

Medical History

Psychiatric Day Hospitals

Alec Lyons

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INTRODUCTION

The Psychiatric Day Hospital Movement in the United Kingdom started after the Second World War. One of the first was the Marlborough Day Hospital in London started by Dr Joshua Bierer, who was a great advocate of the “therapeutic community”. In this concept, all members of staff, including clerical and domestic staff, could be involved in the treatment of patients and were part of the therapeutic team. Staff would no longer wear uniforms and they would eat together with patients in a communal dining area.

Psychiatric Day Hospitals arrived in Belfast in the 1950’s and there were eventually three “stand alone” Day Hospitals in the city which were active between 1955 and 2000. All have now gone. The medical staff who worked in these hospitals are now aged and some are no longer alive. I write my memories of these hospitals before it is too late. As I will soon be 90, my memory may not be 100% as regards detail, but I have a clear memory of the main players. I worked in all three hospitals at different times and they were a major part of my professional life. I think it is important to put my memories on record. Writing this article was triggered by the recent death of Dr Artie Kerr, who worked with me in the Day Hospitals and we also both worked as consultants in the Rathlin Unit, Purdysburn Hospital.

THE HOSPITALS

The first one to open was Clifton Street Day Hospital. It was started by Holywell Hospital, Antrim Management Committee, the reason being that many of their patients came from the Newtownabbey area and as a strict boundary policy operated at that time, Newtownabbey patients had to go to Antrim.

The hospital in Clifton Street was in a three-story house a short distance from Carlisle Circus and a little north of Royal Avenue. The top floor was used as consulting rooms. The first floor was for use by patients and the bottom floor was offices and a reception area. There was a pleasant view from the top floor across to Clifton House, which was directly opposite, and a little to the left was the old Benn Ophthalmic Hospital. The situation of this Day Hospital was very suitable for patients to get to, as several main roads met nearby and there was excellent public transport available. There was no private parking, but it was usually easy to find a space in nearby streets.

Clifton Street Hospital was later taken over by Purdysburn Hospital Management Committee in the late 1960’s, but its days were numbered because of the West Link development. It was demolished to accommodate the route of a new dual carriageway which linked motorways across Belfast.

The second Day Hospital to open was Albertbridge Road, which was situated in the heart of East Belfast. The building had been used formerly by the Northern Ireland Mass Radiography Service, but with a decline in the incidence of tuberculosis it was no longer needed for this purpose. It was a substantial building and a considerable extension was built at the rear when Purdysburn Management Committee took it over.

The ground floor accommodation included a large reception area where the medical secretaries were based, and patients also waited there for their appointments. The rest of the ground floor was consulting rooms, kitchen and dining area. The kitchen was small as the meals were provided by the main kitchen at Purdysburn, arriving each day in a hospital van. The first floor was mainly accommodation for the day patients. One area was set aside for the administration of Electroconvulsive Therapy (ECT). An anaesthetist attended for the ECT sessions, usually twice per week.

The Day patients were engaged in various types of occupational therapy and group discussion. Wide use was made of facilities in the community, especially the Rupert Stanley College which was situated nearby and patients attended a number of classes there.

There was a small car park at the rear of the building, but there was ample parking space in the adjacent Lord Street. Albertbridge Road Hospital, like Clifton Street Hospital, was in the centre of the community it served and was easily reached by public transport. It was situated in what was regarded as a strong Loyalist area, but many of the patients came from the Nationalist Short Strand area and I don’t recall any problems. As Figure 1 shows, a barricade was erected at the top of Lord Street during the loyalist strike in the 1970’s.

Correspondence to: Dr Alec Lyons, Consultant Psychiatrist

Address: Dunbarton House, Gilford, Co. Armagh. BT63 6HJ.



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The hospital can be seen in the background and this caused temporary problems for access for a short time, for both staff and patients.



Figure 1. Albertbridge Road Hospital with a barricade at the top of Lord Street in 1972.

The third Day Hospital to open was in Alexandra Gardens (Figure 2) in North Belfast. This was a replacement for Clifton Street Hospital. It consisted of two large semidetached houses. There was ample accommodation on the three floors and there was a large car park at the rear. It was slightly removed from the main area of population, so to facilitate patients' attendance a driver and van were organised by the management committee. Patients were collected at a few pick-up points in the morning and returned to their homes late afternoon.

