

The Commonwealth of Massachusetts

Department of Mental Health



MEDFIELD STATE HOSPITAL
45 Hospital Road
Medfield, MA 02052

A BRIEF HISTORY

Medfield State Hospital is situated on "Castle Hill," and covers 400 acres bordering on the Charles River. Initially built to relieve the overcrowding of other state facilities, in May of 1896, with only one half of the buildings completed, MSH opened its doors to receive the first 120 patients from Taunton. Later on, patients were transferred from Danvers, Northampton, Westboro and "Austen Farm" (Boston State); within ten years (1906) there were already 1,554 patients at MSH.

MSH was the first mental hospital in Massachusetts to be built on the "Cottage Plan," with individual and separate buildings that allowed better light and ventilation, easier classification of patients, and no underground tunnels to connect the buildings. In order to make the living conditions more homelike, sleeping quarters were on the second floor, with sitting and work rooms on the ground floor. Staff in those days worked on the wards for twelve hours a day, six days a week, and lived on the wards with the patients. With very limited transportation to the larger population centers, employees usually slept in the attics of the buildings where they worked. Separate housing facilities for employees (the Women's Home - "East Hall" - and the Men's Home - "West Hall") were built in 1903 and 1904.

In 1902 Medfield opened a two-year training program for nurses; in 1914 this turned into a three-year program with students affiliating at Boston City Hospital. It was in 1914 also that the hospital joined its sister facilities as an Admission and Treatment Center rather than simply a transfer institution to relieve the overcrowding of the other facilities.

By 1940 the trustees of MSH were complaining that it was overcrowded itself. Along with the increased census of adult patients, there were also admitted to the facility between 6 and 10 emotionally disturbed children, some with violently self-abusive behaviors -- the youngest about 4 years old. There were no separate facilities for the children; they were housed with the adult patients and must have presented staff with unique, very difficult management problems.

As a result of WWII the training school for nurses closed in 1943, never to reopen, and the residency program and medical rotation ended. Although the facility housed almost 2000 patients at the time, many of the employees enlisted, creating a significant staff shortage. So who took over to make the facility run? The "better" patients took up the slack until the end of the war: they cared for other patients (even carrying keys!); they looked after the laundry, food service, housekeeping, farm and grounds (there was a fully functional farm until the 1960's), shoveled coal and snow, etc.

A Brief History of MSH continued ...

In the early 1950's, the new and revolutionary Psychotropic Drugs were introduced into health care, drastically changing the care of the mentally ill. Little by little, health care workers were using less and less sedation, less and less seclusion, and beginning to do away with "cold, wet sheet packs" as well as "continuous baths." (the hydrotherapy unit closed in the late '50's). Because of the new drugs, more patients were able to be discharged and the hospital was able to extend its services into the community with the establishment of aftercare clinics in Wellesley and Quincy. Under the leadership of MSH Assistant Superintendent Dr. Harold Lee, Medfield gained national recognition (including an article in LIFE magazine) for its Rehabilitation Program -- which incorporated a "step-system" of increasingly independent living situations on campus and an intensive vocational program to improve work skills for transition into community work situations. More than one hundred patients were discharged as productive members of the community from the Medfield State Hospital Rehabilitation Program before it was discontinued in the late 1960's (following the death of Dr. Lee in 1968).

In the 60's and 70's, because of John F. Kennedy's interest in Mental Health/Mental Retardation, strengthening the ties between inpatient facilities and community mental health became the focus and goal of DMH/DMR. For Medfield State Hospital, this meant the division of the facility into four units having strong interconnections with the catchment areas involved: "South Shore," "Coastal," "South Norfolk" and "Newton-Wellesley" (which moved to Westboro State Hospital in 1986). Each unit dealt with admissions from its own geographic area and operated independently of one another -- with separate admission rooms, staffing and inservice programs. Some of the advantages of unitization were: continuity of care, easier integration of patients into the family and community, community-oriented aftercare services, and more easily-accessed follow-up of patients leaving the facility.

