

Northville Township Historical District Commission

Oral History Interview – Tom Watkins

November 19, 2007



**Director, Michigan Department of Mental Health  
Northville Regional Psychiatric Hospital**

Interviewers: RA= Richard Allen and JC= John Colling

*RA. Today is Monday, November 19, 2007. We are going to interview Tom Watkins, primarily about the Northville Psychiatric Hospital. You were head of that organization for a while; tell us what time frame you were involved and what went on there.*

My history with Northville Regional Psychiatric Hospital probably goes back into the early 70s. I did my graduate work in Social Work Administration at Wayne State University and ran a number of *queman*??? health agencies. In 1982, I believe, Governor Blanchard got elected; I was his Deputy Campaign Manager when he first ran for governor, joining the governor after he was successful in that race as Deputy Chief of Staff for the governor's office. I spent about a year as Deputy Chief of Staff, and in 1983, late 1982, I moved over and joined someone I considered my mentor, and someone I consider that today, C. Patrick Babcock, who was the Director (of?) under Governor Milliken. In fact they changed the law so Patrick Babcock could become the Director of the Department of Mental Health. Prior to his appointment, you had to be at least an MD, if not a psychiatrist, in order to do that. So I came over in 1983 as the Deputy Director of the Department of Mental for the administration and all the administrative responsibilities for about a billion, three hundred million dollar budget, Northville Regional Psychiatric Hospital, being one. In 1986, Pat Babcock left. In probably 1984-5 I became the Chief Deputy, which had the clinical responsibility as well as the administrative. In 1986 when Pat Babcock moved over to run then the Department of Social Services—today they call it the Department of Human Services—something like that, and Governor Blanchard appointed me on an acting basis and then permanently a few months later as the Director which I served as Director of the Michigan Department of Mental Health from 1986 to 1990. A funny thing happened in the election of 1990: Governor Engler took over.

*RA. How many hospitals were under your jurisdiction?*

At that time, I think it was in the low twenty's—probably a little more than half psychiatric hospitals, some children's hospitals like Hawthorne Center, Yorkwood, and a couple of other psychiatric hospitals for children. The rest were referred to as Centers for the Developmentally Disabled. The one out here at Plymouth Center at Five and Sheldon was one of those centers. Ultimately they were closed. In fact there is only one center for the developmentally disabled that is open. I'm not sure how many psychiatric hospitals there are left.

*RA. Not many. What were the big changes that happened while you were there?*

There were a lot of changes. Probably the biggest change that took place at that time was the change in medications to treat people who were mentally ill, the psychodermic medications and the tremendous amount of research going on in drug companies. Before that they called it the Thorazine Shuffle for people who were given that medication. It would do things, and many people would describe it as in a zombie state. There were a number of new medications that came online at that time as well as the push probably begun during the Nixon-Kennedy years involving a big push towards community-based care. At that time Northville had approximately at its heyday approximately 1500 people who were mentally ill that lived at Northville, including the young adults.

*RA. When I was on the Township Board, there was always a big to-do about the walk-a-ways.*

It always was. I remember spending my birthday, November twelve, with Senator Bob Geake and his wife, our veterinarian, at a community setting in Northville city hall with a lot of angry residents from the subdivisions primarily directly behind the hospital. I do remember one was during that time as I sat there, and I had a deep respect for Sr. Bob Geake and still do. He asked me to come down. Beyond the personal respect and professional respect I had for him, he was also Chairman of the Appropriations Committee for my department. So I wasn't any fool. He asked me to come to a meeting, birthday or not, so I did. I remember sitting there and being polite and listening to people about the concerns that they had. As residents of my community, I lived here. I never moved to Lansing, commuted to Lansing. It was getting late, I wanted to go home and celebrate my birthday. Finally I said, "Come on guys, you built your house in the shadows of a seven-story building, the largest psychiatric hospital in the state. You didn't expect there would be some issues, maybe you got a better price for your property?" I'll never forget, one woman said, "Well, I was told that was a state police post." At that point I think I slapped my head, and said, "If we need a seven-story state police post in Northville, then we have more problems than walk-a-ways from the psychiatric hospital."

