

TREATING MENTAL ILLNESS



THE HASKELL BUILDING is the only former Northampton State Hospital (NSH) building which is still used by the Department of Mental Health, as its Western Massachusetts Area Office. Completed in 1959, Haskell initially contained the admissions office and an acute treatment center for 146 patients. Admissions averaged 90 per month; but, by the 1950s, with the aid of new drugs, the Hospital's focus shifted to short-term treatment before patients returned home.

During the first half of the 20th century, physical treatments, which had been part of the NSH regimen, became more aggressive and included lobotomy (rarely used at this Hospital), shock therapy, and hydrotherapy. Many patients were tranquilized and/or locked up because the Hospital lacked proper medicine and knowledge about what to do with a multitude of patients with a wide variety of conditions.

After 1950, pharmaceutical treatments were increasingly introduced, among them Thorazine (first anti-psychotic), Miltown/Equanil (first widely used tranquilizer), and Iminpramine (first anti-depressant).

NORTHAMPTON STATE HOSPITAL CLOSES

The process of developing community care began in the 1930s when the Hospital created out-patient clinics for 200 patients living outside the Hospital, including many in Springfield.

By the early 1960s, NSH had fallen into disrepair, and with severe staff shortages it had reverted to custodial care and heavy use of medications to calm patients. At the same time, ideas about mental illness and confinement were beginning to change. Federal legislation and funding promoted community-based programs rather than institutionalization.

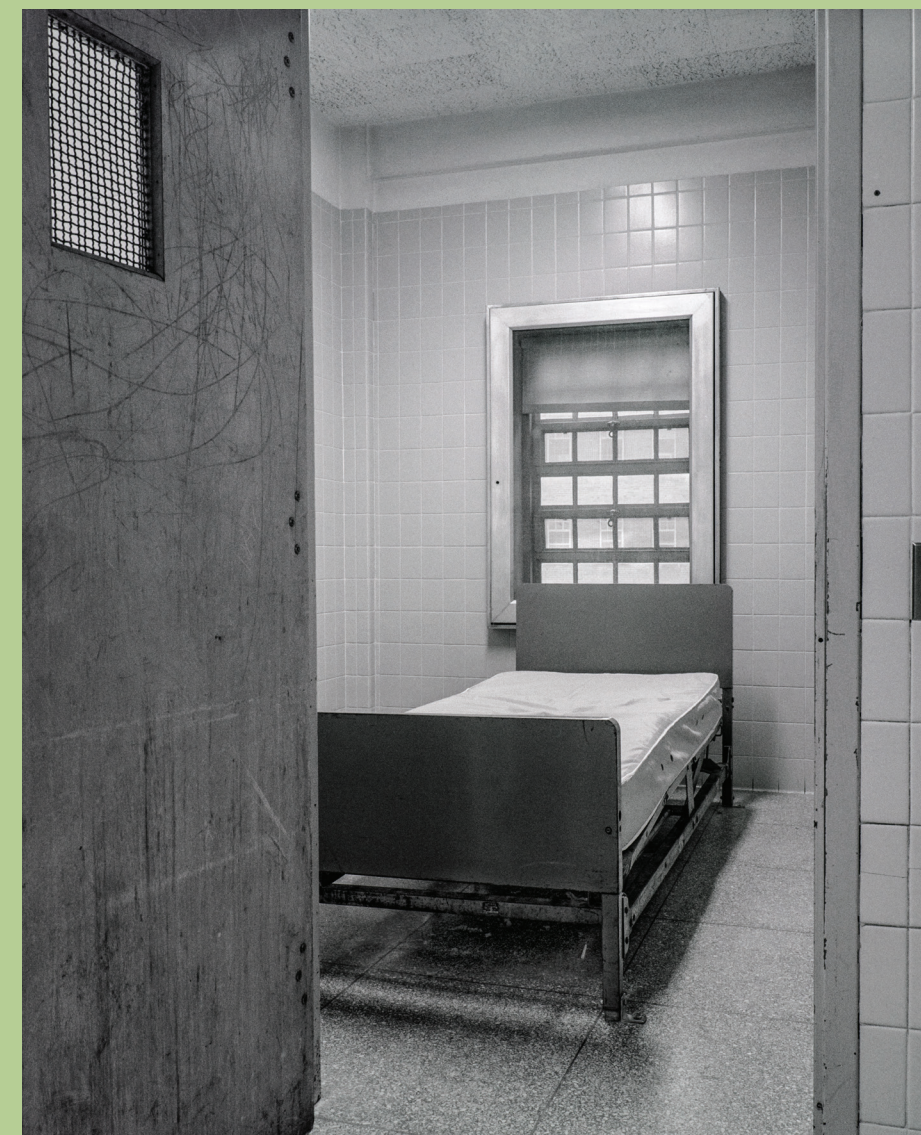
In 1976, the Northampton-based Center for Public Representation filed a class-action lawsuit against the Commonwealth of Massachusetts on behalf of several NSH patients claiming violations of their rights to be treated in the "least restrictive" environment. In 1978, both parties entered into a "Consent Decree" agreement to gradually discharge the patients into community programs.

