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**This brief excerpt summarizes the early history of general hospital psychiatry in the United States.**

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## General Hospital Psychiatry U.S.A.: Retrospect and Prospect

Zigmond M. Lebensohn

**I**F ONE NEEDED any outside confirmation that general hospital psychiatry had indeed "come of age" in the United States, one had only to read the August 25, 1964 issue of the *Wall Street Journal* (that conservative and respected arbiter of national trends) for a major story on the subject. On the first page of that issue appeared the headline: "MORE GENERAL HOSPITALS OPEN PSYCHIATRIC UNITS OFFERING INTENSIVE CARE." The ensuing article gave the reader a remarkably detailed and accurate report of the growing importance of psychiatric services in general hospitals at that time.

Psychiatric units of general hospitals are now firmly established in the United States as a major resource for the quick and effective treatment of a wide variety of psychiatric disorders. The phenomenal growth of these units, especially since the end of World War II, is a uniquely American development. Because of its potential importance in influencing the delivery of mental health services in this country, the quality and character of this development deserves careful evaluation and analysis.

The purpose of this article is to review the history and current status of general hospital psychiatry in the United States. In this article, certain aspects of the movement such as the role of the private practice sector, the role of the unit as a training center, the rich variety of existing units in terms of organization and philosophy—aspects that have not been adequately dealt with elsewhere—will be discussed in some detail. Finally, a projection for the future of general hospital psychiatry will be made.

### HISTORICAL NOTES

Although a few beds were set aside for "lunatics" in the basement of the venerable Pennsylvania Hospital as far back as 1755, the movement to establish psychiatric units of general hospitals did not come about until many years later. The various "Psychopathic Hospitals" established in the late 19th and early 20th centuries (such as Bellevue, New York, 1879; Philadelphia General, 1890; Boston Psychopathic, 1912; Phipps, Baltimore, 1913) were primarily designed to accept acutely ill psychiatric patients and transfer those that did not improve to the long-term state or private mental hospitals. Although these psychopathic hospitals served a useful purpose as clearing houses and were almost always connected with a large city general hospital, they should not be confused with the psychiatric units of general hospitals as they exist today.

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It is generally conceded that the first psychiatric unit in an American general hospital was established by Dr. J.M. Mosher at the Albany (New York) Hospital in 1902 "for the detention and care of persons afflicted with nervous and mental disorders." This unit, later called the Mosher Memorial Pavillion, functioned effectively for over 63 yr. In 1965 the psychiatric service was transferred to a new wing and the old building was converted to other purposes.

According to a medical newspaper account of the time, "Dr. Mosher was guided by the following principles that were far in advance for his time: (1) mental illness is a disease; (2) early treatment is important and can be given better in a local general hospital; (3) education of interns, nurses, and the public is needed in mental illness and the best focus for this education is the general hospital; and (4) psychiatric consultation with other medical specialists in a general hospital is of benefit to all the patients of the hospital."<sup>1</sup>

Dr. Mosher's brainchild was an immediate success. He reported a 66% improvement rate in the first 7 yr of operation! Medical visitors from all over the United States and abroad applauded Dr. Mosher's efforts. Even the governor of New York State was sufficiently impressed to urge the establishment of similar units in other cities of his state.

In spite of success and professional approval, few hospitals followed suit. It is intriguing to consider the possible reasons for the failure of American psychiatry to adopt such a sensible approach until so many years later. The usual reasons given, namely, the lack of effective antipsychotic drugs or somatic therapies at the time and primary reliance on time-consuming treatments were certainly important but do not tell the whole story. Perhaps an even more important factor, was the fact that the psychiatric establishment of the period, as represented by the American Psychiatric Association (APA), was pretty much dominated by psychiatrists on the staffs of the various state and private mental hospitals. No real constituency or lobby existed to promote the development of general hospital psychiatry or to counter the powerful prejudices and fears of the general and medical public in regard to treating the "insane" in a general hospital setting. Psychiatrists in the state and private hospitals who commended Dr. Mosher for his daring innovations had little incentive to change the status quo.

### FACTORS RESPONSIBLE FOR THE RAPID GROWTH OF GENERAL HOSPITAL PSYCHIATRY

The dramatic growth of psychiatric units of general hospitals in recent years is due in large measure to the striking effectiveness of the newer psychiatric treatment methods that are particularly suited to the general hospital setting. These new methods include pharmacotherapy, brief psychotherapy, group therapy, and the somatic therapies (particularly electroconvulsive therapy). Instead of thinking in terms of years for the treatment of a psychotic episode, psychiatrists could now realistically think in terms of weeks or months in the hospital followed by effective outpatient care after discharge.

Another major factor contributing to the great use of these units was the increase of third party coverage. Without the benefit of good health insurance, most citizens would be unable to pay the high and spiraling costs of general

hospital care. Fortunately, most current health schemes include good coverage for mental patients, particularly if they receive treatment on the psychiatric unit of a general hospital.

