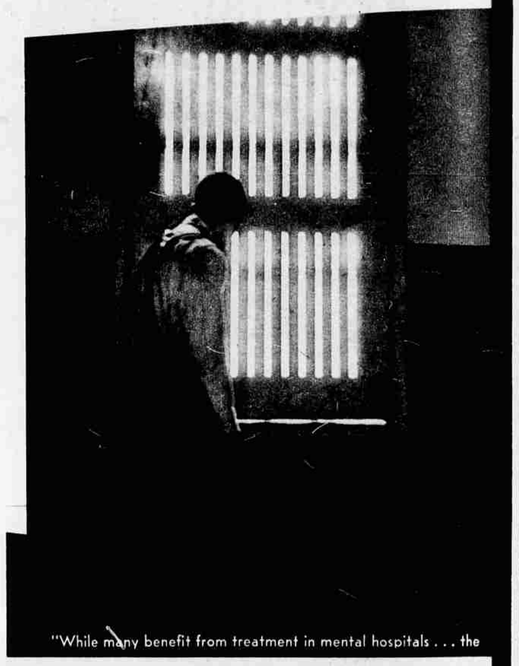
The Shame of Our Mental Hospitals

In spite of sporadic campaigns, the nation's No. 1 health problem still gets pitiful treatment; here's what could be done.



"While many benefit from treatment in mental hospitals . . . the majority cower in the dreary drabness of overcrowded, understaffed, penuriously operated institutions where little or nothing is done to cure their illness."

The author has been a persistent crusader for better treatment of mental illness.

A series of his articles that spotlighted the shortcomings of California mental institutions resulted in a $250 million mental-hospital modernization program in that state and won for Ostrow the international Lasker Award in 1948.

He also received a "Christian journalism" gold medal from the Catholic Newsmen's Association for a successful campaign to change state laws to permit California county hospitals to establish mental-treatment clinics.

Later, in Ohio, Ostrow worked incognito as a ward attendant at Cleveland State Hospital to get first-hand facts for an exposé of unsatisfactory conditions there. This caused a dramatic improvement in patient care, and won him a Public Service Award from the Cleveland Newspaper Guild.

Sen. Frank J. Lausche, then governor of Ohio, credits Ostrow's reporting with being a major factor in winning voter approval of a state bond issue providing $75 million for mental-hospital improvements.

Now a staff writer for the Cleveland Press, Ostrow is a member of the National Committee Against Mental Illness.

by Al Ostrow

THE BRIGHT FACE of America is speckled by 586 islands of misery and despair. These are the nation's mental hospitals—better known until recently as insane asylums and "snake pits."

From the outside, most of these institutions have a pleasantly landscaped campus atmosphere. But the trees and lawns receive more attention and better care than many of the 800,000 patients inside. Within the locked wards is the awful odor of decayed lives wasting away in wretchedness and neglect with seemingly no hope of cure.

Decades of spasmodic reform waves, major advances in medical science, and billions of dollars worth of new buildings have failed to end the shame of our mental hospitals.

Many thousands have benefited from the continuing improvements, but the majority of state hospital patients continue to cower in the dreary drabness of overcrowded, understaffed, penuriously operated institutions where little or nothing is done to cure their mental illness.

Listen to an official report of the state of Ohio, generally considered a progressive state in matters of public welfare:

"Tottering, elderly men and women . . . herded about like human cattle . . . sleeping in fetid firetrap dormitories with rows of beds only inches apart . . . squatting numbly on rickety benches and chairs in dismal day rooms . . . eating messy, unpalatable meals . . . spending their twilight years in a miasma of misery.

"It is regrettable to say, but in many instances the humane societies of Ohio see to it that animals are given better treatment than human beings. . . .

"Living conditions, or existing conditions, for the majority of patients, have not been and are not conducive to rapid recovery, if recovery is to be had at all. . . ."

The report was written by State Auditor James A. Rhodes, former mayor of Columbus and past president of the Amateur Athletic Union.

Shocked and dismayed by the human suffering he and other examiners found in a series of inspections of all Ohio mental institutions, Rhodes prefaced his unprecedented message to the legislature:

"All things set forth are not fantasy . . . they are not imaginary . . . nor are they exaggerated in any manner. . . They are cold, hard facts. . ."

The report to the legislature echoed a blistering indictment returned by a Cuyahoga County grand jury several years before. The jurors condemned state hospitals where the mentally ill are incarcerated and forgotten rather than treated and cured as "a prison for the well . . . a hell for the sick."

"We are told these inhuman conditions have long existed," the report declared. "If this be true, we indict all who have abetted—or even tolerated—such foul treatment of these unfortunate ill, even as history will indict us if we fail to redress this ancient and inexcusable wrong."

