

## State hospital has success stories

ALAN GUSTAFSON Statesman Journal  
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Amber Jackson counts herself lucky to occupy a private room in a newly refurbished cottage on the Oregon State Hospital campus.

"It's the best room in the whole hospital," she said.

Her gleaming room has a bay window and a side door that opens to a large porch, affording Jackson scenic views of the hospital's park-like grounds.

"You look out here, it's like God's music box in the morning," she said. "The birds are singing, the squirrels are playing."

Despite the bright side of cottage residency, she can't wait to leave the hospital's forensic psychiatric program and build a new life in the community.

Jackson, due to be discharged from the hospital July 28, said she's intent on staying clear of illegal drugs, reknitting bonds of marriage and pursuing a career as a real estate agent.

As Jackson tells it, her stint of hospital treatment demonstrates a rarely recognized truth: Many people with mental illness do recover at the state hospital. Their success stories get lost amid relentless criticism of the outdated, understaffed and crowded hospital, she said.

The state's push to reform the 126-year-old mental hospital will draw rigorous scrutiny Monday, when a team from the U.S. Department of Justice arrives for a fresh evaluation of patient care and conditions.

The weeklong, on-site review will come 18 months after the U.S. DOJ issued a report that harshly criticized the hospital, citing sweeping defects that allegedly violated patients' civil rights.

Jackson tells a different story, extolling hospital therapists and staffers who gave her hope about the future.

"I really think they're liberal in their ways," she said. "They take your life story and guide you onto a better path."

In the past, Jackson, 35, paid a steep price for abuse of methamphetamine and cocaine. The drugs contributed to severe psychiatric symptoms, including hallucinations and delusions.

"I gave myself a mental condition," she said.

She regrets losing custody of her two children: her son, now 8, was adopted by her mother; her daughter, now 17, lives in a foster home.



**TIMOTHY J. GONZALEZ | Statesman Journal**

Amber Jackson talks July 16 about the things she has learned while a patient at Oregon State Hospital. She currently lives in one of the cottages and is scheduled to be released July 28.

Jackson's current hospitalization stems from a drug relapse late last year. She linked the episode to lingering stress, hopelessness and guilt.

"I lost so much in my past, my children and everything, so I became desensitized," she said. "I didn't care whether I lost anything more, and it didn't matter to me whether I went out and did drugs."

As Jackson prepares to leave OSH, she's confident that she won't resume self-destructive habits.

"I strongly know that I'm not coming back here," she said. "I'm tired of starting over."

### **Cottage life 'a gift'**

Some hospital patients denounce OSH, calling it a bleak, prison-like warehouse.

Jackson strongly disagrees.

"People should realize that it's not a hotel," she said. "We still have to do our time for our crimes. We're still obligated to be policed."

The hospital's forensic program houses more than 400 patients who were judged guilty except for insanity of crimes, ranging from shoplifting to murder. They were sent to the hospital for treatment, not punishment.

Hospital buildings have been deemed obsolete and unsafe by state-hired consultants. But Jackson touts new innovations in patient treatment and housing.

"The cottages really are a gift," she said.

Thirty-six patients have been assigned to live in six restored cottages, clustered on the southwest section of the hospital campus. In a bygone era, hospital administrators lived in the stately homes. After decades of decline, recent remodeling work converted the structures into transitional homes for patients nearing their discharge dates.

Jackson shares a large, two-story cottage with seven other patients, all men.

"We get along," she said. "We do things in a respectful manner, respect everyone's boundaries."

Household chores are shared by residents, but she does most of the cooking.

"I'd rather be doing something productive instead of watching TV," Jackson said. "So I take the initiative and I do cook the meals. It's a lot of time to put in, but I would do that if it was my own home."

### **New treatment mall**

Jackson is one of about 60 forensic patients enrolled in the hospital's new treatment mall.

Patients gather at the mall to participate in wide-ranging types of therapy and activities, from relapse prevention to yoga.

"I think of it almost as a junior college," said Michelle McGraw-Hunter, manager of the treatment mall.

