

History of Hawaii State Hospital

Hawaii Psychiatric Medical Association

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When?

“ .. The hospital was able to provide only minimal psychiatric treatment because it lacked the facilities and personnel required for this work”

Answer:

1930 - the new Territorial Hospital
(A Thesis - J.L. Chung)

When?

“About ten years ago, the hospital was primarily a custodial institution providing only minimal psychiatric treatment due to lack of facilities and personnel. The most important development during the past decade was the steady and fairly rapid conversion of this custodial institution into an active treatment center... Obsolete forms of treatment, such as restraint and seclusion, have been almost entirely eliminated and are being used in rare instances and for very brief periods of time only.”

Answer

1949 - Department of Institutions -
“The First Ten Years”

Prior to 1860s - “Criminalization Era”

The mentally ill in Hawaii were either:

- ▶ Ostracized as a deviant - homeless
- ▶ Hidden in the back room of a family home
- ▶ **MOST OFTEN** - Incarceration, often indefinitely

1860s - 1950: “Asylum Era”

▶ e.g. Dorothea Dix

1866-1930 - Oahu Asylum

1862 - King Kamehameha orders a special facility for the mentally ill

- ▶ The Oahu Asylum opened in August, 1866
- ▶ 6 inmates/patients transferred from prison
- ▶ Employed native Hawaiians as attendants
- ▶ Patients were mostly foreign born

Oahu Asylum - cont.

The superintendent reported that:
“Treatment consists of kindly, judicious care, plain, nourishing food, harmonious surroundings, an abundance of fresh air, non-restraint, hydrotherapy, and ‘a little drugging.’”

1874 - 28 patients

1900 - 140 “

1910 - 225 “

The Oahu Asylum



1930 - Territorial Hospital

6 January 1930 - 549 patients transferred from the Oahu Asylum

- ▶ Initially 8 buildings
- ▶ 3 buildings were added in 1934
- ▶ 2 convalescent cottages were built in 1937
- ▶ The Goddard Building was opened January 3, 1951 - 200 beds

Territorial Hospital

“Even at its opening in 1930, the newly named Territorial Hospital was over-crowded. Overburdened facilities have been the situation ever since.”

Territorial Hospital in 1930



1950 - 1980: “Moral Era”

1931 - Clifford Beers - Honolulu
(Mental Hygiene movement)

1931 - Queens - “Maluhia”, a
psychopathic department

1938 - Hawaii Mental Health Clinic
U. of H. Psychiatric Clinic

1939 - Bureau of Mental Hygiene

1950s Developments

1951, January - Goddard Building opened

“..gave tremendous impetus to the treatment for the acutely ill patients. ..the advent of tranquillizing drugs and the increase in staff of established departments and the addition of new departments of psychology and physiotherapy have made possible better treatment methods in the form of psychotherapy, group therapies of various kinds and the beginnings of a ‘therapeutic community’ approach. More patients are being returned to the community in better condition”
(Annual Report, Department of Institutions, 1959)

“Deinstitutionalization”

1958 - Convalescent Center opened

1960 and on - transfer of patients and staff to old tuberculosis hospitals on Kauai, Maui, Hawaii, and Oahu

