Porirua Hospital Museum/Resource Centre Oral History Project

Recorded: 8 + 11 September 2003 4 SIDES
Interviewer: Helen Reilly
Abstractor: Helen Reilly **Dr THAKSHAN FERNANDO**

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020 Explains PERSONAL details: biographical, qualifications in SRI LANKA, coming to PORIRUA HOSPITAL. Explains training as a psychiatrist

074 Describes PORIRUA HOSPITAL IN 1974: patient numbers, medical staff, types of patients.

109 Describes gradual CHANGES WHICH BEGAN in 1970S: care of patients, expectations of rehabilitation, culture change for staff, change in attitudes of politicians, the media and society.

145. Describes creation of HOSPITAL BOARDS and the positive effect on PORIRUA HOSPITAL.

156 Describes how new Medical Superintendent Dr JOHN HALL (1975 – 1986) initiated changes at PORIRUA: the unlocking of wards, integration of male and female Admission Wards. Recalls the impact on staff and the many 'dire prophecies'.

203 Describes how PORIRUA HOSPITAL became a TRAINING CENTRE for house surgeons and psychiatrists in 1970s. Details about cooperation between PORIRUA and WELLINGTON HOSPITALS. Mentions that PORIRUA HOSPITAL treated patients from lower North Island.

254 Explains INSTITUTIONALISATION phenomenon. Mentions other psychiatrists who have written about it: Kaufmann (?) and Barton (?). Describes mental asylums: treatment often brutal and used as punishment.

274 Explains TREATMENT IN 1940s: few cures, lack of scientific evaluation, introduction of ECT (electroconvulsive therapy) given without anaesthetic.

292 Describes CHANGES IN TREATMENT which had occurred by 1970s: psychiatrists campaign for training in giving ECT, less ECT given. Describes patient antipathy to ECT. Mentions British studies and gives details of medical conditions where ECT is justified.

335 Describes REGULAR VISITS FROM SPECIALISTS during 1970s: physicians, neurologists, cardiologists, geriatricians

342 Explains types of GERIATRIC PATIENTS suffering from: dementia, depression, schizophrenia. Describes long-term patients, particularly a case about an incorrectly diagnosed patient hospitalised for 40 years and his gradual rehabilitation back into the community.

381 Describes establishing COMMUNITY-BASED HOSTELS in 1979 as part of rehabilitation process: public concern about patients in the community, evaluation by multi-disciplinary team. "Cascading effect of changes"

404 Describes how New Zealand's 1st PSYCHOGERIATRIC UNIT was set up in 1976/7 by himself, a nurse and a social worker in a refurbished ward.

425 End if SIDE 1

SIDE 2

001 Explains background to establishing PSYCHOGERIATRIC UNIT at PORIRUA HOSPITAL: various reasons for old people being in hospital, previous expectations about need for long-term hospital care, his belief many could be treated in the community. Describes how multi-disciplinary team assessed patients in their own homes. Gives details about health professionals involved in assessment process.

085 Describes TREATMENT METHODS USED BY PSYCHOGERIATRIC UNIT. Details about patients with dementia, relief admission for family', successful rehabilitation for some patients, reasons for confusion in elderly patients, delirium mistakenly diagnosed as dementia, incorrectly prescribed medicines leading to delirium.

153 Describes GERIATRIC WARD: well supported by Hospital Board and local and by local service groups.

174 Describes how CHILDREN IN 1950s BECAME PATIENTS: grew up in hospital, not psychiatrically ill, brought in for social reasons, also happened in LAKE ALICE and DUNEDIN.

192 Names STAFF MEMBERS involved in GERIATRIC WARD, including Medical Superintendents Dr JOHN HALL and Dr HELEN BICHAN (1086 – 1988). Mentions he left PORIRUA HOSPITAL IN 1981 to become a senior lecturer at CLINICAL SCHOOL OF MEDICINE IN WELLINGTON.

212 Describes REHABILITATION WARD set up and the TREATMENTS used: psycho-social interventions involving families, details about psychotherapy, details about psychodrama (group started in 1977) and musical therapy. Refers to patients working in the library as psychotherapy. Mentions hospital farm and patients working there in 1940s and 1950s.

303 Describes DRUG AND ECT IN 1950s and HOW IT CHANGED: psychotropic drugs such as lithium beneficial, often led to overuse. Suggests that desperation might have led to overuse of drugs and ECT. In 1970s, staff resistance to lowering of prescribed dosage often caused conflict between doctors and nurses. Describes how they resolved this conflict.

340 Describes use of LIBRARY for TRAINING NURSES (in late 1970s) about drug therapies: up to date medical journals, Nursing School projects all helped to "blast the fallacies". Regular clinical meetings involving nurses, doctors and other health professionals also helped resolve conflict about treatments.

364 Describes how OVERSEAS PSYCHIATRISTS CAME TO PORIRUA HOSPITAL as a result of the changes, how hospital became part of the 'WELLINGTON training scene'.

375 Describes HIS CAREER: how he became a senior lecturer at WELLINGTON CLINICAL SCHOOL in 1981, work he did teaching and training 4th, 5th and 6th year medical students, his continued involvement with PORIRUA HOSPITAL'S Psychogeriatric Unit, returning to PORIRUA HOSPITAL as Acting Medical Superintendent in 1988, becoming Deputy Director of Mental Health in 1989, then Director of Mental Health in 1990.