Alexandra Gardens Day Hospital



Figure 2. Alexandra Gardens Day Hospital

On the ground floor there was a large reception area and three consulting rooms. Opposite each consulting room there were smaller rooms used by the medical secretaries. Another room was set aside for physical examinations and another for patients' records. At the rear of the building there was a canteen, the meals arriving daily from the main kitchen at Purdysburn Hospital, as was the case with Albertbridge Road Day Hospital.

The first floor consisted mainly of accommodation for patients, providing a range of occupational therapy activities and group discussions. Once again, as in Albertbridge Road Day Hospital, use was made of the existing facilities in the community, which included a nearby church hall. The top floor was used for ECT and a variety of other treatments and was a quiet area often used for relaxation therapy.

THE STAFF

There was a strong medical input with at least two Consultant Psychiatrists working in each Day Hospital. The exception to this was Clifton Street Hospital where initially Dr Roger Whitely was the only Consultant. However, this was changed when Purdysburn Hospital Management Committee took over from Holywell Hospital Management Committee. Dr John Meenan and I were appointed at that time.

Dr Meenan had been a Consultant in the Tyrone & Fermanagh Mental Hospital previously. When Clifton Street Hospital was replaced by Alexandra Gardens Hospital, I was joined by Dr Artie Kerr and Dr Stafford Knox. Dr John Meenan moved to England.

When Albertbridge Road Day Hospital was opened in 1962, Dr Bill Norris was the Administrative Head and I joined him (Figure 3). Much of the consultants' time was taken up by out-patient clinics and the day-to-day running of the hospital was left to the nursing staff and the occupational therapy staff. The consulting facilities were used not only for new referrals, but also for the follow-up of patients who had been psychiatric in patients.



Figure 3. From Left, Dr Bill Norris, Sister Sally Mullan, Dr Alec Lyons and Dr Artie Kerr

The consultants were greatly assisted by other medical staff, particularly those graded as Senior Hospital Medical Officers. (This is now equivalent to Staff Officer Grade). This gave



continuity of care which is of major importance in psychiatry.

One SHMO post in Alexandra Gardens was shared between two women who lived in Bangor and often travelled together (Dr Sheila Leonard and Dr Yvonne Shaw). Another SHMO post at Alexandra Gardens was taken up by Dr Isolda Dolan. Many of the junior psychiatrists in training passed through the day hospitals as part of their rotation.

The day hospital running was largely carried out by nursing staff. There are too many to name, but Sister Sally Mullan and Sister Maureen Macklin stand out. The Macklin family later developed a chain of nursing homes in the Belfast area.

Anaesthetists attended, usually twice per week for ECT sessions. Dr George Bigley came to Albertbridge Road and Dr Kay Browne came to Alexandra Gardens, as well as a number of other anaesthetists at various times. Other types of treatment were given such as relaxation therapy, either with the help of drugs or hypnosis. One of the senior male Charge Nurses became an efficient hypnotist (Mr Declan Dixon).

An attempt was made to develop the concept of the therapeutic community with patients and staff being involved in group therapy. There was communal dining for staff and patients. This was not entirely popular, especially among the senior medical staff. This was the beginning of the “nurse therapist” era and the nursing staff and occupational therapy were very actively involved in treatment.

I worked closely with the social work staff, especially Mr Stanley Heron in Alexandra Gardens and Mrs Muriel Simm in Albertbridge Road. There were regular meetings of all disciplines and also meetings between patients and staff, to which all grades of staff attended.

The pharmacy was supplied from Purdysburn Hospital to all three Day Hospitals and Mr John Ward, Chief Pharmacist, often attended personally. The nursing staff dispensed the medication, which was a little complicated as the patients had access to medication at home and the situation had to be carefully monitored.

THE PATIENTS

The Belfast Psychiatric Day Hospitals were developed as acute treatment units and as an alternative to admission to Purdysburn Hospital where most psychiatric patient beds were situated. There were a few in-patient beds in the Mater Hospital under the care of Dr Pierce O’Malley. The Windsor Academic Unit at the Belfast City Hospital had just recently opened at this time.

