

History of Psychiatric Hospitals

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Part I

The beginning of the story of what is now New Hampshire Hospital (NHH) lies in a fascinating report made to the New Hampshire legislature in 1836. This dusty and long-forgotten report describes the results of a study ordered the previous year by the New Hampshire Legislature at the urging of Gov. Samuel Dinsmore. The Report on the Insane in New Hampshire describes the effort undertaken by the Legislature to gather information on the number of “Insane” throughout the State. At that time (1836), the Report concluded, of the 193,569 inhabitants of New Hampshire, the number of Insane reported was 312. Of these, 152 were “paupers” supported entirely at public charge, and 160 were “not paupers”. How the information in this Report was gathered is its own lively but separate story. Also a separate story is the lurid descriptions of the various conditions of New Hampshire’s “insane” that are recounted in the Report (the kind of reading that you can’t stop yourself from continuing, no matter how much it horrifies). This Report argued for better care of those New Hampshire citizens afflicted with mental diseases.

Not only were the numbers and conditions of those judged to be “insane” described, but also the Report discussed the remarkable successes of Asylums that had been established in Virginia, New York, Massachusetts, Connecticut, Rhode Island and Maine. The early 1800’s was a time when our country was strongly affected by social welfare concerns. Liberty, Justice and the Pursuit of Happiness were fresh and exciting parts of the American experiment that was unfolding. Improving the quality of life for all citizens during these early decades of the nineteenth century was a vibrant, deep and widely embraced value. Here is a quotation from the Report that captures the growing national spirit of care and responsibility for the mentally ill; “the patient is to be treated with the greatest kindness.... and so far from arriving at a madhouse, where he is to be confined, he is come to a pleasant and peaceful residence, where all kindness and attention will be shown him, and where every means will be employed for the recovery of his health.” And further, “The law of kindness is the most effectual control for mental or moral alienation.... No violence is permitted and no restraints allowed, but such as are necessary for the welfare of the patient. The attendants are required to be mild, forbearing, neither to be harsh in language or in manner.” And the final description of the treatment, “a continued endeavor to preserve or re-establish the health of the patient by careful attention to cleanliness, exercise, air and a suitable diet.... and to exclude as far as in manner possible all causes of mental disquietude ... and by imbuing in every practicable way the minds of the patients with a new set of pleasing, cheerful, and benevolent emotions... the whole scheme of this moral treatment is embraced by a single idea, humanity – the law of love – that sympathy which appropriates another’s consciousness of pain and makes it a personal relief from

suffering, whenever another's sufferings are relieved". This was the ideal on which New Hampshire's new asylum was to be founded.

The Report to the Legislature was persuasive in presenting its case. The Legislature in 1836 set aside money for the construction of an Asylum to relieve the suffering of the more than 300 New Hampshire residents discovered to be, as described in the Report, living in vile, degrading conditions. The result was funding to construct within New Hampshire and for the people of New Hampshire an Asylum for the Insane. A committee of trustee's was appointed to oversee the creation of New Hampshire Asylum for the Insane.

The competition for location of the Asylum was fierce, especially between Concord and Portsmouth. Portsmouth's argument was twofold; firstly that it was "the best fish market in the world and that fish was the cheapest and best food for insane persons", and secondly, that Portsmouth was "in the neighborhood of Genteel Society". We shall never know how Concord society was viewed by the Trustees but Concord won the dispute by a pragmatic decision to contribute the land (120 acres – the present campus between Fruit, Pleasant and Clinton Streets) In January, 1841 the trustee's announced the choice of Concord, disappointing the hopes of the Genteel Society of Portsmouth, and the construction began. The cost of constructing the Asylum, which is what we now call Main Building, was approximately \$20,000. As the building became ready, staff was hired, including Dr. George Chandler as the Superintendent and only physician. Dr. Chandler came highly recommended from his service at the Worcester Asylum where he had worked for eight years prior to the founding of New Hampshire Asylum. Attendants were also hired. They and Dr. Chandler resided in Main Building along with the patients. The doors opened in late October 1842, to receive the first patient.

This first patient was a 35-year-old married farmer from Tuftonboro, New Hampshire. He was admitted in the grips of a "religious excitement" that had taken reason from his mind and pleasure from his life. He was treated with the 'Moral Treatment' program described above and released after two and half months "improved". He was never readmitted and presumed "cured".

New Hampshire Asylum for the Insane developed quickly a reputation for its powerfully effective treatments of kindness, and forbearance, in an atmosphere of peace and encouragement. The next two installments will describe the growth and challenges to New Hampshire Asylum's treatment success. Today's NHH was born in an attitude of kindness and with a commitment to energetic restoration of the mentally ill in New Hampshire; that same attitude and that same commitment continue to characterize our work here today.

