

# A BRIEF HISTORY OF SOUTHWESTERN VIRGINIA MENTAL HEALTH INSTITUTE

A Facility Owned and Operated by the Commonwealth of Virginia

Department of Behavioral Health and Developmental Services



*The original Henderson Complex*

Most of the information contained in this brief history of Southwestern Virginia Mental Health Institute (SWVMHI) was gleaned from annual reports that were originally submitted to the Governor of Virginia and then to the Department of Mental Hygiene and Hospitals, as it was originally named, by past superintendents of the facility. Although not all inclusive, it provides a general overview of “life on the hill” for the past 125 years. Dr. Joseph R. Blalock provided most of the introductory history in his first annual report of 1939 regarding the meager beginnings of the facility.

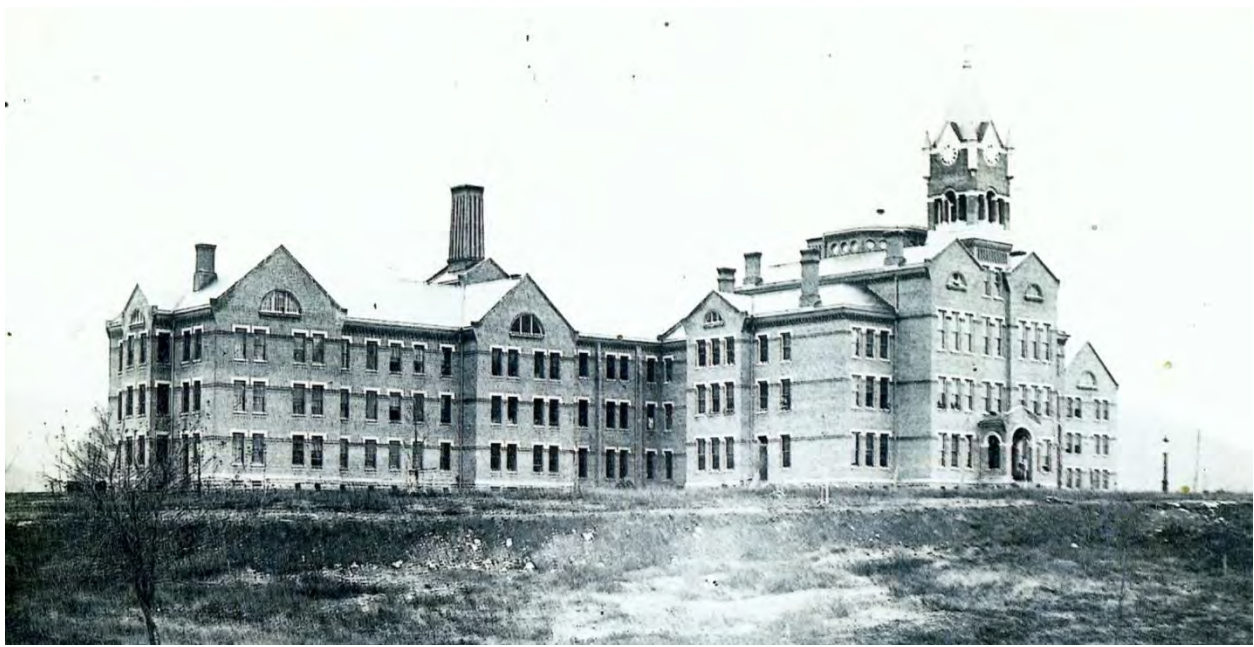
This history was compiled by Phyllis Miller for the  
125<sup>th</sup> Anniversary of Southwestern Virginia Mental Health Institute.

**May 18, 1887 – May 18, 2012**

**SWVMHI  
Established 1887**



**Honoring Our Past,  
Celebrating Our Present, and  
Cultivating Our Future**



## The Beginning

In the winter of 1883 – 1884 the serious need for a mental hospital in Southwest Virginia became apparent. The closest hospitals were those at Staunton and Williamsburg, and they were overcrowded. It was realized that immediate steps needed be taken to build and equip another institution. To meet this need The Honorable W. G. Mustard of Tazewell County introduced in the lower branch of the General Assembly on March 5, 1884, a Bill which called for the creation of a Commission to select a site somewhere in the mountains of Southwest Virginia. This Commission was empowered to visit towns and cities west of New River and also instructed to “select a site that would be commanding, where the air was pure and the water plentiful.” The Act provided that the town or county selected by the Commission should provide material assistance to the State in establishing the hospital. The country was in a deep recession at the time and several towns were competing for the new asylum as it would provide a tremendous source of economic growth for the area that succeeded in convincing the Commission to build the asylum in their town. A public meeting was held at the Smyth County Courthouse on April 30, 1884 to organize a committee to promote the county as the best possible location for the new facility. The citizens and people of the county donated the Atkins Farm, comprising 199 acres of farming and grazing land. Additionally, deeds to four large springs situated about 87 feet above the highest point on the grounds were also offered. A county bond of \$30,000 was authorized for this purpose—an enormous amount of money at the time. Judge D. E. Miller and Captain I. P. Sheffey conducted the negotiations for the citizens of Marion and Smyth County, and on July 16, 1884, the Commission formally voted to locate the asylum in Marion. On August 26, 1884, Governor William Cameron and the Board of Public Works approved the recommendation of the Commission. In November, 1884, the General Assembly passed a bill appropriating a sum not to exceed \$100,000 for constructing the necessary buildings.



Contractors from several states submitted bids and in June, 1885, a bid of \$95,967.72 from Messrs. Lewman and Sweeny of Columbus, Indiana, was accepted. The contract was for a main building with right and left wings. Bricks were made by hand on the site and the Building Committee decided to appropriate an extra \$30,000 for the use of electric lights in the Asylum building and on the grounds.

An article in *The Conservative Democrat* of Richmond, Virginia, dated February 3, 1887, stated that the Southwestern Lunatic Asylum, as it was then named, was considered “the most modernized and convenient institution, as well as the most economical in cost that had been built.” When it opened, the building could accommodate 280 patients, but it was expected that 800 patients would be housed when the wings were expanded at a future date. The original building included six patient wards that were attached to the rear (south) of the current Henderson Building; Wards A, B and C were for women, and Wards 1, 2 and 3 were for men. An additional ward called Ward D was located on the third floor of the Central Building. The building also housed a kitchen, laundry, bakery, two dining rooms (one for men and one for women), a sewing room, elevator, and patient and attendants’ rooms.

**Technical Details**

**Contractor: Messrs Lewman & Sweeny of Columbus, Indiana**

**Architect: Harry and Kenneth McDonald of Louisville, Kentucky**

**Steam Heating System: Messrs. G. & A. Bargamin of Richmond, VA**

**Incandescent Electric System: Westinghouse, Church, Kerr & Co. of New York, New York**

The main building was completed and received by the Commission on February 12, 1887, one month short of being three years since the Act to establish it was passed, and was formally accepted on behalf

**According to the [vahistoryexchange.com](http://vahistoryexchange.com) website, both Doctors Black and Apperson served together in the 4<sup>th</sup> Virginia Regiment as surgeons during the civil war. The Second Corps Field Hospital was the site of the amputation of Stonewall Jackson’s arm at Chancellorsville, and Dr. Black was one of three surgeons who assisted Dr. Hunter McGuire in the operation. Doctors Black and Apperson served until the war was over and were present together at the Appomattox Court House in April 1865, just as they had been at First Manassas at the war’s beginning. After the war, Dr. Black returned to Blacksburg and helped found what is today known as Virginia Tech. He was superintendent at Eastern Lunatic Asylum in 1886 prior to becoming the first superintendent of Southwestern Lunatic Asylum.**

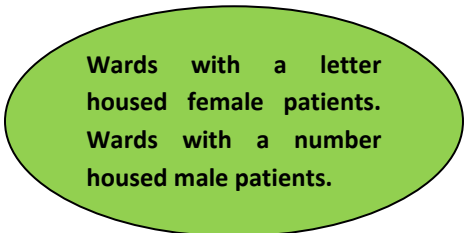
of the State of Virginia by Governor Fitzhugh Lee. Governor Lee appointed the first Board of Directors and on March 1, 1887 the Board elected Dr. Harvey Black as superintendent, Dr. Robert Preston as his first assistant physician, and Dr. John H. Apperson, second assistant physician. C. W. White was elected steward, A. H. Gibboney clerk, and J. L. Groseclose treasurer.