The deinstitutionalization process was estimated to take three years, but it stretched over the next 15 years, as staff worked to find places for all patients when there weren't enough community services available. Ultimately, all patients were transferred or discharged. Some patients returned to NSH for a short-term stay, some ended up homeless, others were incarcerated, and some integrated well into society. As the numbers of patients decreased, the remaining ones were moved into the Haskell Building. The Hospital closed in August 1993 when the last twelve patients were transferred.



SINCE 1959, THE HASKELL BUILDING has been one of the most visible structures at Northampton State Hospital to those passing on Route 66. One version of an "entrance gate" to the Hospital can be seen in the foreground.

Photo: Moore & Schuleit Haber. Images of America: Northampton State Hospital (Arcadia Publishing, 2014)



SECLUSION ROOMS were used for patients who were seen as rambunctious and dangerous to secure safety for them and the people around them.

Photo: Sherer & Moore. The Life and Death of Northampton State Hospital (Historic Northampton, 1994)



BATHTUBS WITH SLINGS

In the first half of the 1900s, a common treatment to calm agitated patients was hydrotherapy. Patients were set on canvas slings in tubs of warm flowing water for about three hours. Some more disturbed patients were tightly wrapped in wet blankets. Hydrotherapy treatments were halted in the mid-1950s.

Photo: Moore & Schuleit Haber. Images of America: Northampton State Hospital (Arcadia Publishing, 2014)

NSH PHARMACIST

After 1950, tranquilizers and antidepressants were increasingly introduced as key components of treatment. While psycho-pharmaceuticals reduced anxiety, agitation, manic episodes, and, consequently, the use of restraints and seclusion, there also were serious side effects and long-term risks to patients.

Photo: Moore & Schuleit Haber. Images of America: Northampton State Hospital (Arcadia Publishing, 2014)



THESE QUOTATIONS CHARACTERIZE THE TRANSITION TO THE CLOSING OF NORTHAMPTON STATE HOSPITAL:

"Shock treatment with metrazol combined with insulin has been continued with what we believe to be encouraging results. . . . Toward the end of the year nitrogen therapy was started, but too few cases have been treated to permit an opinion as to its value. Hydrotherapy, occupational therapy, recreational therapy, "total push" and all other accepted forms of treatment have been carried out as fully as our resources will permit."

— *Annual Report 1939*

"I had one who was tied in bed all the time."
— *Claude Hill, former Hospital employee*

"It was very difficult to prepare for . . . the violence that happens on the wards . . . There was absolutely no training for that. It was kind of on-the-job training, and you did whatever you could to get through."
— *Mary Quinn, former Hospital attendant*

"It was a very dangerous situation because of the shortage of psychiatrists."
— *Shirley Gallup, NSH psychiatrist*

"Most of the patients we saw between the locked doors sat blank-faced or shuffled about the room in what I imagined to be a Thorazine stupor. The walls were equally grim-faced and dull, and there seemed to be no object or activity with which patients could interact even if there had been a twinkle of engagement left in them."
— *Sanford Bloomberg, NSH psychiatrist*

"This is probably the hardest time in my thirty-four years of working here, because I find every day just dealing with the proposed closing, and seeing what staff are going through, what patients are going through, I find every day very, very tiring."
— *George Button, NSH employee*

"Some patients were very apprehensive [about placing out] because many of them had been at the Hospital for 20, 30, 40 years. They lived there most of their lives . . . So they made it their home. They made it their life. So to suddenly say, 'The state wants to place you out of this institution and in a month we're going to send you to Pittsfield,' that was quite a scary thing. On the other hand, there were patients who looked forward to it. They would come to our office knocking on the door and saying, 'Can I go? I want to go too.' So it was a mixed reaction."