

10-17-1952

Act Authorizing Domiciliary State Hospital for Aged Mentally Ill

City Club of Portland (Portland, Or.)

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Recommended Citation

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Report

on

ACT AUTHORIZING DOMICILIARY STATE HOSPITAL FOR AGED MENTALLY ILL

PURPOSE: The act authorizes a domiciliary hospital for the care and treatment of aged persons afflicted with mental illness, and directs hospital be located, constructed, operated and maintained in the area situated within a 20-mile radius of the county courthouse of Multnomah County, Oregon. State Board of Control is authorized and directed to proceed to locate and construct hospital, cost not to exceed the sum of \$3,000,000 and to operate and maintain such hospital, secure the necessary land therefor when funds are available, in the same manner that said board is authorized and directed to maintain other state hospitals.

304 Yes, I vote for the proposed law.

305 No, I vote against the proposed law.

To the Board of Governors,
City Club of Portland:

HISTORICAL BACKGROUND AND PURPOSE

The Bill under consideration was introduced in the Forty-Sixth Legislative Assembly on January 17, 1951, by Representatives Dammasch, Logan, Anderson, Chindgren, Fisher, Pier, Harvey, Kraemer, Ireland, Wells, Greenwood, Dickson, Lonergan, Gleason, Crosby, Klemesen, Eaton, Killam, Johnson and Neuberger, and Senators Brady, Bull, Holmes, Wilson, Bain, Hilton, Lynch, Mahoney and Neuberger. After referral to the Committee on Social Welfare and the Committee on Ways and Means, the Bill passed the House with 55 Yea and 3 Nay votes, and the Senate with 26 Yea and 1 Nay vote, becoming Chapter 195, Oregon Laws, 1951. It was referred to a vote of the people by the Legislative Assembly, referral being made necessary by the provisions of Article XIV, Section 3 of the Oregon constitution, which provides that public institutions must be located in Marion County except when otherwise ordered by act of the Legislative Assembly and ratified by the electors of the state at the next general election. It will appear on the ballot in the November general election in the above form.

The purpose of the act is to provide separate state hospital facilities within twenty miles of the Multnomah County Court House for the care and treatment of persons afflicted with mental illnesses of the aged. Representative Dammasch, who is a qualified physician, has long advocated the establishment of such a state institution in Multnomah County and has introduced similar Bills on other occasions. In 1934, he introduced a measure for a General State Hospital in Multnomah County, and although the Bill passed the Legislature, it was defeated by the public by the relatively small margin of 108,816 Nay and 92,515 Yea votes.

It would appear that the act is merely an enabling act. It does not require the legislature to appropriate funds but merely authorizes the State Board of Control to establish such a hospital when funds are made available. This observation is supported by an unofficial opinion from the office of the Attorney General and indicates that public approval of the measure would simply give approval as to location, but would in no way constitute a mandate for actual construction and operation.

The act is substantially a housing measure and no more. Existing Oregon statutes presently provide for the custody and care of insane and feeble-minded persons and other persons suffering mental illnesses, outline procedures for their admission to state institutions, whether by court proceedings or voluntary application, determine residence requirements, impose liability for the costs of care and maintenance of such persons, and provide for similar matters.

While there is no prior use of the term "aged persons afflicted with mental illness", it is clear the existing statutes are sufficiently broad in their terms to extend to "aged persons afflicted with mental illness"; and it is equally clear it was not intended by the act under consideration to do more than has been indicated.

The proposed facility would be in addition to the general hospitals at Salem and Pendleton and to the institution for the feeble-minded known as the Oregon Fairview Home near Salem. These institutions are administered under the direction and control of the State Board of Control, and the act under consideration provides that the proposed hospital, if and when established, will be operated and maintained in the same manner as are other state hospitals.

It has been estimated that this new hospital will have 500 beds.