See the booklet entitled “Superintendents and Directors of Southwestern Virginia Mental Health Institute” by Cheryl Veselik for more information regarding the leadership of our facility in subsequent years.

## The First Fifty Years – 1887 to 1937

The hospital received its first two patients on May 17, 1887, both of whom were from Washington County, Virginia. Adam Surratt, a 27-year-old laborer, died on June 17, 1903 with a diagnosis of “abscess of the brain” and is buried on the grounds of Southwestern Virginia Mental Health Institute. The second patient was Elizabeth Barker, a 53-year-old woman who was discharged on September 30, 1890 as “recovered.”

The hospital was a community within a community and was basically self-sustaining in the late 1880’s and early 1900’s. In addition to the main hospital, there was also a horse barn, dairy barn, slaughter house, and farm house. Patients grew vegetables for themselves and staff to eat, as well as for cash crops, and raised cattle, pigs, and chickens. In his first report Dr. Black wrote that three things are necessary to help patients recover and go home: a sufficient quantity and variety of good food; neat, comfortable clothing; and a sufficient number of efficient ward attendants. He spoke of a planned orchard of 400 apple trees, peach and pear trees, grapes and berries, and stated that even more than that was needed. If nourishing food did have curative powers, Dr. Black seemed to want to provide it. While several asylums in the country at the time barely gave their patients enough food to survive on, notes on a patient named Katie at Southwestern Lunatic Asylum stated that she had “fattened up some.” Physician notes on several patients here indicated they had “gained flesh and strength” or had “grown stout.”



**Wards with a letter  
housed female patients.  
Wards with a number  
housed male patients.**

Expansion of the East Wing of the asylum was completed in 1886 containing Wards E, F, and G, and the West Wing was completed in 1889 containing Wards 4, 5, and 6. At some point during the late 1800’s, a building called the Farm House was built which housed 40 to 50 patients on Ward 7.

When the hospital opened most physicians and employees lived at the hospital. The physicians stayed in the Central Building, as the Henderson Building was called at that time, and the attendants lived in rooms on the top floors over the patient wards. According to a history taken in 1958 from a former employee by the name of F. M. White, who started at the hospital in 1907, “the attendants worked from the time they got up at 6 o’clock until they got the patients to bed at night. They got up earlier in the summer than in the winter. They got one day off every three weeks and one night off every third night. They had to be in their rooms by 10 o’clock at night, and even the doctors couldn’t stay out unless they had permission from the Superintendent. “

In 1902, the hospital’s name was changed from Southwestern Lunatic Asylum to Southwestern State Hospital. An operating room was set up in the rear of the amusement hall and furnished with the latest surgical appliances for gynecological and general surgery. In addition, a bowling alley, 82 feet x 14 feet, was set up on the road south of the new east wing and near the ice house.

The patients worked in a variety of jobs around the facility such as in the dairy, piggery, hennery, the sewing room, the shoe, broom and mattress shop, the upholstery shop, kitchen, dining room, or

### Average Census

1888	170
1889	206
1890	240
1891	256
1892	264
1893	274.7
1894	286
1895	297.4
1896	306.4
1897	343.58
1898	363.07
1899	389.9
1900	400
1901	425.69
1902	447.86
1904	461.55
1905	491.67
1906	501.6
1907	527.92
1908	569.22
1909	660.98
1910	746
1911	709
1912	737.30
1914	749.25
1915	797.90
1920	808
1921	851
1935	1,140.57
1938	1,200
1953	1,438
1955	1,530
1967	1,557
1968	1,583
1970	1,533
1975	1,011
1979	637
1980	463
1985	277
1990	246
2011	151

laundry, caring for the lawn, construction of new buildings or on the farm. The consensus among psychiatrists, or alienists as they were called at the time, was that mentally ill patients should be employed. In the 1902 annual report it was stated that there should be one acre of good tillable land to each patient at a state hospital. The work was not compulsory, but every attempt was made to keep the patients interested and the work pleasant. Patients took great pride in their work and learned many new skills while at the hospital. The work was also interspersed with amusements of different kinds, including a weekly public dance, as well as special events on holidays.

The hospital built a railroad switch in 1904 from the back of the property to connect with the Marion-Rye Valley Railroad. This track was used for the delivery of coal to the coal house and supplies to the hospital for several years until the railroad went out of business.

The first pharmacist was hired in September 1905. The first barber was also hired in 1905. Prior to that time attendants cut the patient's hair with clippers; they were rarely ever shaved. That was also the year the first registered nurse, Lena J. Spragg, was hired.

The Carpenter Shop (pictured at right) was erected in 1906 and a new Auditorium (Amusement Hall) was added in 1908.



The old amusement hall was then renovated to accommodate 50 patient beds. Female patients from Ward D were transferred to this building and Ward D was then divided in half, with half being for quiet female patients and the other half subdivided as an infirmary for both male and female patients. Although the hospital was extremely overcrowded at the time, all patients who had been legally committed to the hospital had been sent for and received as it was felt more humane to crowd them within the walls of the institution than allow them to remain for weeks or months in unsanitary jails, thereby forfeiting the advantage of early treatment.

During the Spring of 1908, in consideration of a lease for three years on 20 acres of farming land adjoining the hospital, 20 to 30 male patients agreed to grade a portion of Main Street. Patients also graded the drive leading up to the main building.

A one-story cottage building was constructed as a colony for about 50 "harmless dements." It was felt that by removing these harmless cases from the wards,

there would be more room for those who were judged to be “violently insane.” Plans were made to set up two wards as a Psychopathic Department for newly admitted patients. These patients were placed in a bed upon arrival and a full record was kept of them for one month, thus allowing an opportunity for a more accurate diagnosis and the prescribing of diet and appropriate nursing care. Additionally, it alleviated the shock which the majority of patients experienced by being thrown indiscriminately into contact with the violent and excited insane patients.

In 1909, the average census was 660.98, including those patients on furlough. Early in the history of the hospital, due to overcrowding and the demand for bed space, a program was established whereby patients were sent home on furlough, or “on parole” as it was then called, for a period of time prior to being formally discharged by the hospital as restored. This period could last for up to a year to ensure the patient had sufficiently recovered prior to discharging them from the books of the facility. According to the annual reports, very few patients had to be readmitted once they were sent home on furlough. The daily average patient population actually present in the hospital for the year was 574.75, with the normal capacity of the institution being 475, showing the population to be about 100 more than the building could comfortably accommodate. The hospital population had increased by about 75% since the turn of the century, but no additional physicians had been hired. On the admission wards and in the infirmary, there was an attendant constantly on duty at night, but on the other wards patients were locked in their rooms at night with no one to administer to their wants or to prohibit them from doing violence to themselves or others. They received attention only from the night watchman, who passed through each ward four times during the night. It was felt there was nothing more essential to the successful treatment of the insane than avoiding as far as possible close confinement or any appearance of prison life. Therefore, special efforts were made to keep the patients out in the open air whenever the weather would permit, and they were made to feel that those in charge of them were acting in the capacity of companions rather than guards.

Tuberculosis was a major threat to the patients in 1909, with 80% of them showing positive physical symptoms of having acquired pulmonary tuberculosis. There was not enough room to isolate those affected; therefore, the entire hospital population was exposed to the contagion daily.

Legislation enacted in 1908 repealed the patient-pay law, making all admissions free regardless of financial standing. As a result the number of patients actually in the hospital for the year ending September 1907 was 478.73; for the year ending 1908 there were 520.94; and by 1909 the census was up to 574.75, an increase of 96.02 patients in two years.

In 1910 the first cases of patients with pellagra were admitted to the institution. The recognition of this dread disease in America was comparatively recent and up until 1908 was relatively unknown in this part of Virginia. The mental symptoms observed with this disease were depression with dementia; however, attacks of “maniacal excitement” were not uncommon. The disease was initially thought to be an infectious disease and treatments were totally ineffective. (It was later discovered that pellagra was due to a deficiency of niacin (vitamin B3) or the failure of the body to convert tryptophan to niacin.)