In late 1985, Judith L. Joseph was appointed Chief Operating Officer for a facility that was returning to centralization again. Now the hospital had come full circle: all units and departments returned to the supervision of one C.O.O. The four admission rooms were divested and the Central Admission Suite was reopened in the Clark Building. Integrated departments provided services to all the patients at the facility, and once again unit assignments were based on treatment needs. The unified departments providing specialized services for patients (such as forensic evaluations, acute care, day programming based on functional skills and individual needs) and the development of the Staff Development and Quality Assurance Departments, combined to support the quest for accreditation by the Joint Commission on Accreditation of Health Care Organizations (JCAHO). In November 1989 MSH became the only Dept. of Mental Health Psychiatric Hospital to be accredited, achieving a full three year approval on the first try -- a significant testimony that MSH is "in compliance with high national standards of quality of care and practice."

In Fall 1990 a major restructuring of the Department of Mental Health occurred: Medfield became the site of the Metro South Area Office with Judith L. Joseph as Area Director, Margaret LaMontagne becoming the Chief Operating Officer, the return of Case Managers to the Medfield campus, the consolidation of the business and personnel office into an area function. October 1990 saw the SHARE program, begun in 1986 as a homogeneous-population program for behavior-modification of patients with dual (MI/MR) diagnosis, reintegrate its patients into the general population of the facility. The R building was remodeled as a "secure" structure to house the "Difficult to Manage Unit" and the Admissions Unit, opening in December 1990 in a ceremony hosted by out-going Governor Michael Dukakis.

Changes continued with the inauguration in January 1991 of William Weld as Governor, with his initiatives in restructuring the delivery of mental health services in the Commonwealth: significant staffing changes reflected the downsizing of the DMH work force and the closing of a number of State facilities; 45 patients were transferred to MSH in December 1991 & January 1992 with the closing of Metropolitan State Hospital. The development of community services and community residences provided alternatives to inpatient admissions; and continuing care with private vendors assumed many of the functions previously managed by the State.

In September 1991 another professional goal was achieved: R1 successfully passed its survey by the Health Care Finance Administration (HCFA), becoming certified to access third party reimbursement for eligible acute services, including federally-funded Medicare and Medicaid programs. Also in September 1991 the South Shore Mental Health Center began a trial program of managing the MSH Quarterway programs in Lindberg House and Hillside House, facilitating the transition of sixteen patients into community residences in the Metro South Area.

In October 1991 Eileen Elias, as Commissioner of the Dept. of Mental Health, announced that Judith L. Joseph had assumed a new position within DMH as part of the Managed Care Development Team. Assuming the leadership of the Metro South Area on the Medfield campus were Clifford Robinson as Area Director; James Foley as Area Operations Manager; and David Hoffman as the Medical Director for the Area. They, with the hospital and area staff, continued to coordinate the changes in the delivery of health care services at Medfield and the rest of the Area, including; proposals for the delivery of some adjunctive acute psychiatric services by appropriate private hospitals; the privatization of Psychology and Medical Services; and much more.

In August 1992 the quarterway houses began to function again as MSH Transitional Patient Living Units: Lindberg House reopened with MSH staffing in August; Hillside House in September; and the rehabilitation of Stonegate Center to serve initially as a quarterway house for patients from the Cambridge/Somerville area was completed in October 1992 -- beginning once again the cycle of preparation for discharge for appropriate inpatient clients. In addition, for a number of months in 1992-93 *EC5* operated as a DMH-funded, community-based quarterway house managed by the South Shore Mental Health Center so that clients could be discharged from the hospital to the care of DMH case management, and transitioned into the community at a later date. MSH completed a year of surveys with being *reaccredited by JCAHO in November 1992* for a full three more years -- testimony that the commitment to quality standards was a cornerstone of the professional life at MSH and the MetroSouth Area.

In July 1993 Cliff Robinson became the Director of the Metro Boston Area; Case Management Director Ted Kirousis acted as the Director of the MetroSouth Area until September 1993 when Barbara Leadholm assumed the Directorship of the Area. Ms. Leadholm brought to her role as Area Director a wealth of expertise in the most contemporary directions of Public Managed Care delivery in the Mental Health system, and the MSA role as part of a comprehensive program of consumer-centered, integrated rehabilitative care. In the three years since Ms. Leadholm became the Metro South Area Director, MSH has become truly integrated into that role, with staff throughout the area learning more about the functioning of other area programs and focusing on providing a continuum of services.