1960s - development of family care homes
- short-term hospitalization funds

1963 - Kennedy CMHC Act

HSH Census with Deinstitutionalization

1959 - patient census = 1210

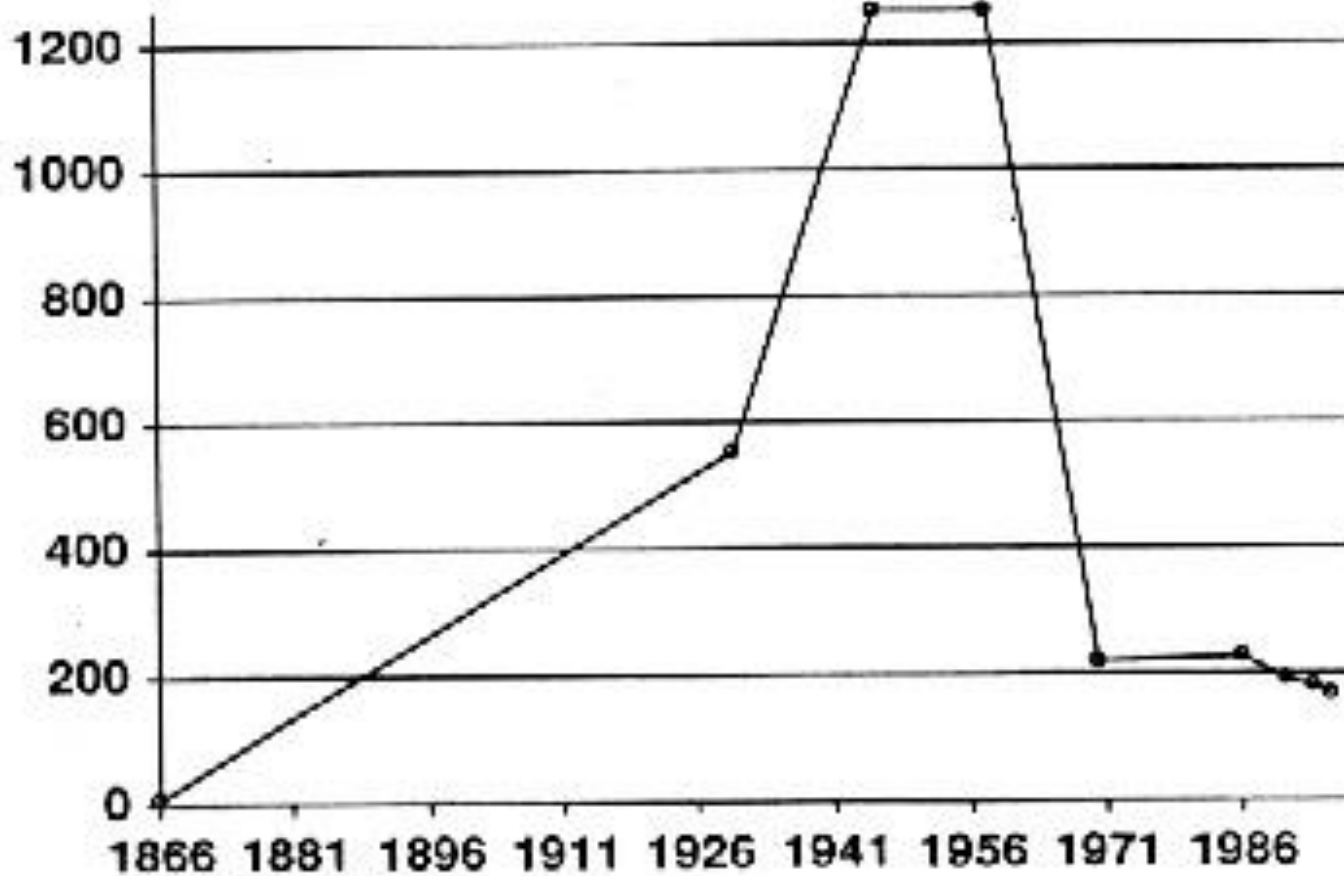
1969 - “ “ = (600)

1979 - “ “ = 204

1989 - present “ = 165-210

Census Chart

figure 1. HAWAII STATE HOSPITAL CENSUS



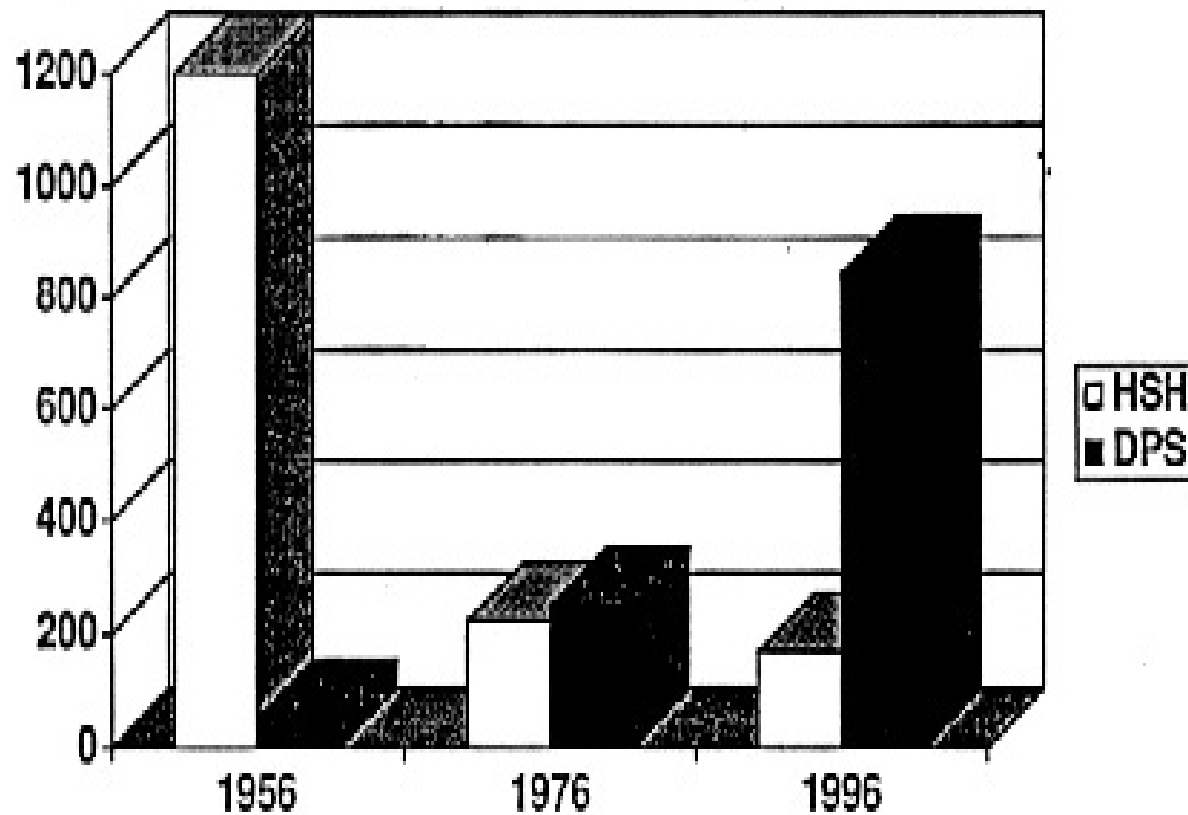
1980 -: “Recriminalization”

