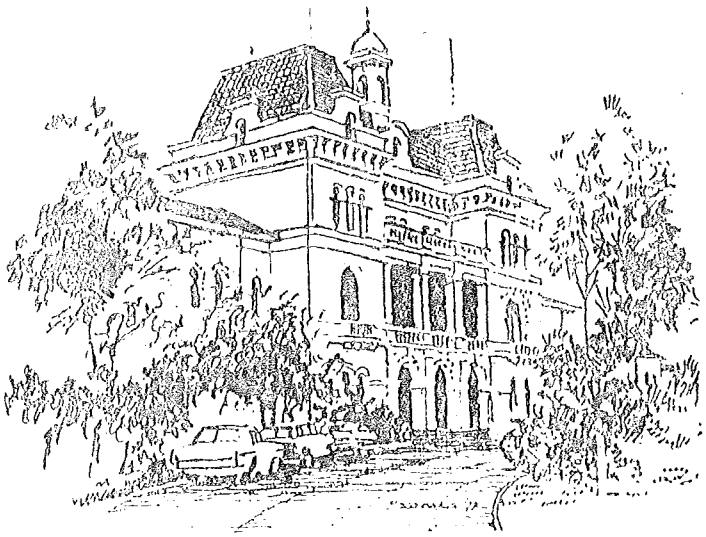
Staff Fighting to Keep Hyperion Open



Willsmere Hospital

NEWS 'N' VIEWS

SPECIAL EDITION

But there comes a time in all controversies when one must hit the issues right on the nose or turn tail and die a little.

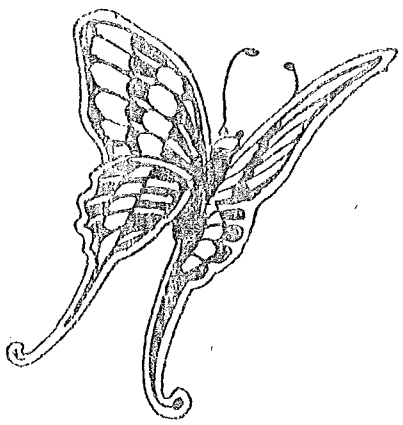
Ralph McGill.

"To suffer woes which hope thinks infinite;
To forgive wrongs darker than death or night;
To defy power, which seems omnipotent;

To love, and bear; to hope till hope creates
From its own wreck the thing it contemplates;
Neither to change, nor falter, nor repent;

This, like thy glory, Titan, is to be
Good, great and joyous, beautiful and free;
This is alone Life, Joy, Empire and Victory."

Shelley



WILLSMERE NURSES PRESENT THEIR CASE AGAINST 'END OF THE LINE'

Many people will remember the article "Winds of Change at Willsmere" which was published in November, 1977. The winds at that time were warm and invigorating. There was an atmosphere of great adventure with many challenges ahead. The Willsmere staff responded to the challenge and finally this year, 1984, we reached the goal - we "made it all the way", to realize a dream that Willsmere would become a training hospital for all phases of psychiatric nurse and state enrolled nurse training, and also would reach the standards of nursing practices set out by the A.C.H.S. accreditation guide.

In mid-September, without warning, the wind changed and a destructive force swept over us like a cyclone. The National Times had published the derogatory and scurrilous article titled "The end of the line".

Sad and angry at what they see as betrayal, senior nurses wanted immediate action to defend their professional reputation. As a first step the Director of Nursing arranged for the nurses to meet with the Psychiatrist Superintendent and ask for an explanation of the circumstances that allowed such an article to be written.

In the meeting Dr. Stamp said that his statements to the reporter had been misquoted; that when he saw a draft of the article he tried to prevent it being released; and that he had already written to the Editor of the National Times. (A copy of the letter is presented for your perusal.) We know that Dr. Stamp has worked hard on behalf of the staff to create public awareness of the short-comings of the hospital building and work facilities. Dr. Stamp said he believes that the nurses do an excellent job! Unfortunately "The end of the line" failed to express Dr. Stamp's views, and the nurses think that destruction of their professional reputation is a too high and unnecessary price to pay for greater public awareness of the age and decrepitude of the hospital buildings and patients. Besides, it is widely recognized that effective appeals for funding are usually based on sound evidence of maximal use of existing resources, and there is more than ample evidence of this nature at Willsmere for those who want to see it.

Prior to the meeting there had been discussion regarding the writing of an article in reply, for publication. During the meeting it was agreed that Mr. Bush, who is an accomplished scriptwriter, would write a reply and the nurses would have the right to suggest amendments.