PROBLEM

The size of the problem of caring for persons afflicted with mental illnesses of one sort or another is astounding. In Multnomah County alone 467 complaints alleging mental illness were filed in 1951. Of these cases 222 were committed to Salem, 117 to Pendleton, 9 to Fairview, 40 to Veterans Administration Hospitals and the remainder were either placed in private sanitariums, paroled to individuals or discharged.

At present there are some 3200 inmates in the Oregon State Hospital at Salem and almost 1500 at the Eastern Oregon State Hospital at Pendleton. Of these slightly more than one-third, or approximately 1600, come in the classification of aged persons afflicted with mental illness.*

We can expect this problem to assume ever larger proportions. Due to the great progress being made in medical science, the number of people over 65 is increasing at a rapid rate. Oregon now has 136,000 aged men and women. This group will probably exceed 180,000 in 1960 or an increase of over 30%. Using the present proportions, this would mean that the number of those over 65 suffering from mental illnesses of the types for which the proposed institution is designed, would increase from approximately 1600 to 2110, an increase of 510. This number does not take into account any increases due to earlier retirement, the stepped-up pace of modern living, or improved methods of analysis which will uncover these problems earlier and in greater volume. Thus we can forecast a need for facilities for from 500 to a thousand more mentally aged patients in the next decade.

It is in the light of the foregoing that the proposed legislation must be viewed.

SCOPE OF INVESTIGATION

The committee has of necessity had to confine its consideration of the bill to the comparatively narrow compass of the bill's objective. It has eliminated numerous extraneous factors to which it might have given attention, such as details of administration, problems related to commitment, types of cases to be provided for. It has confined its consideration to:

1. Is a separate hospital of the type proposed needed?
2. Should it be in the Portland area?
3. If needed, should it be approved at the present time?

ARGUMENTS FOR:

1. The present state mental hospitals are already overcrowded and the addition of more beds would raise the number in some institutions beyond the efficient capacity.
2. The separation of patients with senile mental changes from the younger age groups would permit better care for each.

*Footnote: While your committee did not attempt to make a precise determination of the types of mental illnesses of elderly people for which such an institution is designed, it appeared that persons suffering from cerebral arteriosclerosis and senile psychoses would be the ones considered. The following working definition may be helpful. We are talking about older people, generally over 65 years of age, who have undergone a sufficiently serious degree of mental deterioration to be considered psychotic. These are persons who have hallucinations and delusions, may be somewhat violent, or so passive as to be vegetating, whose conduct is such that they are not responsible for their acts and cannot care for themselves or be cared for by their families at home or in the ordinary nursing or rest home for elderly persons.

3. A hospital in the Portland area :
 - a. Would provide an institution in an area from which almost half the prospective patients would be drawn.
 - b. Would bring the patients closer to relatives and friends who would wish to make periodic visits.
 - c. Would permit the use of volunteer help, both professional and non-professional.
 - d. Would bring this institution closer to the medical school for purposes of care, training and research in geriatrics.
4. The type of institution proposed would avoid the stigma of "insane asylum" for these patients.
5. Humanitarian considerations support separate facilities.
6. With the establishment of such a hospital, Oregon would take the lead in this phase of geriatrics. (Geriatric psychiatry).
7. The increase of older people in our population in Oregon, plus the over-crowded conditions already existing place the establishment of this separate facility in a high priority among mental hygiene needs in Oregon.

ARGUMENTS AGAINST:

1. There is no uniformity of opinion that hospitals for mental patients have a definite numerical limit for efficient operation.
2. In practice, the separation of senile patients would not provide better care.
3. There would be no practical advantage to having a separate institution within a 20-mile radius of Portland because:
 - a. The additional distance to Salem would not be an important factor for visitors or specialists and other medical personnel.
 - b. Adequate volunteers would not be attracted to this type of institution.
 - c. Most senile mental patients do not benefit from frequent visits.
4. Establishing and maintaining a separate institution of this character in the Portland area would be more expensive in terms of cost and less practical in terms of operating efficiency.
5. It would be difficult to staff a hospital devoted exclusively to the care of senile mentally ill.
6. This does not have a high priority compared to other needs and the money required would be better spent in preventive psychiatry for the older age group.

