

By Cathy Wield December 2022

Extract from: 'Change of Mind; escaping the shackles of the psychiatric system'

In 2007, I was hospitalised with what had been diagnosed as a relapse of major depression. I wrote this at that time and apart from a few minor alterations and some comments which I have made, now I have a different understanding, it remains largely unchanged.

*'I have never been exuberantly extrovert but I was nonetheless outgoing. I enjoyed company, had good friends, loved going out but guess what? When I was feeling depressed, I was none of those things – I become intensely introverted and therefore unwittingly self-centred. I retreated into myself, avoided company and yet when faced with those I loved and cared for, would put on a 'good face'. The patient must be understood whatever the context of their lives and circumstances, both when they feel fine and when they feel symptomatic.'*

*'Most hospitals in the UK are located in an urban environment; probably for ease of access but the truth is that they often lack space and the facilities are inadequate. However, very little attempt is made to improve the environment and make the best of what is present. The décor is often depressing in itself, dilapidated and the need for re-decoration is low priority. Even though Carseview had not been open long, the carpets and chairs were smelly. When one of my fellow patients was incontinent on a chair, the covers weren't removed and it wasn't taken out of circulation; we had to live with the consequences. Whereas I could hardly blame one of the staff for sitting on towels whenever they used the furniture, it still made me feel that as patients, we were less than; we weren't afforded such a privilege.'*

*'It is more common now in the 2020s to have furniture that is designed for safety; comfort is low on the list of priorities. Safe, heavy furniture, easy to clean by wiping down, may be logical yet, how do we make sure that practical considerations do not over-ride basic dignity? Many of the psychiatric units make patients feel worse about themselves, because they are more akin to prisons than hospitals. The toilets do not have seats, the beds are screwed to the floor and often there is no privacy to be had, other than a curtain around a bed space or at the entrance to a bathroom or toilet. There is nowhere for a patient to relax when they are often admitted to psychiatric wards for weeks on end. This easily feeds into the low self-esteem and/or negative perceptions that so many patients have already gained about themselves.'*

*'Communal and individual bathrooms and toilets, for psychiatric patients require the same hygiene standards that would be acceptable to members of staff. It is important that the ancillary staff in psychiatric hospitals are employed in the understanding that the needs of psychiatric patients are of equal importance to the needs of patients anywhere. When nursing staff are not interested in these concerns, they are letting patients down.'*

*'Hospitals often lack adequate provision for patients to take exercise and/or they don't factor in, that enough personnel are required to allow patients time outside. While the literature pushes the benefit of exercise in the prevention and treatment of mental health conditions, these very same patients are denied access to this. Does this make sense?'*

*'The food at Carseview was appalling. It was cooked off site, brought in as 'ready meals', which were then heated up in their plastic containers. Nothing was fresh, the quality of the meat was terrible; it seems the importance of a healthy diet was patently ignored for patients who might spend weeks or months in hospital.'*

*'There were plenty of notices around Carseview on how you could make a complaint – yet doing so did not change anything, other than earn you the label of a trouble maker or nuisance. Patients' rights were not seen as important and those of us who made an effort to get improvements made were not respected or taken seriously.'*

*'The noise at night was terrible. The nursing staff who were posted outside the doors of patients who were on 'suicide' watch (24 hour observation), made little effort to keep their voices down. I was not the only one disturbed enough to ask them to be quieter. Sometimes I heard other patients lose their tempers with these inconsiderate staff during the night and when a shouting match ensued, it made everything worse than ever. When I brought this up with the nurse in charge – she said "this was the night staff's daytime", so I should not expect them to keep quiet. The importance of sleep was not respected and the only way insomnia was dealt with, was to prescribe medication.'*

*'The way the body habituates to the effects of medication inevitably led to the need for increasing doses to get me to sleep. As a consequence I would find myself unable to get up in the morning and feeling hungover during the following day'.*

*'I can't help wondering, would hospice patients be treated like this? Or patients on a cancer ward? Surely we deserved equal standards of care to other patients. Furthermore the inpatient psychiatric wards are described as being a therapeutic environment. What a joke.'*

*We had been given diagnoses and told that our illnesses were caused by such things as chemical imbalances in our brains. We might be 'mentally ill' but if mental health services really believed that the problem was in our physical brain, what was the logic that led to us being treated differently to other patients with other physical conditions? I don't believe that now of course, such theories have been discredited. But the principal remains, that whatever it is that brings a distressed or disturbed person into contact with healthcare professionals, they have a right to be treated with respect, dignity, kindness and compassion.*

