

Effects of Publicity on a Forensic Hospital

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Oregon's forensic psychiatry hospital experienced a convulsing chain of events that began with the escape of an insanity acquittee who had been hospitalized following two murders. Although the patient was arrested without reoffending, there were major repercussions in the hospital. This event and related state hospital topics became the subject of intense publicity in the local newspaper. Articles ran almost daily for over a month, the majority of which were on page one. We give here an account of the episode and examine the meaning of the media coverage in the light of administration of public mental health systems, particularly where forensic psychiatry is involved.

The public mental hospital has been shaped by forces that are often contradictory. On one level it has provided care and treatment to the severely mentally ill in our society and has provided tangible therapeutic benefits to patients and their families. But the impetus for governments to devote resources to this largely unrepresented and unrepresentative population has also been a response to community fears that mental patients create havoc by being frequently embarrassing, often offensive, and occasionally dangerous. These negative and often stigmatized views of state hospital patients¹ apply in the extreme to forensic patients.² Although not criminals *per se*, forensic patients are often viewed as such by the public and are

treated in settings that approximate prisons. Lay descriptions of forensic patients as the "criminally insane" express how stigmatized is this group of patients in society.

Given this image of forensic patients, security in a forensic hospital becomes a central focus that is often expressed in a complicated maze of interrelated policies and procedures with two paramount goals, minimizing the likelihood of harm to individuals who work and reside within the institution, and decreasing the risk that patients will escape.

This article focuses on issues related to escape. The level of security measures directed at preventing escape can be viewed along a continuum from relatively relaxed to very tight. When protection from escapes is set at a high level there are personal costs incurred. The personal costs to forensic patients include limitations in allowing smooth

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transitions between life behind walls and a life of freedom. Since forensic patients often lack skills that make community living successful (for example, delaying gratification, budgeting time and money, and choosing the right friends), they often need guidance as well as measured community experiences to learn to overcome their deficits. Achieving changes in patients' behaviors, feelings, and attitudes is generally a long and gradual process that requires numerous repetitions.

At some points in the treatment process, security and therapy can become incompatible. Specifically, a setting that allows no freedom of movement outside of the secure perimeter under gradually relaxing levels of supervision impedes the development of proficiencies that are the long-term goals of treatment. A hospital with little or no tolerance for escapes may achieve the goal of zero escapes, but it will, at the same time, run the risk of being faulted for inhibiting treatment progress, thereby inappropriately perpetuating failure and its related despair among its patients. This paper examines the effects of prolonged media attention related to the escape of a forensic patient on one forensic hospital. It examines how this attention dramatically influenced the hospital as it attempted to balance the need for security with the needs of patients to experience community life.

The Event

In March 1991, a forensic patient who had been housed in the maximum security unit at Oregon State Hospital es-

caped from custody. He had killed two people ten years earlier. He was convicted of murder for one of the deaths and was found "guilty except for insanity" for the other. (Note that this is Oregon's terminology for "not guilty by reason of insanity."³) He served a sentence in the state penitentiary for the conviction, and at the time of his parole he was placed in the forensic hospital as a result of the insanity verdict regarding the second death. As such, he came under the jurisdiction of the Psychiatric Security Review Board^{4,5} for the remainder of his life, the maximum possible sentence if he had been convicted. Under the Board's powers, he could be kept in the hospital, or he could be placed on conditional release to a monitored community placement.⁶

At the time of the patient's escape, the forensic hospital was under court order to provide patients access to a law library. The only law library available to patients was located in the downtown area, about three miles from the hospital. This patient had been on previous passes with an accompanying individual staff person, so he was viewed as an acceptable risk for passes to the law library. However, while there he eluded his staff escort and fled. Several days later the first of a series of articles appeared in the local newspaper.

The images portrayed of the forensic hospital and its administrative structure were unflattering. Charges were made of cover-up, poor communication, inadequate assessments, cavalier compliance with security procedures, and both ignorance of and insensitivity to commu-

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nity feelings. The hospital's impression that the escapee was a "model patient" was publicly and contemptuously held up in contrast to revelations that he had a "hit list" of hospital employees on his personal computer. Bits of new information were revealed one by one in daily headlines, such as the fact that he surreptitiously chartered an airplane during a previous, unsupervised pass. In the midst of this publicity, and while the escaped patient was still at large, an additional patient escaped, a tiny woman, marginally dangerous, who was returned to custody within 24 hours. The hospital promptly rescinded all passes, including planned therapeutic activities outside of locked security.

