

# Big Changes At NSH Spell New Hope For Young Patients

By MARGARET MILLER

The Livonia mother was worried. Her daughter, just turned 17, had been skipping school and spent little time at home. The girl's marks, up to then average, had taken a nose-dive, and the mother suspected some experimentation with drugs.

Acting on a half-remembered snatch of conversation, the mother placed a telephone call to Dr. M. Kemal Goknar, head of the Young Adult Unit at Northville State Hospital.

"I told her to bring the girl right out, and I admitted her that night," Dr. Goknar related later. "Our program is set up for quick admissions."

**THE GIRL WAS STARTED** immediately on a short period of close observation by the staff in the unit and complete isolation from contacts outside the hospital.

Then she was worked into some group activities with other patients. Next came a return to school—classes by day in one of the high schools in the area and then back to the hospital at night.

All the time, of course, there was therapy by the staff to treat the psychosis that had shown itself in her personality change. And there was more—the kind of counseling and support on the part of the staff that could help her return to the community a total and responsible person.

The young lady in this over-simplified story is likely to be discharged from Northville State Hospital between three and six months from the time of admission, Dr. Goknar said.

But it wasn't always so at the hospital, and the reason is told in one of the stories behind the NSH's B Building, the unit for Young Adults.

"We are in our fourth year," says Dr. Goknar, who evolved the program out of a situation in which patients of all ages simply were dumped into common wards where they could receive little more than custodial care.

DR. GOKNAR PERCEIVED the vast differences in the treatment needs of that age group between 17 and 21 and began the steps to bring these patients into a separate unit. Later the group was separated again, with the longer-term patients in H Building and B Building getting those with illnesses more acute and more susceptible to rapid treatment.

Just the change of name made a difference to some patients.

"There was one young man who had been treated at Hawthorn Center for two years and was transferred here," the psychiatrist recalled. "He was discharged in six months, and he told me later that one of the main reasons was that when he came here we called him an adult. So he thought of himself that way."

The years from 17 to 21, Dr. Goknar pointed out, are difficult ones for any youth. "It's a transition period," he added, "with great changes, physical, psychological and in social situation."

"And it's a time when trouble may develop if relationships with parents and with other authority have been unsatisfactory."

"We had one boy who started sniffing glue and taking LSD when he was a senior in high school. It turned out that he had had a poor relationship with his parents, and throughout adolescence he looked up only to 12th graders. When he became a 12th grader himself, he had no one to look up to. We assigned a staff member to him on a one-to-one basis."

This is the sort of individualized treatment that is so much a part of B building.

"WE DON'T WANT to develop a classroom or a sheltered workshop. The first prepares disturbed children for a return to school, but we want to prepare our patients to return to life. The workshop is fine for the chronically ill or the aged, but would kill initiative for our patients."

So the treatment is tailored for the patients, who are about one-third high school dropouts, one-third high school students and a third college age.

There is vocational training and remedial reading and math. Physical therapy also is included.

Many of the patients are bused daily to nearby high schools. Stevenson, Redford Un-

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ion, Thurston, Northville, Plymouth in this area and Mumfords, Mackenzie and Cass Tech in Detroit are schools that have had Northville patients as students.

These student patients usually do well. "We had one boy who invited so many of his school friends to drop by and see him here that we had to limit his visitors to two or three an evening," Dr. Goknar chuckled.

Other patients are taking college courses. Still others, all men at this point, are in the program called the "night hospital." They go out to jobs by day and return to the hospital to sleep, working gradually toward the time they'll be ready for discharge.

**THE PROGRAM FOR YOUNG Adults** also includes activities designed to help the patients work with each other and with those in charge of them.

**THE YOUNG ADULT UNIT** has about 60 patients at a time, but the turnover in a year's time is 250 to 300.

Of those admitted, about 50 to 60% of the men have a history of drug use—today it's most often heroin. Among the women, the greatest common denominator is promiscuity.

"But we are not a heroin center," the doctor said, "and we don't specifically treat these symptoms of mental illness. Behind the



HELP AT HAND—Dr. M. Kemal Goknar starts a troubled young woman on the road toward recovery in the Young Adult Unit of Northville State Hospital. (Observer photo)

problems—identity crisis, discipline or lack of it, depression.

"Even the psychoses here are not our greatest problem. Psychoses can be treated. What we want to do is develop total personality."

"We want to make the patients understand they can be cured, and when this happens they will have responsibilities. They must know there is satisfaction to be gained from living a responsible life."

The Young Adult Unit, in its present program, isn't static. New changes are constantly being made as the building itself looks less and less like a hospital.

The unit now is opening a clinic in the Grand River-Oakman area of Detroit for counseling all young adults, and in the future the unit itself may move to be more accessible to city as well as suburbs.

Meanwhile, Dr. Goknar receives frequent telephone calls from former patients who have moved on to schools and jobs all over the country.

"They call me," he said, "when they are in a successful situation. It happens oftener and oftener."

## Many Frustrations But Even More Progress

"Despite the frustrations," says Dr. Richard N. Budd, "you can see something accomplished."

For the better part of a decade, Dr. Budd was a psychiatrist in private practice in Livonia. Since November of 1968, he has been medical superintendent of Northville State Hospital.

Under his predecessor, Dr.

E. Gordon Yudashkin, NSH made great advances in the attention given to mental patients and the speed with which they were treated.

**THE KEY** has been reducing the number of patients in the hospital at any given time, cutting the amount of time they spend in the institution, and treating more of them at

"community centers" with active programs.

In the last five years, the number of employees has increased only slightly—from 900 in 1965 to about 970 today.

Meanwhile, the number of in-patients has dropped from the 1965 level of 2,000 to only 1,165 today. "I doubt if we can get it below a thousand, though," Dr. Budd added.

The time a patient spends

institutionalized has been cut from an average of three months to about seven weeks.

"Three or four years ago, there was a long waiting list. Sometimes a patient would wait three or four months to get in. Now, there is no waiting list. We admit directly, around the clock. We have an open-door policy on admissions," Dr. Budd said.

**THE NUMBER** of admissions is increasing greatly. In 1965, about 900 persons were admitted. That increased to 2,850 last year, and the current year's pace is running at 3,200.

The use of tranquilizer drugs, begun in the 1950s, is part of the reason for better treatment. A more important reason is what Dr. Budd calls "a broad gamut of treatment modalities"—psychiatrists, psychologists, social workers, activity therapists, clubs, work, community contacts, shows, inpatient and outpatient treatment... and so on.

One significant change is the lower average age, due in large part to the numbers of "young adults" (ages 17-21). Five to 10 years ago, there were few. Recently a second young adults unit was established.

Why so many more young adults? Two reasons, Dr. Budd answered: The pressure of the culture and drugs. "I just ran a survey: 60% reported multiple drug intakes—from marijuana to LSD to hard heroin in one unit. In the other unit, it was 12 out of 25."



DR. RICHARD BUDD shows how NSH in-patient beds have dropped, out-patient services increased. (Observer photo)

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