

How to retrieve a patient's hat – learning about mental health nursing by exploring our history

by Tim Cawley and Tony Gillam

Tracing your family history can be likened to connecting the seemingly random pieces of a jigsaw puzzle. In an educational context, historical artefacts can help to connect us with past systems of mental health care and can serve to acquaint mental health nursing students with their nursing ancestors. In this article, we examine two such resources - a rather unusual book and a short documentary film - both of which have been used in sessions on the history of mental health nursing at the University of Wolverhampton.

Doing things by the book

The book - the 'Rules for the Guidance of the Nurses' - was produced by the Staffordshire Mental Hospital, Burntwood, near Lichfield (Staffordshire County Mental Hospital, 1938). This slim volume, printed in 1938, provides a fascinating insight into the transition from lunatic asylum to mental hospital and prescribes the role played by nurses in this care system. This state of change is reflected by an ambiguous use of language; terms such as 'incurable' 'servant' and 'insane' appear on the same pages as 'patient', 'nurse' and 'recovery', suggesting that the old continued to sit rather uncomfortably with the new. The prominence given to Section 322 of the 1890 Lunacy Act regarding 'penalties for ill-treatment or wilful neglect of patients' with its reference to 'attendants' and 'lunatics' further highlights the mental hospital's proximity to its Victorian roots and its need to impress on its nurses the consequences for such abuses (imprisonment or a fine not less than two pounds and not exceeding 20 pounds).

Nevertheless, the document provides an early example of the struggle for parity of esteem within the mental health system and the institution's aspiration to be seen on equal terms with the general hospital and infirmary. Employees are prompted to 'constantly bear in mind that this **'is a hospital'** and, as such, is dedicated to 'the comfort, health and even the recovery of the patients'. It emphasises the central role of the nurse in restoring health or failing this 'the improvement and amelioration of those cases whose malady is of an incurable nature'. What would now be thought of as 'engagement' with patients was given particular emphasis requiring nurses to ensure that 'their whole time [is to] be devoted to the patients and they must be with them constantly'.

Although not explicitly expressed as such, 'Rules for the Guidance of the Nurses' espouses the values on which care should be based. Nurses were expected to conduct themselves with humanity, gentleness, patience and perseverance. These qualities were to be allied with vigilance, firmness and a benign quiet authority. Recovery is founded on the capacity of the nurse to model calmness, order and temperance. The skilled nurse is seen as someone who can affect change in a patients'

behaviour by example through the neatness of their own appearance, their relaxed demeanour and through their purposeful activity. Nurses are also seen as instrumental in directing, motivating and coaxing patients to engage in occupational and recreational activity ensuring that this is **'given in quiet tones, in unobjectionable language and not as orders'**. The authors warn against assuming that a nurse's duties are 'of a light character, easy of accomplishment and give satisfaction'. Rather the work is portrayed as stressful, onerous and at times unrewarding. Consequently nurses are expected to show considerable fortitude and resilience particularly when confronted with 'abusive language (...) threatening demeanour or even violence' on the part of the patient. Nurses are advised that they 'must on no account be resented [and that] every effort must be made to appease the patient.'

As one might expect the booklet sets out the conditions under which nurses were required to perform their duties. Nurses were required to start their duties and to provide patients with 'their undivided attention by 7am, retiring to their rooms no later than 10pm with lights out by 10.30.' In many respects the working lives of nurses employed in mental hospitals in the years leading up to the 2nd World War seem comparable to those of domestic service. There were restrictions on associating with other hospital employees whilst off duty and the architecture and rules of the hospital set clear gender demarcations regarding staff and patients. Specific guidance is provided on numerous issues concerning care, safety and record-keeping - much of which is addressed in contemporary policies and procedures. There is also reference to outdated practices: for example, one of the lengthier passages regards the conduct of 'walking parties' ('which should not consist of more than fifty people') which includes advice on retrieving patients' hats in the event of them being carried off by the wind.

Relevance to modern nursing

This document provides a window into the role of nurses in a previous system of mental health care, separate from the outside world and dominated by the Victorian asylum with its looming water towers. It is an alien world to current students and the many mental health nurses who have entered the profession since the demise of the large psychiatric hospital and might be readily dismissed as 'before my time' and irrelevant to the current contexts in which mental health nursing is practised. 21st century nurses may point to the different world in which this mental health care system operated: serving a far less diverse and mobile population, where awareness of mental health issues were less developed and stigma even more widespread than it is today. They might argue that changes in society and communication technology and developments in therapy have changed the ways in which people experience psychological distress and their expectations of mental health services. They might also assert that contemporary, graduate level, evidence-based mental health nursing is unrecognisable from the antiquated version portrayed here: but is this really so?

If one looks beyond the cultural differences and somewhat archaic language there are connections that can be made between the past and present. This document impressed on our nursing ancestors the first principle that the needs and interests of patients are our overriding concern. It asserts that recovery is attainable and emphasises the crucial role that nurses play in this, particularly in regard to 'being with' and engaging with the patient. It acknowledges the risk of harm and sets out practical steps to maintaining safety and reducing harm. It recognises the stressful nature of nursing practice and sets out an approach to nursing care founded on kindness and concern.

Of course the aspirations set out in this document might be far removed from the experience of in-patients at the time. However, is there no less a gap between care quality standards and the service user experience in these financially-straitened times?

