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Shrinking One Mental Hospital

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C. NORTHOTE PARKINSON devised a law, once upon a time, explaining how public institutions grow and grow and grow even when nobody really wants them to. It's an amusing law, Mr. Parkinson's, and it's accurate enough to be disturbing. But it does have loopholes. Dr. M. B. Ahmed has proved that.

A little more than three years ago, Ahmed came to St. Louis from Scotland to become clinical director of Unit One of the State Hospital Complex on Arsenal Street. When he took it over, Unit One, in the west end of the main State Hospital building in the 5400 block of Arsenal, had 500 more or less permanent patients, all afflicted with psychiatric disorders. It had responsibility for providing mental health services to an area of St. Louis County with 445,000 persons.

Ahmed's first year in St. Louis, 1968, was a bad one in many ways. Americans were given rare opportunities, that year, to wonder if the whole nation were coming mentally unhinged. A study was published that seemed to confirm everyone's worst fears — more than half of the inhabitants of Manhattan, for example, it said — and there were grim predictions about how mental hospitals, already crowded, would soon be spilling at the seams.

UNDER THESE circumstances, if Parkinson's Law were invariable, Dr. Ahmed would have had no choice but to become an empty hulkier. Unit One would have grown like a mushroom, if the law worked, and by now it would probably be taking over much of south St. Louis.

But the law isn't invariable, and Ahmed has dealt a serious blow to its credibility. Unit One's "chronic population" — the number of patients confined around the clock — is down to about 100 persons. And the total is still shrinking. The story of how this happened is a case study of the application of new methods to the very old problem of mental illness.

Ahmed, a Pakistani who received his psychiatric training in the United Kingdom, recalls that when he arrived here Unit One was providing little more than "custodial care" for its psychiatric patients. The patients, in other words, were being fed and housed, but the problems for which they had been hospitalized were not getting much attention.

For decades — for more than 50 years, in some cases — and they were what Ahmed calls "institutionalized" persons. He means that they had completely lost touch with the outside world, were no longer capable of making even simple decisions

for themselves, had actually been mentally crippled by the hospitals that presumably existed to help them.

In Scotland, Ahmed had acquired very different ideas about what psychiatric care should be, and he confirmed them by visiting progressive hospitals in Boston and consulting with American psychiatrists. Then he went to work at Unit One, trying to break down the established patterns of treatment.

Ahmed is an advocate of "community health care," a deceptively simple term involving many complex things. First, it involves keeping psychiatric patients aware of their role in the community outside the hospital, or trying to reacquaint them with such roles if they've been forgotten.

IN AN EFFORT to achieve this, early in 1968 Ahmed sent about a third of his original 500 patients to nursing homes, thereby getting them out of Unit One and putting them in important step closer to ordinary life. Another third was discharged within a few months after Ahmed's arrival—their only real problem, he insists, was that no one had ever told them they were ready to go home.

The others, though not ready for release, were told that they would be permitted to go home as soon as possible. "We told their families and their former bosses the same thing," Ahmed says. "This helped to keep the patients interested in outside life, so they'd have some incentive to return to it." The involvement of patients' families is an important part of Ahmed's entire program.

"Community health care," applied to psychiatry, also means that new patients must not be cut off from their past lives during treatment for mental illness. To make this easier to achieve, Ahmed instituted a system of day hospital care in which some patients sleep at home and travel to the hospital every morning just as they would to a job.

This allows the hospital to give many of its patients all necessary care without requiring or permitting them to become utterly dependent upon the institution. Acute psychiatric cases, after a period of complete confinement, often move by stages first to day hospital care and then to out-patient status in which they come to the hospital only occasionally.

Perhaps the most controversial part of Ahmed's administration of Unit One is his insistence that patients join with doctors and other staff members to help make decisions affecting them and their care.

Group discussions are held regularly, and patients and staff exchange ideas on problems ranging from bathing schedules to whether a person should be discharged.