Looking back on the furore which this indictment created, the jury foreman, the Rev. D. R. Sharpe, a Baptist minister, shakes his head sadly today and concedes that state hospital conditions are still essentially the same.

"People are put in to rot and disintegrate, not to be cured," he says. "There is no excuse for the philosophy that the purpose of the hospital is to keep these patients at a minimum of expense, rather than to treat them for their mental ailments."

This writer has talked to scores of sincere, conscientious state hospital superintendents from coast to coast. All wish they could provide a program of intensive, total treatment aimed at pulling every patient back to normal. But all reluctantly concede that the best they can do under present circumstances is to pick a few of the "most promising" patients, and concentrate their efforts on them.

The rest—the overwhelming majority—must "snap out of it" on their own, or else find themselves condemned to life imprisonment in the locked wards for the "crime" of contracting an illness that is as common and unavoidable as mumps or measles.

There simply aren't enough doctors, nurses, therapists, psychologists, social workers, and attendants on the hospital staffs to provide personalized treatment for every patient. And personalized treatment is the most effective cure for mental illness.

HOW CAN IT be provided? Experts — including mental institution directors themselves — are convinced that state hospitals alone can't provide the answer.

The only solution is to have general hospitals expand their scope to include treatment of mental ailments—and to attack each case with the same sense of urgency and determination to cure with which accident victims are received.

Is it fair to give immediate curative treatment to a person with a broken arm or leg, but to shuffle his neighbor with an equally unavoidable and possibly more crippling broken mind off to potential life imprisonment in an unpleasant locked ward?

Life imprisonment is the fate of hundreds of thousands of men, women, and children with sick minds who are filed and forgotten in institutions without facilities or personnel to cure them.

One patient, a feeble, white-haired grandmother, is a typical example. She was admitted to Ohio's Cleveland State Hospital on Sept. 9, 1890.

According to her medical record, "Patient does nothing, sits all day." She has sat and stared blankly through two world wars, the revolutionary development of autos and airplanes, the dawn of the atomic age, and the advent of radio and television.

Her 43-page hospital file records a wide variety of physical ailments cared for, but makes no mention of any treatment for the hallucinations and sick mind that brought her to the hospital 68 years ago.

"I suppose they had the same problem back in 1890," explains Dr. William L. Grover, the medical superintendent. "Too many patients, not enough doctors and staff for an effective treatment program. . ."

This patient has pathetic counterparts in California's Stockton State Hospital, Georgia's Milledgeville, Pennsylvania's Byberry, New York's Rockland, Illinois' Manteno.

Every state has its houses of horror where the pitiful, helpless victims of sick minds and man's inhumanity to man huddle in lonely sorrow, locked out of sight of communities that shun them.

All states have records of recurring attacks of conscience which spark sporadic campaigns to replace a few firetrap mental hospitals, hire a few more doctors and nurses, slap a coat of paint on dilapidated walls, and improve meager menus.

Each campaign leaves some lasting improvements and rescues a few fortunate patients from the islands of misery. But the basic picture remains unchanged for most of the mentally ill.

It must be changed if the nation is to cope with what the U.S. Public Health Service brands "America's No. 1 public health problem."

This dubious distinction is applied to mental illness because the complex corps of brain aberrations is estimated to affect 17 million Americans. Someday, statistics indicate, one out of every ten persons will require the services of a mental institution.

The gentle-voiced spokesman of a new crusade to assure them real treatment aimed at early cure—rather than a lost lifetime of "custodial care"—is Dr. Harry C. Solomon, courtly professor emeritus of psychiatry at Harvard Medical School and past president of the American Psychiatric Association.

"Let's face the facts," this elder statesman of psychiatry tells his colleagues. "Our present mental hospital system is antiquated, outmoded, and obsolete. We can still build big mental hospitals, but we can't staff them well enough to give every patient the benefit of all that modern medical science knows about their ailments. We cannot make true hospitals of these institutions. We must try something else."

That "something else" must shatter the locked-door thinking that differentiates between victims of mental illness and sufferers from physical ailments.

Let each community—on the local level—provide facilities in its own hospitals to cure sick minds, just as it provides the means to repair sick bodies. Perhaps a state or Federal subsidy will be required to get the program rolling.

The cost will be great—but mental illness already costs the nation four billion dollars a year, mostly for state hospital building and operating costs.

The investment would return rich dividends in salvaged lives and happy homes rescued from misery and despair. Eventually, much of the four billion dollars a year now washing down the drainpipe of neglect would be saved, too.

Some scattered general hospitals have already recognized their responsibility and added mental treatment units.

Which ones will be next?

It's up to the medical staff and public in each community to provide the ultimate answer.

No one can foretell when the absence or presence of such a facility will suddenly become a matter of crucial personal concern, rather than a remote academic problem.