"The Boundary" was submitted to the Press Officer for the Health Commission, Mr. Max Sims, for publication. However the Minister for Health, Mr. T. Roper, M.L.A., did not approve it for public release.

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The nurses persisted in their determination for action and Mr. Sims was advised of this on October 4th. Mr. Sims suggested that no action be taken immediately as the Minister had telexed a letter to the National Times on the previous day and a copy would be sent to Willsmere, but this did not eventuate.

On October 8th a direct approach to the Minister's Office was fruitful in some measure. We were given a copy of a Ministerial letter to the National Times dated 20th September. But as you can see in the following pages that letter made no attempt to contradict the implied negligence by medical and nursing staff in "The End of the Line". Staff anger was in no way appeased and when on October 9th members of the H.E.F. met with Mr. Tim Daly and Dr. Carson, they intimated that the staff would not accept such blatant disregard of the need to refute the damaging impressions created by "The End of the Line".

Finally in the National Times of October 12th - 18th a letter from Mr. Roper appeared under the caption "Hospital condemned nearly 100 years ago". This letter could be described as a meagre attempt to re-establish the credibility of the professional staff in the hospital and as a means of averting further action.

(The article "Winds of change at Willsmere" was published in the Mental Health Authority Newsletter, November, 1977.)

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GRAPHICS: Jonathan Renn

EDITOR: Marie Elnoder

Ed's. note: The term Willsmere Hospital refers to the 2 sections of the hospital, i.e.: a) Kew Mental Hospital (17 psycho-geriatric wards), and
b) Willsmere Unit (3 psychiatric wards).

HEALTH COMMISSION OF VICTORIA

ADDRESS ALL MAIL TO
P.O. BOX 32
KEW, VICTORIA 3101

WILLSMERE HOSPITAL
KEW

TELEPHONE: (03) 862 1233

REFERENCE No. EFCS:JE

13th September, 1984

The Editor,
The National Times,
Box 506,
G.P.O.,
SYDNEY 2001.

Dear Sir,

Re: Article on Willsmere Hospital

Social commentary requires an accurate factual basis from which to operate, if it is to be constructive, rather than sensationally destructive! The article on Willsmere Hospital fails to achieve that.

The staff of Willsmere, nursing, medical, para-medical, administrative and environmental service, have given many years of care of a substantial nature. Whilst it must be accepted that services for the chronically ill are not lavishly resourced, the staff of this hospital have developed a range of activities for patients both internal and external to the hospital, which transcend the physical fabric of the building. Numerous voluntary agencies have been involved and a process of active collaboration with friends and relatives has always been a key issue in providing care.

It is regrettable that the positive aspects of the hospital's programmes were not addressed and I would recommend a return by the author to discover the range of activities provided by the staff. The author may then acquire the unreserved admiration I have developed for the staff of this hospital, hopefully increased community support will then be forthcoming.

Yours faithfully,

E. F. C. STAMP
PSYCHIATRIST SUPERINTENDENT

(Unfortunately this letter was not published in the National Times.)

THE BOUNDARY

We live in a meritocracy: a system where we make life painful for ourselves and reward only those who meet the challenges. We shun non achievers. We despise them. To defend ourselves from identifying or having to account for the existence of the disadvantaged in our community we bundle them in conveniently patronizable groups such as "the unemployed", "the needy", "the retarded" and supply them with what they need to perpetuate themselves at a tasteful distance from our own sensibilities.

Yet we lie to ourselves that we care because although funds are allocated our attitudes to those who receive our "charities" have not changed, indeed the more we give them the more justified we feel in divorcing them from the bosom of our civilization. Those who are ugly or stupid or mad or old scare us and nauseate us, not only because they interfere with our own narcissistic self images, but because they make us aware of the fragility of our own lives. This is far too painful a thought for the average person who adopts an "us" and "them" posture. By creating an artificial boundary between ourselves and our unluckier brethren we can define ourselves in terms of that boundary and delude ourselves that what little movement occurs across that boundary would be most unlikely to happen to us. Thus we have split mankind in two, essentially for our peace of mind. To compound this absurdity we justify such a division on economic grounds, on humanitarian grounds, on aesthetic grounds and finally conveniently delegate the responsibility for the care of the "not-so-human" to gargantuan authorities run by bureaucrats who we conceive as being motivated by a cynicism that can only be assuaged by funds.

Being dependent, for whatever reason on a care giving social service is anathema in this meritocracy where individuals harbour the absurd attitude that equates "humaness" with "achievement". We offer no respect for those who cannot achieve. We guiltily concede their existences and patronize them to salve our consciences but also to reinforce the barrier between us. This is a sad fact and one of the cruellest, subliminal attitudes of our enlightened society. Where we once had Bedlam we now have a Bedlam attitude.

