

# **“The psychiatric hospital” by Jen<sup>1</sup>**

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<sup>1</sup> Jen chose to use her real first name in her story.

<sup>2</sup> Artwork by Dale Scoles

I will respond to these prompts a few at a time, because doing the whole lot at once might be too much!

*What was happening in my life before I went to Kingseat?*

I was feeling increasingly on the outer as regards other people. As a youngster, I had commented that I felt like “an alien from outer space”, and this had continued. When navigating social situations outside of my family, I would often inexplicably “get something wrong” and would sometimes end up in an unpleasant situation, without understanding how or why. I found daily life challenging and anxiety-provoking; sometimes too much to cope with.

*What was the process for becoming a patient there?*

I went to a medical clinic and the doctor recommended that I go to the psychiatric hospital for a while. It was my own choice to follow this advice, i.e. I was a voluntary patient. I had been in Kingseat Hospital once before, and that previous time had been an OK experience. However, the second time I was in Kingseat Hospital turned out to be a very different experience. It is the second stay in Kingseat Hospital that I will be referring to in Q. 4 and onwards.

*Describe the physical look and environment of*

*Kingseat..... aspects that I liked.*

Kingseat Hospital was not an unknown location to me, because, during my childhood and teen years, my family had lived relatively close by, on a farm at Karaka. Sometimes my mother, brother and I had attended the annual Kingseat Gala Day (or whatever it was called), which had quick fire raffles and other gala type activities happening. (There was very little local entertainment in that time and place, BTW, so that gala day was welcome as one of the very few events we attended each year!).

The main entrance was impressive, with a long

driveway bordered by two rows of huge phoenix palms. On the entrance wall was the inscription “Mens Sana in Corpore Sano.” When one reached further down the driveway, buildings began to appear. These were the villas where patients stayed, and were built of red brick, which is the type of building that I like the look of. At the very end was the big office building. There were trees, lots of grass, and some gardens. Everything looked attractive to me. Plus, as I wrote above, I had happy childhood memories of gala days being held there. Therefore, I had nothing but positive feelings towards the place, at the time of my admissions # 1 and # 2. (It was after being transferred to

the “Farm Ward” on admission # 2 that things changed).

*Describe what happened on a typical day.*

In the regular villas, (at least, the one that I was in, Villa One), life was rather easy-going, punctuated by meals, nurses bringing medications, the occasional villa meeting (staff and patients), and sometimes being called for a private consultation with a doctor. After about four weeks in Villa One, (a bit longer than it would have otherwise been, because of the consultant being away), I was transferred to the “Farm Ward,” Claybury House, situated over the road from the main hospital.

It is in the “Farm Ward,” Claybury House, that I spent the most time; (I think it was seven months; added on to my time of one month in Villa One, this added up to eight months in Kingseat Hospital for my second stay).

On a typical day in Claybury House, patients would have breakfast, then patients and staff would meet in the “Therapy Room,” a large separate building. On Mondays, we began with the (to me) dreaded “Monday Mimes.” That is, we had to try to convey, silently, using actions only, something relevant to the group that we had experienced or were thinking, to the rest of the group. It was sometimes

hard enough to think of something, let alone mime it. The turns went around in a circle; if you couldn't think of anything, or were too anxious to do it, there would be trouble, because opting out was not an option. And if you DID do it, you could also be in trouble, because of the incident / issue that you conveyed..... e.g. if it was something that turned out to irritate or upset someone else in the group. The whole group (patients and staff) would often gang up on one patient who had "said or done the wrong thing," no matter how unintentionally; this was a pattern carried out daily (often more than once per day) for my whole stay in Claybury House. This had the effect of traumatising me

(and presumably some of the others.... i.e. the ones who were more often targeted by the group). If a targeted patient was in tears at the end of the Monday Mimes (or any other group "therapy" session), they were simply left there to cry while the rest went off to morning tea or lunch; the staff members would deliberately leave them in a distressed state. Sometimes another patient would stay behind to try to comfort the crying one, though this was not usual.

