

A 10-YEAR HISTORY  
OF THE  
ALASKA  
PSYCHIATRIC  
INSTITUTE  
1962-1972

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The Alaska Psychiatric Institute, a 225-bed open-door hospital, exists to give institutional care of an acute treatment nature to patients who cannot be adequately cared for on a local level and to provide treatment in specialized mental problems which will lead to recovery and release. In connection with the adult program, psychiatric services for psychotic and disturbed children are also available. There is one ward for the treatment and care of the mentally retarded.

The Institute is part of a network of mental health services which include three mental health clinics in Fairbanks, Anchorage, and Juneau; two mental health centers in Kodiak and Ketchikan, and two hospitals, the other being Harborview Memorial Hospital for the treatment and care of the mentally retarded. We work in cooperation with the Anchorage-based psychiatric teams of the federal Public Health Service.

Many changes have occurred since the first patient was admitted in October of 1962 to the newly dedicated hospital. The completion of the Institute marked an important step in the care and treatment of Alaska's mentally ill. For the first time in the history of Alaska, its residents could be treated in their home territory rather than be sent to Oregon for custodial care. Until 1957 when Public Law 830 became effective, the entire program for the care of the mentally ill in Alaska was the responsibility of the Office of Territories, U. S. Department of the Interior, and Alaskans were sent to Morningside Hospital, a private institution located in Portland, with which the federal government had maintained a contract since 1904. This bill made federal funds available for the construction of the Institute. The amount authorized was \$6,500,000. The actual cost of the building was approximately \$5,350,000 with the remainder of the money used for equipment.

The building was begun in 1960 and built by the Lease Company of Anchorage, with Stone, Harraccini & Patterson of San Francisco the architects. The philosophy of treatment established was in keeping with the present-day treatment of the

mentally ill. The open-door hospital permits patients to assume as much responsibility for themselves as is consistent with their ability. Stress is laid on the "therapeutic community" with each employee an integral and important member of the treatment team. "Wellness" is the focus of treatment rather than "illness". Dr. Stanley J. Rogers, now Superintendent and Director of the Department of Mental Hygiene, Montana State Hospital, Warm Springs, was the first superintendent.

A chaplain's service was added in 1964 on a part-time basis.

Three years after the opening of the Institute, a Children's Unit was made possible through a \$100,000 federal grant renewable for five years. When it was first opened, it accommodated 18 children. It operates primarily for emotionally disturbed youngsters from ages 5 to 15 years.

The hospital achieved accreditation following a survey by the Joint Committee on Accreditation of Hospitals in 1966.

In 1967 the basement of the Multi-housing Unit was altered to provide two classrooms for children at the hospital, and two full-time teachers under the Borough School District were added to the staff.

A pilot program in adult education was started in 1963 under the auspices of the Adult Basic Education Department of the Anchorage Community College. Eight students were enrolled on three levels of education. Two patients passed the high school equivalency tests that year and participated in graduation exercises at the Anchorage Community College. The adult basic education plan was originally set up so that everyone in the United States could receive an 8th grade education, but it has now been extended to include high school.

In 1971, 55 patients attended the Adult Basic Education classes and six obtained diplomas. At the present time, the school system has 5 teachers and teaching aides, including instruction in special education and grade school under the Borough School District, and adults under the ABE program. Services for the speech handicapped are available through the Alaska Treatment Center. Some youngsters live at the Institute but attend school in the community.

In 1967 Morningside Hospital in Portland was closed, with a resultant influx of long-term patients to the Institute and Harborview Memorial Hospital, a 150-bed hospital for the care of the mentally retarded in Valdez. The only patients receiving treatment outside of Alaska at the present time under the Division of Mental Health are children at Haven Acres, near Salem, Oregon, which is a long-term care facility for the severely handicapped.

Also in 1967 an important service aimed more specifically toward rehabilitation was added to the treatment program. The Office of Vocational Rehabilitation combined efforts with the hospital to provide a more complete service to permit patients to reenter community life. Initially, the effort included the operation of the Snack Shack, a coffee shop, and the responsibility for the Canteen, which had been established early in 1967.