Treatment malls have become common at psychiatric hospitals across the country. By some

accounts, the U.S. DOJ investigation spurred Oregon officials to create such a program.

The OSH treatment mall opened this spring, about the same time as the new transitional cottages.

Jackson's a big fan of the mall.

"It's so much better than staying in bed and feeling guilty," she said. "It's better to get up, go to the treatment mall and work through your problems. It helps you feel more confident that you can actually become one less mental patient, one less drug addict that society has to worry about."

Hospital officials said the treatment mall conforms with an important federal DOJ standard that calls for patients to participate in 20 hours of treatment per week.

At OSH, each patient determines his or her treatment mall curriculum, in consultation with a treatment team.

"We try to honor what the patients want; they're the deciders," McGraw-Hunter said.

Every weekday morning, patients leave their housing units and walk or bus to the mall. It's located inside a brick building that formerly housed a now-defunct treatment program for mentally ill and emotionally disturbed children.

Staffers go to the mall, too.

The centralized mall provides patients with opportunities to socialize and meet with therapists and staffers who can best meet their individual needs, McGraw-Hunter said.

It's a dramatic change from past treatment practices, which kept patients cooped up on cramped hospital wards.

Not everyone favored the advent of the treatment mall, but the program gradually has gained acceptance from patients and staffers, McGraw-Hunter said.

"It's a different way of doing business. For some people that can be scary, especially for staff," she said.

Currently, the treatment mall is limited to patients housed in the cottages and in Ward 35A, another transitional unit.

However, another mall is planned for the hospital's 50-building, three-story complex that houses hundreds of medium-security forensic patients.

Longer-range plans call for treatment malls to become cornerstones of patient therapy at a new \$280 million state hospital. The 620-bed facility is scheduled to fully open on the existing hospital campus in 2011.

Will federal reviewers be impressed by the hospital's phased addition of treatment malls?

"We're trying to address the issue in an incremental way. We'll see what the DOJ thinks," McGraw-Hunter said.

### **Leaving OSH**

Jackson is scheduled to be conditionally released from OSH late this month and enter a group

home in Cornelius, a small town in Washington County.

Jackson expects to stay at the group home for about eight months before graduating to a more independent type of housing, possibly her own apartment.

At some point, she expects to live with her husband. They met several years ago at the state hospital, when both were patients. They subsequently got married.

Jackson looks forward to him making weekend visits to see her at the group home.

Her conditional release from the hospital will be monitored for at least a year by the state Psychiatric Security Review Board. Any slip-ups could result in Jackson being returned to the state hospital.

A review of Jackson's hospital file, authorized by her consent, indicates that she abused drugs after a previous round of state hospital treatment.

Records indicate Jackson was committed to the hospital in 2006 for Multnomah County charges of assault and criminal mistreatment.

In February 2008, the psychiatric review board granted her a conditional release to live in a group home in Portland.

Jackson initially fared well, reports say. She eventually moved into an apartment, attended Portland Community College and studied to become a drug and alcohol counselor.

But the review board revoked her conditional release last November after Jackson admitted to using cocaine. She reportedly hid the drug abuse from her husband and community-based mental health providers for about a month.

When Jackson returned to the state hospital, she was racked by guilt. A report by a hospital social worker summed up the anguish of the newly admitted patient: "She is very concerned about how her relapse will affect her current marriage. She feels very guilty that she lied to her spouse and is concerned that this will affect their relationship.

"She feels that this hospitalization is needed and sees it more as a punishment for herself that she deserves."

Since then, Jackson has made excellent progress in her treatment, and she now is ready to return to the community, according to hospital reports.

"She is very motivated to maintain her stability and mental health," concluded a recent progress report, dated June 21.

On the verge of leaving OSH, Jackson feels good about her recovery.

"It's difficult sometimes to live with people who are negative," she said. "But if you stay on your own path, you don't get detoured.

"I've really worked hard on my recovery. I find value in myself and others now."

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