Most day patients lived in the locality of the Day Hospital, but there was no rigid boundary policy. The patients usually arrived by public transport about 9.30 am and left about 4.30 pm. They started with daily attendance Monday to Friday and, depending on progress, attendance could be gradually reduced. They would then be followed up as an out-patient.

Most of the acute types of mental illness could be treated at the Day Hospitals including those with early symptoms of schizophrenia. Patients with chronic mental illness were not

suitable for Day Hospital Management and were more suited to attend Day Centres where the emphasis was on general support and nurse supervision, with a strong input from occupational therapy staff. Day Centres were managed by Social Services. There was a considerable number of chronically mentally ill patients at this time (1960’s) as the large mental hospitals were closing beds and discharging patients into the community.

Certain other types of patients were not suitable for management in the Day Hospitals, such as those living alone with active suicidal thoughts. However, if a suitable family member was available to help, those with severe depressive illness could be managed as day patients.

All the usual treatments were available including ECT, and various types of supportive psychotherapy, both individual and as a group, were a major part of their treatment. This was at the time when the word “counselling” came into vogue. The other recent innovation for treatment of psychotic illness was the administration of medication by intramuscular injection and nursing staff were actively involved with this treatment.

Treating patients in Day Hospitals had many advantages. Firstly, the patient was able to remain at home with their family and other family members could be involved in their treatment. Secondly, there was much less stigma attached to attending a Day Hospital. At that time there was considerable stigma attached to admission to a mental hospital such as Purdysburn, but this was much less with Day Hospital attendance. Also, the Day Hospital was in the heart of the community and it was possible to use existing facilities such as libraries and colleges of further education, and it was planned that the patients would continue to use the facilities when discharged.

SUMMARY

The Day Hospitals were fully active during “The Troubles” in Northern Ireland and were situated in areas of severe civil disturbance. The hospitals treated patients of different political persuasions within their premises and as far as I am aware, there were never any sectarian problems. The Albertbridge Road Hospital was close to the Nationalist area of Short Strand. The Day Hospital was situated in a strong Loyalist area, but patients from the Short Strand seemed happy to attend on most occasions.

The situation was described by Fraser Williamson, a Staff Nurse at Alexandra Gardens Hospital (Figure 2) who wrote a paper entitled “Day Hospitals in a Troubled Community”. 1

The Day Hospitals no longer exist. Albertbridge Road is now a GP Health Centre. Clifton Street was closed because of the West Link development and Alexandra Gardens is vacant. Why did they close? Possibly a major factor was the retirement of the consultants who were working in these hospitals (Dr Norris, Dr Kerr, Dr Lyons). At least this was a trigger. The posts were not replaced as specific Day Hospital Consultants. Another factor was the development of the psychiatric units in general hospitals, especially the Mater



Hospital and the Ulster Hospital. Also, the development of multidisciplinary teams to do home visits and treat patients at home was an important development.

It would seem superficially that it would be more economical to treat patients on a daily basis.

However, I am informed that this was not the case and these "stand alone" Day Hospitals were more expensive to run due to the high patient/staff ratio and services having to be provided from the parent hospital.

I have happy memories of working in all three Day Hospitals at different times. I think most of the staff enjoyed their time in these units and got considerable job satisfaction. Relationships between all groups of staff were always cordial and in fact a number of romances developed. At least three marriages followed these romances. One male Senior Social Worker married one of the medical secretaries and they are now living in the south of Spain growing olives! Two senior male Staff Nurses married, one to a Social Worker and one to a Receptionist.

More importantly, the patients appreciated being treated near their homes. The Day Hospitals also fulfilled a teaching role and many medical students and psychiatrists in training passed through these units. Now that there is so much publicity regarding mental health issues, is it time to re-think the value of Day Hospitals?

I wish to acknowledge the advice and encouragement I received from Professor Margaret Cupples in writing this article.

REFERENCES

1. Williamson, F - Day Hospitals in a Troubled Community - Nursing Times December 28th 1972 1638 - 1641