*J.C. But what level of mental health were you dealing with? I know that some are a lot more debilitating than others?*

In order to get into a psychiatric hospital at the time, in fact one of the things that I don't remember that changed when I was deputy and worked for Pat Babcock or I changed it, but we had an admissions office on the hospital grounds. Any police officer, any social worker or the like, if they had a problem with a person in the community would bring him out to the hospital. Well, guess what happens at an admissions office? You get admitted. Once someone gets into the hospital, it might have been a psychotic episode, treating medication, with a little bit of therapy you could move him back to a less restricted environment which is less costly. I remember a few hundred dollars a night was a pretty expensive hotel if you didn't need to be in the hospital. We changed that at the front door for community-based programs to have the responsibility for making the determination if someone met the criteria for involuntary admission, that was: Are they a danger to themselves and others, and unable to take care of their basic needs and suffering from a mental illness. You couldn't deprive someone of their liberty just because they were a public nuisance. You know, urinating in the bushes, acting a bit bizarre. They had to meet those criteria for an involuntary admission. Early on, there were people who were voluntarily admitted there. They could be someone who was having difficulties in the community. It would end up being a lock up for local people. We changed that and required that the admission be done somewhere outside, making sure they met that legal criteria for legal admission.

*J.C. Where did people generally come from? Was it locally or Wayne County?*

It was primarily Wayne County, a good portion; I can't remember the statistics. But Detroit had a larger percentage of that, some of which were lifelong Detroit residents. But some, if you can imagine, if they were psychotic, mentally ill, severely depressed, they would often times get kicked out of their suburban homes, didn't fit in in Northville, Livonia, Wixom, or somewhere else, they'd end up downtown in Detroit. So a lot of residents may have a Detroit residence, but

may have originated from Belleville, Northville, Garden city, Westland, but they tend to like anybody whether it's homeless, mental illness, mental retardation, they tend to migrate. The other which took place in the early 60s and 70s is that the first foray of the institutionalization and community-based programs, the only places those programs were allowed were usually in a rural setting out on some farm somewhere, so we might have had some out in this area, or down in large homes in Grand Boulevard, Cass Corridor and the like in the low-rent district, people who were not valued by society tended to go: Homeless people, people with alcohol problems, mental retardation, and mental health issues. So you had a lot of those in large stately homes which were turned into adult foster care homes which had minimal amount of resources from the state, you know maybe dollars a day to take care of somebody who could range from a moderate which was referred to the walking-worried who had issues in their daily lives to somebody who was actively psychotic, severely depressed or mentally ill.

*JC. Did you have professional staff in their homes?*

No, in some of those homes you had a good care provider, you know, Aunt Matilda who took care of Uncle Charlie down south for a number of years ago or here, but a lot of those adult homes were run by good people with good hearts, but with maybe high school or less education. Basically they were room and board homes. There was not a lot of service that was offered to these individuals.

*JC. Therefore, not much treatment?*

Little or no treatment. The treatment was taking place 99.9% of the time was not taking place in that house. They may have gone out to some outpatient clinic. In those early days there was very little that was developed and the waiting lists were fairly significant for individuals.

*JC. When did the psychiatric hospital start here in Northville, was it 1952?*

I think it was. It was in the mid-50s.

*JC. It operated here for about 50 years. When they closed it, you were long gone? What were your feelings on that?*

I was long gone. My feelings are, when you take a look at buildings and the history of mental health and criminal justice, both areas I've worked. If you build a building, society will find reasons to stick people in those buildings long after technology, the programs, the services have changed in order to meet those needs. I believe, clearly, that my level of care that what I would associate with, that if someone in my family—my mother, my father, my sister, my uncle that was mentally ill—would I want them there? I don't care if they have JCH accreditation or the like, my level of accreditation would be that level. If my dad were sick, would I think that was a good place to go? Community-based programs are always better in my view if we have the right services in care. There was a need. Some of our long-term psychiatric hospitals became used as warehouses—out of sight, out of mind. Very expensive care. I may be off on it, but up to \$400 a day and up comes to mind as what it was costing. I believe that hospital at one time had a budget in excess of \$60 million, over 1,000+ staff that worked there 24 hours a day seven days a week,