I work in a Mental Hospital. Willsmere in Kew. Nowhere is this attitude more apparent or more fought against. Much maligned recently in the press, Willsmere lives with a label of "the end of the line", a pejorative phrase to delineate a group of individuals who are irrevocably on the wrong side of the boundary. The majority of Willsmere's 500 patients suffer with severe senility and are quite elderly. It is a condition that angers many individuals. It angers the patient's family who struggle with a confused grandparent staying awake all night or loosing control of their bowel or bladder. I angers the patient's doctor who may be frustrated in treating this incurable condition. It angers a public health system already overburdened and saving its recources for the curable diseases. It angers politicians who would like to see the long term care of the elderly become the financial burden of the family, not the Government. Most importantly it angers all of us individually to think that no matter what we achieve in our three score and ten, we may well leave the earth in as dependent a state as when we entered it.

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Senile dementia is a very common disorder. Five percent of people over the age of sixty-five suffer from it. Fundamentally it is the result of accelerated degeneration of all parts of the brain resulting in worsening confusion, intellectual deterioration and increa ing frailty and dependency. There are many causes some of which are treatable, but the majority of sufferers experience a slow, inexorable decline for which there is no known cure. Individuals are usually managed at home until their condition is such that they need more attention than the family can provide. Often a severely demented individual may be mobile but too confused to be suitable for a nursing home, principally for fear of his wandering off suddenly and becoming lost or of his disturbing other patients.

The mental hospital is used to care for such patients with severe chronic disturbance who cannot be looked after in the community. The "End of the Line" is an attitude that exists outside of the facility to justify the feelings of guilt and fear that are propagated by fantasising a boundary between "us" and "them". The staff of Willsmere do not see their hospital as the end of the line. They recognize that they have inherited a ninteenth century asylum and it would be dishonest to describe its exterior as anything but prison-like. They also recognize that the aim of the hospital is to maximize the quality of the patients' lives despite the less than glamourous setting. Certainly the facilities are austere; the Government prefers to fund curing institutions more than caring institutions, but there is an attitude amongst all the staff in the hospital that elevates the spirit of the place above its austerity. Everyone, from the tea lady to the nursing staff, to the social workers, occupational therapists, doctors and psychologists have a committment to the preservation of the dignity of human life.

It may be uneconomical to deny euthanasia to a population that could never object to it, yet on this side of the boundary we do not have to worry about the notions of "achievement" and "worthiness for living". At Willsmere the ancient ethic of the intrinsic value of human life is in practice. The major corollary of this is that in spite of adverse conditions, the dignity of human life must be maximized because of the belief that it is sacred. So the nursing staff at our hospital, dance, cajole, sing talk, play, encourage and comfort their patients as well as look after their bodily needs, so that at least the patient perceives and relates positively to simple human activities. The attitude of the nursing staff is that of respect to the individuals personality in spite of the debilitation caused by his or her senility and in spite of the sceptical attitude of a fearfully ignorant lay public. Invariably those who visit Willsmere regularly learn to respect the staff, not only for their dogged perseverance with a hospital that is shunned in comparison to more glamourous general hospitals, but also for their dedication to the most difficult of patients and most frustrating of diseases.

It is an injustice to condemn a long term institution such as Willsmere on the grounds that the care provided involves fighting a losing battle daily. Such care stems from noble motivation and is one of the few redeeming features of a civilization that, on the "right side" of the boundary is fond of toying with the idea of its own destruction.

A. Bush
Medical Officer
Willsmere Hospital.

NURSES' ADDENDA TO 'THE BOUNDARY'

Addendum A
L. MacLeod

The Willsmere Hospital building is certainly old. It is also very highly rated by the National Trust. But the corporate body within the building does not allow it to be an outdated asylum.

To many staff Willsmere is reminiscent of the legendary Phoenix which at death was consumed in fire and arose again from the ashes to another long life. This is because during the last ten years a range of modern treatment areas have been developed within the old outer shell of the building. Thus we have in place of the old cells, a day hospital; in place of 2 long term wards, a family relief unit for short term admissions, a rehabilitation unit and a visitors centre; and in place of 3 dingy old wards, the Willsmere Unit which includes acute adult admission and early treatment wards and a psycho-geriatric assessment unit. Among other additions to services are occupational therapy and community nursing. Nor is that the sum total of achievements.

