

History

In 1850, Dorothea Dix persuaded the General Assembly to appropriate money for a state-run psychiatric hospital in Raleigh. By 1875, an estimated 700 North Carolinians were classified as “insane” and not receiving proper care. One hospital thus proved insufficient to meet the needs of the State’s citizens with mental illness. Therefore, on March 20, 1875, the General Assembly voted to provide \$75,000 to establish a second state hospital. Four western North Carolina cities, Statesville, Hickory, Asheville, and Morganton, competed to become the home for the institution that was to be known in its early years as the Western North Carolina Insane Asylum. Morganton was selected.

Gifts and purchases resulted in 263 acres being acquired by the State in 1875. Work began almost immediately. As an economy measure, 50 convicts were released from penitentiaries and brought to Morganton to help make bricks for the hospital’s first building. The brick contractor was responsible for the feeding, safekeeping, and return of the convicts. Realizing that the building under construction would not provide adequate space and due to insufficient funding to expand its size, the General Assembly appropriated an additional \$60,000 in 1877 for another wing. Five years later, in December 1882, the Avery Building and its south wing were completed. Dr. Patrick Livingston Murphy was hired as the first superintendent, a position in which he served for 25 years

In early 1883, the General Assembly directed that Dorothea Dix Hospital and the Western North Carolina Insane Asylum determine between themselves which of the State’s counties each hospital was to serve. On March 7, 1883, a line was drawn following the western boundary of Rockingham, Guilford, Randolph, Montgomery, and Richmond counties.

On March 29, 1883, the first patient was admitted to the Morganton facility. Shortly thereafter, approximately 100 patients were transferred by rail from the crowded hospital in Raleigh. During the first two years of operation, 252 patients were received. In his first biennial report in 1884, Dr. Murphy said, “There are some insane persons in our district who ought to be in the asylum but cannot be cared for.” The General Assembly heard his plea for more space and authorized the money to finish a north wing for the Avery Building to provide space for 150 additional patients. This wing opened in 1886. In that same year, the eastern boundary of the Western District was extended to Durham, Chatham, Moore, and Richmond counties. In 1887 the Scroggs Building was opened.

The name of the hospital was changed from the Western North Carolina Insane Asylum to the State Hospital at Morganton in 1890. This name was retained until 1959, when it was changed to Broughton Hospital after then Governor J. Melville Broughton.

During the early years of the hospital’s existence, many of the male patients worked on the hospital’s roads and grounds. A road was built to the hospital from the town of Morganton with the help of Broughton Hospital patients. Additional land was purchased, and by 1893 the total campus acreage was up to 331.

By May 1899, the eastern dividing line for the Western District was changed to the western border of Granville, Durham, Chatham, Harnett, Cumberland, and Robeson counties. Additional buildings, including an airing court, a summer house for women, a bowling alley and billiard room, a bake house and dairy, a greenhouse, and a new stable and farm house were added to the campus. Yet additional land was purchased in 1900 at the Hunting Creek Bridge, and a golf course, which was used by patients and staff, was built near the Farm Colony.

In the early 1900's, the colony treatment approach was adopted, which resulted in the establishment of a number of detached residential units where patients could live in smaller groups in less of an institutional atmosphere. The colony houses were constructed to resemble other farmhouses in western North Carolina. Gardens, vineyards, and orchards surrounded these homes, as actual farming operations were undertaken to keep the custodial-care patients productively occupied. There were three colony groups involving ten buildings, which housed about 350 patients.

Influenza and pneumonia hit the hospital in 1901. At that time, the hospital served 52 counties in North Carolina. In 1903 the Harper Building opened, and in 1906 a large, new laundry was constructed. An amusement hall was also planned in front of the Scroggs Building at the strawberry patch, which is now the location of the Geropsychiatry parking lot and Watkin's Garden. By 1908, buildings for women patients with tuberculosis and the Nurses' Home were completed. The subsequent year, a new kitchen and bakeshop followed, along with a building for male patients with tuberculosis. In 1910, plumbing was replaced in the Avery Building, iron beds replaced wooden beds, and granite steps in the front of Avery Building were replaced with marble steps.

Meanwhile, a state-level hospital commission was formed to inspect and supervise the hospitals. As far as treatment planning, there were daily staff meetings at the hospital where each patient's case was presented and reviewed.

