From Asylum to Psychiatric Center:

The evolving role of inpatient facilities in mental healthcare
Early Mental Health Treatment and Facility-based Care.

Before the efforts of Dorothea Dix and others in the mid-1880s, mental disorders were recognized by early civilizations and with various attempts at treatment including some form of facility-based care.
Early Treatments: (Prior to 500 BCE)

Some early civilizations attributed mental disorders to demonic possession.

Ritualistic ceremonies, talismans, and what could be considered by some cultures as torture were among the treatments.
Early Treatments: Ancient Greeks
(500 BCE - 600 AD approximately)

The ancient Greeks are among the first civilizations acknowledged as recognizing a body and mind connection.

Treatments emphasized physical health: personal hygiene, good diet, fresh air, and exercise
People would come to live in open air temples and priests would minister to them, sometimes using what we would now call drama therapy.
The Indian emperor Ashoka founded 18 facilities specifically for the treatment of the sick.
Early Treatments: Ancient Romans
(500 BCE - 1st Century AD approximately)

In addition to treatments used by the Greeks, Romans employed laxatives and purgatives to rid the body of the “poisons” believed to be the cause.
Early Facilities: Ancient Romans

291 AD

The Romans built a specialized temple for the treatment of the sick on the island of Tiber.
Early Treatments: Middle Ages
(5th-15th Century AD)

The concept that mental disorder could be attributed to demonic possession or the influence of the devil persisted from earlier times.
Early Treatments: Middle Ages

In keeping with earlier theories, the Middle Ages saw the rise of the beliefs that either:

1. An evil spirit resided in a person’s blood
2. Excess blood resulted in pressure on the brain that in turn caused illness

Thus, bloodletting, using medicinal leeches, became a popular treatment
Early Treatments: Middle Ages

This time period also saw the start of one of the first modern treatments for mental disorders: Music Therapy. Originating with Arabian culture which proposed that the essence of life was sound; therefore music could have a rebalancing effect on a person suffering from a mental disorder.
Early Facilities: Middle Ages
(5th-15th Century AD)

In Europe, the mentally ill were often left to live in the community; monasteries & convents sometimes became involved. Mentally ill were tolerated by the community and offered food and shelter.
Early Facilities: Middle Ages

- However, in monasteries and convents, the mentally ill are first reported as being subjected to inhumane treatment. Mentally ill people in monasteries and convents might even be chained to the walls and poorly fed.
An illustration of poor conditions for the mentally ill in monasteries.
Early Facilities: Middle Ages
‘Our Lady of Bethlehem’

Originally founded in 1247, what would become known as the Bethlem Psychiatric Hospital was the first facility that specialized in treating mental illness in 1377.
The facility came to be referred to colloquially as “Bedlam.” The staging of Bedlam in several plays during the 16th century, led the word, bedlam, becoming synonymous with a state of madness, irrationality, and chaos.
Early Treatments: Modern Era
(16th - 18th Century AD)

Psychiatry – “medical treatment of the soul” begins in modern asylums.

Restraint chair – early versions used metal bands to strap the individual to chair.

Seclusion – early seclusion rooms lacked ventilation, light, and sanitary facilities.
Early Treatments: Modern Era
(16th - 18th Century AD)

Straightjacket - invented around 1772 to prevent an individual from injuring themselves or others, it was considered more humane than restraint by ropes or chains.

Similar to the contemporary camisole.
Early Treatments: Modern Era
(16th - 18th Century AD)

Rotational Therapy – sleep was felt to cure disease and fast rotation could induce unconsciousness. First utilized by Dr. Benjamin Rush for treating mental illness.
Early Treatments: Modern Era
(16th - 18th Century AD)

Tranquilizing Chair - designed by Dr. Benjamin Rush. Relieving an individual of sensory stimulation would have a calming effect on the mind.

Chair could be suspended.
Hydrotherapy – warm baths were viewed as calming and cold showers were considered invigorating. These variations were employed in an attempt to cure mental illness.
Hydrotherapy variant: Bridge Therapy

- The individual walks over a bridge
- A trapdoor opens
- The individual is plunged into freezing water.
Early facilities: Modern Age  
(16\textsuperscript{th} - 18\textsuperscript{th} Century)

- Some families kept relatives with mental illness in 6’ x 8’ hut, in a separate area of the house or sent them to a nearby village. Often families abandoned them.
- Thus, mentally ill people were often homeless and would be charged with vagrancy, whipped, and driven from a town.
Dorothea Lynde Dix - an American activist who through vigorous lobbying helped usher in the first generation of postmodern American facilities to treat mental illness - mental asylums.

