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A SYMBOL OF THE SIXTIES:
THE FLORIDA MENTAL HEALTH INSTITUTE
by Josephine King Evans

“We as a Nation have long neglected the mentally ill,” John F. Kennedy announced to
Congress in 1963.¹ To remedy this, the President proposed a bold new approach that would
supplant “the cold mercy of custodial isolation” with “the open warmth of community concern.”²
Born of this bold new approach, the Florida Mental Health Institute (FMHI) at the University of
South Florida symbolizes the humanism of Kennedy’s compassionate appeal. Although it did not
officially open until 1974, the Institute was conceived in the 1960s and reflects the
social-political reform of that decade.

The history of mental health institutions stretches back at least to the Romans. Demonology
characterized the view of mental illness in this era; wicked spirits invaded individuals and
transformed them into creatures of evil. Typical treatment focused upon punishment: beating,
burning, and other tortures. The first known mental institution, a house for lunatics, was
established by the Romans at Byzantium in the 4th century A.D., and before 700 A.D. there were
insane asylums in England and the Middle East. By the 13th century there were similar facilities
in Spain and Germany; in these institutions inmates were regarded as dangerous and deserving of
extreme punishment. Not until the French Revolution in 1789 did treatment of mentally ill
persons drastically improve when they were recognized, at last, as being truly sick rather than
possessed. Influenced by the ideas of the Enlightenment, this new “moral” treatment was
symbolized by the physician Phillipe Pinel “striking the chains” from inmates of asylums in
France.³

This new humanitarianism, however, succumbed to pressures of the industrial revolution.
Urbanization and weakening of the family unit increasingly thrust the problems of deviants
(including the mentally ill) on state and city governments. The methods employed by the state
included prison, the poor farm, and the workhouse. Exported to America, these expedient
remedies were fully embraced, and mentally ill persons in the New World were confined in
prisons and poor-houses, or auctioned off to the highest bidder.

Then, in the mid-1800s, reformers began to argue that insanity was symptomatic of a sick
society rather than a sick person. They sought to improve the quality of life for mental patients.
State hospitals, the second major revolution in treatment of the mentally ill, resulted from this era
of reform. Contending that urban living conditions aggravated mental illness, Dorothea Dix
argued successfully to have these state institutions located in rural areas establishing a tradition
that would play a pivotal role in the later history of FMHI.

In the early years, these hospitals emphasized an effective restorative treatment including good
nutrition and a cheerful environment. But with the passage of time, meager funding,
overcrowding, and poorly-trained staff took their toll. By the late 19th century, recovery rates
plummeted, and earlier optimism degenerated into a widespread feeling of hopelessness; old methods of restraint were revived, and warehousing of the mentally ill began.⁴

Treatment continued to decline until the early twentieth century. Then, as part of the larger movement for progressive reform, mental health care underwent a third revolutionary change; rehumanized, it focused more upon individual treatment, notably psychoanalysis. Perhaps in no other country in the world was Sigmund Freud’s influence so powerful as in the United States, not only in establishing a relationship between mental disorders and the social system but also in encouraging long-term scientific research.⁵ Clifford Beers’ expose of mental institutions also contributed to more humane treatment in this period. A former patient, he organized the mental hygiene movement and crusaded for reform.

Emphasis on individualized treatment, however, was accompanied by an increased patient load in institutions because of the expanded role of the state. Overcrowding, understaffing, limited funding, and isolated locations all contributed to a gradual deterioration of treatment. Disconnected from the communities they served, state mental hospitals became known as “snakepits” where society confined the undesirable. Florida was no exception. Poorly staffed state hospitals in rural Chattahoochee, Arcadia, West Hollywood, and Macclenny were overflowing; permanent confinement became the accepted treatment. Such was the state of affairs when John F. Kennedy made his passionate appeal for a “bold new approach” to mental illness.⁶

Kennedy’s speech was the first message concerning mental illness ever delivered by an American president. In it, he contended that the nation’s mental health system should take responsibility for everyone’s mental health. Perhaps more importantly, Kennedy claimed that most mental problems resided in the environment and not in the individual. Accordingly, Kennedy’s “bold new approach” emphasized treatments that focused on improving harmful environmental conditions and on rehabilitating individuals to function in society. Modernized training of mental health staff and intensified research into the causes of mental disorders completed the President’s proposal.⁷ Legislators responded to Kennedy’s passionate appeal with passage of the Community Mental Health Centers Act in October, 1963, less than a month before the President’s death.