DISCUSSION AND COMMENTS

Your committee could find no organized opposition to the passage of this measure. The Mental Health Association of Oregon, the Oregon Journal, a City Club Committee on Oregon Mental Health Laws (1-19-51) and the American Federation of Labor have endorsed this proposal. The opinion of the persons who have some specialized knowledge in this field is divided. Because it had only a limited time to do so, your committee was not able to explore these differences of opinion as thoroughly as it would have liked. While committee members were variously impressed by various arguments, we were able to weigh the arguments pro and con as follows with considerable unanimity.

It is clear in view of the present and anticipated population of persons suffering from mental illnesses that additional hospital facilities will be needed, and particularly for elderly persons. For that matter there is some over-crowding at present, and the facilities at Salem, now assigned to the senile mentally ill, are outmoded and inadequate and will, without regard to the proposed hospital, require replacement by new construction. The problem will soon become acute and the question thus becomes not one of whether but rather of where and what type of facilities are to be provided.

While there seem to be some differences of opinion regarding the relationship of size to efficiency in the operation of a mental hospital, more of the sources contacted tend to the view that with respect to both care afforded patients and general administrative operating efficiency, mental hospitals should not have more than approximately 1500

beds. The population at Pendleton is almost at this figure, and at Salem is more than twice this number.

In support of expanding existing facilities rather than establishing a separate hospital as proposed, it is argued that this is more practical. Thus it is said other state institutions and their facilities and utilities, such as infirmary, heating plant, laundry and farm, are available. As a corollary, it is contended that the cost of providing a separate hospital will be substantially greater because it will be necessary in effect to duplicate these facilities and utilities. Also it is argued younger ambulatory mental patients in the general state hospital can provide necessary help for routine care of patients as well as in preparing and serving food and performing miscellaneous house-keeping duties. The utilization of inmates may have some therapeutic value for them and will substantially reduce operating and personnel costs. Thus it has been estimated that the cost per month per patient in a separate institution as proposed would approximate \$125.00 per month* as compared to the present cost of \$72.50 per month per patient in the state hospitals.

It is open to question whether these arguments are entirely supportable. The type of building construction required for a hospital for senile mentally ill is less costly than that needed for a general state hospital. While to some extent separate utilities and related facilities would be necessary, enlarging the existing state hospitals might and probably would require enlarging the existing utility and related service facilities. Also through good coordination, farm products, laundry services and other facilities and services at other state institutions could be made available to a separate hospital whether in the Portland area or elsewhere.

With respect to the claimed savings in operating costs there is some question as to the desirability of utilizing mildly disturbed mental patients to care for the senile mentally ill, and it may well be that this is false economy. Also it may well be that the estimated greater cost of caring for such patients is directly related to their age and condition, including their greater helplessness, and not to being in a separate hospital, although the committee received no evidence with respect thereto. Moreover the cost of care, while an important factor, is not necessarily controlling.

The most important consideration is whether or not separate hospital facilities for the aged mentally ill will permit better care and assist in controlling physical and mental illness. Because there has been no large scale attempt to separate senile mental patients from other types of mental patients, the arguments here are somewhat theoretical. Perhaps the most weighty argument advanced against the establishment of a specialized hospital is the difficulty which would be encountered in staffing it. (This argument, however, does not appear to be borne out in the case of the Fairview hospital which has patients of a specialized type who might be considered equally unattractive to doctors and other staff.) It has been pointed out to your committee that, as most senile cases are regarded as chronic and terminal, it has been found difficult in general mental hospitals to interest doctors and other members of staff in caring for this type of patient and to spend sufficient time with them. Public mental hospitals are hard pressed to cover all the work expected of them. It is inevitable under these circumstances that the hopeful younger patients will be budgeted more time and care than the older, less hopeful patients. It should be remembered that not many decades ago, practically all mental patients were merely given custodial care and regarded as hopeless. At present, rotation of staff is suggested as the best way of caring for wards and wings containing senile patients predominantly or exclusively.