The impact of World War II was another factor. The experience of hundreds of American psychiatrists who had worked in the psychiatric units of military hospitals during World War II proved that seriously ill psychiatric patients could be effectively treated in general hospitals. When these psychiatrists returned to civilian life, many of them were instrumental in establishing psychiatric units in their own communities. There is no doubt but that World War II was something of a turning point (see Fig. 1).

In 1961 the report of the Joint Commission on Mental Illness and Health (published as "Action for Mental Health") specifically recommended that each hospital of 100 beds or more should provide for the short-term treatment of psychiatric patients. These recommendations were quickly endorsed by the American Medical Association (AMA), American Hospital Association (AHA), the APA, and the Veterans' Administration (VA).

The final event that encouraged the development of psychiatric units of general hospitals was contained in President Kennedy's stirring message to the Congress of the United States on mental illness and mental retardation in 1963 in which he stated:

I propose a national mental health program to assist in the inauguration of a wholly new emphasis and approach to care for the mentally ill. This approach relies primarily upon the new knowledge and new drugs acquired and developed in recent years which make it possible for most of the mentally ill to be successfully and quickly treated in their own communities and returned to a useful place in society. These breakthroughs have rendered obsolete the traditional methods of treatment which imposed upon the mentally ill a social quarantine, a prolonged or permanent confinement in huge, unhappy mental hospitals where they were out of sight and forgotten . . . We need a new type of mental health facility, one which will return mental health care to the mainstream of American medicine . . .

The "new type of health facility" the President had in mind was, of course, the Comprehensive Community Mental Health Center (CMHC). "These centers," the President went on to say, "could be located at an appropriate

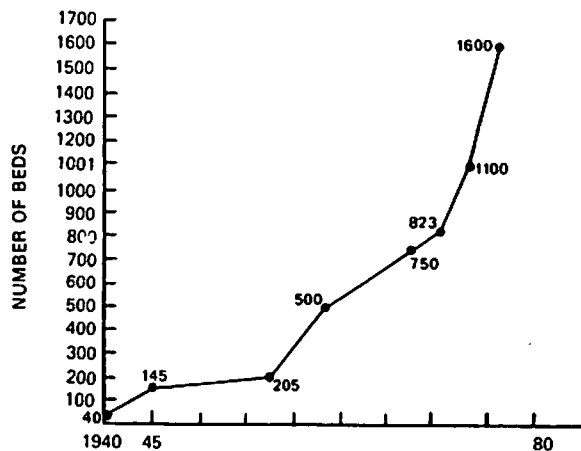


Fig. 1. Increase in number of psychiatric beds in general hospitals (1940-1980) (Data collected from JIS, AHA and other sources).

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community general hospital, many of which already have psychiatric units. In such instances, additional services and facilities could be added—either all at once or in several stages, to fill out the comprehensive program."

The President's selection of the general hospital as the nucleus around which we could develop the comprehensive community mental health centers, gave great impetus to general hospital psychiatry. Unfortunately, most of the CMHCs developed independently and relatively few had close contact with the psychiatric unit of a general hospital. Had the community mental health centers developed closer relations to the medically oriented departments of psychiatry in the general hospitals, the centers might well have become much more successful than they are now. Robert L. Robinson, looking back on his 30 yr with the APA, feels strongly that those in the APA

who worked so hard and enthusiastically for the community psychiatry revolution in the 60's made a gross strategic error. If only we had . . . succeeded in building the community mental health centers around the community general hospitals, we might really have brought the mentally ill back to the mainstream of medicine. Maybe some day this will happen. One can hope for miracles.<sup>2</sup>

It should be noted that psychiatric units of general hospitals developed most rapidly without any substantial or continuing support from federal funds. In fact, the greatest growth occurred during the period when federal Hill-Burton funding had ended. Ironically enough, the federally supported CMHCs failed to show a parallel growth during the same period. Although 1500 or 2000 of these centers had been planned, fewer than 700 are now in operation. Perhaps this experience carries with it an important lesson.

## SURVEYS AND THEIR RESULTS

Surveys of such a complex development as the growth of psychiatric units in general hospitals, present serious problems, both in conducting the survey and in interpreting the findings. Surveys have been conducted by the AHA, the Survey and Reports Branch of the National Institute of Mental Health (NIMH) and the Joint Information Service of the American Psychiatric Association and the Mental Health Association (JIS). The first major survey ("General Hospital Psychiatric Units")<sup>3</sup> was conducted by the JIS in 1963 and published in 1965. This survey found approximately 500 psychiatric units in the country's 5400 general hospitals. For the first time it was reported that these units had treated some 370,400 patients, substantially more patients than were admitted to all public mental hospitals during the same time period. The year 1963 marked another turning point in the rapidly growing use of the general hospital unit and this trend has continued to the present day.

The second survey by the JIS (conducted in 1971 and published in 1974 under the title "Psychiatric Treatment in the Community: A National Survey of General Hospital Psychiatry and Private Psychiatric Hospitals,"<sup>4</sup> reported a definite increase in the number of psychiatric units in general hospitals from 500 to approximately 750 (a 50% increase in an 8-yr period). It was clear that the idea of psychiatric units was being accepted by hospital administrators, lay boards, medical staffs, and the public at large—groups that had been rather hostile to the idea in the past. . . .

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