417 End of SIDE 2.

SIDE 3

020 Explains why he became ACTING MEDICAL SUPERINTENDENT in 1988 and noted that some CHANGES had occurred between his arrival in 1974 and his return in 1988.

050 Explains CHANGES in USE OF DRUGS during 1980s: consequences of long-term use of anti-psychotic DRUGS and escalation of prescribed DRUGS formerly, now constant evaluation of dosages.

100 Describes CHANGES in ADMINISTERING ECT: more professional approach, consent of patients where possible, qualified anaesthetists used.

112 Describes CHANGES IN HOSPITAL MANAGEMENT during 1980s: application of business practices to administration, hierarchical procedures, uncertainty about down-sizing of PORIRUA HOSPITAL, low staff morale, anxiety among patients.

164 Describes "pretty poor shape" of some of the BUILDINGS in 1980s

173 Recalls how CHANGES in UNLOCKING AND INTEGRATING THE WARDS 10 years earlier had worked: 'dire prophecies' had not occurred, any violence among patients now mostly self-inflicted.

197 Describes SUCCESS OF REHABILITATION CENTRE run by Dr HELEN BICHAN. Explains why it was popular with psychiatric trainees.

212 Recall personal enjoyment in working with MULTI-DISCIPLINARY TEAM and practising as a clinician but laments lack of communication and clear direction experienced at PORIRUA HOSPITAL during the time (1988 – 1989).

223 Describes becoming DEPUTY DIRECTOR OF MENTAL HEALTH in 1989, then DIRECTOR in 1990. Explains his role: working with Ministers of Health: HELEN CLARK and SIMON UPTON, both appropriately demanding in setting standards.

252 Explains RESOURCES FOR MENTAL HEALTH IN 1990s: trend towards deinstitutionalisation during 1980s, both LABOUR and NATIONAL (main political parties) willing to provide necessary resources, strengthened his position.

277 Reflects that all these CHANGES occurred as a process over time and recalls some of the factors of CHANGE.

280 Describes background to the 1992 MENTAL HEALTH ACT: movements during 1980s which led up to it, need to eliminate possibilities for unethical detention of patients. Explains its principal features: voluntary patients excluded, compulsory assessment, raising of standard of legal definitions for mental disorder, standards for review.

332 Explains REVIEW PROCESS: different officials involved, district inspectors, lawyers. Explains term 'Official Visitor'. Mentions part played by Dame SILVIA CARTWRIGHT in drafting the 1992 MENTAL HEALTH ACT which ultimately led to the tightening of its legal aspects. UNITED NATIONS HUMAN RIGHTS COMMISSION commended the Act for protecting patients' rights.

382 Describes need for subsequent AMENDMENTS to 1992 MENTAL HEALTH ACT for dealing with violent patients. Describes concerns held by Police and Department of Courts about resources, and anxiety from the community. Mentions recent INVERCARGILL tragedy involving a patient from SOUTHLAND HOSPITAL MENTAL HEALTH

UNIT. (In 2001, Mark BURTON who was discharged from hospital against the advice of his family and who subsequently murdered his mother.)

409 End of SIDE 3

SIDE 4

007 Explains FORENSIC PSYCHIATRY: assessment and treatment of mentally ill offenders. Gives examples of types. Mentions tragedy in AUCKLAND when a violent mentally ill PATIENT (?) who was refused admission to hospital committed murder. Describes official enquiry into Māori health led by KEN MASON. Recommended establishment of 7 regional forensic facilities and training centres for mental health professionals. Mentions new facilities in CHRISTCURCH, PORIRUA and AUCKLAND: improved quality of services although they are very stretched.

110 Future of FORENSIC PSYCHIATRY: needs consolidation, careful supervision of patients in the community. Explains involvement of different health professionals: psychiatrists, psychiatric nurses, occupational therapists, psychologists.

138 Reflects that NEW ZEALAND'S CHANGES in FORENSIC PSYCHIATRY part of a world-wide trend during last 2 decades.

147 Describes main problem in MOVING MENTAL PATIENTS BACK INTO THE COMMUNITY: already many cases of untreated mental illness, community is heterogeneous and open compared to hospital environment; need to negotiate with patients and families.

180 Describes 2 initiatives which have helped PROMOTE A POSITIVE IMAGE FOR MENTAL HEALTH TREATMENT: courage of ALL BLACK JOHN KIRWAN, role of media in publishing his story; setting up the independent MENTAL HEALTH COMMISSION which included patient representation.

212 Explains 4 MAJOR CHANGES DURING HIS CAREER: application of scientific methods to development of different treatments and to evaluation of treatments; application of concept of biopsycho-social model of mental illness and treatment; success of the patient advocacy movement; increase in psychiatric training for doctors, nurses and psychologists. Describes satisfaction about these changes and recalls briefly the endurance of many patients he treated. Describes recent meeting with one patient and their reminiscences.

320 Describes POSSIBLE FUTURE of PSYCHIATRY in NEW ZEALAND: role of politicians and media and in portraying mental health positively and in preventing return to early 20th century TREATMENTS. Explains difficulty in predicting changes in psychological methods, treatments and preventions.

341 End of SIDE 4