It is recognized that the needs of these patients are different from those of other mental patients and that for the most part they require only routine care. For this and the reasons just noted, separate facilities may well be desirable. Separate facilities would permit more concentrated effort on psychiatric care from a practical standpoint. Also, it may hasten research relating to environmental and nutritional changes, or lead to other types of treatment or other developments which will improve the physical and mental condition of the aged mentally ill or control and arrest further deterioration. However, until more time and study is devoted to the specialized needs and treatment of such persons, no worthwhile predictions can be made as to probable results. Testimony before your committee indicates that some small scale specialization has been tried in California and elsewhere, and initial reports are favorable. The recent upsurge in interest and development of the field of geriatrics indicates that specialization in this field of usually "hopeless" or terminal cases of the mentally aged may be helpful.

*The cost of operation of this facility is estimated at \$750,000 per year by the "price tag committee" consisting of the Secretary of State, State Treasurer, and Budget Director.

The humanitarian considerations, which are somewhat difficult to evaluate, support the establishment of separate facilities. Fear and superstition surround the commitment of persons, particularly the aged, to general mental hospitals, and there is reason to believe that there will be substantially less fear and prejudice about sending the aged mentally ill to a specialized domiciliary hospital. A statistical report (see appendix) shows that a large number of such patients die soon after commitment to the state hospital. The explanation offered the committee is that this is due to (1) the shock of being sent to a general mental hospital and (2) too long delay on the part of families in committing senile patients to general mental hospitals. A separate facility specializing in the care of the aged mentally ill, it is argued, will both soften the shock and produce commitments when opportunity for help still remains.

With respect to the location of the hospital in the Portland area, there is little that remains to be said beyond the enumeration of the arguments for and against the proposal. A substantial number of the Multnomah County aged mentally ill who are committed are sent to Pendleton because of the taxed conditions of the hospital at Salem, and this reduces or makes more difficult frequent visits. This, of course, is very much less true where commitments are to Salem. While some senile patients do not appear to benefit by visits from relatives and friends, upon whom the effect may likewise not be beneficial, observation and testimony indicate that there are a substantial number of patients who receive enjoyment and satisfaction from such visits. Moreover, most of the professional specialists who can render the necessary services are located in Portland, and it obviously is easier to obtain their services in Portland and vicinity than in a hospital some 50 miles away, let alone at Pendleton. It may well be that only limited participation of the medical profession at large on a volunteer basis can be expected and that senile patients are of limited value as subjects for teaching at medical school. Nevertheless, the services of senior medical students could be obtained to care for these patients, and volunteer help, especially for bedridden patients, should be available to some extent and perhaps to an extent sufficient to equal the assistance at present provided at the state hospitals by mildly disturbed younger mental patients.

It has been urged, in opposition to the proposed institution, that the funds required therefor would be better appropriated for facilities to permit the study of preventive psychiatry. Also it has been argued that the need of replacing existing facilities at the state hospitals, and the need for giving attention to the problems of sex deviates and juvenile delinquents are more compelling and emergent in character. As to the first argument it has been suggested that until there is available a specialized facility for this type of patient and a substantial amount of research has been accomplished, there is no sound basis for attempting to develop preventive programs. For that matter a domiciliary hospital for the aged mentally ill might well provide a needed nucleus for the research and other investigative work preliminary to the development of such programs. As to the comparative need for an institution of this character and one for sex deviates, or for other types of persons requiring institutionalization, it is, of course, difficult for this committee to determine the greater need. It should be observed, however, that the number of aged mentally ill is very much greater than the number of sex deviates, and also the anticipated over-taxing of the existing state hospitals is such as to make imperative the immediate provision of additional facilities.