Oregon has a legislative session every other year. The hospital forensic program is located within the capital city, where the Legislature meets. This escape occurred at approximately the midpoint in the biennial session, a short distance from the state capitol building, which houses the Legislature. In addition, at that time the state was struggling with a newly passed "taxpayer's revolt" measure that threatened to cut state budgets severely. Articles related to cuts at the state hospital soon became prominent and were related to the perceived security problem. No coincidence of events could have focused a greater degree of attention to this apparently newsworthy and dramatic escape. One local legislator suggested banning all passes permanently, and called for a hospital audit in response to the security problem. He joined another legislator in publicly criticizing security procedures and called for

relocating the hospital away from the capital city to a rural prison setting.

Articles continued to reveal provocative details of institutional life. The headline "Three killers had passes" introduced a description of additional patients with unsavory and frightening backgrounds. A former patient who escaped two years previously was convicted of killing a transient in another state. Conspiracy theories regarding patient escape developed. Disgruntled employees as well as patients made damaging accusations about conditions at the hospital. A photograph of sex offenders in group therapy appeared on page 1 with an article about the possible closure of the sex offender program.

Social Security and veteran's benefits to patients was the subject of the page 1, banner headline "Criminal patients live well on tax-free incomes." Pieces described the arrest and extradition of the initial escapee. A third patient escaped, this time a convicted robber who was transferred from prison to the hospital's alcohol treatment program. Letters to the editor that supported the hospital and its staff were written by a union leader and by a retired hospital psychiatrist.

The escape led to a series of events at the hospital that had significant consequences for the patients, staff, and hospital administration. When off-ward privileges and passes were stopped, patients who had been stable on an open unit were scrutinized carefully in an assessment for escape potential. Several patients who had been functioning well were hastily moved to locked wards. The

hospital administrators were under constant attack and were constantly defending their management of the forensic program. Local residents expressed worry and outrage at the possibility of harm in their community. The hospital Superintendent was transferred to another state hospital, and the Chief Medical Officer eventually lost his job. An entirely new system for reviewing patients for off-ward privileges was established so rapidly that many patients and staff were not sure from day to day what the latest structure and rules were. This system substantially replaced clinical, treatment team decision-making with a cumbersome administrative process, when any patient movements outside of locked doors were contemplated.

The Data

The issues raised by this escape remained active in the local newspaper for well over a month. Many articles were written about the escape itself, and there were others about related issues. Some issues were prominent in the newspaper only because they were related to the state hospital and the escape. With time the news presented became more peripheral to the escape, and the reporting became less prominent or more widely spaced in time. When more than a week elapsed with no new reports, this media episode was considered ended for the purpose of this review.

Table 1 contains a listing of the headlines of all the newspaper articles included in this examination. Those articles that were displayed on page one of the main section or the local section are

so designated. There were 44 newspaper items in 56 days. Two items were editorials, and two were letters to the Editor. The remaining 40 items were news articles. Thirty-two of these articles (80%) were written by a single writer, according to their bylines. Twenty-three articles (58%) were on page one of the main section. The content of the topics addressed in the articles are shown in Table 2. Seventy-seven percent of the articles related to escape (45%) and to related conditions at the hospital (32%).

Table 3 shows the terminology used in the headlines to identify the patients in these articles. The most common description of the patients involved was "killer," appearing 41 percent of the time. An association between patients and homicide occurred 55 percent of the time.

Discussion

There are myriad large and small decisions made on a daily basis at public mental hospitals regarding admissions and discharges, prescription of medications, personal property management, passes, seclusion and restraint, meals and diets, cigarette smoking, sexual and other intimate behaviors, referrals to outside agencies, patients' rights, telephone calls, visits, and literally hundreds of others. For many years in the history of state hospitals any decisions about such issues were squarely in the province of the physicians. Whether or not the issues were, in a strict sense, medical questions, the doctors were empowered and expected to make a wide range of significant decisions that affected the

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Table 1
Headlines of Newspaper Articles