After the end of World War I (1918), public attitudes toward the State's mental patients seemed to change. The mental health hospitals were forgotten by the Legislature and by the public. The performance of management was frequently measured by the amount of unexpended appropriations that could be reverted to the State Treasury. The cost of maintaining a patient in the institution at this time was less than \$150 per year. The colony system was gradually phased out in the 1920s. Nonetheless, additional buildings and physical plan improvements continued to be constructed: a receiving ward for men, a dorm for men, a staff apartment building, a central power plan, a cold storage plan, and an elevator for the Avery Building.

Staffing figures from that era indicated there was one physician to 355 patients and one attendant to 13 patients. Nurses were on duty 15 hours per day including Sundays, with one afternoon off each week from 26 PM and one evening off from 7-10 PM. Unit attendants slept on the wards with patients and received one Sunday off per month. During the period from 1932-1934, there was one physician to 500 patients and one nurse to 21 patients. The fifth floor of the Avery Building was designated for attendants while the third and fourth floors were available for patients. The basements were also fitted for units, giving over 500 more beds to the hospital. During the 1940's, the hospital census grew to approximately 3600 patients.

During the next two decades, numerous buildings were added to the campus. In addition, new therapies such as occupational therapy, industrial therapy, and recreation therapy was made available to the patients. Affiliations were developed with medical and nursing schools. In 1963 the Community Mental Health Act was passed and President John F. Kennedy called for the creation of 2,000 community mental health centers, which were to be within the geographic and economic reach of all citizens.

In 1965 the State was divided into four regions, each containing a mental hospital. These regions were divided into geographic groupings of counties called catchment areas. At that time, Broughton Hospital's responsibilities included eight catchment areas comprised of 32 counties. That same year, the hospital was reorganized and the unit system went into effect. Initially, there were seven units. During the latter part of 1966, the first worship service was held in the new Chapel.

In 1968, after the passage of the Elementary and Secondary Education Act (ESEA), the school program began on the fourth floor of the Avery Building. At that time, school-aged patients were housed in geographic units, and the only time they were grouped together was when they attended class.

Throughout the early 1970's, many changes took place at the hospital: the Physical Therapy Department was established; electroconvulsive therapy was started; Industrial Therapy began using a token system instead of giving items as payment to the patients; the Outpatient Clinic closed; Western Piedmont Community College and Gardner-Webb College began nursing affiliations with the Hospital; EEG equipment was purchased and the X-Ray Department added Nuclear Medicine; the new Vocational Rehabilitation Facility was completed and the local Foothills Area Program opened; Lithium was introduced to patients; the old amusement hall became the sheltered workshop; group therapy was first used on all units; patients began to wear their own clothing; the Neuroscience Department was created; patients' rights policies were established; and the basement of the Chapel was completed. The Chapel basement became the site for a courtroom where patients' hearings were held on a weekly basis. Such District Court civil hearings for involuntarily committed patients began in June 1974.

During 1972, more than in any other previous year, concern was expressed because adolescents, geriatric patients, and patients with alcohol use problems were housed on geographic units. A proposal was drawn up for further division of the unit system. The rights of patients with alcohol use problems also became an issue when the ruling was made that they could not be jailed for "public drunkenness" but must be allowed to go home or to a treatment center. Along with the issues of housing adolescents and the ESEA, the problem of recreation for the youth was an issue. Plans were made for a youth center in the basement of the Nurses Home, and the Youth Activities Program (YAP) opened. Also, a unit for the deaf was established in March 1974 to provide special care for the deaf population who had mental illness.

On March 28, 1973, Broughton Hospital received its first survey by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and the hospital received a one-year accreditation. The latter part of 1973 brought another reorganization of the hospital. The Youth Unit and other specialty units were created. The Geropsychiatry Unit opened with the first patient admitted in October 1974. By 1975, the organization structure of the treatment units appeared as follows: Units A, B, C, & D (Acute Adult Psychiatric Geographic Admissions); Unit E (Medical/Surgical); Unit F (Alcohol & Drugs); Unit G (Nursing/Geriatrics); Unit I (Intermediate Care); Unit J (Youth); Unit K (Geropsychiatry); Unit L (EldercareOBS); Unit M (Deaf); Unit O (High Management); Unit P (Community Placement); and Unit R (Habilitation Mental Retardation).

