



**Kansas Legislative Research Department**

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**To:** 2022 Special Committee on Mental Health Beds

**From:** Connor Stangler, Research Analyst, and Megan Leopold, Fiscal Analyst

**Re:** History of Mental Health Hospitals and Services in Kansas

This memorandum provides an overview of the history of the two primary mental health hospitals in Kansas: Larned State Hospital and Osawatomie State Hospital. It also summarizes the national and state-wide transition from institutional mental health services to community-based services.

### **The Origins of State Mental Health Hospitals in the United States**

From the mid-19th century to the early 20th century, states across the U.S. funded and built large mental health hospitals. In 1840, there were 18 “asylums,” as they were known then, in the nation. By 1880, there were 139. By 1948, at the peak of the institutional movement in mental health, 1 out of every 263 Americans lived in a state institution.

Historians attribute the original campaign for more state mental health hospitals to 19th-century reformer Dorothea Dix. Prior to the American Civil War, Americans suffering from mental health disorders often ended up in prisons. At the time, those who had mental illnesses were classified by medical professionals and governments as criminals or prone to criminal behavior. Dix pushed for a more humanitarian approach to treatment and met with state leaders across the nation to discuss the benefits of institutions dedicated to the treatment and study of mental illness. The movement for mental health hospitals paralleled a larger movement in the late-19th century to address problems of urbanization and industrialization, such as crowded housing units, pollution, and poverty. According to the American Psychiatric Association, Dix is credited with establishing 32 state mental hospitals. Even as the construction of state hospitals shifted individuals with mental illnesses out of prisons and into institutions, treatment remained rudimentary, relative to modern methods. Mental health professionals rarely distinguished between those with developmental disabilities or those suffering from psychiatric disorders. Additionally, children were often housed in the same institutions as adult patients. The first public psychiatric hospital for juveniles did not open until 1937.

Many state hospitals constructed between 1860 and 1930 were intentionally built far from urban centers. The architects of the state hospital movement believed ample green space and activities such as gardening would benefit patients. Institutions often used outdoor activity and labor as treatments for patients. The construction of large, visually impressive buildings with grand facades was part of the vision of Thomas Story Kirkbride, superintendent of the Pennsylvania Hospital for the Insane. His architectural model became known as the “Kirkbride”

style of hospital and was the standard for state mental health hospitals in the 19th and early 20th centuries in the United States.<sup>1</sup>

## **The Origins of the State Hospitals in Kansas**

### ***Osawatomie State Hospital***

Osawatomie State Hospital is the oldest mental health hospital in the state. On March 2, 1863, the Governor signed into a law an act “to provide for the appointment of Commissioners to Locate a State Insane Asylum, and to define their duties and fix their Compensation.” The law required the newly appointed Commissioners – Williams Chestnut of Miami County, I. Hiner of Anderson County, and James Hanaway of Franklin County – to “locate the Insane Asylum at some point within the township of Osawatomie ... and for that purpose they shall select a tract of land, not less than one hundred and sixty acres, affording it practicable building stone, water, and other facilities for the erection of suitable buildings for a State Insane Asylum ... .” The original version of the bill establishing the state hospital, Bill No. 9, located the institution in a township in Wyandotte County (then spelled “Wyandott”). During the February 17 debate of the House Committee of the Whole, a motion was made to strike out “Wyandott” and insert “Osawatomie” in its place, but the motion was voted down. According to the 1863 Journal of the House, “Paola and Topeka, as well as Wyandott, were named as candidates for the location.”

It is unclear when the bill was amended to name Osawatomie as the final site. On February 28, 1863, the *Emporia News*, reporting on the legislative debate over the bill, stated that “Wyandott got beaten, for the Lunatic Asylum, by Osawatomie. While we think that Wyandott needed the institution very much, Osawatomie needed it more. It is a good place for it.” According to a September 26, 1986, *Olathe Daily News* article on the history of the hospital, the original 60-acre site was donated by the Reverend Samuel Adair, the brother-in-law of abolitionist John Brown.

The hospital in Osawatomie was the first mental institution west of the Mississippi River. Known as “The Lodge” in its early years, the hospital consisted of a two-story converted farmhouse south of the Marais des Cygnes River, according to an article at the time in the *Salina Journal*. The hospital admitted its first patient on November 5, 1866. According to the *Lawrence Tribune* in 1866, the grounds contained “eighty acres of prairie, beautifully situated, and one hundred acres of heavy timber. There is an abundance of stone of good quality for building purposes.” The hospital staff soon encountered problems, however. In the 1867 annual report of Osawatomie State Hospital, Dr. C.O. Gause, superintendent of the hospital, reported capacity issues were already affecting the doctors’ ability to provide for patients: “The present building is entirely inadequate to the wants of the State, and can not accommodate more than one fifteenth of the number now in the State.” By 1869, the main brick building had been constructed in the “Kirkbride style.” In 1885, the *Miami Republican* reported that about 30 acres of the hospital’s grounds were under cultivation by the patients.

### ***Larned State Hospital***

According to the Biennial Report of the State Board of Control of State Charitable Institutions (Board) for fiscal years 1913 and 1914, the Board had discussed potential solutions

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1 Information in this section was drawn primarily from Christopher Payne’s *Asylum: Inside the Closed World of State Mental Hospitals* (Cambridge: MIT Press, 2009).

to the overcrowding at Osawatomie and Topeka State Hospitals for several years prior to the opening of Larned State Hospital, noting the two existing state hospitals “have continually asked the Legislature for more room and facilities to handle their people.” According to that same report, the 1911 Legislature appropriated \$100,000 “for the purpose of securing a suitable site of not less than 320 acres nor more than 1,000 acres of fertile, productive land and for the erection and equipment of suitable buildings” for a new state hospital.