1976 - “Suzuki” case led to tighter Judge King commitment laws prompted by the patient rights movements.

This resulted in lower rates of admission to community psychiatric inpatient units, shorter lengths of stay, and increased arrests of mentally ill patients for minor offenses thereby utilizing the penal system to handle the disposition of these individuals. This led to an increase in forensic admissions to HSH and a rapid increase in rates of incarceration.

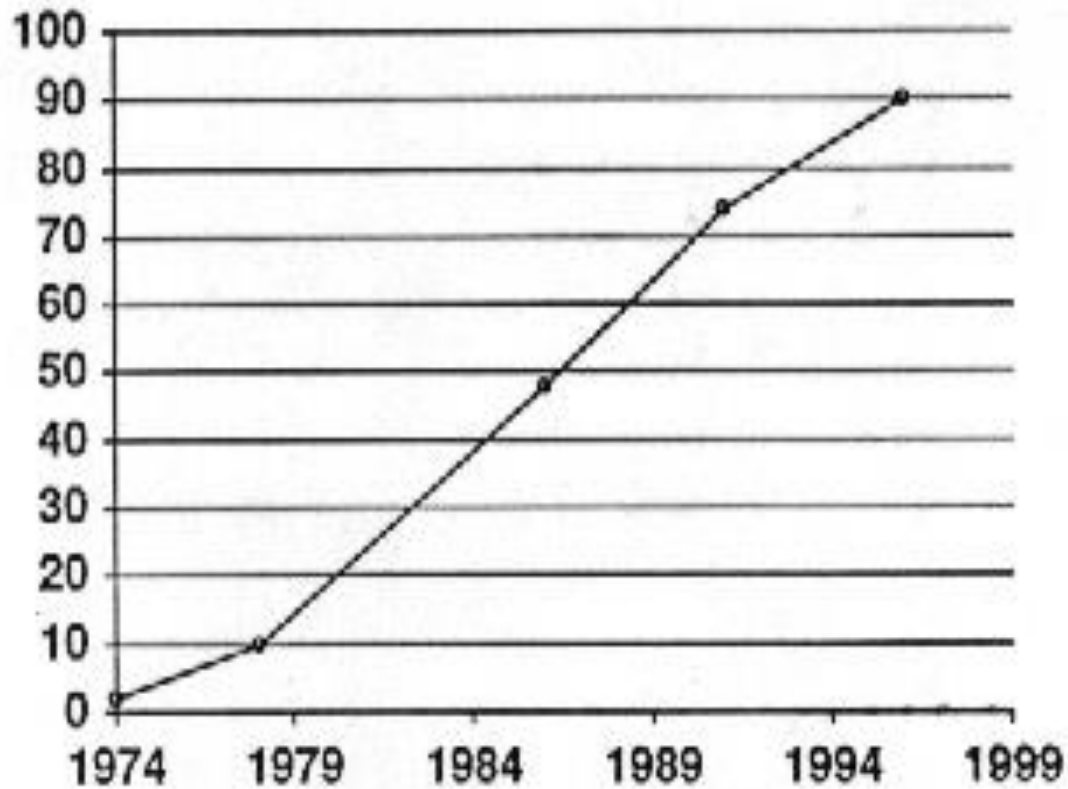
Criminalization, cont.

Figure 3. CRIMINALIZATION MENTALLY ILL PERSONS In HAWAII
(number of persons with severe mental illness at HSH vs Department of Public Safety)



Forensic Admissions

Figure 4. HSH FORENSIC ADMISSIONS (percent of total)



HSH - Always a Challenge

"There are a growing number of concerns at the State Hospital," said Senator Clayton Hee, co-chair of the Senate Special Investigative Committee on the State Hospital.

"As we learn more about the inner workings at the State Hospital, it's become clear that there are many issues that need addressing.

(2014)