After the first morning session of the day (e.g. Monday Mimes, or an ordinary group "therapy" session), there was morning tea, then another group therapy session in the Therapy Room. Again,

patients and staff were seated in a circle. The staff would start with a topic (or, quite often, an “incident” or “issue” that some unsuspecting patient had inadvertently “caused”) and the patients were expected to say something about it, in turn. This, again, was terrifying for me.... Especially when I was the patient who had somehow unknowingly, during the course of the previous day or two, “done or said something wrong,” meaning I would be targeted again by the whole group. Thus, “group therapy” was a kind of “group bullying” a lot of the time.

After lunch, there was sometimes an activity or sport arranged by the staff;

otherwise, it was more of the same (group therapy). As I am not well co-ordinated and very non-sporty, any physical pursuits were usually an ordeal for me. The staff members’ main choices were indoor basketball (in the main hospital basketball court) or swimming (in the main hospital pool), both of which I hated. I could never get the hang of (compulsory) basketball at primary school, and was no better as an adult, especially as I had trouble catching and throwing the ball, and being “tackled” by another player in order to get the ball off me was another fearful experience.

After the swimming sessions, I would always be in trouble again (from the whole group,



but particularly the staff) for “being the last to get dressed.” I absolutely could not help it, because I tried my hardest NOT to be last, because I was terrified of being in trouble again! — but no matter how hard I tried to get dressed quickly, (presumably due to my coordination issues), I always ended up last, which meant being in trouble again, i.e. being reprimanded by staff and other patients, and told that I was doing it for attention. All reprimands and negative comments were always done in front of everyone, so that one was publicly humiliated. (Being in trouble is the LAST sort of “attention” I want, either then or now!)

The sports sessions were not every day; in the afternoon slot there was sometimes some sort of group game, though that, too, could end up with unpleasant consequences, if I “did or said something wrong” without meaning to.... i.e. it could result in more verbal punishment and humiliation in front of the whole ward, with patients taking part in the bullying.

At the end of the day was dinner (in our shared dining room) and “socialising” until bed time. As I did not know how to socialise “in the accepted way,” this was also a potential source of trouble, because if I did or said anything “wrong”, I would be targeted next day during the

“therapy sessions” by the staff and patients combined..... (as above).

More details are, of course, in my book, in “The Psychiatric Hospital” chapter.

That is enough for today.....  
Bye for now and thanks for inviting me to tell my story!

*Describe the treatment you had. Were you asked for any consent? Did they ever ask for your opinion about what you needed? Were you told what would happen and why they were doing that?*

Did the Farm Ward / Claybury House staff (an offshoot of Kingseat Hospital) ask for consent or our opinions as to our treatment? — No! —

because I doubt if many (or any) patients who were in there (i.e. the “Farm Ward, Claybury House”) would have consented to much of this so-called treatment, and some (if not all) of us would have had unfavourable opinions about the so-called treatment. — Mind you, I realise that I can not speak for others, so let me just say that as for myself, I did not consent beforehand to the various “activities” we had to partake in, and I had an unfavourable opinion of them. However, I suppose that one’s “presence” in the hospital ward (“Claybury House”) was taken as “consent” to the treatment handed out there.

It is a slippery slope when considering “consent” of



vulnerable people (e.g. those who are already in a mentally / emotionally fragile state when they arrive at the hospital) to their treatment, especially when these people are told that they are in the “Last Chance Saloon,” i.e. you get cured here and now, (while in this facility), otherwise you will be “on the psychiatric scrap-heap for life,” which is what we were told (in either those words and/or in very similar words, as remembered by some other ex-patients also). As a result of these factors, we were not in a totally “consenting” situation, because we were threatened with lifelong psychiatric disability if we did not conform and go along with all of the treatment. I.e. There

was a great power imbalance here, tipping us into “you either consent to this, or you are doomed to the ‘psychiatric scrap-heap’ for life”. Added to this was the fact that some of the activities were unknown to us patients in advance, so we could not have known what was coming and therefore could not have consented to the activities beforehand. I don’t feel that this situation was true consent.