A film from the fifties

Two decades after the 'Rules for the Guidance of the Nurses' was produced, C. H. Wood of Bradford made a short promotional documentary called 'A Light through the Clouds' (BFI, 2018). This 1955 film, which is now available free online courtesy of the British Film Institute, appears to be part of a recruitment campaign to encourage young women (specifically) to consider a career - not in adult nursing - but in mental health nursing.

'A Light through the Clouds' is remarkable in a number of aspects. First, it is set in not just any psychiatric hospital but at the York Retreat. The Retreat - often cited as a turning point in the history of mental health care - was founded by Quaker tea and coffee merchant William Tuke in 1796 in reaction to the appalling conditions he had witnessed at York Asylum. Established on Quaker principles, The Retreat embodied a new form of treatment - 'moral management' - wherein madness was seen as psychological in origin, therefore requiring a rational, firm but kind approach, rather than physical restraint and coercion (Cromby, Harper and Reavey, 2013). Staff would take their meals with the patients and the aim was to help strengthen the individual so they could recover. While things had moved on from its 18th century beginnings, the philosophy of compassionate care coupled with the hope of recovery underpins 'A Light through the Clouds' and the Quaker connection continues, since the film is devised and scripted by York Quaker and amateur filmmaker Alan Pickard.

The story follows Kathleen Kemp who swaps the 'jolly hockey sticks' of her schooldays for a career in 'mental nursing'. Her parents have reservations about her choice of career, imagining a mental hospital to be a rather depressing, hopeless place for a sensitive, well-spoken young lady to work. But Kathleen is convinced 'mental nursing' will be a satisfying and rewarding career and we see her move to York to begin her training. In the 1950s, nurses lived and undertook their training in hospitals rather than studying nursing at university. Nevertheless, within this apprenticeship model, training involved both theory and practice. Kathleen has lectures on psychology (in which she learns

mental health problems often result from “failure in human relationships”) and learns practical skills which involve interventions ranging from insulin therapy to psychotherapy and electric shock treatment to dancing.

Benefit of hindsight

'A Light through the Clouds' reminds us (with the benefit of hindsight) that some treatments used in the past have since been discredited, perhaps because they were found to do more harm than good, or perhaps because there is insufficient evidence to support their ongoing use. It is salutary to invite modern-day nursing students to reflect on the inevitability that some of the interventions we currently offer may also one day be obsolete, and that others which have a sound evidence base (and which, indeed, might be recommended by NICE guidelines,) are not always available when they ought to be.

The film, in some regards, seems very contemporary, with its message of hope and recovery, and its emphasis on the therapeutic benefits of creative arts, occupational therapy and what we would now call psychosocial interventions. Kathleen is told by the friendly and welcoming matron that the Retreat has 270 beds and 100 nurses, the rationale being that nursing staff should not become so overburdened that they cannot maintain a close interest in their patients. We learn that the beauty of the environment, with its extensive gardens, is part of the therapeutic milieu, leaving some of us to wonder if anyone considers aesthetics in the planning and design of 21st century mental health facilities.

Staff-patient ratios, the beauty of the care environment and the impact of these factors on the wellbeing of nurses and service users may seem quaint considerations to a modern audience. Yet, in these days of falling recruitment and retention in mental health nursing, it might be wiser to take such things into account. The film's narrator remarks that "work of this kind makes heavy demands on the mental and spiritual energy of the staff." This honest admission seems a little incongruous in a film aiming to encourage new recruits into the profession. But, as the 'Rules for the Guidance of the Nurses' warned some years earlier, a mental health nurse's duties are not 'of a light character, easy of accomplishment.'

The importance of storytelling

Films and books tell stories. Language, narrative and storytelling are important to service users and the process of re-authoring one's life story is central to the process of recovery (Roe and Davidson, 2005). The same can be said of nurses as they recount stories of the care they offer and the kind of practitioner they are (Gillam, 2018). Treloar, McMillan and Stone (2016) found that student mental health nurses are often anxious about their early clinical placements and the process of becoming qualified. Nurses tell each other accounts of clinical experiences which are often crystallised as

memorable stories, useful in nurse education for triggering discussion and reflection on professional and ethical issues. "Using stories in teaching," Treloar *et al.* argue, "can illustrate 'nursing in an imperfect world', where not everything is orderly and predictable and where there is no textbook solution for every possible situation encountered in mental health nursing" (p.2).

In their study, Treloar *et al.* found not only the everyday accounts of nurses' work, which might have been expected, but insights into mental health nursing's history, understanding and communication at a deep level. Storytelling, according to Treloar *et al.*, can encourage critical thinking and is able to change the attitudes, values and behaviour of student nurses: "Stories might be the only way," they suggest, "to capture and preserve some of this wealth of nursing work, and also the only way to show this intensely personal, highly emotional and often brutal world which student nurses enter" (p.6).

Conclusion

In nurse education and practice, drawing on the past can help to illuminate the present. A greater awareness of the origins of mental health nursing, the nature of nurse/patient relationships, the role of nurses within the mental health care system and an understanding of mental health nursing knowledge and skills from an historical perspective can all facilitate a better understanding of these issues in the present. Resources such as 'Rules for the Guidance of Nurses' and 'A Light through the Clouds', far from being mere relics of the past, offer invaluable insights for mental health nursing's present and future. While historical books and films do not depict contemporary practice, they do form part of the important storytelling that goes on among mental health nurses, sharing stories that can help us form a sense of ourselves as individuals and as a profession with a proud and fascinating history.

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