Central to this legislation was the placement of mental health centers in areas according to population needs. Each center would serve “principally those persons who live in or near the particular community in which the facility is located.”⁸ To this end the United States was to be divided into some 1,500 catchment (or population) areas of from 75,000 to 200,000 persons each; these areas were to be ranked according to mental health needs, and a proportionate number of mental health centers would be constructed.⁹

These centers would emphasize both preventive and comprehensive services to entire catchment areas rather than individuals. Innovative treatment would include both brief psychotherapy and crisis intervention, the latter based on direct community involvement. Mental health practitioners were to cooperate with teachers, religious leaders, social workers, and public health personnel not only to prevent crises but also to educate the population about mental
illness. Research into the causes of mental disorders and training of mental health staff comprised the other provisions of the Community Mental Health Centers Act.\textsuperscript{10}

The implementation of the legislation in Florida was begun with a $25,000 survey of the mental health needs of the state commissioned by the 1961 legislature. Conducted by the American Psychiatric Association and completed in 1963, the study recommended that four all-purpose mental health facilities be constructed in urban areas of the state, including one in Tampa.\textsuperscript{11} Based upon the recommendation of Dr. W.D. Rogers, director of the division of mental health, State Representative Woodie Liles of Plant City announced plans in 1964 for a 500-bed mental hospital in the Tampa Bay area. “It ought to be built near the University of South Florida in a medical complex with the school’s medical college and a proposed Veteran’s Administration Hospital,” said Liles.\textsuperscript{12} Funding for the facility was assured when one year later the legislative committee on mental health which Liles chaired appropriated 2.2 million dollars to begin construction in the Tampa Bay area. According to Liles, “We’ve been traveling the state and we think here is the greatest need.”\textsuperscript{13}

FMHI was not to be established without a struggle, however. Representative Liles did not reckon with the dominant block in the legislature. Despite massive population growth in the

Ten years later, Lile’s vision was realized. University Community Hospital (bottom), FMHI (center), USF Medical College (top), Veterans Administration Hospital (top right). From Tide (University Community Hospital magazine), Winter 1974.
cities of south Florida, political power remained in the vise-like grip of rural northern counties. Notorious for its inequitably apportioned legislature, Florida suffered from both outdated laws and steady migration from country to city. Repeated efforts at re-districting had failed, and legislators from sparsely settled northern counties continued to hold power. Rural and conservative, this faction was labeled “the Pork Chop Gang” by James Clendinen, the *Tampa Tribune* editor, because they were “fighting for pork,” rather than principle.

Rural pork chop power asserted itself just one week after Representative Liles announced the Tampa location when Senate President James E. (Nick) Connor introduced a bill designating a site near his home town of Brooksville for the new mental health facility. Protesting this move, the *Tampa Times* editorialized that “it is common practice today to develop these institutions in large population centers where doctors are available and where they would offer the greatest amount of service to outpatients.”

“Don’t Cheat the Ill” pleaded an editorial in the *Tampa Tribune*, which condemned Senator Connor and “the Pork Chop Gang” for “trying to nail down an institutional payroll” for their district at the expense of the mentally ill. Responding to this criticism, Connor commented, “This is the wrong time for a family fight in the Tampa Bay area.” Adding that the proposed USF medical school needed both votes and appropriations, Connor warned, “They are going to have to have some strong help to get those things.” Initially expediency prevailed. Both the Hernando County site and USF’s medical school were approved by the legislature in 1965 even though such action was contrary to the “bold new approach” of locating treatment facilities where they were most needed. Despite the fact that Hillsborough County (with 397,000 people) led the rest of Florida in commitment of persons to mental institutions, the new 6 million dollar facility appeared headed for oblivion in Hernando County (with a population of 11,000).

