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New Bryce facility one of few positive changes in mental health system

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Forty-five years ago there were more than 8,000 patients housed in two mental health facilities in the state — Bryce and Searcy hospitals.

Almost five decades later, Searcy has closed, along with multiple other mental health facilities, and Bryce Hospital is no longer housed on the grounds where it first opened at the start of the Civil War.

W.D. Partlow Development Center, which opened in Tuscaloosa in 1919 and served as the only residential facility for people with intellectual disabilities in Alabama, closed its doors in 2011. At its peak in the late 1960s, Partlow housed as many as 2,500 patients.

When Partlow closed, approximately 151 patients were shifted to community care across the state, and 484 employees including nurses, doctors, therapists, social workers and support staff had to find new jobs.

“There has been a tremendous shift from services provided in state hospitals or developmental centers to services provided by community-based programs,” said Jim Reddoch, commissioner of the Alabama Department of Mental Health and a former director of Bryce. “And, a tremendous amount of new funding has been shifted to community providers in order for them to take over the role formerly played by state institutional facilities.”

However, the shift toward de-institutionalization started several decades ago.

Bryce Hospital, a state-of-the-art facility in its day, was established by the Legislature as the Alabama Insane Hospital in 1852 on a tract of land east of the UA campus. The hospital opened in 1861 with Peter Bryce as its first superintendent. The Legislature renamed the hospital to honor Bryce in 1900.

At its peak, the original Bryce Hospital had more than 5,000 patients. A landmark federal class-action lawsuit in the 1970s over the conditions at Bryce led to the deinstitutionalization movement in mental health treatment in Alabama and nationwide.

In Alabama, the shift away from institutional care saw the closure of other facilities across the state, including Searcy Hospital in Mount Vernon, Partlow Developmental Center in Tuscaloosa and Greil Memorial Psychiatric Hospital in Montgomery in 2011 and 2012.

There are also plans to close the North Alabama Regional Hospital in June. By year's end, the only remaining state mental health facilities will be Bryce Hospital, Harper



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A portion of the main building at the former Bryce Hospital is seen torn down as work continues nearby along Hackberry Lane on the campus of the University of Alabama Monday, Feb. 2, 2015. Michelle Lepianka Carter | The Tuscaloosa News

Geriatric Psychiatry Center and Taylor Hardin Secure Medical Facility, all in Tuscaloosa.

“There are several reasons why we have seen the shift from state facilities to community-based programs,” Reddoch said. “First, services can be provided at a much lower cost in community programs. Second, the need to transfer the consumer away from his or her home and support system is avoided. Third, federal law requires that services be provided in the most integrated environment of possible.”

That means consumers of mental health services must be part of the community as much as possible, Reddoch said. But the shift has not come without debate.

The Alabama Disabilities Advocacy Program, which monitored ADMH clients after they left the institutions, advocated for the closure of Partlow and called for more community-based care.

“Nobody is going to say it’s perfect,” James Tucker, director of ADAP said in 2011. “But it’s a far better quality of life for the people when they’re living in the community.”

But, according to local leaders, shortfalls in state mental health funding have lead to long wait lists for mental health services and an increased demand on law enforcement and local jails.

“If you can’t take care of your citizens unless there’s a case of a dire emergency, then you’re not taking care of your citizens,” said state Rep. Chris England, D-Tuscaloosa, during Tuscaloosa’s annual legislative breakfast Feb. 16. “I’m hoping we can all kind of coalesce around the (issue) and say enough is enough,” he said.

The problem is there isn’t enough community-based care to meet the demand, and there are too few state resources dedicated to mental health, England said. The state is waiting until people are in jail or in emergency situations before they really have access, he said.

“We are reaching crisis levels,” he said. “The state of Alabama is failing in its ability to take care of people who cannot take care of themselves.”

While there is a need for additional services, the recent changes to mental health in Alabama have brought about improvements to services and care, Reddoch said.

“Efforts have been made to streamline the system and to make it more efficient and effective,” he said. “These efforts have generally brought about good results, even in the face of inadequate resources. Clearly, there needs to be a further expansion of services to address some of the problems which remain.”

The University of Alabama purchased the Bryce property from the Department of Mental Health in 2010, paying nearly \$77 million for the 168 acres and an additional \$10 million for environmental cleanup and historic preservation. UA managed construction of the new \$81 million hospital as part of the agreement.

The new Bryce Hospital, which was built on the former Partlow grounds off University Boulevard, opened in July 2014. The 260,000-square-foot, state-of-the-art facility has classrooms, medical and dental clinics, recreational and fitness areas including interior courtyards, a cafeteria, barber shop, library, chapel and post office.

The new facility has 268 beds in a mix of private and double rooms. The old Bryce had about 250 beds when it closed last year. The new hospital is designed to be more homelike than its predecessor.

“One of the most positive changes in the mental health system is the construction of a new Bryce Hospital,” Reddoch said.

The facility will soon serve as the in-patient facility for the entire state.

“(Bryce) will be available for community-based providers to access in situations where they may feel that a more secure acute-care environment is necessary for a particular customer,” he said.

“While there have been some concerns expressed about closing state hospital beds, one must realize that those beds were available only for individuals who were involuntarily committed after probate court hearing.”

Now, Bryce is serving as a safety net for committed individuals in need of longer-term care, while the community-based care is serving the larger population, Reddoch said.

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