Since a training school for state enrolled nurses was set up five years ago, Willsmere has become an active participant in a host of education programs and the focus of research programs in nursing and psychiatry. Through affiliation with general nurse training schools, tertiary colleges and universities, teaching/learning experience is provided for students undertaking courses in basic and post basic psychiatric nursing, general nursing, social work, occupational therapy and medicine.

An effective network of communications is maintained through regular meetings, conferences and the hospital newsletter which has a wide circulation in Victoria. Within the great grey walls is a hive of activity into which are invited people who come to teach us, to learn from us, to entertain us or to share our common humanity. We hold open days and also welcome many visitors throughout the year. We frequently venture out on picnics and barbecues, or to places of general interest such as football matches, theatres, the Melbourne Show and Garden Week.

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Addendum B
M. Einoder

In the Kew Mental Hospital section of Willsmere, which was the focus of censure in "The End of the Line", our trained nursing staff, energetic, talented and deeply committed to their profession are rated as leading specialists in the field of psycho-geriatric nursing. They developed patient rehabilitation programs and staff education programs that reflect their dominant existential philosophies, philosophies onto which their practices are anchored.

To existential nurses, patients are authentic persons, presences, and not objects. Their relationships with the patients are on the I-you and not the I-it level, irrespective of the nature of the physical environment they practise in.

Nursing to us at Kew is a reality in which we are involved and not a problem we have to cope with, not 'a frustration' as the author of the End of the Line implies, because we know that frustration of those who are paid to help is no consolation for those in need of help.

If the author had looked at our proud record of achievements, at our accreditable nursing profile, at our annual report, at the many letter of appreciation from patients' relatives and friends, her article would have assumed quite a different colouring and she could have titled it "Ad augusta per angusta", or better still, "Epic at Willsmere", but certainly not "The End of the Line".

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She would have told her readers that the nurses at Kew, renowned for their high morale, hard work and solidarity, are administering to their psycho-geriatric patients the highest possible standard of care, under adverse conditions in some areas. She would have mentioned how the nurses strongly supported by staff of other disciplines, are ready to 'move mountains' in order to upgrade the existing physical environment and where necessary, move some patients to better facilities.

It will be a long time before we are able to forget the humiliation and the injustice of an article that questioned our professional integrity. Our protests re "The End of the Line" have been loud and clear and for two months we have looked in vain for a retraction of the article. Now we can only hope that the Editor of the National Times becomes aware of the true facts concerning Willsmere and will at least publish Dr. Bush's article "The Boundary".

We still experience a lot of sadness and anger, anger of a special kind, anger that drives us forward and that produces the energy and the courage needed to "fight back". In the meantime we continue to care and do our best in order to maintain the standards of practice set out in our philosophies - (see below).

THE PHILOSOPHY OF KEW MENTAL HOSPITAL

To create the hospital climate in which a well educated professional staff committed to the care of the psychogeriatric patients, co-ordinate their efforts in order to render the patients' life as meaningful as possible.

THE PHILOSOPHY OF THE NURSING SERVICES

To work in close collaboration with the other departments in the hospital in order to be able to fullfill the psychogeriatric patients needs through active dynamic programmes that will help the patients to live rather than exist.

Index of the creditable

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5 SPECTRUM OF NURSING COMPONENTS

6 JOB DESCRIPTION: D.O.N.; Asst. D.O.N.; SUPERVISORS ((a) general & (b), (c), (d), (e) and (f) specific)

7 " " CHARGE NURSE)
8 " " TEAM LEADER)
9 " " STATE ENROLLED NURSE & STUDENT) (general)
10 " " PROSP. STUDENT SEN. & WARD ASST.)

11 " " NIGHT SUPERVISOR)
12 " " NIGHT STAFF) (specific)

(a) " " CLINICAL INSTRUCTOR
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(1st letter from Minister of Health - not published)

20th September, 1984

Editor,
National Times,
GPO Box 506,
SYDNEY. N.S.W. 2001

Sir,

Your recent article on Willsmere has painted a highly emotive picture of an institution without seeking comment on what the Victorian Government is doing about it and others like it throughout the State.

As we stated in our 1982 election manifesto, ".... for too long mental health and mental retardation services have been the cinderellas of the health care scene. Labor will provide the resources denied by Liberal Governments ...."

This has occurred. As announced in this week's State Budget, Mental Health Services have significantly expanded under this Government. In the last year of the previous Government, $85.5 million was spent on mental health services. The allocation in this budget is $191 million, an increase of 41%. Capital works expenditure on mental health institutions has almost doubled since mid 1982 from $8.6 to $16.9 million. There has also been an increase of 437 mental health staff including an increase of over 90 student psychiatric nurses in training in the same period. The number of medical and psychiatric positions has also increased dramatically, by 15% to 264.

