of the state hospitals should be discussed down the road.

Keltner, N.L. (2008). Looking back at state hospitals: A biological advantage? Perspectives in Psychiatric Care, 44(2), 124-126.