Day	Headline	Location in the Newspaper		
		Page 1 Main Section	Page 1 Local Section	Other
1	Killer flees state hospital program		X	
2	Chagrined Oregon officials say escaped murderer was model patient	X		
2	Local police don't remember getting notice of killer's escape			X
3	Hospital staff: killer had hit list	X		
4	Killer patient took plane ride before escape	X		
5	Patient's escape worries, irks many		X	
6	Woman escapes from Oregon State Hospital			X
7	Hospital rescinds passes	X		
8	Escaped murderer calls in	X		
9	Legislator: Fix security at hospital	X		
10	We need better security (editorial)			X
11	Hospital's forensic unit suffers	X		
12	Three killers had passes	X		
12	Former OSH nurse recalls fear, lack of safety			X
14	Prison for insane sought	X		
15	Escaped patient convicted in killing	X		
16	FBI nabs escaper in Ohio	X		
16	Selective pass renewal angers many patients at state hospital			X
17	Police and FBI wonder if killer received help		X	
17	Ohio jailers say escaper is headache		X	
17	Town hall meeting airs local woes		X	
18	Escaper will fight return to Salem		X	
18	Another patient escapes		X	
19	Escapes often not reported	X		
19	Legislator seeks prison space for insane		X	
21	State hospital plans 40 layoffs	X		
22	State swaps top official at hospitals	X		
22	Hospital staff is doing good job (letter by union president)			X
23	Hospital chief backed	X		
24	Plan would free sex criminals	X		
25	Hospital tightens criminal security	X		
28	Shakeup at hospital goes on	X		
29	Woes grow at hospital, staff says	X		
30	Public deserves a plan (editorial)			X
32	Criminal patients live well on tax-free incomes	X		
34	Escaper: This time, it's prison	X		
36	Feds may cut state hospital subsidies		X	
36	State hospital needs help, not criticism (letter by former psychiatrist)			X
38	Killer back behind bars in Salem		X	
39	Killer wants to legally leave state hospital	X		
42	Police find escaper at drug lab		X	
46	Killer boasts about escaping	X		
52	Parents beg release for dying killer			X
56	OSH patient dies before release hearing			X

Table 2
Topics Presented in News Articles

Topic	Number of Articles	% of Total
Escape	20	45
Related conditions at hospital	14	32
Security or safety	8	18
Prison issues	2	5
Total	44	100

Table 3
Words Used in Headlines to Refer to Patients

Word Used	Number (%)
Killer	9 (41)
Patient	6 (27)
Murderer	2 (9)
Insane	2 (9)
Killer patient	1 (5)
Criminal patient	1 (5)
Woman	1 (5)
Total	22 (101)

lives and welfare of the patients. This medical model of psychiatric decision-making continues to be a prominent feature of today's hospitals. It is a hallmark of standards set forth by the Joint Commission for Accreditation of Healthcare Organizations.

However, there are now alternative models of decision-making as well. One discussed and debated recently is the legal or judicial model. There is consternation on the parts of physicians in all specialties that matters which have historically been left to the doctor-patient relationship for solutions have been commandeered by the legal system. For example, in psychiatry one of these issues is the management of medication refusal, or refusal of other somatic treatments. Legal intrusions into this deci-

sion have been direct, concrete, and absolute in some jurisdictions.⁷ For decades the mental health bar has been active in transforming the picture of public psychiatry.⁸ Civil commitment, with its modern emphasis on dangerousness, has been markedly affected by legal processes and social trends. Fears of lawsuits have a continuous presence in the minds of all health care workers, at every level of training and practice. There can be little doubt that decisions that once were entirely medical and (at least in part) clinical are now made within a legal framework.

Decision-making is also in the domain of public agencies, particularly those in the executive branch of state or local government. Fiscal policies, political demands, funding sources and societal pressures impact the operation of all public institutions. Whether and where hospitals are built, how many staff are present, what training is considered adequate or standard, how professional services are rendered or reimbursed are just a few issues decided by state legislatures, executive departments, and their many subdivisions.

Now to further complicate this picture is the awesome influence of the press on decision-makers. At any moment there is a possibility that actions and activities in a public institution may become the subject of adverse publicity. For the individuals involved, some find the prospect of publicity inherently attractive, and yet others are repelled by it. The outcomes are generally unpredictable; negative publicity may bring about rapid destructive changes,⁹ or may result in a

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paradoxical improvement in conditions.¹⁰ Politicians and many bureaucrats can achieve a level of comfort with the media, and they even learn to use it to advantage or to minimize any harmful consequences. Others are affected with calamitous consequences.

