

St. Joseph Hospitals.

State Hospital #2.

GETTING ACQUAINTED WITH YOUR STATE HOSPITAL

St. Joseph State Hospital, located on the eastern edge of the city of St. Joseph, was established by an act of the Missouri General Assembly in 1872. The hospital, originally known as the State Lunatic Asylum No. 2, was officially opened in 1874 for admission of patients suffering from mental diseases. The original hospital housed some 250 patients until January 25, 1879, when it was destroyed by fire. (Fortunately, there were no fatalities resulting from the fire). All that remained of the once stately building was the outer wall. Something had to be done immediately for those persons who had miraculously escaped death and found themselves shivering in the cold. Families of patients who lived nearby were asked to take their relatives home. Sympathetic residents of St. Joseph took into their homes some of the more manageable patients. The remainder, numbering about 200, were temporarily housed in the Buchanan County Courthouse. The Board of Directors quickly took action toward reconstruction and in the spring of 1880, State Lunatic Asylum No. 2 (later to be called the State Insane Asylum) was reopened.

As the years passed and patient census grew, additional ward sections were added to both the north and south wings of the hospital building, which is now the Center Administration Building. This particular architectural styling and arrangement of wards was adopted from the original Kirkbride plan, with administrative offices and living quarters for personnel in the center of the building. (Thomas Kirkbride, M.D. 1809-1883). Other buildings were erected as additional space for patients living quarters became necessary. There was the Detached Ward Building for male patients built in 1893, and the Detached Ward Building for female patients built in 1895, with many more to come in the years that followed. Recreation Centers were erected; wards

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were nicely decorated; exercise, fresh air and sunshine were prescribed; and good custodial care was provided by a dedicated, poorly-paid, over worked staff.

The early part of our 20th century saw little progress in the treatment of the mentally ill. In fact, the dark ages seemed to re-emerge. Throughout the United States, an era of apathy, neglect, and abuse prevailed in many hospitals. Strait jackets and other physical restraints became commonplace. Handmade clubs were used by the ward personnel, not only as protection devices, but for punishment as well. The echo of clanking chains resounded throughout the hospitals and asylums. Some patients were forced to work, not for therapy, but to relieve the manpower shortage. Those who refused to work were sometimes abused and mistreated. The "dark ages" endured for nearly half-century, and St. Joseph State Hospital was no exception.

It was in the early 1950's that funding of the treatment program by the Missouri General Assembly accelerated. With this came a push for recruitment of personnel and training programs improving patient care.

One of the major breakthroughs in psychiatry came about the same time, the advent of the tranquilizer. Through the practice of chemotherapy (drug therapy), disturbed and dangerous patients could be calmed and made manageable. With proper medication, many patients could be rescued from lives of anxiety and confusion and return to reality. Rehabilitation and discharge to useful community living became possible for greater numbers. At least, admission to a state hospital meant hope for treatment and rehabilitation, not merely submission to a lifetime of custodial care.

In fact, the past two decades have seen a greater push to achieve gains in the treatment of mental illness than in all the preceding years. Added to promising leads of increased research, the new drugs, and emerging new treatment concepts, there has been

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the re-emergence of optimism and practices which are not in themselves new but which had been engulfed in the lengthy era of pessimism and custodial emphasis.

Citizen interest, which had been notably lacking, gave rise to the growth of the voluntary National Association for Mental Health and its state and local chapters, and to volunteer programs within mental hospitals which have done a great deal to break down the barriers of communication and socialization between the mental patient and the world outside.

Early in the 1960's, we began organizing and offering limited treatment programs for emotionally disturbed children. Presently, we offer a highly developed psychiatric treatment program for emotionally disturbed children, planned and conducted by trained members of the unit team. Also in the next few years, we will see erected a new and urgently needed facility for youth treatment.

As recently as March 1968, we adopted the geographic unit system in order to provide better treatment for the mentally ill of northwest Missouri. In so doing, we have created five geographic units and six specialized treatment units, a total of 11 units operating independently of one another with treatment programs designed specifically for the patients in each unit.

This hospital serves a total of 23 counties in Missouri. In the geographic units, patients are admitted and housed in the unit designated for the county in which they were residents. The specialized treatment units are available to anyone in the 23-county area who might need help. The specialized service units include the Youth Center, the unit for treatment of alcoholism, and a unit for vocational rehabilitation, a unit for geriatric patients, and a 55-bed medical and surgical unit.

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One of the newest units in our hospital is the Outpatient Clinic. Opened in December, 1966, the clinic has provided services to 1,150 people on an outpatient basis and 350 former hospital patients who have been discharged are involved in the after-care clinic at the time of this writing (11/13/71). The clinic is located in a newly decorated building which is arranged to allow for future expansion if that becomes necessary.

In each of the units, we have full-time treatment teams with all members working toward a common goal with each patient. The teams are composed of psychiatrists, medical doctors, social workers, psychologists, chaplains, nurses, psychiatric aides, activity therapists and aides, clerical workers, and volunteers. The treatment program provided by the team might include individual or group psychotherapy, chemotherapy, education, remotivation, music therapy, occupational therapy, recreational therapy and industrial therapy.

Along with other state hospitals, St. Joseph shares the problems of an increasingly aging population. The lengthened life span created by medical advances means an increase in new admissions of persons suffering from mental problems associated with the aging process. Improved medical care within the hospitals themselves has similarly increased the life span of a long-term, chronic patient. About 1/3 of all patients (both new admissions and resident patients), are in the aging and aged category. This fact points up to the importance of the nursing home placement program. About 900 primarily elderly patients have been placed in nursing homes and boarding homes throughout the state, where they are continuing to receive supervision and whatever degree of physical care may be necessary, but who no longer require the services of a mental hospital.

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The total population of St. Joseph State Hospital has been decreased by about 1,200 since the spring of 1966. This tremendous decrease in population is due primarily to better methods of treatment and faster return to society for many patients. During this same period of time, our admission rate has doubled.

The challenge of the future is great. With your support, St. Joseph State Hospital will continue to meet that challenge.

St. Joseph State Hospital is nearly 100 years old. We cannot crowd that much history into these pages. You can add a few pages to the story by planning to visit us soon. Be sure to see our Psychiatric Museum during your visit.

George A. Glore,
Tour Director

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DATES OF APPOINTMENT

Nov. 9, 1874
June - 1886
Aug. 11, 1890
July - 1907
July - 1909
Feb. 18, 1910
June 5, 1914
Dec. 18, 1916
Sept. 14, 1917
Jan. 1, 1922
May 17, 1922
Dec. 16, 1922
Dec. 1, 1923
April 1, 1925
Aug. - 1927
May - 1930
June 1, 1933
Sept. 30, 1934
Feb. 1, 1935
Nov. 15, 1938
Sept. 15, 1940
Oct. 11, 1941
Sept. 15, 1942
Feb. - 1943
June - 1946
Oct. 1, 1947
June 30, 1949
Feb. 1, 1960
Sept. 1, 1966