One of the most important topics under consideration by the hospital at this time was the segregation and care of the criminally insane. Virginia was very progressive in this matter and legislation of 1910 provided appropriation for the construction of two departments for the care of and attention to the criminally insane; one was located at Petersburg under the management of the Central State Hospital, to be occupied by the “colored class”, and one was erected on the premises of this institution for the accommodation of the white individuals who were criminally insane. The law was amended so as to give the court judiciary power to commit before trial any case in which insanity was suspected. The person was to be held for observation and study until such time as the hospital authorities were ready to report to the court on their mental status.

Eight acres of land was bought that bordered the front lawn and was within 300 feet of the main building in 1910. Three dwelling houses, each containing seven rooms, were built near the hospital to be rented to employees. A complete brick plant with the capacity for 25,000 bricks per day was also built in preparation for building the new Criminal Insane Building. It was anticipated the new building would



Criminal Insane Building—Southwestern State Hospital.

accommodate 100 to 125 individuals and work was begun on this building in early July 1910. The transfer of 30 epileptics to the Virginia State Epileptic Colony in 1911 gave temporary relief of the overcrowded conditions in the male department; their places, however, were quickly filled with new admissions. The Criminal Insane Building was completed and received its first patients on January 6, 1913.

One of the many medical conditions physicians at that time were studying and trying to develop a cure for was syphilis and the dementia that developed in the late stages of the disease. Arsphenamine was developed in 1910, also known as Ehrlich’s Salvarsan or 606 (because it was the sixth in the sixth group of compounds synthesized for testing), as an early treatment for syphilis. However, it proved to be of little help to the patients at the hospital as by the time the patient’s central nervous system had become involved and the patient developed dementia, it was too late for this treatment to be very effective. It wasn’t until 1943 that penicillin was discovered to be a suitable treatment for syphilis.

The importance of prompt and early treatment was recognized, and as much time as possible was devoted to the study of acute cases. Each individual was given a thorough physical and mental examination by the staff and the findings were carefully recorded. The spread of tuberculosis continued to be rampant in 1911, with 27% of the deaths for the year attributed to this disease alone. This was not due to a lack of knowledge or an unwillingness to use prophylactic measures, but primarily due to the lack of proper facilities. With wards crowded to the utmost and no room for complete segregation, the staff was forced to watch the progress of the ravages of this disease with helpless pity. As a result,



the Tuberculin Cottage, a two story building, was begun in 1912 and completed in 1913. Before antibiotic treatments existed, a regimen of rest and good nutrition offered the best chance that the patient's immune system would "wall off" pockets of pulmonary tuberculosis infection. The Tuberculin Cottage had its own kitchen, where a diet of meat, milk and eggs were prepared, and each floor had its own dining and serving rooms. Sleeping and living porches with comfortable lounging chairs and couches were placed on each floor. In order that patients might have curative properties of air and sunshine, the building was specially designed to give a total of 75,000 cubic feet of air space, allowing each of 50 patients an average of 1,500 cubic feet of space. Close attention was given to sanitation and by a system of independent carriers there was no connection between the patients suffering with tuberculosis and the other patients, thus reducing to a minimum any danger of spread of the disease. By 1913, there was a 50% reduction in mortality alone and patients who had threatened to go into rapid decline were showing evidence of improvement. By 1915 all cases suffering from tuberculosis had been isolated to the Tuberculin Cottage building and the spread of the disease among the patients had been stopped.

In 1915 funds for a new building to further relieve overcrowding were approved; however, only \$7,500 was available that year. The Special Board of Directors were determined that the building be started in 1915, so the walls for a building two stories high with a floor space of 33,600 square feet was put up. The roof was purchased, as well as sufficient lumber to close the building in. When completed, the building was to be called the Taliaferro Building in honor of C. C. Taliaferro, who was a long-time member of the hospital Board of Directors. In March, 1916, \$6,000 was appropriated for this building and in March, 1917, an additional \$6,500 was also made available; however, due to the rapid increase in the price of building materials and fixtures, it was impossible to complete the building for the original estimate of \$12,500. Additional monies were still needed for heating, painting and window guards.



By 1917, the hospital farm consisted of 256 acres, of which only 75 or 80 acres were tillable. Due to the country's involvement in World War I and the high prices as a result of this effort, it would have been impossible for the hospital to supply enough food for all its patients and staff had it not been for the farm.

An ongoing study was being conducted in the laboratory in 1917 of the blood changes in dementia praecox cases, or what is now called schizophrenia.

Clinical observation at the time revealed that dementia praecox cases often showed marked mental improvement following attacks of contagious diseases, or anything that brought about continued high temperatures with leukocytosis (a raised white blood cell count above the normal range in the blood, frequently a sign of an inflammatory response). Therefore, leukocytosis was induced in several patients by hypodermic injections with sodium nucleinate as the base, and the white blood cell count was maintained at or above 15,000 for some time. At the height of the reaction, a temperature of 103 degrees was sometimes reached and the white blood cell count was as high as 40,000. The injections were repeated when the white blood cell count dropped to 12,000 or 15,000. It was noted that there

was a consistent disproportion of the normal relationship of the polymorphonuclears to the lymphocytes, with the normal values having switched their percentage positions; ie, the polymorphonuclears should comprise 60 to 75% and the lymphocytes should comprise only 20 to 30%. It was determined that until these values were returned to normal, there was no real mental improvement.

A great deal of time and study was also given to the use of lumbar punctures in the treatment of all types of mental diseases. For the treatment of paretics (general paralysis caused by syphilis), spinal fluid was withdrawn and cell counts determined using the Fusch-Rosenthal counting chamber. It was believed that not only general paretics, but patients suffering from other psychoses, including epileptics, were often benefitted by a withdrawal of from 15 to 30 cc of spinal fluid. These cases were thought to show an increased pressure and improvement in a few hours after the puncture was made. Additionally, eight patients were treated during 1917 with autogenous salvarsanized serum intravenously and intraspinaly for the treatment of syphilis. These patients were not selected because they were considered the best candidates for treatment, but rather were those for whom their relatives were financially able to purchase the salvarsan for administration. Each patient received six injections, once a week or ten days apart. The treatment was thought to be very successful in all eight patients.

By 1918, World War I continued to drag on and was having a tremendous impact on the facility due to the rapidly increasing cost of supplies and the inability of the hospital to secure satisfactory employees. Practically no work was done on the buildings under construction as prices were simply prohibitive and the hospital could not secure the services of skilled laborers. The policy of purchasing, feeding and grazing, and slaughtering beef cattle was continued. All trained employees of draft age had been inducted into the army. The high wages paid for labor had also attracted a number of employees away from the institution. Most of the new employees were under the draft age and "only a small percentage realized the responsibility of the work." The meager wage paid by the institution was not sufficient to attract employees above the draft age as most of these men had families and could not support them on the wages paid. Therefore, it became necessary for patients who had made a satisfactory improvement be put to work on quiet wards, under the supervision of attendants. These patients were paid according to the amount of work they were able to perform. The patients selected were found to perform very satisfactorily in these roles and at no time showed a breach of confidence. Thankfully, the war was over in November, 1918, and by 1919 the General Assembly approved an increase of wages for attendants, which greatly relieved the embarrassing situation.

By 1919, each patient admitted to the facility continued to receive a complete physical examination, including chemical and microscopic study of urine. Blood, spinal fluid and sputum were also examined as indicated in selected cases and a complete record of each patient was filed, including mental examinations that were made in the presence of all staff members. All points of interest pertaining to the welfare of the patients were discussed daily by the staff attending those patients.

Dormitories for employees were badly needed at the time. Female day attendants were forced to sleep in rooms on the wards where it was often difficult to get sufficient rest. The night attendants either had

to sleep on the wards or in such close proximity that it was impossible to obtain the normal amount of sleep. Male day attendants also had to sleep on patient wards at night and the night attendants occupied rooms in the basement of the Criminal Insane Building.