*'I am glad that the conditions under which I had the ECT had improved from a safety perspective. But ECT has never been proved to be reliable and effective, despite what the proponents claim. Furthermore, I was coerced into giving consent. When I first had ECT, I was like most patients, completely unaware of how damaging it is to memory. I lost important memories as a result of this treatment and now they are gone for ever'.*

*'Patients were restrained on the ward quite frequently. Thankfully, I never had to go through that. The restraint would often lead to an injection of a tranquilliser. Now it is increasingly recognised as a procedure which is inherently dangerous for patients. The use of restraint should be highly unusual and I hope that it becomes something that requires mandatory reporting'.*

- Inadequate after care

*'Most completed suicides occur after recent discharge from hospital. Doesn't this speak volumes that hospital care does not make people better!'*

- The biggest barrier of all – staff Attitude

*'I have heard it said during the course of my work – 'it's not illness, only behaviour!' Staff in psychiatric units usually treated the patient with more compassion while they believed the patient was 'unwell' but the moment they believed that the patient had a modicum of control, then the way the patient responded or acted out, was labelled 'behaviour'. This led to the staff in their*

*turn responding either in a punitive way, showing displeasure of even using deterrents such as close observations as punishment or else the patient was simply ignored.'*

*'I think that there should be more trained staff; those who are untrained may be excusably ignorant of mental illness and it increases their susceptibility to copying the bad attitudes displayed by some staff. I would not pretend that looking after psychiatric patients is an easy job and undoubtedly staff are subjected to abuse, probably more so than in any other branch of medicine. However they still need to remain professional despite this. In good hospitals, the staff are all invited to a 'group' session, to discuss their feelings especially in relation to challenging patients.'*

*'I know there are many fantastic untrained staff but even so, it should not be forgotten that they are untrained. Often it is these untrained healthcare assistants, who do the bulk of the caring roles, which place them in direct patient contact. It may be difficult for the trained staff to leave their paperwork and therefore leave their office as often as they would like but patients are not aware of why this is; it is often perceived as neglect or rejection, when the nurses don't respond. Patients are savvy and easily get to know who the good staff are. This is a constant topic of conversation amongst themselves. In Carseview a particular woman abused her position and was able to wield an unhealthy amount of influence even over the trained staff. She epitomised a judgemental and uncaring attitude. She ruled the roost at many of the mealtimes and was positively vile to certain patients. I couldn't understand why her colleagues put up with her. I was never quite sure whether staff like that went into the job already harbouring such attitudes or whether it was a manifestation of burn out? It may be understandable that a bad decision is made when employing someone who is untrained, but surely it is inexcusable, when it comes to trained staff.'*

*'When I was in Carseview, I thought it was supposed to be a hospital, not a correction centre. I hoped that none of these nurses went into their profession to punish patients. Nursing staff, medical staff and even untrained nursing or healthcare assistants need to refrain from being judgemental. That is not part of the job description.'*

*'I always worried when I heard cynicism expressed over the caring attitudes by the seemingly naïve nursing or medical students. – "They'll soon learn!" says a*

*more experienced member of staff, who clearly does not approve of their ability to be kind. Once a staff member's innate goodness and kindness is lost to cynicism, surely the work becomes less enjoyable and yes, the patients will notice, even if their fellow staff don't want to.'*

*'The 'them & us' attitude continues to be pervasive within all medical services which when taken to extremes becomes them = inferior, undeserving v us the staff =superior, deserving. It can be particularly destructive on psychiatric wards. It promotes the belief that dealing with life's difficulties 'would never happen to me,' and I suspect this may be one of the reasons that people leave the profession or hide their own difficulties. I want all staff everywhere to think about how they would like to be treated if they were feeling awful, whether sad, anxious, unhappy, isolated or lonely.'*

*'If only all our NHS hospitals could be like the Priory hospitals, notwithstanding the fact that such care costs money. But those institutions are so much more humane. I do believe that within the NHS, there is a myth that if psychiatric patients are too comfortable, then they will resist discharge home. Clearly if a patient prefers living in an institutional setting with consequent loss of independence, then that is another problem which psychiatry should be supremely placed to tackle. The priority for all staff caring for patients who are being treated within the psychiatric system must be, to make sure that their patients are listened to, respected and treated with dignity.'*

*'While patients are infantilised, coerced and forced to take ineffective and inappropriate medication, is it any wonder that so few people get better?'*