This has raised eyebrows in some medical circles, but Ahmed insists that it serves an important purpose. "If you follow a strict medical model, it is the physician who makes the decision," Ahmed says. "But in community psychiatry, in the therapeutic community, it is better to make joint decisions. It helps the patients learn to make the kinds of little decisions they'll have to make every day on the outside."

The rules applying to treatment of physical illness, Ahmed believes, are not always useful in psychiatry. "We're not dealing with the kidney or the heart or lungs," he says. "We're dealing with attitudes and thinking. The patients live together, and they often love and understand each other. If the doctor tells a patient to go home, he might not feel ready. If there is group discussion, he gets support from the other patients."

When he arrived here, Ahmed was dissatisfied with the fact that, though Unit One serves St. Louis County, it is situated in the city. In 1969 he moved toward correction of this peculiar situation by taking over administration of the psychiatric unit of St. Louis County Hospital and making it part of Unit One administration. He gets support from the other patients.

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UNTIL THE MERGER, he says, the County Hospital unit was providing more than "minimum essential services." He was particularly eager to take it over because it is situated in the center of Unit One's district, and because County Hospital does not carry the public stigma long associated with the Arsenal Street operations. Many St. Louisans feel ashamed of going "to Arsenal Street."

The County Hospital psychiatric unit now has beds for 25 chronic patients, separate facilities for day patients and out-patients, and 24-hour emergency service. It offers everything available at the Arsenal Street hospital, which Ahmed hopes to reduce eventually to 75 beds.

Last November, without additional funding from the county or state governments, Ahmed opened a mental health clinic at the Knott Community Center in north St. Louis County. This is an effort to bring psychiatric care to the people, instead of taking people out of the community when they need help, and the emphasis is on preventive psychiatry.

Ahmed describes Unit One's patients as ordinary persons who become "depressed, anxious, frightened, unable to cope with the job or cope with the family." The Knott clinic is an effort to detect such problems before they become so acute that hospitalization is imperative. Ahmed hopes, though money is short, to open soon a similar clinic in Lenox at the west end of his district.

Ahmed insists that psychiatric help must be an accepted part of "comprehensive community health care," and that his staff of three doctors, six social workers, two psychologists, one occupational therapist



VACANCY: This room in Unit One of the State Hospital Complex on Arsenal Street formerly contained beds for 30 psychiatric patients. No longer needed for that purpose, it is now used for storing furniture.

four are still hospitalized. Two remain of the 276 patients admitted in 1969. Out-patient care, by contrast, has risen sharply. Last year Unit One handled more than 8000 out-patient visits, and more than 38 new out-patients are added each month. Unit One also handles about 125 emergency cases a week. These involve persons suddenly afflicted with acute disorders. About 25 per cent of the emergency cases are admitted for some period of hospitalization.

Dr. George A. Ulett, director of the State Division of Mental Health, calls Ahmed's unit "an excellent type of thing, in the best tradition of community mental health." Unit One's clinical work has prevented large numbers of unnecessary admissions. Ulett said, and has achieved results which are statistically "very, very impressive."

DR. M. B. AHMED'S AIM is to keep the mental patient part of the family and part of the community.

parent in the patient population at Unit One. Of the 100 patients still confined at the unit's Arsenal Street facility, most were already in confinement when Ahmed first arrived. They are long-term patients of the tragically "institutionalized" variety. Admissions have been rising sharply since 1960, but only a tiny fraction of the new patients has remained. Of 200 persons admitted in 1968, only

Ahmed believes that programs like his are examples of the way psychiatry will be practiced generally in the future.

"The biggest advantage to all this is that the patient remains part of the family and part of the community—often a worker and taxpayer—while receiving treatment," he says.

"What we can conclude from our experience in St. Louis is that we don't need huge hospitals. We need more small units out in the community, taking care of problems there and there."



GROUP THERAPY: Dr. Ahmed and Nurse Debbie Tough encourage patients to join in decision-making. (Post-Dispatch Photos)



STAFF MEETING: Some of the County Hospital staff hold an informal session; they are (from left) Drs. Suhas Lahiri, Maria Sadowska, Paul Beuwermeister, Ahmed and Manuel Mejia.