In 1921, a complete Wasserman exam for syphilis was performed on all patients in the hospital, a total of 778 patients, and only 3% showed a positive reaction. This was believed due to the fact that the majority of patients received at this hospital were from rural districts. The treatment of neuro-syphilis and incipient paresis intravenously and intraspinaly was continued. Pellagra, which had made its first appearance in this institution in 1910, rapidly increased each year until 1913, when it reached its peak. By 1921, only two cases were admitted.

As mentioned previously, construction of the Taliaferro Building had been started in 1915. The Treaty of Versailles ending World War I was signed on June 28, 1918, and by 1921 the building was finally completed after an agreement was made between the Veteran's Bureau and the Special Board of Directors, and approved by the General Hospital Board of Virginia, Commissioner of Hospitals, and the Governor of Virginia. This agreement required that the building be equipped to meet the high standards of the U. S. Public Health Service Hospitals with installation of hydrotherapeutic and electro-therapeutic equipment, operating rooms, special kitchen, etc., and only ex-servicemen could be treated therein.

The Federal Vocational Training Board was established for the benefit of the ex-servicemen as a training center for education and

rehabilitation. The Vocational Board furnished as many trainers as was deemed necessary to accomplish this work at the expense of the government. This unit could not have been thoroughly equipped had it not been for the special interest in the welfare of Virginia's



solders expressed by Governor Westmoreland Davis, who materially assisted in making and perfecting the arrangements for this building. The Bureau of War Risk Insurance required that this unit be known as a clinic and that a special name be given it to designate it from the Southwestern State Hospital. It was unanimously agreed by the Special Board of Directors that this honor should go to Governor Davis. Therefore, the building (pictured above) was called the Davis Clinic and opened on September 15, 1921, to house ex-servicemen on Wards 8, 9 and 12.

On August 26, 1920, women were for the first time granted the right to vote. An increase in the budget was requested in 1921 due to an increase in the hospital population (778 in house), the number of personnel in the hospital work force (110), and the increase of female employees' wages to equal the wages paid to male employees doing the same work. As suffrage had been extended to women of the United States, it was felt the inequality in wages of state employees could no longer be defended.

The original Power Plant that was built in 1887 had been attached to the main building. However, because of the danger from fire and the desire to rid the institution of the noise, smoke and dust

nuisances, it was determined a new power plant was needed. The old power plant was condemned by the General Hospital Board of Virginia, along with the old kitchen that had been built in connection with the power plant.

A new Power Plant was built in 1923, along with a tunnel 7 x 5 feet and 556 feet long extending from the power plant to the main hospital building. This tunnel carried all the steam, hot water, electric and telephone lines. A brick garage was also built at that time that could accommodate 14 cars. It was steam heated and the spaces were rented to employees at a nominal fee.

The old Power Plant and kitchen were subsequently torn down and a new wing, four stories high, was added to the extreme southern end of the main building. This addition contained bed space for 150 patients on Wards D and L, along with a new kitchen, sewing room, laundry, storeroom, refrigeration plant, bakery, employee's dining room, and dumbwaiters to each patient floor, and was ready for occupancy on June 15, 1927. The attic of this new addition was built to provide attractive, comfortable living quarters for nurses and attendants. Following these renovations the building was named after Dr. E. H. Henderson, who served as Superintendent from November 10, 1915 until his death on February 25, 1927.

The Henderson Building was listed on the National Register of Historic Places on December 21, 1990.

The Killinger farm, located three miles south of the hospital and consisting of 194 acres, was purchased in 1925 for \$20,000. The water supply for the hospital was obtained from a large spring on this farm through a six inch pipe. This pipe wasn't sufficient to supply the needs of the hospital, so new water lines were added in 1926 that allowed for additional fire hydrants, drinking water, etc.

Walkways were completed around the circle in 1927 and various lateral walks were laid. A modern 7-room brick bungalow residence was authorized to be built and used by one of the medical staff. There were a total of 111 patients in the Davis Clinic at this time, and a large motor bus with a capacity of 18-20 passengers was purchased for the exclusive use of the Davis Clinic to transport those men to and from various baseball games, in which they participated, as well as to take them out every second day on motor trips.

By 1931, the average census for patients actually in the hospital was 988.03 and the facility employed a total of 166 employees. A front porch was built extending across the entire width of the Henderson Building of the colonial type of architecture, two stories high. The old clock tower was removed as it was considered too dangerous; however, the dome over the rotunda situated directly behind the old tower was left intact. A paved driveway from the Henderson Building was constructed from the intersection of the main hospital entrance with Main Street, and concrete curbing was laid. A sunken garden was added to the grounds with a water pool and stocked with rainbow trout. A sun porch and additional bathroom was constructed and installed in the home occupied by the superintendent, and a 10-stall garage was also built to store the fire hose and accessory equipment. A Craft Shop was established at the facility and it was determined there was a need for the establishment of a standardized occupational therapy department for the entire institution.



An addition to the Criminal Insane Building was completed in 1927 that provided bed space for 107 additional patients; however, at the rate the court system was committing criminals to the facility it was determined it would only be a short time until it was at full capacity again. At that time, Southwestern State Hospital was the only facility in the state evaluating and providing care for the white criminally insane. New outdoor recreational enclosures made it possible for the first time to allow those potentially dangerous criminals to go outside and obtain the benefit of sunshine and exercise.



In the midst of the Great Depression, the Harmon Building (pictured at left) was built at a minimal cost for the time of \$115,000 due in large part to the use of patient labor for construction. It was named in honor of Colonel King Harmon of Pulaski, who was chairman of the special board that proposed construction of the building, and was opened in 1933 with a bed capacity of 100 patients.

The Harmon Building was the medical center

for the facility and was considered to be the most modernly constructed and equipped building of its kind in the state. The operating room located on the fourth floor was available for surgery to be performed not only on patients, but also on members of the general public as well if they chose as Marion did not have an acute care hospital at that time. Fred Neitch, who would later become a third generation employee, had the distinction of undergoing the first operation performed in the Harmon Building when he had his tonsils removed at the age of 7.

In 1931, the old Farm House building, built more than 40 years previously, was in such a deteriorated condition that it was considered unsafe and beyond repair. This building was torn down and the Wright Building (pictured at right) was built as a replacement.

The Wright Building also opened in 1933 and housed a total of 90 male patients on Wards 7 and 13. It too was built with patient labor at a cost of \$32,000. Architects and building contractors surveyed this building after it was built and estimated it should have cost a minimum of \$100,000 and was considered to be



of a higher standard than most construction bid out to contractors. It was named in honor of George A. Wright, who was Superintendent of the facility at the time. Most of the patients housed in this building worked in farming, the kitchen, or on the grounds of the facility. At that time the hospital controlled approximately 1,200 acres of land, most of which was suitable for cultivation.

The Tuberculosis Building was enlarged in 1934 and Wards 14 and M were added, along with a new kitchen.

By 1935, the medical staff had largely abandoned the use of narcotics such as morphine and hyoscine for the treatment of the "excited patient," and other measures such as physiotherapy were being used more and more since those treatments brought about rest and relaxation and induced a more restful and refreshing sleep, with more prompt and complete recoveries in selected cases. The value of occupational therapy in the case of the nervous and mental patient was also recognized. It was felt that patients who were idle on the wards had a natural tendency to brood and magnify their ailments, their delusions became fixed, and hallucinations and other cardinal insane symptoms became more apparent. However, when these same patients were given employment either in the Occupational Therapy Department, in the various shops, or on the farm, the vast majority of them improved both mentally and physically.

Entertainment for the patients in 1935 consisted of Friday night dances and occasional matinees at the Lincoln Theater, which were held for the special benefit of our patients without any expense to the hospital.

In 1936, Virginia state hospitals were placed under the Department of Welfare for budgetary purposes. On December 25, 1936, the Virginia General Assembly established the State Hospital Board for the management of the state mental facilities, which at that time consisted of four mental hospitals and one colony.

A Veterans Administration Hospital was built in Salem, Virginia, and opened on October 19, 1934. As a result a large number of veterans who had previously been cared for at the Davis Clinic were transferred to this new facility in April, 1935, at a considerable financial loss to the facility. By March 1, 1937, the Davis Clinic had to be closed because so many veterans had been transferred out to the new Veterans Administration facility that the clinic was no longer financially self-sustaining. The Davis Clinic had been open for approximately 15 years and housed 150 veterans. Once the clinic was closed, however, a considerable number of veterans returned to the clinic as voluntary patients upon the recommendation of their committee and the approval of the Veterans Administration authorities. The rate the facility was reimbursed for treatment of these patients was reduced to \$25 per month. As a result of the decline in the Davis Clinic population and subsequent lack of funds, the Occupational Therapy Department had to be discontinued.