Part II

From opening the door to the first patient in October 1842, NHH (at that time New Hampshire Asylum for the Insane) the number of patients increased steadily every year for more than one hundred years. The growth was slow over the first decades, and the Asylum became known for its successes. The therapy consisted primarily in taking patients away from the stresses and worries of their environment, attending to their physical needs, occupying their time in useful and pleasant activities to prevent excessive self-absorption, and providing a “benign atmosphere” marked by kindness and respect. New Hampshire Asylum and other fledgling facilities of the time accomplished a remarkable change in public attitude toward insanity by demonstrating that mental illnesses were curable diseases, something completely contrary to the popular beliefs of the time.

The Asylum was not a state institution, although the State granted money for the construction of the original building (Main Building, which now serves as an administrative office building). Patients were charged \$2.25 per week. Patients who were indigent were admitted with an agreement that their expenses would be paid by the town Selectmen or County Commissioners of their home communities. The charges dropped to \$2.00 per week for several years. Patients who were not residents of New Hampshire (from Vermont, Maine, Massachusetts, and occasionally further away) were charged 25 cents per week more. The Hospital was a working farm and grew much of its own food and dairy products without need for financial help from the State throughout its first almost 70 years. The farm, on which patients were welcome to labor to the extent they chose, was an important part of the congenial healthy outdoor activities that characterized the program of care. The farm activities prospered and continued into the 1960's.

The patient census grew from 47 the first reporting year (1843) to 225 patients in 1857. That year, 1857, a new energetic superintendent was appointed. This was Dr. Jesse Bancroft. He and his son, Dr. Charles Bancroft (“young Bancroft”) supervised the Hospital for sixty years. Dr. Jesse Bancroft initiated. He brought with him many new ideas, as well as a warm and apparently charming personality. Here is a quote that captures one of his theories of cause and treatment:

“But, while the forms and causes in which the diseases of the mind and feelings are manifested are almost without limit, one thing is true in all: namely a morbid concentration of the thoughts upon the self, with an intensity proportioned to opportunity. The mind inclines to retire upon itself, shut out the rest of the world, and make self the center of all thoughts and interests.

It becomes therefore a leading object in treatment to interfere with this world of the self- scatter its creations and fancies, and people it with objects and thoughts foreign to its own.”

Dr. Bancroft introduced in 1871 a new and powerful drug that had been developed, Chloral Hydrate. This was used (and still may be used) as a strong sleeping agent; Dr. Bancroft described its use (and we can easily imagine from our own experiences with sleepless nights how true this is) as a “great boon to sleepless sufferers”. Here is his description of its introduction: “We commenced the use of this drug a little more than a year ago. It being a powerful medicine, and new to physicians as such, we proceeded cautiously with the trial of it. From our observations thus far, we have reason to be gratified with the results”. His son, Dr. Charles Bancroft, was no less dynamic innovative and effective. He became superintendent in 1882, and continued with new ideas and new treatments as well as reinforcing the essential “healing factor” of respect and dignity along with sanguine interactions with staff and healthy activities. Charles Bancroft led the initiative to create new and “home-like” buildings for the patients. This led to the first new buildings (instead of adding wings to Main Building) at the Asylum. Thus Bancroft Building (named for Dr. Jesse Bancroft) was opened in 1892 and Twitchell House in 1894. Perhaps his most outstanding achievement was the creation of the School of Nursing, opened its doors in 1888. Graduates from the School of Nursing were known to be among the best trained in the area, producing many outstanding graduates (a distinguished few still serving on the staff) until it closed in 1983.

Dr. Bancroft retired in 1917 from a very different institution than he inherited. The census of had grown to over 1,000 patients. An Act of the New Hampshire Legislature in 1903 began a process of the Asylum becoming a State institution. The transition to the State's responsibility occurred over the last more than decade of Dr. Bancroft's tenure. This began an entirely different development in the treatment of New Hampshire's mentally ill.