Dorothea Lynde Dix
1802-1887
Mental asylums were intended to be a place of safety. The first mental asylum in the United States was in New York, Utica State Hospital, which opened in 1843.
Victorian Era:
Moral Treatment

Developed from psychiatry, psychology, and religious concepts with a focus on social welfare and civil rights. Instead of restraint and seclusion, social interactions were the avenue to mental health.

It started in Italy around 1785 by Dr. Vincenzo Chiarugi. It was picked up in France in the early 1780s by former patient Jean-Baptiste Pussin and Dr. Philippe Pinel.
Moral Treatment

Need healthy body to have a healthy mind. Thus, Moral treatment prescribed:

• Physically protective environment
• Stress-free lifestyle
• Fresh Air and sunshine
• Healthy food
• At least one trusting relationship
Reform comes to Western NY

- The concept of Moral Treatment would inspire psychiatrist Dr. Thomas Kirkbride to advocate for what would be called, the Kirkbride Plan; a method for the design and construction of mental asylums.
- The Buffalo State Asylum was designed using the Kirkbride Plan by Henry Hobson Richardson in 1870.
- The Buffalo State Asylum for the Insane
  - Constructed on 200 acres of land on the then northern edge of the City of Buffalo off of the Scajaquada Creek.
  - First mental asylum in Western New York
  - Fifth in New York State
Buffalo Psychiatric Center opened Nov. 18, 1880.

Architect: Henry H. Richardson

Landscape Architect: Frederick Law Olmsted & Calvin Vaux
Design of Historical Buildings

- Flock of birds layout of ward buildings
- More seriously ill individuals in rear buildings (“back” wards)
- As a patient demonstrated improvement, the patient would be moved forward closer to the towers.
- Built to accommodate 660 patients; 30 patients per ward
- With 200 acres for farming, it was intended to be entirely self-sufficient
Interiors of wards had long hall for socialization;

Windows mainly on the south facing wall.

Private rooms on north
Music Room
Back Ward
Active treatment was segregated by gender
Men’s Occupational Therapy--Weaving
Fresh air session
In addition to growing their own crops, they raised pigs and would later trade with Gowanda State who raised cattle.

Also on grounds:

• Tailor Shops
• Mattress Shops
• Basket Weavings
• Linen manufacturing
Piggery
Early 20th Century Treatments

Electroconvulsive Therapy was first conducted in 1938. Initially it was applied liberally as a part of treatment.

Currently, it is used as the last line of intervention for Major Depressive Disorder as well as cases involving catatonia and mania.
Lobotomy - psychosurgery in general has been controversial since its inception in the late 1880s.

Leucotomy, surgical cutting of white nerve fibers within the brain, especially in the prefrontal lobes, was first undertaken in 1935.

Used with individuals suffering from Schizophrenia, Bipolar Disorder, and Major Depressive Disorder.

Due to no clear benefits and reports of abuse, it was ceased in 1977.
Mid 20th Century

- With the end of World War 2, the number of admissions far outpaced treatment success. Greater numbers of individuals were not being discharged and instead remained hospitalized for the remainder of their lifespan.
- Originally intended to care for 660 people, the Buffalo State Hospital, and other NYS facilities, grew larger and larger.
- By 1957: 3,700 inpatients were on the Buffalo campus
- 2,000 were housed in historic structures alone.
- Moral treatment gave way to “custodial care.”
Dining Room in the mid 20th century
1950s

- Anxiolytic medications, or anti-anxiety agents, like Meprobamate, were first used around 1954.

- Antipsychotic medications, like Haloperidol (Haldol), became available around 1958.

- Psychological services are also expanded in 1958 and Behavioral therapy becomes widely utilized.
1950s and 1960s

- NYS Community Health Services Act of 1954
  - Created County Mental Health Boards and gave counties more responsibility for ensuring services were available in the community.