As for our opinions of the activities / treatments after they had happened, our opinions did not count, except to make a person even more targeted for group criticism, so one would tend to keep quiet about one’s opinions rather than be the target of a

group criticism and humiliation session. (Many, if not all, patients would join the side of the staff members when another patient was targeted, so as to [I suppose] keep themselves out of the target range).

*What were the short and long term effects of Kingseat on your life?*

Short-term effects for me were a feeling of post-“treatment” trauma, combined with relief to be out of there, but also anxiety because I was now back in the real world after a “time out” of the real world, thus needing to re-adjust and get back to “normal life,” but finding it hard to do so.

Something which was (to me) both a serious short- and long-term effect was the fact that one could not get any “post-Claybury House / post Kingseat Hospital” after-care or follow-up support, without this being provided exclusively by the Claybury House staff themselves! Apparently, it was a policy for ex-Claybury House patients to be allowed NO follow-up support EXCEPT by Claybury House staff members — the very same staff members who had dealt out the above so-called treatment. If one was in distress and went to any mental health clinic / facility, one was refused access / treatment except by the Claybury House staff, i.e. one would be referred back to them. I found this very scary,

because, by then, one did not exactly trust those same staff members..... and how would they be able to empathise with one's post-treatment difficulties when they were the exact people who had dealt them out in the first place?

This situation (as described in the above paragraph) gave me a considerable level of anxiety and, indeed, a level of hopelessness / despair, knowing that I could not consult any professional person (for the rest of my life?) who was not a staff member of Claybury House. One time when I DID go to see someone for counselling (who, yes, was a staff member of Claybury House — the only kind of person

whom I was allowed to see) — I was then subjected to a demeaning attitude and a very insulting comment which still hurts (if I happen to think of it, which I try not to). I deliberately do NOT think about this time of my life, unless needing to do so, e.g. in order to answer these research questions!

*In Chapter 13 of your book you outline many times that you asked for help but didn't get it. What should have happened instead? What needs to happen for people today and in the future asking for help?*

*What needs to change to ensure people with ASD or other conditions are kept safe now and in the future?*

As for how to prevent these sorts of things happening again — I feel that in my particular case, the LACK of an ASD diagnosis (before, during, and for a long time after) my Claybury House experience was the main problem, or certainly a major one in this situation. E.g. I would probably not have even been recommended to go into Claybury House in the first place, had I been previously diagnosed with ASD, because Claybury House was not an appropriate “treatment” for ASD persons. ... (Mind you, Claybury House was probably not an appropriate treatment for any kind of persons). I suspect that I would not have been sent

there (by the consultant who saw me in the main Kingseat Hospital setting), or, at least, not for long, because of observing another patient who was swiftly taken OUT of Claybury House while I was there, due to his “being diagnosed with a condition which makes him susceptible to bullying” — which, in retrospect, was possibly ASD.

For an individual who already has a diagnosis of ASD and then seeks mental health support, I would certainly hope (and expect) that their ASD diagnosis would be taken into account so that they would be offered ASD-appropriate support. NOT having this diagnosis (or any idea, at that time, that my issues were due to ASD) was

a major factor that contributed to my inappropriate “treatment” in Claybury House.

However, I realise that the mental health field in NZ is still far from an ideal scenario and, as a consequence, a diagnosed ASD person may still not be able to get the appropriate kind of support (i.e. “ASD-appropriate”). Many of the professionals who are familiar with ASD are in private practice, which, typically, puts them out of range of most people who are having mental health

difficulties / ASD-related issues.

At least, I would hope and expect that, nowadays, an individual with an existing ASD diagnosis would not be placed in a treatment situation which is totally inappropriate for an ASD person. .... but even now, I realise that there is the danger of a proportion of mental health professionals who are not up skilled on ASD, hence potentially giving inappropriate care to ASD persons.