The hospital celebrated its 50<sup>th</sup> anniversary in 1937. The institution's records showed that during the entire 50 years of operation, a total of 11,801 patients were admitted, and 3,484 patients or 31% of all admissions were admitted during the prior ten years. The hospital controlled 1,200 acres of land, including the Killinger Farm where the hospital spring and water shed were located, the Staley Creek Farm, Perkins Farm, Buchanan Farm, Greer and Coyner property, and other property immediately adjacent to the hospital. The facility consisted of six patient buildings which housed 1,200 patients and 140 employees. There was also an Administration Building, superintendent's residence, three physician's residences, a power plant, carpenter shop, horse barn, dairy barn, and seven other residences.

## 1938 to 1987

On October 17, 1938, Dr. P. N. Davis commenced his duties as a full time dentist. New patients were then examined as a matter of routine soon after their admission and existing patients were examined from time to time so that the entire population of the hospital was methodically examined and given dental treatment when indicated. All impacted teeth were removed in the hope that the patient's mental and physical condition would improve. Artificial teeth were provided to all patients needing them and mentally able to use them. A preventive program was also put in place to supply patients with toothbrushes and dentifrice (toothpaste) with instruction on how to properly use them.

In 1939, wet sheet packs were thought to be a more effective and humane treatment for the acutely disturbed than the previous practice of administering large quantities of narcotic drugs. Several attendants were trained in the application of the wet sheet pack and this treatment was used daily. Metrazol convulsive therapy continued to be used and insulin shock therapy was tried. Although the number of cases treated with insulin shock was smaller, the evaluation of results seemed to definitely favor the use of Metrazol in this type of treatment. Other treatments that year consisted of arsenicals (drugs containing arsenic) including tryparsamide, neo-salvarsan plus bismuth in oil, given to patients with syphilis; malaria of the tertian type; and theelin given for the treatment of involuntary melancholia.

The lab tech took a special course in the typing of pneumococcus in sputum and the hospital's lab received special approval as a local Board of Health Station for typing and for distribution of pneumococcus therapeutic serum for this locality. Sputum was also cultured for tubercle bacillus as part of the tuberculosis survey of the patient population. In addition, blood typing was perfected and the hospital was able to keep a list of suitable donors representing all groups on file for use in emergencies. The morgue was also equipped with the appropriate equipment and complete post mortem examinations could then be completed.

Although the Occupational Therapy Department had been disbanded, softball, croquet, and ping pong were introduced to the patients. Male patients utilized the athletic field. Patients attended town baseball games during the spring and summer, and high school football games during the autumn, all being played on the same field. The amusement hall had been condemned, so the weekly dances had to be discontinued; however, the Lincoln Theater continued to show matinees at intervals to groups of about 300 patients.

By 1939, the average census of patients in the hospital was 1,250. Nursing personnel had increased from 3 to 5; however, none of these nurses were trained in psychiatric nursing. Certain minimum standards for attendants were established. They were required to have completed two years of high school, be under the age of 40, and undergo a preliminary physical exam, including blood Wassermann and x-ray of the chest, with a 3-month probationary period. Selected attendants were taught how to give the wet sheet pack treatments and three took the Red Cross course in First Aid. They were encouraged to read certain text books on psychiatric nursing and some were given several weeks' training on the insulin treatment ward. The attendant to patient ratio at the time was 1 to 15, which barely permitted more than custodial care.

In 1939, one of the first canteens to be operated at the hospital was opened in the basement of one of the wings of the main building. A dietician was added to the staff on April 17, 1939, which resulted in many unwise practices being eliminated, and the food being served hotter and more attractively to the patients and staff.

By 1940, a centralized system of recording patients' histories had been installed. A progress note was required at least every six months and a physical exam at least once a year. The Social Service Department had the responsibility of securing the social history on each patient, which they generally got from the patient's relatives when they came to see the patient or, if they lived close, by visiting the patient's relatives in their own homes. When relatives did not come with the patients and lived too far away for the social worker to talk to them in their own homes, the county welfare departments where the patient resided were responsible for securing the patient's social history for the facility. The Occupational Therapy Department was also reactivated this year.

Patients were regrouped hospital wide and proper ward assignments were made. Because most of the male patients in the Wright Building were employed on the farm, this ward was practically vacant most of the day. Therefore, an open ward policy was established whereby these patients entered and left the Wright Building at their pleasure as the doors were never locked. The patients were also responsible for the appearance of the ward at all times and were reported to be quite proud of it.

Every patient up through 1940 had been given a laxative on admission as it was believed that mental illness developed through an accumulation of toxins in the body that needed to be purged. The Annual Report of 1940 stated these laxatives and cathartics were replaced by colonic irrigations. During that year rooms were developed for both male and female patients to have wet sheet packs applied; these rooms were darkened with curtains in an effort to produce a condition more conducive to sleep. The use of Metrazol was discontinued in 1940 and replaced by electroshock therapy.

The General Assembly appropriated \$44,000 in 1937 for the construction of a two-unit pavilion to replace the old, inadequate Tuberculin Cottage. In 1939, a new tuberculosis building (pictured at left),



now known as the Rehab Building, was completed and occupied on January 2, 1940. It originally housed 80 patients (40 males and 40 females) and had its own kitchen and dining room. A routine afternoon rest period was established, in addition to the pneumothorax therapy. Pneumothorax treatment is perhaps the oldest known

surgical treatment for lung disease and was described by Hippocrates over 2400 years ago, although it was not used successfully until 1888. With the invention of antiseptics and improved pneumothorax machines, the treatments proved highly successful for the treatment of tuberculosis. The lung was collapsed or deflated, which allowed it a chance to heal. Later, the lung was reinflated and allowed to breathe normally. Sometimes only a part of the lung was collapsed. Collapse of the diseased lung also closed any holes in the lung that might have been caused by the disease. The patients receiving this



therapy were reported to begin gaining weight, showing modification of afternoon temperature, had no hemorrhages, showed diminished expectorations, and had negative sputum cultures, indicating the efficacy of the therapy.

Shortly before the United States became involved in World War II on December 8, 1941, the Auditorium Building, originally known as the Recreation Building, was completed. A patient library was established in 1941 and subsequently moved to the basement of the Recreation Building in 1952. The power plant was enlarged in 1941, and the Criminal Insane Building was also remodeled, enlarged, and fireproofed at a cost of \$188,771.

In 1942, the Virginia General Assembly created the Department of Mental Hygiene and Hospitals to oversee the state mental facilities.

In 1945, a slaughter house was built and in 1949 a modern Laundry Building (pictured at left) was completed to take care of all patient laundry. It included a sewing room and for the first time patient's clothes were ironed.



From 1948 to 1952, comprehensive remodeling and fireproofing in the hospital area within the circle was undertaken with added refrigeration, a pasteurizing plant, and an electrical distributing system.

On January 1, 1949, the Reimbursement Division was started to collect for care and treatment of patients from their estates and families according to their ability to pay.

In the early 1950's, drugs came into widespread use and occupational and recreational therapies were given greater interest. In 1952, a recreational therapist was also added to the staff and a full recreational therapy program was begun.

On July 26, 1951, 12 patients underwent the first operations of prefrontal lobotomy. This new procedure had necessitated the purchase of additional surgical instruments so that the facilities for brain surgery, as well as other types of surgery, were greatly improved. The first trans-orbital lobotomies were performed in 1953, with a total of 26 being performed that year. The cases for trans-orbital lobotomy were very carefully selected based on the following criteria: duration of mental illness for at least two years, a trial of other therapies, and the approval of the staff and the Commission of the Department of Mental Hygiene and Hospitals. Fortunately, this practice was soon discontinued. Serpasil and Thorazine were also tried on an experimental basis that year.