The Legislature stipulated the new site would be in a county west of the 98th meridian (which runs just west of Hutchinson, Kansas) and within five miles of the city chosen for the hospital. The Board reported that the “western part of the state felt that, since the other two hospitals were in the eastern part, the new one should be located in the West.” The Board considered “many locations, considering the advantages of each, such as railroad facilities, water supply, fertility of soil, and other conditions necessary for the proper care and employment of the insane.” On November 17, 1911, the Board selected a 950-acre site west of the city of Larned. The site sat on “rich bottom land,” where the Pawnee River provided “an abundance of water for irrigation purposes, and deep wells to water-bearing sand furnished plenty of pure soft water.” The Governor approved the site the next year.

Larned State Hospital opened on April 17, 1914. According to the hospital, the location was chosen because, among other things, it was in close proximity to a “plentiful water supply” in the Pawnee River. Similar to other state psychiatric institutions in less-dense settings, “useful employment” through gardening and farming was the preferred treatment for patients when the hospital opened. The *Larned Chronoscope* reported on June 26, 1913, that scientists “claim that work in the open air is one of the best cures for mild insanity; it gives the patients enough to do to keep them from brooding and becoming morose.”

A January 7, 1914, article in the *Topeka State Journal* called the new hospital a “Garden of Eden.” The State planned for the hospital to have a farm, “which will be made the most productive and beautiful of state institution farms.” The State, according to the newspaper, liked the “900 acres of rich, fertile irrigated land on the new hospital site,” on which the patients would work. The Pawnee River served as the water source for the “irrigation plant,” which would supply “every foot of tillable soil” with water. “Work on the farm will be done by hospital inmates and the admission of patients will probably be limited to the incurable but not violently insane class,” according to the newspaper.

Unlike other state institutions built in the Kirkbride style before it, Larned was not constructed as one large, central building, but was instead built according to the “cottage plan.” According to the *Larned Chronoscope* on February 27, 1913, previous state hospitals “were large buildings, holding a large number of patients in different wards. The modern plan is to use smaller cottages, where the patients may be grouped according to their condition, and managed and treated to much better advantage.” The first Larned patients were transfers from Topeka State Hospital and Osawatomie State Hospital.

## **The Shift to Community-Based Services**

The institutionalization movement peaked in 1955 when American mental health hospitals totaled 500,000 beds. The increased use of psychotropic drugs and the shift to community-based mental health care in the 1960s contributed to decreasing census counts at state hospitals. By 2014, only 40,000 patients resided in state hospitals across the United States. The rise of community treatment affected not only the number of state hospital beds but how inpatient beds were used. In the 1970s and 1980s, stays in community beds were between

30 to 90 days, whereas stays in state hospitals in the early 20th century were usually much longer. The introduction of managed care models in the 1990s shortened community bed stays even more, bringing them down to 5 to 10 days on average. Among children and adolescents, the median stay in community hospital beds declined from 12 days to 4 from 1990 to 2000.

In 1963, President John F. Kennedy signed the Community Mental Health Act, which led to the establishment of Community Mental Health Centers (CMHCs) across the nation. The passage of Medicaid in 1965 further shifted states' treatment strategy toward local services. The institutions for mental diseases exclusion in Medicaid prohibited the billing of Medicaid for treatment in psychiatric settings of more than 16 beds for Medicaid beneficiaries. In response, states began to build smaller units in local hospitals with Medicaid-billable beds.

In Kansas, the 1987 Community Mental Health Services Act changed how community-based services were funded in the state. The Act created a State Aid Grant to fund CMHCs. The formula used to calculate the distribution of funds was based on the local money CMHCs were able to raise rather than on the amount of funding needed to provide services. The law governing the grant amount has not changed since it was enacted, so State Aid funding for CMHCs has remained at approximately \$10.2 million per year from the State General Fund. This funding, along with additional grants, are certified by the CMHCs as match to draw down additional federal funding.

After the establishment of community-based services, institutions continued to consume a majority of state mental health service financing. A 1988 Legislative Division of Post Audit report indicated more than 75 percent of state funding for mental health services was going to support institutions. At that time, approximately 25 percent of patients admitted to state hospitals were first screened by a CMHC.

The Kansas Mental Health Reform Act of 1990 accelerated the state's transition from institutional to community-based mental health care. The Act deemed that Kansas residents in need of mental health services should receive the least restrictive treatment and the most appropriate community-based care coordinated by both CMHCs and state hospitals. Following the passage of the Act, CMHCs became the primary sites of mental health treatment access, which reduced state psychiatric hospital admissions and increased usage of community-based services. From 1990 to 2017, the number of available in-patient state hospital beds fell from roughly 1,000 to 258.

Trends in psychiatric bed stays have remained more static in the 21st century compared to the dramatic decline in length of stay from the 1950s to 2000. Average stay lengths have either remained stable or decreased slightly, depending on the facility and population. According to a 2013 study, the average length of inpatient psychiatric stay for adults in private nonprofit hospitals declined during the 1990s but leveled off after 2000. From 1998 to 2017, the average length of stay for treatment in short-term facilities remained steady at 7 days.