Expansion in 1984/85 is not limited to the institutional sector but is also directed to the community and voluntary sectors. Almost $450,000 will be spent on Community Mental Health teams in country Victoria. This builds on expenditure in previous budgets for community mental health services which totalled $1.3 million since the

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Government took office. A further $300,000 will be spent on alcohol drug and mental health services provided by voluntary agencies, to take annual expenditure up to $2.5 million for these services.

The budget allocation for mental retardation services area has increased from $82.4 million in 1981/82 to $103.8 million in this budget. This represents an increase of 66.3% in three years.

The shift in policies and directions is dramatically illustrated by the fact that St. Nicholas's Hospital, which provides its services in an antiquated institution, will be closed shortly. This means that the current residents will be able to live in their own communities near their families. The land currently occupied by St. Nicholas's will be sold and the resources so generated will be used to pay the establishment cost of Community Residential Units.

Institutions for intellectually disabled were also neglected by the previous Government. As part of this Government's continuing plan to improve the inadequate resident: staff ratios in the intellectually disabled institutions, a further expansion of approximately 30 staff is provided for in this budget bringing staff numbers to 2431, an increase of 204 on numbers at 1981/82.

$9.1 million has been allocated in the budget for capital works, to provide more community residential units, improve standards in institutions and provide accommodation for regional teams. This is more than double the 1981/82 expenditure.

This money has been found by the Government in a time of financial strain on the health system as a whole. It is an everlasting shame that the previous Government did not find the resources to place in these much neglected areas in the more affluent period of the 1960's and 1970's.

Finally, in regard to Willsmere, the impression that nothing is occurring there except a transfer of some patients from one ward. This is not so. Detailed discussions are now underway between staff and unions involved, and I will be making an announcement soon on the future of Willsmere and its patients.

Yours sincerely

TOM ROPER
MINISTER OF HEALTH

THE NATIONAL TIMES, OCTOBER 12 to 18, 1984

THE NATIONAL TIMES, OCTOBER 12

Hospital condemned nearly 100 years ago

LETTERS

SIR, In a recent article both the physical fabric of Willsmere Hospital and the attitudes of the staff were severely criticised.

Your readers will not be aware that the physical structure was first condemned in 1898 and on several occasions since then. In later years reports have indicated the substantial fire risk to patients and staff, particularly in upstairs wards.

Since the Cain Labour Government came to power in 1982, planning has proceeded to reduce the population of Willsmere in order that the safety aspects of care are addressed and the risks to patients removed. Bed numbers have been reduced and a program of ward closure begun.

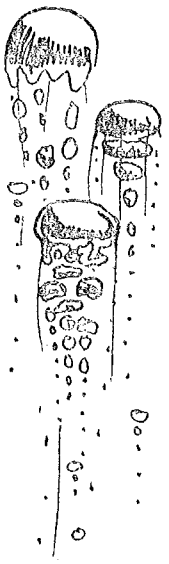
The implementation of this planning process is now well under way with my recent budget initiatives to develop Heatherton hospital as a mental health facility and a part of Essendon and District Hospitals together with the utilisation of wards at Plenty and Mont Park Hospitals.

During 1984/85 a minimum of 200 patients, or almost half of the patient population at Willsmere, will be accommodated in modern, fire safe wards and with appropriate staff resources. This will enable the closure of the upper floors of the Mental Hospital.

The author of the article appears to have misinterpreted the quality of care provided by the dedicated staff at Willsmere Hospital, working under difficult conditions.

One of the major reasons for the overcrowding is the very high level of care delivered to an often debilitated and physically ill group of patients, whose lives outside hospital would surely be shorter.

TOM ROPER,
Minister Of Health,
Victoria.



In its swelling pride
The bubble doubts the truth of the sea
and laughs and bursts into emptiness

Tagore

A STAFF MEMBER'S RESPONSE TO 'END OF THE LINE'

Articles published recently in "The National Times" September 14 - 20, page 24 and not so recently in "The Age", have displayed only the negative aspects of this hospital (Willsmere) and were totally misrepresented.