The Rufus A. Morison Reception and Treatment Center (pictured at left) was dedicated in September 1953 and provided accommodations for 120 patients. The building also had offices, staff rooms, admission suites, a classroom, pharmacy, and occupational and recreational therapy rooms.

By 1954, approximately 32 to 40 patients were undergoing electroshock

therapy daily. The team approach was being used in treating individual patients, with all of the personnel with whom the patient came into contact having their part in the comprehensive plan of treatment; this included the psychiatrists, nurses, attendants, occupational and recreational workers, chaplain, psychiatric social worker, psychologist, and all others in the various departments of the hospital who come into contact with the patient.

A special report entitled, "Sixteen Years of Progress" took a look back at the tremendous strides that were made at the hospital from 1938 to 1954. The medical staff had increased from three to seven available positions; however, only five positions were filled at that time. The nursing staff had increased from two to nine and the number of attendants had increased from 84 to 184. By 1954, the working hours per week for attendants had been reduced from 84 to 48 hours. In 1940, psychiatric training for attendants had been instituted and the training had been carried out almost continuously. The salary for untrained attendants increased from \$40 per month to a starting salary for attendant trainees of \$152. During that entire period, female attendants had been required to wear uniforms; beginning in September, 1953, male attendants were also required to wear uniforms. Unfortunately, during this time period the housing facilities for personnel had not improved. Facilities for attendants consisted of rooms on the upper floors of three patient buildings. As a result, for the first time in the hospital's history, a much higher percentage of employees lived in the community as opposed to living at the hospital.

Back in 1938, the farming operation had been carried on with horses and mules with no modern machinery, but by 1954 there were tractors, trucks and modern equipment used for seeding and harvesting of crops. Prior to this time buildings were constructed without proper day space for the patients. The transportation of food from the kitchen to upper floors and the moving of supplies, laundry and patients on narrow stairs posed quite a problem. Patients who were unable to walk several flights of stairs to the main cafeteria were fed on the wards and the food was usually cold before it could be eaten.

On June 30, 1953, the hospital had 1,438 patients with a bed capacity of 1,287. Two years later, on June 30, 1955, there were 1,530 patients with a bed capacity of 1,486; it should be noted this hospital was the least crowded of all the Virginia state hospitals at that time. There was one physician for every 306 patients and one nurse for every 139 patients.

As a result of the desperate need of more patient beds, the General Assembly of 1954 appropriated \$1,150,000.00 for a new Criminal Building. The plans called for a capacity of 240 patients, a self-contained food service, auditorium, and occupational and industrial therapy shops. The Finley Gayle Observation and Treatment Center was completed in 1957 and named in honor of Dr. R. Finley Gayle. Upon completion, the “criminally insane” patients from the Criminal Building were relocated to this building. There was a large enclosed yard to the rear of the building with a nice lawn that the patients particularly enjoyed. Various types of recreational outlets were provided for patients in the Finley Gayle Building, both in the yard and inside the building.

The Wright Building was remodeled at a cost of \$159,419.13, and occupied on July 7, 1958 by 90 patients.

On July 1, 1959, the 40-hour work week was instituted. Altogether, 55 employees had to be hired in order to effect this change; of these, 42 were attendants. Personnel considered the new benefit of two days off per week the single most significant improvement in their jobs and lives. At this time there were 1,200 patients, 300 employees, 5 physicians, 9 nurses for all three shifts, 3 social workers, 3 psychologists, a chaplain, and occupational and recreational therapy staff.

In December, 1959, the project of “Roads, Curbs, Sidewalks and Parking Area” was completed, which consisted of widening the circle road, constructing adjacent sidewalks, and the addition of a parking lot for 80 vehicles.

A survey on April 3, 1961, showed that 26.5% of the hospital’s patients were 65 years or older. Providing for an increasing geriatric population led to approval for remodeling the old Criminal Insane Building (“C” Building) after the “criminally insane” patients were relocated to the Finley Gayle Building. This remodeling project was completed in March, 1961, at a cost of \$158,308.72. The building contained four wards with a total bed capacity of 152 patients on the first and second floors, an elevator and adequate provision for food service. At this time the building was designated the Geriatric Building. The completion of this building gave the opportunity to vacate the Davis Clinic Building, which was eventually torn down to provide room for additional parking space.

The original hospital cemetery was located directly in the proposed path of the new interstate being built through Southwest Virginia necessitating the Virginia Department of Transportation to relocate the cemetery to its present site in 1961 so that construction of Interstate 81 could commence across the property. The current cemetery sits on a hill above the hospital and is a place of panoramic views and quiet solitude. Graves in the cemetery date back to the late 1880’s when the hospital was opened. The cemetery also contains the graves of several confederate veterans from the Civil War. Very few patients have been buried in the cemetery in recent years, but there are presently approximately 1,210 grave sites located at the cemetery.

In 1963, the Community Mental Health Center Act was signed into law in an effort to jumpstart the community mental health movement. This was a first attempt at changing the focus of treatment for patients with mental health issues from being hospitalized at one of the inpatient mental hospitals to

having them receive treatment in their local community. The goal was to significantly decrease the number of patients hospitalized in the state facilities and downsize those facilities.



In 1966, the picnic shelter (pictured at left) was built as a recreational facility for both patients and staff. It was officially opened on August 26, 1966 by Superintendent Joseph Blalock, with a patient picnic given by Maintenance, Laundry, and Power Plant staff. The annual report of 1968 mentions a “carnival” with a fried chicken picnic supper being held at the picnic shelter area for approximately 800 patients, complete with booths for games and a refreshment stand. Two sewer meter houses were also built in 1966 to measure sewage flow.

By March 31, 1967, the census had increased to 1,557 patients and the hospital employed 565 employees. The first African-American patient was admitted in 1967.

In 1965, the Social Security Act was amended and established Medicare and Medicaid, which included limited mental health benefits for residents insured by one of these programs. The facility was approved on September 1, 1967, by the Department of Health, Education and Welfare to treat patients and receive reimbursement from Medicare in two departments, the Harmon Building Medical-Surgical Department and the Morison Building Intensive Psychiatric Department.

In 1968, Virginia created several Community Services Boards and Behavioral Health Authorities, which are local government agencies created by the Code of Virginia to govern delivery of community-based mental health, intellectual disability, and substance use disorder services to citizens with those disabilities. By 1968, the average census had increased to 1,583, with the maximum patient population for that year being 1,619.

On April 26, 1968, Ward 16 of the Morison Building was designated and utilized as the male alcoholic ward. Half of the physician positions were filled at that time with unlicensed foreign physicians who had no experience or training in psychiatry, which placed an additional load on the physicians who were licensed.

Construction of the current food service building, called the Blalock Building, began in 1967 and was completed in 1969. The building was named in honor of Superintendent Joseph R. Blalock, who served from 1938 to 1971, a total of 34 years. Upon completion of this building, the main dining room was moved from the Henderson Building to the Blalock Building.





*"A" Building*



*"B" Building*



*"C" Building*

During this same time period, the "A" Building (pictured on page 20) was also constructed. It was originally known as the Porterfield Building. It was named in honor of Mr. T. L. Porterfield, former member and chairman of the State Hospital Board. On June 30, 1969, 80 male geriatric patients were transferred to the first two wards and on August 18, 1969, the third male geriatric ward was occupied by 28 male patients. The remaining ward was occupied by 30 female patients on September 22, 1969. This building was closed in 1990 when the Bagley Building was opened and currently serves as the Academy for Staff Development – West for the Department of Corrections.

**Porterfield Geriatric Treatment Center**

**The "A" Building (Porterfield Building), "B" Building (Geriatrics) and the "C" Building (formerly called the Criminal Building) comprised the Porterfield Geriatric Treatment Center in the early 1970's. They had their own administration and were considered a separate entity from the rest of the hospital. However, state funding for this Center was depleted after approximately 5-6 years and these buildings again became part of Southwestern State Hospital.**

The "B" Building (pictured on page 20) was constructed from 1969 to 1970 and was also one of the geriatric buildings for patients who were feeble and required more care. This building originally housed 148 male geriatric patients. It would later house the Adolescent Unit prior to that population being brought back into the Bagley Building in 2001.