Thus, on this unpropitious note ended the first chapter in the story of FMHI’s struggle for existence.

Nicknamed “Hernando’s Hideaway,” the mental health facility originally planned for Tampa was still a controversial issue one year after Governor Haydon Burns had signed the Connor measure into law. Dr. Moke Wayne Williams, president-elect of the Florida Mental Health Association, protested the decision, labelling Florida’s legislative action the “essence of stupidity.” Lashing out at the Pork Chop Gang which had forced the mental health facility into the old, isolated institutional mold, Williams argued that the action “set our mental health program back to those snakepit and human warehouse days—bricks without brains.” But
despite his strong protest, the State cabinet proceeded according to plan and selected a site for construction two miles north of Brooksville on land provided by the county.

Before matters progressed further, however, an event occurred that radically changed the legislature as well as the history of FMHI. In 1966 the United States Supreme Court ordered the reapportionment of Florida’s legislative districts. Under the new district guidelines, young liberals elected by urban constituencies descended upon Tallahassee in 1967 and broke the control of rural counties. Comprised of both Democrats and Republicans, this coterie of urban legislators constituted a working majority with the power to effect reform in government, education, social services, and other areas. Exemplifying the new liberal coalition, State Senator Tom Whittaker, a Democrat from Hillsborough County, spearheaded a drive to prevent construction of the 6 million dollar Hernando hospital.

Immediately, both the Times and the Tribune lent their support, adding yet another argument to those favoring a new urban location. Not only should a mental facility be placed where the patients lived, but also where trained workers might be more readily recruited. Undeniably, more medical talent was available in metropolitan areas. In another Tribune editorial, entitled “Politics Before Patients?,” the paper appealed to the State Cabinet to freeze expenditures on the Brooksville site until the new legislature could re-evaluate the decision. “If politics gives, politics can also take away,” argued the Tribune. Bowing to intense pressure, Governor Claude Kirk, a Republican who had been elected in 1966, ultimately joined forces with Dr. Rogers, state director of mental health, to delay construction of “Hernando’s Hideaway.”

Pork chop politics of an urban variety now surfaced, however, when the newly-apportioned legislators began reconsidering sites for the 6 million dollar facility. Voting down the Brooksville site was a relatively easy task in this urban-controlled legislature, even though it was necessary to approve $162,000 to repay Hernando County for its purchase of land for the hospital. But real difficulty ensued when debate began about where to locate the coveted facility. Testifying before the House State Institution Committee, Dr. Rogers expressed the need for daycare and emergency services for west coast urban residents. Accordingly, Tampa Senator Truett Ott sponsored an amendment to place the hospital in a west coast population center. The east coast legislators had a different agenda. Dade County representative Maxine Baker introduced a bill to have the facility located in her home town of Miami but with a new twist. The 500-bed mental hospital would become a teaching facility affiliated with the University of Miami.

Charges and counter-charges flew as both House and Senate members sought a solution. After long hours of negotiation, a compromise was finally reached: the west coast could have its mental health hospital but only on condition that the next one be located in the Miami area. “Worst kind of pork barrel politics,” charged Senator Dempsey Barron of Panama City. But the compromise held, and in October of 1967 the State Cabinet formally accepted a deed to 43 acres of land on the University of South Florida campus as the new site for the state mental hospital. With this re-location to an urban area, FMHI moved one step closer to becoming a reality.