- Federal Community Mental Health Act of 1963 authorized creation of community mental health centers.
  - Shift to community-based treatment
1970s

- 1974 - The Buffalo State Hospital in the Richardson Building is closed to inpatient care and only administration offices remain (until 1995).
- The Strozzi building starts inpatient care and the facility’s name is changed to the Buffalo Psychiatric Center (BPC).
- 1970s: BPC outpatient services were established
- Deinstitutionalization is started statewide. BPC reduced its inpatient census to 650.
  - Fastest reduction in the state.
Butler Rehabilitation Center on Main Campus
Multiple services in building (1972)
1980s

- 1987 - Psychiatrist shortage
- Census increased to 750 early in decade
- Many patients still having long lengths of stay
- 1988 - Commitment to active treatment made
  - Education Intervention Program started
  - Program Centers established
  - Psychiatric Rehabilitation introduced
    - Empowerment, patient choice fostered
    - Skills and supports offered.
Cudmore Residential Care Center for Adults (1987)

Also on the BPC Campus

Olmsted Residence (1988)
1990s

- 1991 - Consolidation with Gowanda Psychiatric Center
  - 100 additional inpatients
  - 100 new staff
- 1991 - BPC hosts weekly radio show
- Introduction of Social Learning
- 1994 - Neuropsychology services made available
- 1995 - Increased recipient involvement
  - Recipient Associates
  - Listening to our customers
- Inpatient census decreases to 240
- 1998 - BPC adopts motto:
  “Dedicated to partnerships in hope and recovery”
2000s

- Elmwood Wellness Center promotes holistic health
- Strozzi Addition improved support functions
  - New production kitchen
  - New Storehouse
  - Improved clinic facilities
  - New space for staff training and support offices
BPC Today

Bed capacity: 156

2016 admissions: 162
2016 discharges: 163

Outpatient
6 Sites in 3 counties of WNY
1500 clients on our roles

Residential
5 residences—139 beds
Family Care—Foster care—110 Beds
Supported housing
BPC Today

Inpatient services provide intermediate level of psychiatric care of 3-6 months. (Ability to provide extended treatment to meet patient needs.)

Offer a broad range of services that extend from inpatient into the community

Provide extensive rehabilitation services

Leader in State in use of gold standard medications
BPC Today

Facilities are state of the art

Experienced and well trained staff

Strong peer involvement in service design and delivery

Person-Centered focus

Emphasize potential for growth and change

Use evidence-based treatments
BPC Today

• Focus on integrated treatment: Mental Health and Addiction Services; Mental Health and Physical Health

• Provide leadership in Suicide Prevention training/intervention

• BPC Moment: Weekly live in-house television show, focusing on recovery, broadcasting since 2009

• Leader in State in Tobacco Cessation efforts

• Training experiences for graduate level and undergraduate students through agreements with some 28 plus colleges and universities
What’s new?

- Mobile Integration Teams
- Managed Care
- More community engagement
- Reducing the number of individuals needing extended inpatient care
- More supported housing in the community
Virtual Tour
Inpatient Services

Nurse’s Station
Activity Room on Inpatient Unit (6 units)
Active Treatment Classroom
Life Skills training area
On-site Wellness Center
Elmwood Wellness Center
Virtual tour
BPC’s Residential and Outpatient Sites
Also on the BPC Campus

Cudmore Residential Care Center for Adults

Olmsted Residence
Cudmore Residence
Main Campus
Olmsted Residence
3 Rees St. — adjacent to main campus

24 beds
Grant Street Residence
Grant and Letchworth—across from SUNY Buffalo State

14 beds
Grant Street Residence
Waterfront Residence

Celoron
(75 miles from main campus)

14 beds
Strozzi Residence
Main Campus

27 beds
Family Care

110 Residents in four counties
Butler Recovery & Treatment Center
Main Campus (clinic)
Lakeside RTC
Fredonia (Clinic)
53 Miles from Main Campus
Lancaster RTC
16 miles from Main Campus (Clinic)
Miller-Broadway RTC
Buffalo East Side (Clinic)
7 miles from Main Campus
North Tonawanda RTC
11 Miles from Main Campus (Clinic)
Zoar Valley RTC
49 S. Water St., Gowanda (Clinic)
40 Miles from Main Campus
Center for Self Discovery
Butler Rehab Center—Peer Run

Living Well and Independently
Learn how to overcome barriers in the community and live life the way you want.

I am...
Buffalo Psychiatric Center: An Important Community Asset

RESTORING HOPE; PROMOTING RECOVERY