The use of the Tuberculosis Pavilion was discontinued on December 15, 1969 with the census on July 1, 1969, being 52 patients (29 males and 23 females). The building was then officially designated as the Rehabilitation Unit and reopened for this purpose in February, 1970. In 1970 there was only one social

worker per 500 patients on the male and female continued treatment wards. By 1972 a work release program was started to promote the idea of patient rehab; however, this proved to be a formidable task as there were only two psychologists for over 1,300 patients and neither had a PhD.

In 1972, patients were reassigned to buildings based on the geographic location of their home, regardless of age or diagnosis. Patients from the same planning district were housed in the same area of the hospital, and the same professional staff provided the required services to that geographic group. It was hoped this move would facilitate increased communication between the hospital and the communities. Prior to this change, all new admissions were housed in the Morison Building, chronic treatment was provided in the Henderson Building, and additional services were often furnished by a residential program of vocational rehabilitation. This meant that a patient might progress through the services of three different treatment teams. This trend of grouping patients by geographic location was begun at Western Hospital and by 1978 the Department of Mental Health had regrouped patients at all state hospitals by geographic location.

In 1973, the General Assembly changed the name of the department from Department of Mental Hygiene and Hospitals to the Department of Mental Health and Mental Retardation.

The Physical Plant Services Building (Maintenance/Transportation/Building and Grounds) was built in 1974 at a cost of \$330,000. The following year a controlled maintenance program was implemented to provide safety and comfort to both patients and employees. Manual fire alarm systems and emergency electric power systems were installed in the medical-surgical building (Harmon Building) and two geriatric buildings.



In 1976, several covered walkways and pedestrian tubes were constructed to make commuting between the various buildings easier in inclement weather. This was a joint venture between the State of Virginia and the Virginia Tech School of Architecture. A formal Housekeeping Department was also

established this year.

Up until 1976, most of the state facilities had been managed by physicians. However, the General Assembly passed a law that year requiring all physicians practicing in Virginia to have a Virginia state license. A large number of physicians working in the state hospitals were foreign born and did not have a Virginia state license. This created quite a shortage of physicians, and the trend toward management by non-physician staff then developed as the limited number of physicians employed by the state were needed for direct care and had less time for administration.

In 1977, the decision was made to deinstitutionalize patients and community-centered mental health care was begun in earnest. The patient population peaked in the late 1960's and early 1970's when the average hospital census was more than 1,600 patients. With the advent of potent new psychotropic medications, the patient's rights movement spurred on by national civil rights legislation to release

patients no longer benefiting from inpatient involuntary treatment, and the concern over the rising cost of inpatient treatment led to the mass exodus of psychiatric patients from state hospitals. As deinstitutionalization took place, the patient population decreased markedly; by 1979, only 637 patients were being treated at the facility.

SWVMHI had housed forensic patients since around 1935. In the late 1960's, the Finley Gayle Building was constructed for the criminally insane, a secure building similar in construction to that of Central State Hospital's Forensic Unit. In the early 1980's, the population was divided and the Department of Corrections began receiving adjudicated patients (inmates) and SWVMHI kept the patients who had not been adjudicated (e.g., those in local jails awaiting trial, those admitted for restoration of competency and those deemed "not guilty by reason of insanity" or NGRI). As a result, the census dropped from 637 in 1979 to 463 in 1980 due to the transfer of patients housed in the Finley Gayle Building from the Department of Mental Health to the Department of Corrections. The Department of Corrections took over maintenance of the Finley Gayle building and it is now known as Marion Correctional Treatment Center. The Department of Corrections also currently leases the Wright Building as well.

In 1984, the Adolescent Unit was moved to the Morison Building. With the closing of the B Building in 1985, the census at the hospital dropped from 403 to 277.

In 1986, the hospital was accredited for the first time by the Joint Commission under the Consolidated Standards Manual for Psychiatric Facilities.

As a result of the nationwide trend of downsizing state hospitals, it was determined a new, more modern building was needed. Demolition of patient wards attached to the Henderson Building began in April 1986 to build the current Bagley Building. The C Building was renovated in 1987 to accommodate moving offices during the demolition of the Henderson Complex and building of the Bagley Building. That year the Adolescent Unit was also moved to the B Building.

## **1988 - 2012**

In May, 1988, traffic around the circle was changed to two-way traffic and the speed limit was reduced to 15 miles an hour. On September 28, 1988, while the Bagley Building was being constructed, the facility set a state record when the census on the admission units exceeded 200% for the first time, with 65 patients being accommodated on a unit rated and staffed for 32. This unit had had 54 beds set up and in use for several months. The readmission rate had also hit a high of 80%.

On January 23, 1989, the Employee Cafeteria reopened in the Blalock Building. In February, 1989, the Marion Correctional Treatment Center officially moved their storeroom operation into the Wright Building.

In 1988, the General Assembly passed legislation to change the name of the hospital from Southwestern State Hospital to Southwestern Virginia Mental Health Institute. On September 13, 1989, the State Mental Health, Mental Retardation and Substance Abuse Services Board unanimously voted to adopt this name change. The following day, on September 14, 1989, opening ceremonies for the newly constructed Bagley Building were held with the special guest of honor being Governor Gerald Baliles. The building was named in honor of Delegate Richard M. Bagley, who was well known for his mental health initiatives throughout the Commonwealth.

At the time of this dedication, a coal mine strike was going on in the area and threats had been made against the Governor. To protect the Governor, sharp shooters were positioned on top of the Morison Building.

On September 13, 1989, the State Mental Health, Mental Retardation and Substance Abuse Services Board unanimously voted to adopt this name change. The following day, on September 14, 1989, opening ceremonies for the newly constructed Bagley Building were held with the special guest of honor being Governor Gerald Baliles. The building was named in honor of Delegate Richard M. Bagley, who was well known for his mental health initiatives throughout the Commonwealth.



*Opening Ceremonies*

*“That date [March 9, 1990] marked our transition from a “rubber walled,” “always-room-for-one-more-bed” state hospital to a fixed-capacity mental health institution. Never again will there be 3 beds in a semiprivate room, or dayrooms substituting for bedrooms, or 6-10 bed dormitories, or patients trudging across campus each evening with all their personal effects in plastic garbage bags to sleep on an unfamiliar unit in an unfamiliar bed because there was no place for them to sleep or bathe in their home unit.”*

*Facility Director David A Rosenquist*



*Entrance to Bagley Building*



*Delegate Richard M. Bagley*

In January, 1990, the move to the new Bagley Building was begun. Pharmacy, laboratory and medical record departments moved first, followed by patients and staff of the Geriatric Building, the Morison



Building, and the Harmon Building in that order. On March 9, 1990, all adult and geriatric patients were moved into the new building, which had a 172-bed capacity at that time. Sixteen adolescent beds remained in the B Building. Even though the status of the facility changed from hospital to institute, SWVMHI continued to serve as the primary hospital for patients requiring substance detoxification and as backup to Catawba Hospital and Southern Virginia Mental Health Institute for adult and geriatric patients.

In April, 1990, the new institute was accredited by the Joint Commission under the Hospital Accreditation Program. In June, 1990, the storeroom was moved to the basement of the Blalock Building.

In 1991, the Department of Medical Assistance Services amended the state Medicaid plan to include home and community based services, which are commonly known as Medicaid waivers. These programs allowed people with disabilities who are institutionalized or are at risk to live in their home by providing community supports.

The Southwestern Virginia Behavioral Health Board for Regional Planning was chartered in 1992 and was composed of the Facility Directors of SWVMHI and Southwestern Virginia Training Center, the Executive Directors of the eight local CSBs, and family and consumer representatives to work together to improve and integrate the services between the facilities and community.

Dirt from construction of the Bagley Building had been moved to the area where the track is currently located. Under the direction of Jerry Deans, Facility Director, this dirt was smoothed down and the track constructed for use by both patients and employees. A building for restrooms and storage was added beside the picnic shelter/track area in 1997.