The more positive facts are that patients do not sit "lined up in front of a television" as portrayed, but in fact attend therapy sessions which include reality orientation, group discussions, reading and understanding of daily newspapers, (which are provided to all wards), music therapy, occupational and industrial therapy. Concerts are held in the hall, also films on all topics. There are bus trips, barbecues and walks around the grounds. The more oriented patients are taken on shopping excursions, attend the football, races and R.S.L. trips. They even have their dances and yes, they do play 1950's music, but one must remember the ages of our patients. One could hardly expect them to equate with Boy George or Michael Jackson. Other events include cooking, community meetings, cards and other table games, physical exercises and relaxation therapy. Patients from the Psychiatric Unit play extra games such as volley ball, tennis table tennis, basket ball, football, etc.

All patients, where practical, wear their own clothing and maintain their own personal possessions. Laundry is maintained within the hospital at a very high standard. This includes a tailor shop and sewing room for alterations and mending as required.

Other facilities at the hospital include Medical and Surgical Units run by qualified and experienced staff at a standard equal to, and in many aspects, due to the type of patients, surpassing that of a general or private hospital. There is a physiotherapy department for those who require this service, a pharmacy, pathology, X-ray, dental and chiropody services. There is a male and a female hairdresser, a full-time social work department, psychologist, secretariat, carpenters, plumbers, electricians gardeners, etc.

There is a library situated within the hospital for the benefit of all personnel. Magazines and books are available to all patients and are found in all wards. A Trust Office is situated also, in the hosptial. This caters for funds, supervision of pensions, etc., for those patients who are unable to care for their own finances. Patients have access to their own funds on request.

We are fortunate to have two full-time ministers of religion, viz an Anglican and a Catholic priest, who are constantly in attendance to care for the spiritual needs of the patients, and to give comfort to distressed relatives in their time of need. Church services and Mass are held each Sunday. Other very important areas are our Janet Bowen Day Hospital, which caters for those patients who have returned to the community but still require daily assistance. (In attendance are nurses, occupational therapists and a medical officer.) Also our Community Nurses visit patients in their homes. This is a very valuable service which cannot be disregarded. There is, of course, a ward for the terminally ill patients, who are afforded every consideration that is humanly possible. These considerations are extended also to the relatives. Patients are made comfortable and their suffering relieved as much as possible. These types of wards and patients exist in all hospitals and are not unique to Willsmere Hospital.

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Another extremely important and very positive aspect of Willsmere Hospital is that it is a training hospital with a School of Nursing, Nurse Educators and Clinical Instructors. The courses available are state enrolled nurse training, the three year psychiatric nursing course and post basic training for general and mental retardation trained nurses. It is also a psychiatric nursing placement for general nurse students from the Queen Victoria Medical Centre, Preston and Northcote Community Hospital, Caulfield Hospital and Philip Institute of Technology. Our own students are affiliated with other hospitals and clinics for nursing placements to ensure a full range of practical and theoretical knowledge and experience. These courses are conducted on a highly academic level and on completion of training we are assured of highly competent trained staff. The hospital also caters for doctors studying for their Diploma of Psychiatric Medicine.

Before students are selected, they are required to pass an intensive interview and present their academic qualifications for acceptance. This is followed by further interviews with a nurse educator and a psychological test. Following this they are permitted to work in the wards as prospective students under the guidance of trained personnel. This gives the student (prospective) an opportunity to evaluate their attitudes to the rigors and complexity of care involved and allows them time to see if in fact they are suited to nursing. This period also gives the hospital further opportunity to assess their suitability. All assistance is given to prospectives students during this period. All levels of training are in accordance with the Victorian Nursing Council.

All staff in the hospital are required to attend inservice lectures which are held weekly, tutorials and clinicals, in order to maintain their standards and keep abreast of changes. These lectures are usually given by a member of the medical profession including our Psychiatrist Superintendent.

This is not the only type of inservice training that is given to the staff. Our Supervisor of Food and Domestic Services is keen to have his staff keeping up a high standard of work, so they are given regular lectures in cleaning techniques and the use of new equipment.

For historical interest, Willsmere Hospital was the first Mental Hospital in Australia to hold formal lectures concerning the care of patients. This was in 1887 and the first instructor to the "attendants" was a Dr. O'Brien who was the Senior Deputy Medical Superintendent of Kew.

In addition to the aforementioned facilities we also have a family relief unit. This unit caters to the families who are desperately trying to keep their relative out of hospital, but bring them into hospital for a month, so that they (the families) can have some respite from the twentyfour hour a day care required for their relative.

All wards are run by highly trained and competent staff. However There is a staff shortage, but this applies to all hospitals, not just Willsmere, and the staff are very dedicated and hard working. The relatives who come to visit have nothing but praise for the care given their loved ones. Nursing homes and general hospitals do not want these patients and they are rejected everywhere, but we take care of them, even the most difficult ones, and do an excellent job.