The locus of control in a medical model of decision-making is the doctor. The legal model is dominated by judges, attorneys, and to some extent legislators. The public agency model employs career administrators and other public workers, generally in the executive branch of government. The newspaper and other media focus control primarily in the hands of writers, editors, and publishers, and exert their influence on all three other levels of control. For any given policy issue there is often a prominence possessed by one that eclipses the others. Calling the news media the "fourth estate," underscores modern history's acceptance of its political influence as subsequent to the clergy, nobility, and the common people.¹¹ By way of contrast, scientists' influences are sometimes categorized as the less prominent "fifth estate."

The profession of psychiatry is studied and practiced with many shared underlying principles, goals, and percepts. Psychiatrists involved in the legal system have come to recognize that the legal profession has its own set of constructs, and it should come as no surprise that the newspaper business has a unique background as well. For example, the notions of accuracy and fairness would get very different treatments in these three fields. Journalism thrives on polit-

ical controversy, social discontent, and provocations against the established order. Times of strife enhance the influences of the news media much more than safe and comfortable eras; "conflict and fear have always been emotions emphasized in newspapers to gain interest from subscribers."¹² If newspapers did not take on the role of gadfly in society, particularly in relation to governmental agencies and political figures, they would enjoy little prominence and have a fraction of their current power.

By the very nature of their work, aggressive journalists actively seek out problems in the established authority, and if there isn't enough news they may enhance it.¹³ One standard journalism textbook explains that "good reporters do more than keep up with events as they happen. Some stories would die unless reporters found information on their own initiative that otherwise would not be known. Reporters sometimes make the story happen." In the case presented here, the reporter responsible for most of the articles seems to have used this principle to keep activity on page one for an extended length of time. We don't believe that the security conditions were so deficient as to justify the dogged determination of this one reporter. The relevance of an individual story's content to the theme was questionable, such as the information about disability incomes that are received by some patients. Some items would not have been news at all except for the perceived connection with the escape.

A recurring theme that has been associated with the "yellow journalism"

era of the late 19th century was the exploitation of news about crime and criminals.¹³ Sensationalism in the press, the emphasis on emotional content more for its own sake than to communicate facts and ideas, has been used in the history of journalism to draw new, less sophisticated groups of people into the community of readers.¹² The dramatizing of mental illness in association with crime and dangerousness will perpetuate the already distorted perceptions that the public holds about insanity acquittees.^{14,15} In the history of mental hospitals, almost every problem has been solved by increased security that was always additive and was rarely withdrawn.¹⁰ Despite many reforms of recent decades, mental hospitals continue to be a negative symbol of mental illness. In response to criticisms, hospitals have tried to avoid stigma by keeping a low profile in the community. In the current case, this traditional position led to the accusation of cover-up.

In the past there have been claims that no relationship exists between mental illness and violence,¹⁶ but recent evidence suggests this may not be entirely true.^{17,18} Nonetheless, there are adequate reasons for the public press to exercise restraint rather than to promote the perception of danger inevitably accompanying mental illness.¹⁹ Most mental patients are not violent, and it is unfair to add stigma to the myriad inhibitions and barricades already in place that impede their social, psychological, and occupational functioning. The series of articles described here has not aided the public perception of the mental pa-

tient when it includes headlines that use "killer" and "killer patient" as primary descriptions. On a more subtle note, constant and fundamental criticism of the state hospital system, the long-term residential setting for some patients, gradually undermines the self-esteem of its inhabitants in addition to its more direct effects on hospital employees. There is also the danger of establishing a self-fulfilling prophecy, that state hospitals tend to become as they are described.

Media publicity has far-reaching consequences in many areas it impacts. Careers can be either fostered or undermined in politics, sports, business, the arts, or any other field. The events under current study are associated with a number of dramatic consequences. We cannot say with scientific support that these are the result of the media, but we believe that publicity contributed to the severity and far-reaching quality of many subsequent actions. Some of these effects were as follows: personnel changes in the highest ranks of administration, alterations in rules and procedures, increased restrictiveness for patients, changes in funding priorities, an increased and a stigmatizing image of forensic patients in the community, diminished self-esteem among patients and staff, additional time devoted to paperwork, and subjective alterations in the work environment including lowered morale, deflated spirit of cooperation, decreased unity of purpose, and heightened mistrust between labor and management.

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