During the latter part of 1970's, the Department of Health and Human Services implemented CARELINE, the Staff Development Department was created, construction began on the recreation shelter, OSHA training was given to all employees, and the Employee Assistance Program was established. Hospital expenses for inpatient stay increased, and by 1980, the daily costs were \$62 (Psychiatric); \$65 (ICF); \$74 (ICF/MR); and \$141 (Medical/Surgical).

The 1980's also brought many changes for Broughton Hospital. Surveys by outside bodies increased, hospital expenses continued to rise, new street signs were placed throughout the campus, the fitness trail was completed, the buildings on campus that were not named when constructed were given names, employees picnics and music festivals for the patients became annual events, the Quick Response Safety Team was formed, the first service award banquet was held, ET (Electronic Transmitting) was designed to signal for emergency assistance. Greystone House was converted into a hospital museum and meeting/conference center, a literacy program for patients was established through VISTA, the Opportunity Center opened, and the first public exhibit of patients' art was held at the Jailhouse Gallery in downtown Morganton.

The 1990's brought budget crises, gas crunches, recycling efforts, and parking regulations. The Broughton Hospital Foundation was formed in December 1992 for the purpose of enhancing the lives of the clients at Broughton Hospital through donations, endowments, activities, etc.

In January 1998, the Twin Oaks Nursing Facility received a grant to provide a more homelike environment for its patients. This was the beginning of the Eden Alternative Program at Broughton Hospital. A year later the Twin Oaks Nursing Facility at Broughton Hospital became the only facility in the United States or Canada to hold the distinction of being accepted in the Eden Alternative's Registry of Care Facilities. In recognition of its entry into the registry, Twin Oaks was presented with a plaque, called the Eden Tree, by the City of Morganton. In the context of a state-level thrust toward placing patients from state hospital based nursing facilities into community-based residential settings, in April 2002, the Twin Oaks Nursing Facility officially closed its doors.

In 2006, Deaf Services, a 14 bed unit for persons 18 and over who are deaf, with mental illness and/or substance abuse issues opened its doors as part of the Specialty Services Division. This population is comprised of acute and longer stay patients who reflect various diagnostics groups.

The hospital is currently organized by function and program service. The unit level is comprised of two residential services with patients grouped by major treatment modalities, age, and patient need. The two divisions are Adult Admissions (Acute and Extended Treatment) and Specialty Services (Geriatric, Adolescent, Medical and Deaf).

Student affiliations are maintained with Appalachian State University; Caldwell Community College; Catawba Valley Community College; Central Piedmont Community College; Chatham University; Davidson College; East Carolina University; East Tennessee State; ECPI; Edgecombe Community College; Edward Via College of Osteopathic Medicine; Gardner-Webb University; Gaston College; Idaho State University; Iowa State University; Isothermal Community College (Foothills Nursing Cons); Kentucky College of Osteopathic Medicine; Lenoir-Rhyne University; Mayland Community College; Milligan College; Mitchell Community College; Pitt Community College; Radford University; University of South Carolina; South College; Southwestern Community College; Surry Community College; UNC Chapel Hill; UNC Charlotte; UNC Greensboro; UNC Wilmington; University of St. Augustine; University of Tennessee; Wake Forest University; Western Carolina University; Western Piedmont Community College; Wilkes Community College; Wingate University; Winston Salem State University

Today, Broughton Hospital is one of the three psychiatric hospitals operated by the State of North Carolina within the Department of Health and Human Services under the Division of State Operated Healthcare Facilities. The Hospital serves the 37 westernmost counties in the State, which has a population of over 3 million or about 38% of the State's total population. In addition, Broughton Hospital provides statewide for deaf individuals who have mental illness. Services are rendered through Managed Care Organizations (MCOs) in the hospital's catchment area that provides outpatient services. Patients are admitted to the hospital by judicial commitment or on a voluntary basis. Today the hospital serves approximately 770 patients per year with average cost per day of \$971.00, it employs approximately 1200 employees and has a 120 million-dollar annual operating budget.

On April 25, 2012, Broughton Hospital broke ground for a new state-of-the-art psychiatric facility. At 466,000 square feet, the new hospital will contain 382 beds and employ more than 1300 health care professionals.

In April, 2013, Broughton Hospital made a commitment to incorporate the principles of Recovery-Oriented Care in all of its processes, procedures, and policies. Recovery-Oriented Care embraces the reality that people who have serious challenges with mental health and substance use do recover and can lead self-directed lives, striving to reach their full potential.