

PSYCHIATRY

Open Mental Hospital Doors

The new therapeutic technique of open doors, coupled with other methods of treatment, is changing the picture of the mental hospital program in the U. S.

By HELEN BUECHL

► A LITTLE more than two years ago a group of six men journeyed to England. The result of that journey was to affect the lives of many of the 700,000 mental hospital patients in the United States.

The journey, in effect, was the beginning of a revolutionary movement in the mental hospital program in this country.

The visitors to Great Britain, all directors of New York State mental hospitals, had found a new type of approach to the care of mental patients.

No more iron bars, fences, ward locks or constant vigilance.

Instead, they found opened doors, unbarred windows, and freedom for most patients. There was almost a complete lack of shouting, screaming, aggression and fighting. Yet these were the identical patients who had previously acted so wild that they "had to be restrained."

A striking feature of all the British mental hospitals visited was the physical appearance of the wards with their household-type furnishings. There were invariably rugs, drapes or curtains, upholstered furniture, bedspreads, vases of flowers, and colorful paint or wallpaper.

Aim Is Homelike Surroundings

The purpose of these changes was to put the patient in more normal homelike surroundings, making him more comfortable and, at the same time, building his self-respect. Another way of building the patient's self-respect was by improving his personal appearance and individuality of dress.

Most of the patients' clothing was purchased from local stores and nothing was accepted that was out of style or shoddy. On their tour, the visitors found that each patient unable to provide his own was given an allocation of clothing. He would go to the storehouse to choose his suit, overcoat, hat, shoes, underwear, socks, ties, shirts and night clothes from the assortment there.

Alterations were made when necessary. Every effort was made to cater to the individual taste and each garment was marked with the patient's name. Later, when clothes were sent to the laundry, they came back to the same patient; at no time was he required to wear clothing that might have been previously worn by another patient.

The English open-door policy seemed to encourage each patient to take proper care of his clothes. Each was provided with a full length locker and had custody of the key. The patient was not required to hang

his clothing in a common clothing room or put it under his mattress at night as is the case in some of the mental hospitals in the United States.

In Nottingham, a city of 306,000, the visitors saw a mental hospital containing 1,000 beds, located centrally in the city. This hospital serves all the psychiatric needs of the area. It is truly an "open hospital"; the majority of the patients are admitted on voluntary application, while short-term treatment for the newly admitted is provided.

The Nottingham hospital provided a home-care plan for the senile which involved a daily visit by a nurse, a bi-weekly visit by a social worker, or a weekly visit by a district health officer. In addition, the patient visited the local general hospital clinic once weekly.

Returning to the United States, the visitors decided to apply the open-door policy to mental hospitals here.

One of the first mental hospitals to experiment with the open-door policy was the St. Lawrence State Hospital located at Ogdensburg, N. Y.

Here it was decided that, at the beginning, an open ward would be one where the doors

were unlocked at least eight hours every day and from which patients could leave at will. They could go outdoors without being stopped or questioned.

As the program developed, many of the wards remained open between nine and twelve hours or more per day. The outside doors of the buildings were usually locked at night much the same as in a private home.

Previously, within the close confines of the locked door areas, even though the patients had become more quiet with tranquilizers and were responding much better, they were restless and needed something to do and something to take up their time. An increased program in recreational and occupational therapy did not seem sufficient. The tension between the ward personnel and the patients, and among the patients themselves, was still present.

One of the most remarkable results of the new program was to see a lessening and disappearance of this tension as the doors were opened.

The new policy increased the patient's opportunities for participation in occupational therapy, recreational activities, or work therapy in the hospital industries, such as the laundry, sewing room and farm area. No longer escorted to and fro by an attendant, the patient is now able to report for work, therapy or recreation by himself just as he would on the outside.

The problem of suicides, escapes and as-



A CAMPUS ATMOSPHERE—Patients at the Hudson River State Hospital, Poughkeepsie, N. Y., enjoy a croquet game on the hospital grounds, as part of the state's Department of Mental Hygiene's "open-door" policy.

saults have proved to be no different than they were before the open-door policy was begun. A few patients wandered off to their relatives at first, but they returned shortly.

Even the state troopers and the sheriff's department in surrounding communities took it as part of the day's work to return an occasional patient who wandered away or tried to get home and got lost. The law officers took it all very good-naturedly. They did not handcuff the patients, nor think of them as homicidal maniacs, and they were not thrown in jail. The patients were simply picked up much the same as lost children or amnesia victims, and returned to the hospital.

As each ward was opened at the St. Lawrence Hospital, there was always a period varying from two weeks to two months when patients just walked around the grounds or sat under trees or along the St. Lawrence River to watch the boats go by. Some stood along the road watching cars go by. It seemed that they were making an effort to catch up with the times, Dr. Herman B. Snow, director, pointed out.

Results Seen Immediately

It had been feared that the patients would not be able to take adequate care of their clothing. But when the clothing rooms were unlocked, it was found that the patients were not untidy. They took good care of their things and there was no problem of lost articles or people wearing each other's clothes.

The women began requesting mirrors and more beauty parlor appointments. The men began shaving more often and attended to their grooming needs with more deliberation.

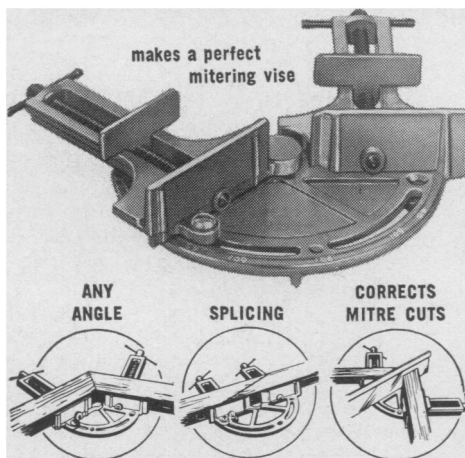
New recreational facilities and outdoor activities were initiated. More dances were held. The entire atmosphere of the hospital changed.

New treatment methods, including the tranquilizing drugs, have restored many patients to quiet, relaxed behavior. Moreover, it was found that much of the tension had been due to the atmosphere created by the locked doors, grates on windows and the close confinement of large numbers of people in small areas.

Only a very small percentage of mental patients have ever really required those restrictions and with today's therapies this number is reduced to a minimum.

This new trend is changing virtually overnight the traditional methods of the treatment of the mentally ill, thanks in great part to Dr. Paul H. Hoch, New York State's Commissioner of Mental Hygiene, who adopted this new policy for all of the state's hospitals, and also to the six men who journeyed to Great Britain. They were Drs. Francis J. O'Neill, director of the Central Islip State Hospital; Nathan Beckenstein, director, Brooklyn State Hospital; Robert C. Hunt, director, Hudson River State Hospital; Hyman Pleasure, director, Middletown State Hospital; Herman B. Snow, director, St. Lawrence State Hospital; and Christopher F. Terrence, director, Rochester State Hospital.

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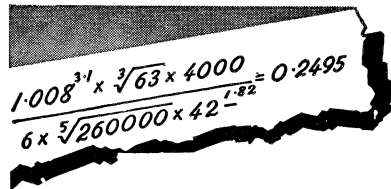
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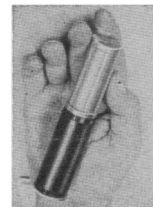
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