365 days a year—very expensive to run. If someone needs that level of care, that makes sense. But if you think about it, you can get a whole lot of service. You have to ask yourself if we are servicing the buildings or are providing services to the individual. Often times in public policy, I've been involved in government, nonprofits, and business at one time, but the pendulum tends to swing from one side to the other. We're watching that right now in the corrections debate. We have more locked up in prisons in the state of Michigan than the surrounding states do. Some people have the mentality of lock 'em up and throw away the key. But somebody has to pay for that. As you know, it costs more to care for someone in a state prison than to send your child to the finest universities in this country. For the really bad, dangerous people—fine—lock 'em up and throw away the key. But some of that was beginning to happen at Northville. We had to ask ourselves, again under the law, is the person a danger to himself or others, unable to take care of the basic needs and has a mental illness. If they did, then involuntary admission but it should be the shortest term as it possibly could and then back out. But what would happen, oftentimes, back out meant back on the streets, the person would quit taking their medication, and you may as well put them on the conveyor belt. As I used to say, sooner or later someone who has a mental illness is going to do something crazy, that's the nature of the illness, and that's going to land them in here. What's happened now to the detriment of the individual and the detriment to society at a high cost is that too many of our local jails and prisons have replaced the state hospitals that used to have people who were mentally ill. If you talk to most sheriffs, police officers, corrections officers, they'll say that a lot of people who used to be in Ypsilanti State Hospital, Clinton Valley Center, Northville Regional Psychiatric Hospital are not in a community-based program, they're in a community lock up or state prison and not getting the level of care that they need for their illness.

*JC. What was the routine when you had patients there for a long time? You must have had programs to educate them, to exercise them.*

There was a whole array of services: social worker, occupational therapy, art therapy, music therapy, gymnasiums, and getting out on the grounds. But one of the things that was very difficult during those years, if you recall, was the waning years of Governor Milliken's tenure, the departments were severely cut because of the recession Michigan was under. I used to kiddingly say if you ever see me go from private business back into the public sector, put your money in your mattress because the economy is going to hell in a hand basket. I've never had the luxury of running a state department when we've been in an economic upturn, and I can't imagine what it would have been to do that when we actually had resources in the state. Here we are again. So there was a number of those programs that were there but a good part of the years that Pat Babcock and I were there, we were basically managing hundreds of millions of dollars that were removed during the latter part of the Milliken administration, certainly the first number of years of the Blanchard administration. When the resources began to come back, we had to hit a recession again the late 80s, early 90s. There was literally hundreds of millions of dollars that came out of the department of mental health at the time and typically those ancillary professional services are the last to be added and the first to go, during a lot of the time I was there. One of the things that I was proud of that we implemented during those years was when I used to go to the City County Building. I would see people who were mentally ill waiting for their hearing. We would have a busload of people, 30-40, or maybe two or three buses from Northville Psychiatric Hospital, take them down to the Detroit Wayne County, now the Coleman A. Young

Municipal Center, on Woodward and Jefferson. They would sit in the basement in a cinder block room with a bench, maybe. Too many people stuffed in too small of a room where they would have a hearing to determine whether they met the law if they were a danger to themselves or others. So they may go there, have their hearing at 9:15 and sit in that room where people would come by and gawk at folks who were mentally ill, and they'd sit there 3:00 in the afternoon. One of the things that we implemented during that time was rather than taking thousands of people during the course of the year, maybe 1500 people would have multiple admissions, they'd have to go through this legal hearing. Rather than moving thousands of people to the City County Building, I thought it was a good idea that we could move a judge, a stenographer, and a security person out to hold the hearings at Northville rather than taking the mountain to Mohammad, bring Mohammad to the mountain. We instituted that and were able to redirect some money. Sen. Geake and Rep. Jerry Young, Sr. who was Chairman of the Appropriations Committee for the House, Democrat from Detroit—they worked to do that. We extended the Semta line, it used to stop at Livonia Mall. In order to provide public transportation for families, we had that line extended out to the hospital, it may have turned around somewhere else in the city or township before it went back. That was a way to treat people better and reduce costs at the hospital.

