

## 1. OREGON STATE HOSPITAL

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### History

Oregon State Hospital is the oldest of the state's mental hospitals, having been opened in 1883. Located in Salem, it occupies 180 acres of land and has a licensed capacity of 1,772 beds. On June 30, 1966, 1,589 patients were housed in 44 wards; on June 30, 1968, 1,334 patients were living in 33 wards. This represents a reduction of 255 in-hospital patients. A major reorganization in June 1968 resulted in a decreased number of wards and psychiatric units. The prime objective was not to reduce the number of wards but to provide a more effective treatment service, particularly to the long-stay patients.

### Populace Served

The Hospital provides general psychiatric services to all counties west of the Cascade Mountains except Multnomah, Washington, and Clackamas Counties. In addition, Lake, Klamath, Deschutes, and Crook Counties are served. This catchment area encompasses 50.49 percent of the state's area and 50.17 percent of the population. Each county or group of counties is served by one of four self-contained service units within the hospital.

In addition to providing hospital care for the mentally ill from twenty counties, the Hospital also provides a psychiatric security program serving the entire state. Although there are no active cases in the hospital at this writing, the tubercular mentally ill are received for care and treatment. Direct and consultant services are provided to various institutions under jurisdiction of the Board of Control. The Hospital is fully approved by the Joint Commission on Accreditation of Hospitals and is eligible to receive patients under Medicare and Medicaid.

### Goals and Objectives

A major goal of Oregon State Hospital is to provide modern psychiatric treatment in an atmosphere of human dignity and respect to all patients admitted for care. It is the intent that all therapeutic modalities be used toward restoration to the limit of each patient's potential which will allow him to leave the hospital in the shortest possible time. This must be consistent with the natural course of the patient's illness and the current stage of medical knowledge.

An allied goal is the prevention of chronicity. An environment that assumes illness and incapacity invites chronicity and confirms incapacity. No patient should become a "custodial case." By constantly attacking such attitudes through training of staff and patients, it is hoped that much of the chronicity can be reduced. Should it be necessary for a

patient to remain hospitalized for an extended period, every treatment and rehabilitative method available will be employed to make his life more productive and meaningful.

### Status and Major Programs

#### General Psychiatric Services

Oregon State Hospital functions as a general psychiatric facility. A broad range of service is provided to all types and ages of mentally ill persons. Recently reorganized, the Hospital has four psychiatric units serving specific geographic areas; a Medical-Surgical Department; a Psychiatric Security Unit of four wards; and a Social Living and Rehabilitation Unit. Closely tied to the communities it serves, the Hospital has truly emerged as a treatment facility. The psychiatric units provide intensive treatment, resulting in shorter hospital stay. The Social Living and Rehabilitation Unit is designed specifically for the treatment of the chronic patient. By providing concentrated service from the Adjunctive Therapies (Occupational, Recreational, Industrial), plus complete medical and social work coverage, it is hoped that the long-stay patients can be rehabilitated so they may return to their home community or live a more challenging life within the hospital.

#### Psychiatric Security Unit

The Psychiatric Security Unit was expanded to four wards during the biennium. Making up a 92-bed subdivision of Oregon State Hospital under the direction of a Board-certified psychiatrist, the unit now consists of a maximum, medium, and intermediate security wards for men and a security ward for women. Patients are received from Oregon's courts for examination and report, from correctional and other state institutions, and from units within the hospital. Since the prison riot in March 1968, the number of cases transferred from the Oregon State Penitentiary alone has increased four times.

The "sexually dangerous" are received and treated in the Psychiatric Security Unit. The first patient committed under the law was admitted in September 1963. Through June 30, 1968, seventy cases have been received for evaluation. Fifty (31 court, 19 voluntary) were returned for treatment, of whom 35 have been paroled or discharged. There has been only one parole violation due to sexual misconduct; there has been one arrest for a misdemeanor on a minor theft charge.

Treatment of the sexually dangerous consists mainly of group therapy sessions which seem to be quite effective. The program is worthwhile and should be continued.

School of Community Service and Public Affairs, University of Oregon

During the last two years, the School of Community Service and Public Affairs of the University of Oregon has placed several undergraduate students at Oregon State Hospital. These students have expressed an interest in the field of mental health and usually work toward a degree in psychology, social work, or recreation. They live on the hospital grounds for an academic quarter and spend full time on a designated unit. Academic credit is granted for this experience. General supervision of the students is provided by the Psychology and Recreation Departments. In addition, an academic supervisor makes regular visits to confer with the students.

Training and Research

The Hospital is approved for three years of training in the medical specialty of psychiatry. To fulfill requirements of the American Board of Psychiatry, several months of training and experience are spent in other facilities: three months at the University of Oregon Medical School (Psychosomatic Medicine); three months at Good Samaritan Hospital and Medical Center, Portland, (Neurology); two weeks at Fairview Hospital and Training Center (Mental Retardation). Four general practitioners are receiving their residency training under a grant from the National Institute of Mental Health.