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The patients' right to the best care should not be denied them and they have earned the best that can be provided. We must not forget they were once the backbone of this country and have contributed greatly to the conditions that society now enjoys.

In addition to all of the above, we are indeed fortunate in that our staff consists of people from all nationalities and this is of tremendous value in communicating with patients and relatives who do not speak English, especially when dealing with matters that have to be attended immediately and not in a couple of days time when an interpreter can visit.

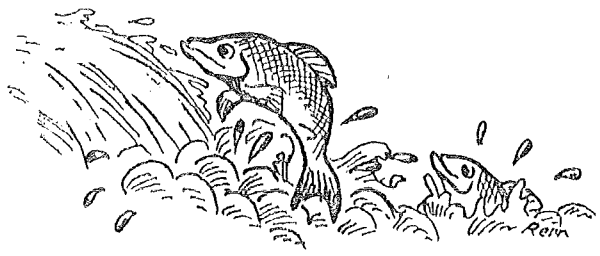
It will be a sad day if this hospital was to close as it has tremendous potential, is centrally located and has beautiful surroundings. All efforts should be made to keep Willsmere open. We deplore the attitude and misrepresentation of the press in the disgusting way they portray Willsmere, (even to the point of displaying a photograph of the back of the hospital, a building not used for patient care,) in an effort to sensationalize journalism, almost with political license, and appearing not to be accountable for their grossly negligent and biased approach.

Articles such as are published can only bring about a slur on all personnel involved in this hospital and even have far reaching effects into the schools our children attend, or any public or private function we ourselves attend.

There has been a lot of comment on the actual buildings which, of course, we recognize are very old but extremely solid. With finance from the Government it would be more than possible to update its internal and external image and maintain Willsmere as a very necessary hospital for many, many years to come. Actually, the front of the hospital and its towers have been classified by the National Trust.

The Government is willing to allocate large sums of money, in fact millions of dollars, to renovate other hospitals, relocate existing hospitals, and on controversial projects such as transexual operations and in-vitro-fertilization, but when it comes to the elderly person the purse string is pulled very,very tight. One wonders if the Government looks at the elderly, especially the confused elderly, as non-entities who have outlived their usefulness - and of course, they are non-voters, aren't they?

M. Vallily R.P.N.



Great works are performed, not by strength, but by perseverance.

Johnson.

42 Simpson Street,
Northcote, 3070.

28th October 1984.

The Editor,
Australian Nurses Journal,
132 - 136 Albert Road,
South Melbourne. 3205.

Dear Sir,

I wish to bring to the attention of journal readers the possible dangers of sensational-seeking journalism. By this I mean the type of media reporting which presents a selective, outrageous viewpoint for its own motives, resulting in grossly misleading content.

Many readers will have seen the article concerning Willsmere Hospital, Kew, which appeared in the September 14-20, 1984 issue of the National Times. It was entitled:"The End of the Line". The author described a hospital that may well fit into the 1930s. Certainly, anyone who has seen Willsmere from the outside would agree that it looks like an institution from the 1830s. Interestingly enough, the picture accompanying the article showed a section of the hospital that no longer exists as depicted.

The author went on to describe the patients as "...society's least attractive members - the old and desperately ill. They are not pretty to look at and they are not pretty to think about". One may well ask "To whom?".

It is not my intention to dissect every statement made by the author, however I do intend to be defensive and I believe this to be justifiably so.

Dedicated staff have, for years, nursed confused, elderly patients. In recent times, gerontological nursing has developed as a speciality area, so that nowadays the nurses are professionals with expertise and skills which claim equal status with other types of care. An active theme of rehabilitation, within the limitations of the patient's presenting symptoms and impairments, means that the elderly, mentally ill are no longer left in a custodial limbo.

The National Times article focuses mainly on the bricks and mortar of the Willsmere buildings. It overlooks or belittles the positive interventions happening within the buildings. Those who work there know that the phrase "end of the line" is neither accurate nor appropriate. In the psychogeriatric wards, as also in the day hospital, family relief ward, acute admissions and in other departments, staff provide much more than optimum levels of care. This includes nursing care of a high standard (together with on-going education programmes), rehabilitation work, medical/surgical/dental, physiotherapy, social and spiritual supports.

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The author of the article in question concludes thus: "I begin to wonder if Willsmere Hospital will still be standing in 50 years. I wonder if mine will be among those pale, desperate faces.....". If this referred to, unhappy state should occur at some future time, the author, as a psychogeriatric client at Willsmere, will experience the expertise, professional know-how and love from a group of dedicated nursing personnel.