The hospital has gone through a process of "right-sizing" -- a shift in staffing was possible when 2EW patients were relocated to other units and the former unit site was transformed into a new, locked rehabilitation skill-training unit called "the Living and Learning Center." The former 2EW also provided space for a new "Dialectical Behavior Therapy" program begun in Summer 1996 -- providing a comprehensive treatment approach which "helps patients diagnosed with Borderline Personality Disorder learn how to better regulate their emotions, deal more effectively with people, and cope with sources of distress in their lives."

The Clinical Model of Care has been fully implemented at MSH, with staff receiving extensive training in both the principles and processes of this very practical, very humanistic approach to psychiatric health care. COO Margaret LaMontagne notes that the system, called "*PRISM*" (the Psychiatric Rehabilitation Integrated Service Model), which is well into its second year at MSH, "is transforming Medfield State Hospital into a State-of-the-Art psychiatric rehabilitation center."

The Community Residence/Transition Program continues to expand. In Winter 1994, "Walpole House," a new residential program in the community was opened. "Dedham House" was completed and opened in Spring 1996 allowing the clients, who had been living in EC5 while their house was being renovated, to move into their new residence in the community. Both Dedham & Walpole Houses use Metro South Area staffing, thus extending the hospital's role directly into the community (to facilitate transitions from the inpatient setting) and emphasizing the area's commitment to community support. In Spring 1995 the Medfield Historical Society recommended that the three streets near the Quarterway Houses on the East side of the MSH campus be renamed "Canal Street," "Arthur Clevercee Circle," and "Arsenault Square" in honor of Medfield veterans who gave their lives for their country. In November 1995 a ceremony dedicating the streets was held. In addition to honoring the past service of the veterans, renaming the streets made it possible to "designate the Quarterway Houses as independent from the hospital" so that residents of these homes can be eligible for federal and state entitlements. In April 1996 patients at Lindberg House and Stonegate House came off the MSH census and joined a "Community Transition Program" which has been designed to provide "an integrated system of state-operated transitional housing, both in the community and at the hospital."

The principles of "psychiatric rehabilitation" with its messages of "hope for recovery" and "listening to the voices of the consumers" in developing goals, treatment plans and interventions, and providing the supports needed (and wanted) have come of age. Just as physical rehabilitation looks at people with handicaps and works to "enable" them to achieve as much success and independence as possible, psychiatric rehabilitation recognizes that people with a serious mental illness are still people with dreams to achieve, strengths to work with and a lot of possibilities that can be realized. As one writer noted: "Deinstitutionalization worked to close buildings; psychiatric rehabilitation works to open lives." By enabling people to function better and longer outside the hospital, the community residence program offers the potential for a more satisfying life style for more people with psychiatric handicaps.

Medfield State Hospital has come a long way since 1896. Originally conceived as an "asylum," (a "refuge" and "sanctuary" where people with mental illness could be housed in safety and isolation) by 1996 MSH has truly become an integral part of the communities which have grown up around it. That integration has been both physical (as people have built houses, schools and businesses near the MSH campus) and philosophical (as society recognizes that people with mental illness are still people who continue to belong to the community even though they sometimes need specialized inpatient care). The rich linkage between the hospital and surrounding towns has generalized into a much broader geographic inter-relationship, with Metro South Area towns building and expanding the shared ties and services. Perhaps nothing has emphasized that linkage to Medfield and the surrounding communities more than the shared celebrations of the MSH Centennial in 1996.

It is with a rich and varied history that Medfield State Hospital acknowledges and celebrates its Anniversary in 1996 of 100 years of quality psychiatric care, as well as looking forward to a very exciting and dynamic period of "History yet-to-come."

from the Manuscript "A History of Medfield State Hospital" 1987 by Veronica Hill, RN.
(MSH 1952 - 1987);