A Federal grant providing training in community psychiatry has been received, but the program has yet to be initiated.

Inservice Training

Under a \$25,000 yearly grant from NIMH, an Inservice Training Program for psychiatric aides and other staff was instituted in October 1964. Administered by the Director of Education and Research, the program is designed to raise the level of job effectiveness through education and training of the aide staff. One full-time instructor works with all three shifts. Strong emphasis is placed on increasing the sensitivity of the staff to the patients' feelings and problems. The major goal of the program is improved patient management with a higher quality of help.

Research

A research grant to study the effectiveness of the inservice training activities was made by the Oregon State Board of Control. This research activity was under the direction of the Chief Psychologist.

## Program Projections

Psychiatric Security Program

There is an increasing demand for forensic service as provided in the Psychiatric Security Program. There is an immediate need for another maximum security ward for men. In addition to an increased number of court order cases sent for study, the Hospital has, since the Penitentiary riot in March 1968, experienced a four-fold increase in the number of prisoner transfers. The Warden of the Penitentiary estimates there are at least 30 inmates who could presently benefit from hospital treatment, but there are insufficient beds. The establishment of an additional ward has been requested.

Adolescent Program

Adolescent patients are being hospitalized in increasing numbers. The treatment needs of these younger patients differ in some respects from those of the adult population. The hospital staff is working with the Mental Health Division staff to develop a more effective adolescent program. The adolescent will live and receive his basic medical care from the present community units but will be assigned to an adolescent treatment program during the day and evening hours. This program will include school, recreational, and therapeutic group activities.

Alcoholism

The recent decision of the Supreme Court holding that the jailing of inebriates does not constitute cruel and inhuman treatment has undoubtedly precluded the admission of many alcoholics to the hospital. The influx is probably only temporarily delayed. Most experts agree that alcoholism is a disorder requiring specialized therapy, but despite the fact that many alcoholics are received each year, Oregon State Hospital has no specific program. Such a program is included in the budget for 1969-71.

Improved Follow-Up Care

Through the addition of a psychiatric social worker to each unit, the Hospital plans to provide a more adequate discharge and follow-up program. In working directly with the patient, his family, and community agencies the social worker will help to: (1) make the hospital stay more meaningful; (2) reduce the length of hospitalization; (3) prevent readmission of as many cases as possible.

Humanization

Although not a new program, humanization is a significant trend in Oregon State Hospital. Many improvements have been made through the years, but not nearly enough. Patients enjoy more freedom, eat better food, are

less crowded, can expect prompt treatment aimed at early return home, etc. Many areas still demand attention. They may seem small but are of immeasurable value in maintaining one's sense of worth and self-respect. Napkins at meals, drinking glasses on the wards, doors on toilet stalls, and personal lockers are but a few of the needed items to "humanize" Oregon State Hospital. These are included in the 1969-71 report.

### Standards

There is a need for revised standards of staffing patterns to meet present day needs. The American Psychiatric Association Standards on which the budget is based are both obsolete and inadequate. This is particularly apparent in the psychiatric aide category where the work load seems ever on the increase. New and meaningful standards are necessary.

## Capital Construction and Improvements

### 1966-68 Biennium

The following budgeted projects were completed:

1. Remodeling of wards 82, 83, and 84 in the Psychiatric Security Unit.
2. Installation of 10-inch water line along Center Street.
3. Installation of two fire doors beneath the Dome Building.

During the same period, the Engineering Department made these improvements:

1. Aided in the alteration of the Administration Building in order to provide space to the Mental Health and Corrections Divisions.
2. Demolished buildings 39, 69, and 78.
3. Remodeled men's toilet in Center Building.
4. Built a stairway from main floor to basement in Center Building.
5. Installed new equipment in Bakery and installed separate gas and electric meters.
6. Remodeled Cottage 12.

During 1969, budgeted alteration of Ward 81 (Women's Psychiatric Security) will be completed.

### 1969-71 Biennium

The Board of Control has authorized the construction of a Psychiatric Security Unit to be located on the State Hospital grounds. Further, it authorized an allocation from the 1967-69 Capital Construction Planning appropriation to develop preliminary plans. Such planning would consider the remodeling of the south wing of the Center Building as a possible site.

Comment

It is increasingly difficult to administer programs when unscheduled items are added to an already restricted budget. Due to higher population figures than projected and the application of the unusually high vacancy experience factor, Oregon State Hospital has had serious difficulty maintaining authorized programs. It is hoped that future budgets will be authorized on more realistic levels.

The Superintendent takes this opportunity to thank the members of the Board of Control and their Secretary for their personal interest and understanding of problems. He is especially appreciative of the strong support of the Mental Health Administrator and his staff on whom he has frequently relied.