Urban re-location for the mental hospital, although important, was only part of the “bold new approach” to mental illness. To realize promised social reform, the proposed facility had to
change direction and purpose as well. Roger’s testimony was crucial in bringing this about. What Florida really needed were new treatment strategies and better trained mental health workers, not another warehouse for the mentally ill. Rogers persuaded the 1967 legislature that a modern research facility experimenting with model programs could not only develop new treatment methods but also improve training which would upgrade staff performance in mental health facilities throughout the state.25

Liberal lawmakers liked the idea and pushed it through to enactment; plans for another custodial hospital were transformed into a modern institute dedicated to research and training. Perhaps only Rogers with his long experience in the state mental health system could have effected this radical change. With this achievement he identified himself irrevocably as the driving force behind the future FMHI.26

Originally planned as part of a 60 million dollar medical complex at USF, the new mental health facility not only would provide inpatient and outpatient care but would also conduct applied research. “In conjunction with the new medical school, it will serve as a teaching hospital for the training of psychiatrists, psychologists, psychiatric aides, and the host of other professionals needed to staff our growing system of community centers,” Secretary of State Tom Adams asserted.27 FMHI, blending elements of training, research, and service would serve as a bridge between the university and the health delivery system. Such facilities were already connected with the University of California and the State University of New York. With model treatment programs, FMHI would give students practical experience with the mentally ill in a living classroom.28 Results of these efforts would be disseminated to other mental health agencies.29 Such was the purpose of the new facility, but first it was necessary to design the proper setting for these creative activities.

“Right now we are working on the master plan which outlines just what the complex will contain and will give an estimate of the cost,” Rogers told the Tribune in August of 1968.30 True to the reform spirit of the 1960s, the new FMHI was designed to look like anything except what it was, a mental health facility. When the architect Frank Valenti presented his design in 1968, he explained, “This institution is geared to allow the patient to interact with other patients and will stress group activity.”31 To this end, much special landscaping was planned, including fountains, a meditation garden, a citrus grove, a shrubbery maze, and a vegetable garden.32 Other features included a swimming pool, a gymnasium, a bowling alley, a theatre, a library, music rooms, and much more. Rising above it all would be a multi-story research tower furnished with the most
modern equipment, including a computer center. Scheduled to be built in three phases, this futuristic mental health complex would be funded by the state. Rogers advised, “We don't know how much we need yet, but it will run into the millions.”

Once again the future of FMHI was in the hands of the state legislature. “Mental Health Needs Highlight Tax Battle” screamed the Tribune in June of 1969 when the legislature was deliberating the new state budget. Senators from both Dade and Hillsborough counties joined forces to secure funding for the planned mental health institutes in Miami and Tampa. But their hopes dimmed as the legislators struggled with a budget that exceeded anticipated revenue by 71 million dollars. Additional sources of revenue had to be found; proposals included increasing both the sales tax and the tax on automobiles, machinery, and fishing boats. After lengthy discussion, the legislators finally decided upon a constitutional amendment authorizing a bond issue.

This consensus was shattered, however, when only university expansion and construction of buildings for Hillsborough Community College (at the Ybor City site) were earmarked for funding. Senator Louis de la Parte of Tampa and his Hillsborough County group threatened to withhold votes necessary for passage of the amendment. But political horse trading saved the day. In return for his support of the measure, Senator de la Parte received a commitment to mental health funding in 1970, a year that marked the turning point for FMHI.
Prospects looked good for FMHI when the 1970 legislature convened. Governor Kirk’s proposed budget included 11.3 million dollars funding for the mental health facility, and the local press lent strong support both editorially and with a steady stream of articles which kept the Institute in the public eye. Especially optimistic was Tampa’s Senator de la Parte, a leader of the liberal coalition in the legislature. Proud of the FMHI mission to develop new treatment methods, he announced still another innovative technique as the legislative debate began. Outpatient care would be provided for those persons who could not otherwise afford treatment.**36** House mental health subcommittee members seemed cautiously optimistic when they toured the construction site at USF. Later, when the delegation met with the architect and USF officials, Rogers could not resist making one last appeal, “We have a wonderful opportunity here with the medical school right next door,” he declared. “I think we can’t delay any further in training psychiatric workers.”**37** Dr. Rogers, the godfather of FMHI, was anxious to see his creation come to life.