*RA. You had some outlying buildings, a theatre, a pool. What were they used for?*

A lot of those were dormitory units, what we referred to as the Young Adult Center. These were for a transition phase for someone who was too old for Hawthorne, maybe seventeen or eighteen, but not the 35-year-old hardened person. There were some program services and psychiatric and social work and psychologists that believed that those individuals were in a different stage of life as opposed to somebody older, so there were a number of units that were used for that program which brings it full circle to one of our notorious cases at the Young Adult Center involving Dr. Tombough. If you remember that, you may want to have somebody research it. There was a case, from my memory that was 20 + years old, there was a young man, I think his name was John Baily. I can't remember how it turned out, but he was accused of child molesting out in Brighton. They tracked it back and found out he was a client in the Young Adult Center in Northville Regional Psychiatric Hospital. If my memory serves me right, Dr. Tombough, who was the psychiatrist at that time, let him leave, and in fact he is accused, I can't remember the facts, he allegedly took him out to Canada and brought this guy drinks and wine. The defense, as I recall from Mr. Baily, was saying a lot of the problems he had, I think it was murder charges against him, stemmed back to those incidents with Dr. Tombough, which was a pretty heated period of time. That was a horrendous thing. I think it was John Baily. He was accused out of Brighton of child molestation as I recall, murder or maybe a couple of cases, and it was tracked back to the Young Adult Center and Dr. Tombough and what transpired there. I think I did some of the investigation on that.

A guy you may want to talk to about it is Steve Thomas. I think he is now at Central Michigan University. He was the Administrative Assistant at that time and was affectionately referred to as Radar, out of MASH, as he knew everything, kept records on everything.

*RA. You recommended talking to Pat Babcock. Where is he now?*

You may be able to find him through the Kellogg Foundation. He lives in Lansing. I have his email.

*RA. You sent me his email. We could always do a speaker phone interview.*

He's down here now that his daughter and grandson are in the Detroit area somewhere. He definitely would. I referred to him through the Milligan years as "Mr. Human Services." He started the Offices of Services to the Aging, Office of Children and Youth Services, Office of Substance Abuse, the Labor Director. They changed the law for him in order to enable him to become the director after Dr. Frank Augburg who was the psychiatrist. He was so well thought of. He transitioned from a Republican to a Democrat.

*RA. Who succeeded you?*

Jim Havman. Jim is retired. I have his email as well. He did some work in Iraq for President Bush. He served in that position. They moved a lot of the departments together when I left in 1990. It probably closed in his tenure. He closed a lot of psychiatric hospitals. He lives in Grand Rapids.

Frank Augburg, you may still be able to find him. He lives in Meridian Township in Okemos and he's an expert on terrorism. Psychiatrists, then Pat Babcock and Jim Havman. During that Jim Havman period, they collapsed the Department of Health and a couple of other departments and put them into one department. I think Social Services is as well, and they're all together.

*JC. I have some friends who live on Fry Street right across the hospital. The walk-a-ways were no surprise. Their feeling was that, "all we do is call the hospital and they come and get them." They didn't see any threat or anything like that. They always had the question, "I wonder why they let these people just walk away?"*

It's always a difficult one on that. It's not a jail. If you think about the history of psychiatric hospitals, think about when they were built. When Northville Regional Psychiatric Hospital was built there, maybe your friend's home was there, there might have been a couple of farmhouses. There wasn't a whole lot out here. For those individuals, I have a little more sympathy for them. They have been there longstanding and the like. The ones that I became very frustrated with are the ones who built their homes long after the hospital was there. What I found pretty interesting, if these were the same neighbors, if I were going to categorize them, they were more conservative, more Republican than Democratic. Yet, they wanted the state (and we ultimately did for political reasons) to built big berms, put in all kinds of landscaping and put in all kinds of fences.

*RA. Were you there when they planted the infamous rose bushes that never grew?*

Exactly. Never grew. I would guess during that time there was a million or more dollars spent to appease the neighbors. I just found it ironic because my guess is if you talk to the people philosophically, they would be against government, against taxes, and the like. When it came to their particular need, that's what they wanted. If it's a big concern and you build your house

there after the hospital, why don't you build a big berm, why don't you put up the fence? Why should all the taxpayers in the state of Michigan provide that for you? It was a half a million dollars. It wasn't anti-residents. It was the frustration with that. It was more like, "Here's a half a million dollars to appease somebody who built their house next to the largest state psychiatric hospital." That means I have a half million dollars left to buy medication for some of the sickest mentally ill people in the state, less money for social workers, less money for doctors, less money for better care and services for some of the most vulnerable. I found that pretty annoying during that time.