By 1969 a greater emphasis was being placed on rehabilitation, and the goal was that of making long-term patients contributing members of society. In June of that year, a number of patients who had not responded to regular types of therapy over a long period of time, were selected for this special effort. The new concept was based on four premises: That the patient is a potentially responsible person, that he is capable of making constructive changes in attitude and behavior, that the chronic patient typically lacks skills in interpersonal relationships, and that the traditional hospital routine perpetuates the return to hospitalization.

Under this enlarged plan, clients were carried through a series of four graded steps with gradually increasing responsibility and privilege, with the client group themselves determining progression to the next step. To stimulate patient leadership, group decisions were made without staff participation. The ultimate goal was to develop a client-operated business to support the group following discharge, with group living as part of the post hospital situation.

The first group, which consisted of 18 long-term patients with a total hospitalization of 135 years, left the hospital for lodge living in July of 1970. The second group was trained in office janitorial work.

An intensive care unit was added in 1969. This is a closed area, and its responsibility is for the patients who cannot restrain themselves from leaving the hospital and thus avoiding treatment.

Greater emphasis was placed on industrial therapy beginning in 1971. The focus of this program is the development of responsibility and good work habits, endeavoring to achieve this by giving opportunities for greater responsibility and minimizing staff role, emphasizing rather a peer group system of controls. Representatives are elected by means of ward meetings without staff participation. These representatives contact the various departments of the hospital regarding employment opportunities within the hospital for training in work skills. The patients themselves write and distribute weekly payrolls and provide the training for their own members. The patient workers are evaluated on a gradient from dependent, irresponsible work behavior to independent, responsible behavior with four rates of pay and four levels of work done.

Through funds provided by the Criminal Justice Planning Agency, a new unit for alcohol dependent patients was opened in August of 1971. It is known as the Education Unit. The unit works with the total person in the alcohol problem. An extensive program has been established consisting of six group sessions weekly, plus consultation, lectures and counseling sessions. Use of video therapy has been initiated through which the patient sees himself as others see him. All areas of life are emphasized--physical, mental, social, spiritual, financial, and family.

The Institute is unique in its cultural-anthropological aspects. Because of the number of Eskimo, Indian, and Aleut patients treated here, personnel cannot depend on traditional approaches for its psychiatric treatment plan, but must include consideration for the tremendous variations of human behavior due to cultural patterns.

to help our personnel function more effectively in this specialized area of treatment, a federal grant was applied for and received under which specialized training was provided to all segments of the staff under the Alaska Study Workshop program begun in 1970.

Distances and lack of communication due to language barriers make good post hospital follow-up care difficult except in urban areas. A system of post hospital care in cooperation with the U. S. Public Health Service has been developed.

When a patient goes home to one of the small villages, the pharmacist at API makes certain that the U. S. Public Health Hospital in that area receives a supply of the patients' discharge prescription and instructions as to what drugs they should order to keep the patient out of the hospital. Complete discharge information is also sent to a state public health nurse who works with the doctors under the supervision of a psychiatric team sponsored by the U. S. Public Health Service. Native health aides in the villages, who also have received specialized training, help to make certain that the patient receives follow-up medication.

Some interesting comparisons emerge from a study of 10 years of operation. A total of 2,450 patients have been treated to date. Discharge rates have increased from 12.1 per cent in March of 1966 to 23.3 in March of 1971. This percentage is for persons within the hospital as of that date. Patients in the hospital over six months has decreased from 163 in 1966 to 72 in 1971. In percentages, this represents a change of 82.2 per cent of the patients within the hospital to 40.1 per cent. There were 503 admissions in 1970-71, as compared with 374 in 1965-66, with 511 discharges compared with 353. In 1970-71, 25 mentally retarded were discharged, as compared with none in 1966. In addition, 35 patients were released for employment, 20 to training programs in 1970-71 as compared with none in 1965-6. A total of 91 patients have been involved in the Lodge training program. There were 200 persons referred to alcoholic programs in 1970-71.