One more hurdle had to be cleared, however, and that obstacle was a formidable one. Realizing that there was strength in numbers, the conservative element in the legislature attempted to form a voting majority. Following the lead of Governor Kirk, Republicans in the legislature joined forces with conservative Democrats to cut the state spending bill, which exceeded anticipated revenue by 113 million dollars.**38** Especially endangered was a 10.5 million dollar appropriation for FMHI. Tampa’s Democratic Representative Terrell Sessums predicted a tough fight in the House. “It’ll be thin, very thin, but I think we’ll be able to get enough votes together.”**39** Liberal forces prevailed, and the conservative coalition crumbled. Democratic Representative Miley Miers of Tallahassee explained, “You rate a man in politics by what he brings home for his own little area and you saw that out here on the floor today.”**40** Democratic leaders had written a bill that had something to please everybody. Not only did FMHI make it through the House, it also survived in the Senate and emerged with a firm appropriation of 7.7 million dollars. With an urban location, a new purpose, and state-appropriated funds, Rogers was ready to begin implementing his plans for the new Institute.

Design modification was the first order of business since 7.7 million dollars was substantially less than what the architects had anticipated. To oversee these changes and to provide on-site supervision of the construction, Rogers appointed Dr. E. Arthur Larson, a psychiatrist on the staff of the Division of Mental Health. A handsome man in his mid-forties, Larson was charismatic, idealistic, and deeply committed to the reform of mental health care.**41** Determined that FMHI would never become a state hospital, Larson acted to preclude that possibility by personally modifying architectural designs. In one instance he narrowed doorways on the blueprints so that they would never conform to hospital standards.**42** Larson had visited mental facilities both within the United States and abroad, and he tried to combine the best features of each in FMHI. For example by engaging an interior decorator to select and coordinate colors and carpeting throughout FMHI, he avoided the cold severity that often prevailed in institutional settings.**43** Very much ahead of his time, Larson had a great impact on the Institute: his design changes prevented FMHI from ever becoming another state institution for warehousing the mentally ill.**44**

Originally planned in three phases, construction began with a complex of buildings for patient living, a dietary facility, and the physical plant; all were completed and occupied in 1974.**45** Plans
for Phase II, the research tower and the administration building, had to be scrapped, however, when bids came in one million dollars over the amount allotted. Deleted, too, were the fountains, gardens, the citrus grove, the shrubbery maze, and other landscaping features. Inflation had eaten up FMHI dollars. Consequently, it was decided to proceed with the final phase of construction, which consisted of a children’s section and a much-modified activities center. Both were completed in 1976.46 These are the structures that currently comprise FMHI.

Now part of the University of South Florida, the Institute is under the direction of Dr. Jack Zusman. It continues to contribute to the community mental health reform movement by developing new treatment strategies and modernized training methods. Small model care units are designed to serve clients ranging in age from pre-kindergarten to the elderly. Employing behavior modification, family therapy, rehabilitation and other modes of treatment, these programs provide the setting for both training and applied research. Findings are then disseminated to other mental health facilities.
In this way, FMHI fulfills its mission:

To strengthen mental health services throughout the state by providing technical assistance and support services to mental health agencies and mental health professionals.\textsuperscript{47}

But more than that, FMHI, by emphasizing John F. Kennedy’s “bold new approach” to mental illness, symbolizes the humanism and compassion of the 1960s.
Dr. Jack Zusman, Director, FMHI, 1986.

Photograph courtesy FMHI

2 Ibid., p. 265.


5 Plaut and Rubenstein, 195; Bell, p. ix.


26 Interview with Lillian Barry, Executive Secretary, FMHI. Tampa, Florida, March 21, 1986.


28 Barry Interview, March 21, 1986.

29 Interview with Carol Foster, Medical Records Manager, FMHI. March 19, 1986.


31 Ibid., p. 9.

32 Interview with Earl Henry, Director of Physical Plant, FMHI. Tampa, Florida, March 17, 1986.

33 Jordan, p. 9.


41 Foster Interview, March 19, 1986.

42 Interview with El Creel, Business Manager, FMHI. August 16, 1985.

43 Henry Interview, March 17, 1986.

44 Creel Interview, August 16, 1985.

45 Foster Interview, March 19, 1986.

46 Creel Interview, August 16, 1985.