In conclusion, I wish to express disappointment with a media which insists that only negatives are newsworthy.

Yours faithfully,
Brian J. Sudden F.C.N.A.

It is a barren kind of criticism which tells you what a thing is not.

Rufus W. Griswold

ANALOGY

SPEAKING OUT { 1965 America (A.J.P.N.) / 1984 Willsmere Newsletter.

From time to time, with almost predictable regularity, there is public scandal about public care facilities. State hospitals come under such attack more frequently than other care facilities and with fairly good political reason - the fairly good reason is a projection of the politician's view.

What does a politician want or expect from an attack on a public care facility? There are two roads to take, but unfortunately one of the roads is rarely taken. The most common road is that of attack to arouse public indignation - the scandal road - because this draws the biggest press space and it even makes front-page headlines. Poor standards of care or patient abuse are good, but if you can work in liquor, sex, and maladministration you can be particularly certain to catch the public's attention and perhaps get them to raise an eyebrow or shake their heads wistfully and maybe remember this for a little while. Surely they will remember the one who made the accusations and this is important - politically.

It is really not hard to do. Accusing public facilities of maladministration, poor treatment practices, or a little vice on the side will draw a headline in the press. If the facts are not quite accurate, it doesn't matter because a back-page, fine-print reinterpretation or retraction isn't read by many people; so, from a political standpoint, the gain is clear and the risk very small unless someone is willing to take the politician on. However, very few people will take him on because they are so busy with defensive responses they do not have time to align historical and current facts to present an effective counterattack which could make the politician squirm.

Ordinarily the squirming, when an attack is made, begins or is first felt at the institutional level. It then moves to a departmental level and finally, of course, a governor is put on a spot because there is usually the implication that his assistants are not measuring up to the task, and therefore, his judgment in selecting them may be challenged. Now if you can plant seeds of doubt about a governor's judgment or the competence of his staff in administering public facilities, you have made political hay.

It may be that some facilities need an administrative shaking up, but if this is the case, why did it take some aspiring politician to bring it about? A public institution does not operate alone and in isolation. Many people are involved in its operation and observe what is going on in general, and, in most instances, have an appreciation in depth of most facets of the institution's functioning. If it is state government, there are civil service personnel, budget personnel, and personnel departments as well as legislative committees who are supposed to be paying attention to what goes on in institutions and whether or not they are operating

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acceptably. Where were these people and what corrective action did they recommend if things at the institution were not being handled effectively?

Surely institutions wonder about this when they are singled out for the scandal. And yet, most public institutions know that they can be the object of attack - a little review of history will give evidence of the cyclic nature of such events. The question is not will it happen but when will it happen?

There is a defense against this sort of thing, but unfortunately the necessary measures are rarely taken. The consequence is then a defensive position when an attack is made. A defensive position is hardly the position of choice unless it is strategic to the launching of an effective and hard hitting counterattack which is decisive. Few of these are ever made.

Criticism or scandal about an institution does accomplish some good - but the price is usually high. Because attention has been focused, the institution usually achieves a better or even a good budget year as well as other special considerations which allow it to render its situation better. Of course, no one remembers that it was these very things that probably went begging for a number of years.

It seems that institutions have two choices and perhaps there are others. One is to have the record an open book, to involve others in the facts and to have their involvement recorded. Another is to create crisis or scandal on a planned timetable with clear goals and purposes that will serve the institutions' ends and make the politicians squirm.

Public attack on an institution may be appropriate as a last resort measure when all else has been tried. However, there are quiet ways of bringing about needed changes where public institutions are concerned. This is that other road a politician could take. The mustering of support for change or specific action can rather readily be achieved by presenting facts to the people who can insure change. In the final analysis, no one is without a boss and the boss, at whatever level he may be, will effect needed change or advise how change can be brought about if the action required is above his level of handling.

It is doubtful that anyone representing an institution enjoys or profits desirably from public attack or scandal. They usually need help to make the situation better, and help without headlines is really the better kind of help to give from the patient's standpoint - but only the naive would not appreciate that a quiet kind of action does not muster votes - and votes are important - so perhaps we had better get on with our morning rounds and check our calendar for the rest of the day's activities.

Note. "Speaking Out" was a regular column where anonymous contributors were given the opportunity to comment sharply or otherwise on current practices in psychiatric nursing, to point out problems and short-comings that existed, to call their own shots, and to ruffle feathers from time to time.

HE WHO IS NOT PART OF THE SOLUTION.....
IS PART OF THE PROBLEM.