API works closely with the community. In 1971 there were 96 community agencies with which the hospital had contact. Some examples of these activities are:

the hospital works with the Veterans Administration in treating eligible Alaskan veterans. The hospital staff participates in the Community Chest, and for two years, 1969 and 1971, received the award for leading all state agencies in contributions. Workshops for ministerial personnel in the area are offered yearly. We furnish laboratory services to McLaughlin Youth Center and the jails, as well as EEG testing. Dental services are available to other agencies as needed. Schools and colleges bring psychology and other classes to the hospital for special education in mental illness. Tours are offered to interested groups and schools. The Occupational Therapy Department is involved in an internship program. The staff at the Institute was instrumental in assisting in the formation of the Suicide Prevention Center. Medical career programs are offered, as well as experience in the practical nursing field and the associate degree program. Nursing personnel from federal hospitals receive training in communication skills and orientation at API. We participate in the WICHE (Western Interstate Commission for Higher Education) and WIN (Work Incentive) programs, as well as the Neighborhood Youth Corps program. Public Health aides from the villages receive part of their training at the hospital, as have some of the borough public health nurses.

The Chief of Professional Services, Dr. John P. Rollins, has held over 100 consultations with court, law officials, attorneys, and private doctors regarding legal cases during 1970-71. There were 369 forensic (court) consultations for evaluation from 1968-71. Staff at the Institute speak to many groups and organizations and participate in workshops and training sessions within the community. Dr. Carl D. Koutsky, Superintendent, participated in the Second International Symposium on Circumpolar Health at Oulu, Finland, in June of 1971, and presented a paper on Alaskan psychiatry.

Individual volunteers, clubs, churches, and organizations within the community have given invaluable service to the Alaska Psychiatric Institute, and volunteers have been a part of the therapeutic team since the opening of the hospital. The acceptance by the community of both hospitalized patients and those who have re-entered community life has been helpful throughout the years. Many groups have invited patients to attend community events, thus demonstrating their interest and friendship and making them feel a part of the greater community outside the hospital. Individual volunteers have worked extensively within the hospital and participated in many activities.

One of the first volunteer efforts took place before the hospital opened its doors. Through the help of Mrs. Jack M. Myers, a volunteer British Red Cross worker who was in Alaska with her husband because of the discovery of oil, the very adequate patient library was started, and other volunteers have continued the day by day operation over a 10-year period.

The operation of the Beauty Shop within the hospital by volunteer beauticians has been on a weekly basis and resulted in considerable saving to the state. The students from the Anchorage Beauty College have given weekly service for the past four years.

Clubs and organizations have come out on a monthly basis to hold events, including the Spensard Business and Professional Women's Club, the NCO Wives of Fort Richardson, the NCO Wives of Elmendorf Air Force Base, the American Baptist Women, and the women of St. Mark Lutheran Church. The Altrusa, Soroptimist and Quota Clubs have sponsored the Christmas party for all patients, the biggest event of the year, since 1962. <sup>Members of</sup> The Anchorage Area Folk and Square Dance Association come out each month to dance with the patients. Homemakers Clubs have had an active role in volunteer activities, and local musicians have provided music for special occasions.



Yellowbirds, high school students assisting with patient services, became a part of the volunteer effort in 1964, when 45 Yellowbirds were part of the volunteer staff.

Many donations for patients and equipment for hospital use have been received from individuals and organizations over the years. About 100 original paintings have been received for beautifying the hospital.

An interesting community effort in behalf of the hospital was completed in 1966 when a piano for the chapel was received under Lever Brothers' NAME YOUR OWN PREMIUM plan. A total of 16,800 coupons were needed for the piano, and the entire state rallied behind this effort to secure the necessary coupons which were collected in a period of nine months. This project eventually resulted in our securing two pianos, as an additional one was donated by a local businessman.

During 1970-71 alone, 109 individuals gave 4,900 hours of volunteer time in 39 different types of activities, and an additional 1,000 persons participated in group activities within the hospital.

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