CONCLUSIONS AND RECOMMENDATIONS

The precise evaluation of and weight given the factors considered by the committee cannot be set forth in detail. Nevertheless, it is the committee's definite feeling, on the basis of its research, that the arguments in support of the bill were more weighty than the arguments against, although the views of the several members of the committee were not entirely uniform as to the degree by which the supporting arguments outweighed the countervailing arguments. It is the recommendation of this committee that the City Club go on record as supporting the adoption of the proposed law by voting:

304 Yes, I vote for the proposed law.

Respectfully submitted,

JASON HERVIN
JOHN B. MCKENNA
DR. FRANK PERLMAN
GILBERT SUSSMAN
JAMES WYATT
ROBERT B. WELCH
J. BARRON FITZPATRICK, *Chairman*

APPENDIX NO. 1

Multnomah County Only

DECEASED PATIENTS IN OREGON STATE HOSPITALS

(65 years and over)

January 1, 1945 to September 15, 1952—Passed Away After Having Been In Hospital

2 years	32 patients	10 days	20 patients
1½ years	52 patients	8 days	12 patients
1 year	51 patients	7 days	5 patients
10 months	16 patients	6 days	10 patients
8 months	18 patients	5 days	9 patients
6 months	39 patients	4 days	8 patients
4 months	47 patients	3 days	7 patients
2 months	74 patients	2 days	4 patients
1 month	66 patients	1 day	3 patients
21 days to 11 days.....	75 patients		

APPENDIX NO. 2

SOURCES OF INFORMATION

The whole committee heard testimony from Dr. F. H. Dammasch, Portland physician, who has served several terms as a member of the Oregon House of Representatives and is also one of the panel of physicians used by the Multnomah County Circuit Court on reviewing requests for commitments to the state hospital; Dr. Gerard Haugen, a psychiatrist who has practiced in Portland for a number of years, and Mr. Melvin Murphy, executive secretary of the Mental Health Association of Oregon. Members of the committee individually have also contacted the office of Circuit Court member of the Multnomah County which handles commitments to the State Hospitals; interviewed Dr. C. E. Bates and Dr. Dean Brooks, superintendent and staff member, at the State Hospital at Salem; interviewed a former patient at both state hospitals at his request; one committee member inspected several of the wards housing seniles at the State Hospital in Salem; telephone interviews and correspondence has been carried on with both state hospitals, the Illinois State Hospital at Elgin, Illinois, the American Psychiatric Association, several psychiatrists practicing in Portland, several rest homes for aged persons and have consulted the following literature:

- (1) Community Services for Older People — "The Chicago Plan", 1952.
- (2) "The Social and Biological Challenge of Our Aging Population" — proceedings of Eastern States Health Education Conference, 1949, New York.
- (3) "Problems of America's Aging Population" — first annual conference on Gerontology — University of Florida, 1951.
- (4) "Young at Any Age" — Report of New York State Joint Legislative Committee on Problems of Aging — Legislative Document No. 12, 1950.
- (5) "Oregon Blue Book" — 1951-52.
- (6) "A Study of Oregon State Hospitals for the Mentally Ill" by Mental Health Association of Oregon, February, 1951.
- (7) "Records of the Circuit Court No. 7," Multnomah County.
- (8) Oregon Mental Health Laws "City Club Report" — Volume 32 No. 24, October 19, 1951.
- (9) Outline of Neuropsychiatry Medicine (1940) War Department Technical Manual, 8-325.
- (10) Standard for Psychiatric Hospitals and Clinics, American Psychiatric Association, 1951.
- (11) Planning a Mental Hospital of 1500 Beds, Samuel W. Hamilton and Mary E. Corcoran, Diseases of the Nervous System, Vol. XI, No. 12.
- (12) Mental Hospitals, American Psychiatric Association, issues of May, June and September, 1952.