In 1999, the United States Supreme Court decided in *Olmstead vs. L. C. and E. W.* that individuals with disabilities had to be offered services in the “most integrated setting.” That is, they could not be unlawfully segregated in institutional settings when they could be served in a more integrated setting in the community. As communities attempted to utilize alternatives to hospitalization in state psychiatric facilities and state facilities downsized under this new *Olmstead Act*, as it was called, the state hospital population that was “left behind” appeared very different from the earlier population and there was a definite change in the case mix of patients admitted for services. There was a decrease in the average length of stay and younger-aged patients were being admitted. Changing utilization patterns also generated new subpopulations, such as those who experience multiple hospitalizations over short periods of time, and a dwindling but often severely impaired population of long-stay patients, who continued to require hospitalization for months or years. As patients received more community-based services, the role of the state hospital trended toward one of serving individuals with legal charges

and/or those with a presenting behavior or behavioral history that made them difficult to manage in the community or in alternative settings.

In the spring of 1999, the facility began a new approach to treating patients called psychiatric rehabilitation. This approach was fostered through a training and consultation contract with the Boston Center for Psychiatric Rehabilitation and was focused on a system of patient-driven service planning and interventions. Patients were enabled to participate in and shape their own recovery and assume responsibility and commitment for their own well being.

In December, 2001, the Adolescent Unit was moved from the B Building to the Bagley Building and housed on Ward H. As a result, for the first time since the hospital was originally built, all patients were housed under the same roof at the facility.



In 2005, the Nursing Department selected as their community service project during Nursing Week to make improvements to the existing cemetery at the facility. Pictured at right is an obelisk that had been placed in the cemetery sometime prior to 2005 with the words “The Forget Me Nots of Heaven Known Only to God” engraved on it. The following year concrete was poured in the walkway containing the obelisk, two concrete benches were placed on the walkway and flower bulbs were planted. Although the name would

indicate otherwise, the identity and location of each person buried in the cemetery is known and has been plotted on a grid. Anyone wishing to visit the cemetery should contact the hospital to arrange a date and time to visit as all visitors must be escorted to the cemetery.

On October 10, 2007, the facility became tobacco-free. At present, patients who are admitted to the facility who smoke in the community are given medical and other supports to help ease their withdrawal symptoms while they are at the facility.

On July 1, 2009, the General Assembly changed the name of the department from the Department of Mental Health, Mental Retardation and Substance Abuse Services to the Department of Behavioral Health and Developmental Services. At that time the hospital consisted of eleven wards: five acute admission wards (one of which was for geriatric patients); one ward licensed as an intermediate care nursing home; three wards for patients needing extended rehabilitation; one adolescent ward for patients between the age of 13 and 17; and one acute care ward for patients with acute medical problems. SWVMHI was unique in that it offered mental health services for patients of all ages, from adolescents to geriatrics. It was a great asset for the surrounding communities as patients could be treated close to their homes and relatives without having to be transferred across the state to another facility to receive help.

In 2009, as part of the governor’s reduction in services plan, it was proposed that all mental health services for adolescent patients under the age of eighteen be discontinued at the state hospitals. After much deliberation, the General Assembly determined to close the Adolescent Unit at this facility. The 16-bed Adolescent Unit officially discharged its last patient on May 17, 2010. There were also proposed budget cuts to close 20 beds (comprising the intermediate care facility) of the 40-bed Geriatric Ward as well, which serves patients 65 years and older. This ward actually stopped taking patients, started finding alternative locations for them to be transferred to, and staff was relocated to work in openings on other wards or shifts in the facility as it was slated to close on June 30, 2011. Fortunately, funding was restored prior to the unit actually closing and it remains open at the celebration of our 125<sup>th</sup> year of operation.

Dr. Cynthia McClaskey, our current Facility Director, recently summed up the history of the facility as follows.

***“Many things have changed over the past 125 years: buildings and employees have come and gone, daily patient census once around 1400 is now around 147, and diagnoses and treatments have come a long way since the first two patients were admitted, but the overall philosophy of Dr. Black of “swift recovery for the mentally ill,” remains in our present Mission:***

***“We promote mental health in Southwestern Virginia by assisting people in their recovery.”***





## REFERENCES

**12<sup>th</sup> Annual Report for Fiscal Year Ending September 30, 1899 – Robert J. Preston, M.D., Superintendent**

**15<sup>th</sup> Annual Report for Fiscal Year Ending September 30, 1902 – Robert Preston, M.D., Superintendent**

**21<sup>st</sup> Annual Report for Fiscal Year Ending September 20, 1908 – J. C. King, M.D., Acting Superintendent**

**22<sup>nd</sup> Annual Report 1909 – J. C. King, M.D., Superintendent**

**23<sup>rd</sup> Annual Report 1910 – J. C. King, M.D., Superintendent**

**24<sup>th</sup> Annual Report 1911 – J. C. King, M.D., Superintendent**

**26<sup>th</sup> Annual Report 1913 – J. C. King, M.D., Superintendent**

**28<sup>th</sup> Annual Report 1915 – J. C. King, M.D., Superintendent**

**30<sup>th</sup> Annual Report 1917 – E. H. Henderson, M.D., Superintendent**

**31<sup>st</sup> Annual Report 1918 – E. H. Henderson, M.D., Superintendent**

**32<sup>nd</sup> Annual Report 1919 – E. H. Henderson, M.D., Superintendent**

**33<sup>rd</sup> and 34<sup>th</sup> Annual Report 1920 – 1921 – E. H. Henderson, M.D., Superintendent**

**37<sup>th</sup> and 38<sup>th</sup> Annual Report 1924 – 1925 – E. H. Henderson, M.D., Superintendent**

**39<sup>th</sup> Annual Report 1926 – E. H. Henderson, M.D., Superintendent**

**40<sup>th</sup> Annual Report 1927 – George A. Wright, M.D., Superintendent**

**44<sup>th</sup> Annual Report 1931 – George A. Wright, M.D., Superintendent**

**48<sup>th</sup> Annual Report 1935 – George A. Wright, M.D., Superintendent**



49<sup>th</sup> Annual Report 1936 – George A. Wright, M.D., Superintendent

50<sup>th</sup> Annual Report 1937 – George A. Wright, M.D., Superintendent

52<sup>nd</sup> Annual Report for Fiscal Year Ending June 30, 1939 – Joseph R. Blalock, M.D., Superintendent

53<sup>rd</sup> Annual Report for Fiscal Year Ending June 30, 1940 – Joseph R. Blalock, M.D., Superintendent

Commonwealth of Virginia Department of Mental Hygiene and Hospitals, Sixteen Years of Progress 1938 – 1954 – Joseph R. Blalock, M.D., Superintendent

Commonwealth of Virginia Department of Mental Hygiene and Hospitals Annual Report, June 30, 1955 – Joseph R. Blalock, M.D., Superintendent

Mental Health in Virginia, Autumn 1958 – Joseph R. Blalock, M.D., Superintendent

Mental Health in Virginia, Summer 1959 – Joseph R. Blalock, M.D., Superintendent

Annual Report, Winter 1962 – 1963 – Joseph R. Blalock, M.D., Superintendent

Department of Mental Hygiene and Hospitals 1967 – 1968 Annual Report – Joseph R. Blalock, Superintendent

Annual Report, Fall 1970 – Joseph R. Blalock, M.D., Superintendent

A View From The Hill, March 1, 2012, column entitled “From The Director” – Cynthia McClaskey, Ph.D., Facility Director

Virginia Disability History Timeline, composed by Virginia Commonwealth University, Richmond, VA; on [www.vcu.edu](http://www.vcu.edu) web site.

“From Field Hospital to Lunatic Asylum: 19<sup>th</sup> Century Medicine as Experienced by Two Men from Southwest Virginia...Harry Black and John S. Apperson”; power point presentation on [www.vahistoryexchange.com](http://www.vahistoryexchange.com) web site.

“Southwestern State Hospital” from Asylum Projects on [www.asylumprojects.org](http://www.asylumprojects.org) web site.

“History, Southwestern Virginia Health Institute” on [www.swvmhi.dbhds.virginia.gov/history.htm](http://www.swvmhi.dbhds.virginia.gov/history.htm) web site.

“Meals at Asylums” article dated November 24, 2011 on [http://cantonasylumforinsaneindians.com/history\\_blog/tag/southwestern-lunatic-asylum](http://cantonasylumforinsaneindians.com/history_blog/tag/southwestern-lunatic-asylum) web site.