The difficulty to get back to walk-aways, it's not a jail. In order to get the people as they got better and were on their meds, they would have freedom to walk around on the grounds. Every once in a while they wanted to get away or go home for mom's cooking, or went for a walk and got lost, they would. You're right. The vast majority of the walk-aways would be more the incident there. Almost some of it was, someone would pick up the phone and say, "Charlie is here again."

*JC. This couple that I knew were very sympathetic. Most of the time people seemed to be confused. They didn't know where they were, didn't know how to get back.*

Yes, at the same time as a resident, as a family person, when they hear that the people that are there are there because they are mentally ill, they are a danger to themselves or others, and cannot take care of their basic needs. During those days to see an African American person walking around Northville, you figured they were either coming from the prison or from psychiatric hospital. It was not the norm.

*RA. They were an automatic pick up by the police.*

Exactly. I saw some of the recent census data. We have a lot more diversity now in Northville than we did in the 70s. If you were an African American, you were assumed not to be from here. If you were running, you were probably from the prison, and if you were walking you were probably from the psychiatric hospital. If you go down Seven Mile now, it seems like I've seen more African American people there when the hospital's closed, then I did in the 70s and 80s during that tenure. I think there was a part of that too. Not only were they mentally ill, they were black, and in a suburban area, there weren't a lot of black people at that time.

I think it's interesting to see the full cycle. Thinking about the buildings that are there. I remember going to the manager's clinic to borrow a mattress. One of the things that hit me at the time, they had lobotomies museum, cold dunk tanks where they would pick people up and dunk them in ice cold water in order to shock them, electric shock. What hit me at the time is that none of that was being built to be inhumane. It was perceived to be the best treatment at the time. To see the medications change, to see the treatment change and to see additional programs being built in the community which enabled less and less people to have to be warehoused in a very, very expensive, in my view, and not good for the taxpayers, at \$400 a day to put somebody up in a hotel because they were homeless and not taking their meds. What hasn't happened and it's still not there today is that promise of adequate treatment for people who are mentally ill, and the state has done a significantly better job for people who are mentally retarded, developmentally



disabled, than they have for children with psychiatric illnesses or adults that have a mental illness.

*RA. In Dr. Wright's interview, he said there is an over reliance on medication for children today. Some just need to be worked with, and the medication is not really helping in situations.*

And it's the easiest thing to do. It's a medical straight jacket.

I had keys to every unit. It was not unusual for me to stop in there at 10:00 at night or at 2:00 in the morning, or a Friday or Saturday. A lot of people thought that it was a "Gotcha" for the staff. I believe unless you have eyes and ears, bad things happen in institutions. It just becomes the norm. It happened at the Plymouth Center where genitalia were being burned, breaks in arms and legs, accusations, sexual assaults, when you don't have eyes and ears from the outside coming in. We instituted a couple of things. I would do it as a way to check and see and as a way to get to know people. The other way to check is I'd sit up in Lansing and we'd make these policies and procedures. You'd always wonder if they trickled down and people on the midnight shift or afternoon shift ever heard. As an example we had some tragedies during that time when I found out that we had a policy when people were on "suicide alert", you had to check on them every half hour. I'm not a medical doctor, but I think they could figure out that every half hour you walked by, so they hang themselves or do whatever they're going to do. And all you do is find a slightly warm body as opposed to something else. We changed that, and it was a very costly change. If you want to prevent suicides, and you really believe somebody is suicidal, you have to have a continuous watch or something where a doctor would say, "between this period and this period," they're unlikely not to be dead. It was good to see those kinds of policies. You passed them up there and through the whole rigmarole for the midnight shift. I'd go over there and look through the manual and it'd be 1960 policies. Somehow or other those new policies never seem to get into the record.

Thank you.

Transcribed by Patricia Allen on February 24, 2008.

Not edited by Dr. Tom Watkins.