Part III

We left NHH in the last article in the early years of the 20th century with a rapidly increasing population. When Dr. Charles Bancroft retired and Dr. Dolloff became the Superintendent in 1917, NHH had completed the transition to a state institution with a population of over 1200 patients. New buildings had been constructed (Thayer in 1907, Walker in 1917, Brown in 1924, Tobey in 1930) but could not keep pace with the explosion of admissions and the increasingly longer stays of the patients. Many of the indigent patients simply had no other place to live, spending decades living at 105 Pleasant Street (the NHH address in those days). In 1938 over 2000 patients lived at the New Hampshire State Hospital (The official name had now been changed from New Hampshire Asylum for the Insane). The Annual Report to the Legislature in 1939 described in large bold

type **“THE STATE HOSPITAL IS OVERCROWDED”**. As a solution the Hospital sought to expand to a second campus, a location within 10 miles of Concord, and build new buildings as well as increase the acreage of the farmland. (The Hospital remained a working farm until into the 1970’s, and the opportunities for patients to work on the farm were considered an essential part of life at the Hospital – The farm also produced a substantial portion of the food consumed. In 1939 the farm produced 100% of the corn, beans, cabbage and Swiss chard consumed, and a whopping 177,000 pounds of potatoes). The legislature turned down the proposal.

The population continued to rise every year until 1955 when over 2,700 patients resided at “the State Hospital”. The crowding was extreme. For some years in the 1940’s and early 1950’s each psychiatrist had an average of more than 250 patients to treat. While kindness was still the philosophy, providing individual care of any type had become impossible. And, for the most part, society had come to view the mentally ill, not as people who needed humane treatment but had consigned the mentally ill to a dark and humiliating corner of American life. State hospitals became the physical reflection of that attitude. Books like “The Shame of the States” and “Asylum” or movies like “The Snake Pit” drew attention to the plight of the mentally ill. The annual reports make clear that despite the best efforts of staff and administration the New Hampshire State Hospital had become quite a different place than the Asylum of the nineteenth century. In New Hampshire as well as nationally, the “problem” of mental illness had become a simmering pot, waiting to boil.

A dramatic, unforeseen and incredible change began to take place in the 1950’s. Within 30 years the patient population of the State Hospital would change from 2700 to less than 500, and by 1990 the population was less than 300, a decrease of over 90%.

What happened? The changes began with new treatments. Medications, especially Thorazine and its relatives, were introduced. They were remarkably effective in reducing in many patients the worst symptoms of severe mental illness. By the 1960’s these medications were in wide use, allowing patients the possibility of living outside the Hospital. In 1963 President Kennedy proposed, and the Congress promptly passed, the Community Mental Health Centers Act, a “bold new approach” to mental illness that provided a broad array of services in the community. In 1968 Federal legislation to Medicare allowed the disabled mentally ill to have an income. This made possible the ability of those with pervasive mentally illness to afford to live outside the hospital. The 1971 lawsuit of Wyatt v. Stickney was an additional force. These events paved the way for one of the great social transformations of American history – “Deinstitutionalization”

Deinstitutionalization came to be the name used to describe the movement out of the hospital and into the community of more than a half million state hospital

patients nationally. Deinstitutionalization promised to give patients a new life in the community with all the freedoms and advantages of “regular” life. Deinstitutionalization has had a dark side also; the safe refuge and protected haven for vulnerable and ill mental patients was eliminated. Homelessness and incarceration of the mentally ill steadily have become commonplace for too many of those with mental illnesses.

New Hampshire became a model state for “deinstitutionalization”. Not only did patients return to community living by the hundreds in New Hampshire; not only were a broad range of services developed for them across the various communities, but also the legislature and the citizens of New Hampshire supported the creation of a new hospital with an innovative treatment model. Thus was born the present day NHH building, and the acute treatment intervention model. By 1990, the new building was open and the contractual agreement with Dartmouth Medical School for its management was in place. Through the 1990’s and into the beginning of the 21st century New Hampshire was a national leader in the treatment of mental illness, with NHH a top-rated public psychiatric institution.

Where are we 2012? The high ideals that inspired the beginnings of NHH in the 1840’s are today still guiding the spirit of treatment at 36 Clinton Street. However, the recent hard economic times have taken a toll on the resources available for the public treatment of mental illness. Add to that the fact that public attitudes toward mental illness are in a fractured and uncertain place. Judging by descriptions in the media, to some in New Hampshire, the mentally ill seem helpless victims of illness, to others they seem a misunderstood nuisance. NHH is caught in the middle of these uncertainties. The average daily population of NHH is now approximately 145 (compared to over 2000 fifty years ago). Mentally ill patients are waiting in the Emergency Departments of community hospitals every day for a bed to become available. The mentally who are in New Hampshire jails or the state prison also face waiting lists for treatment beds.

Despite the cutbacks and the limited resources, the care of patients at NHH is still characterized by those same two basic values that brought the institution into being in 1842. These two values are a commitment to the best possible treatments to restore those with mental illness to living a full and meaningful life, and an environment of pure kindness, support and respect in which patients are reminded daily of their dignity as a particular human being with a particular and precious human life. These values are the heart of NHH, and it is still beating strong.