

High Royds Hospital  
'Madness' in the Memoirs

Ross Farrally

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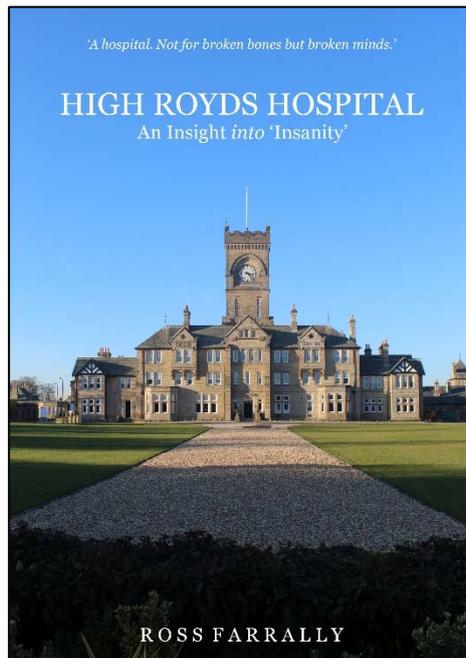
Better suited to be read after *High Royds Hospital: An Insight into 'Insanity'*

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High Royds Hospital, a former psychiatric hospital south of the village of Menston in West Yorkshire.

Much like other former psychiatric hospitals around the country, High Royds saw its fair share of abuse and mistreatment. That is not to say that patients were continuously neglected by the medical staff because as you will find out in this book, the hospital gave many people a sanctuary away from the “normal” world.

In this book, former staff, patients and their family members share personal experiences of the hospital.

*“I never really got over the fact that justice wasn’t served.” – Elsie Lam*

*“One lady, Betty, I will always remember Better, she used to say ‘when are we going to dance?’ And I would say ‘when we get this lot to bed!’” – Cora Rowntree*

*“We did try to do a lot, I remember making special celebrations for birthdays, Christmas and even Easter.” – Sandy Morgan*

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## FOREWORD

*High Royds Hospital: An Insight into 'Insanity'* was formed on the back of twelve years of exploration and two years of individual interviews. I found it challenging to move onto further projects swiftly and found myself back in the world of High Royds Hospital. This return has allowed me to produce a short collection of interviews that supplement the original book.

*Madness' in the Memoirs* gives us an additional insight into the hospital and offers further details on several of the institution's wards and services that were not covered previously.

## BETTY NEALE

1966

During Betty Neale's time at High Royds Hospital, she was fortunate enough to see it from the perspective of two diverse roles, dealing with the administrative side of the institution as well as being on the front line of patient care.

Before her move into healthcare, Betty left school in July 1966 and went on to work at Butterfields in Shipley.

It wasn't that long after then that Betty, aged sixteen, found herself employed at High Royds Hospital in the administration department, located inside of the clock tower building. It was here, that she was part of the Patient Welfare Team. The aim of this team was to create "care packages" for the patients using the money that they were entitled to from the government. The packages were made up of items deemed essential at the time such as sweets, cigarettes and toiletries. I asked Betty why patients were not given the money themselves as the hospital, at the time, had an on-site shop. "Patients that were capable of understanding and handling money were given cash" she confirmed. Betty continued by explaining that not all patients were entitled to these benefits. Those that were not, were given an indigent allowance of sixteen shillings which is approximately eighty pence today, give or take. Once the parcels had been made up, they were delivered to the patients via the hospital porters.

It was from this role that Betty found herself moving into nursing. I asked her what encouraged her to make that move and she explained "I always wanted to be a children's nurse but my parents couldn't afford to send me to college so as most girls of my age did, I went out to work in an office. When I worked in the office at High Royds, it gave me an awareness that I could pursue a career in nursing." She explained that due to having enough O-levels, also known as General Certificate of Education (GCE), she was able to enter into nursing school without taking an entrance exam.

At the time of applying, Betty was aged seventeen which meant even though she could apply for nursing school, she couldn't officially start until she was eighteen. In the meantime, Betty explained that she worked as a healthcare assistant on the wards and was required to wear her student uniform. I asked her why she wasn't required to wear a healthcare assistant's uniform but she explained "that's how it was then". Betty's position at the time was much similar to the role of a bank-shift worker today, working on different wards each shift depending on the demand and current staffing levels. "I was classed as 'on relief' so used to go on various wards. There was a list posted outside the Matron's office for 'on relief' staff to go to. Mostly care of the elderly and patients suffering with dementia."

"I had worked ten months on the wards prior to entering training school. I thought I knew it all!"

The structure of training school was very much the same for each student throughout the school's use. Betty noted that during her six weeks of school-based learning, she learnt about anatomy, physiology, psychology, the various mental illnesses at the time such as schizophrenia,

psychopathic disorders (personality disorder), depression, anxiety, OCD and different types of dementia.

Betty was then required to complete her ward-based learning on a number of the hospital's wards, twelve weeks per placement. She listed the following wards in which she was stationed: Askwith, Beamsley, Aysgarth, Hawes, Masham, Norwood, Ramsgill, Kingsdale House, Escroft, Treatment Unit, Deepdale, Melbeck, Woodale and Birkdale. Many of these wards may have also been attended to by Betty during her early days as a healthcare assistant.

Many of the wards that she has listed have been discussed in great detail in my book *High Royds Hospital: An Insight into 'Insanity'* So I will not be speaking much about them here.

Betty had experienced many different wards during her tenure at High Royds and due to that, we decided to cover a couple of them.

I first asked her what her favourite placement was during her training and she said Deepdale.

Looking at hand drawn plans of the hospital, it appears as if Deepdale was partnered with Rylstone. These were housed in a block that was placed just off the centre of the main hospital, between both of the staff residences. For its appearance, it was constructed in the shape of a small wing. Either ends were noticeably different in size than the centre which gives the impression that these were used as the dormitories. On the northern side of the building was the laundry and engine room. The passage that attached itself to Deepdale and Rylstone, passed by staff residence number one and then onto the main corridor, east side.

“Staff were brilliant and caring, especially Sister. The patients seemed happy and content due to the good care they received” explained Betty. “It took me a while to learn how to calculate insulin into syringes at the time but the Sister taught me how to do this.”

When asked about her least favourite placement, Betty referred to Birkdale.

Birkdale was housed in the same block as Whernside, Wooldale and Ingleborough. This block was erected in the same shape as the dwelling on the adjacent side that housed Rigton. The building was situated to the east of the hospital and was accessible via High Royds Drive, the old laundry drive. Today, the road outside of this block is called Ingle Lane, in reference to Ingleborough Ward.

“Sister on there was quite verbally aggressive to patients. She used to bully patients and if they did something wrong, they had to go into seclusion or be made to sit under the dining room table [during meal time].” Betty then explained that those who were sent to sit under the table, had to remain there until the meal had concluded. “The patients were frightened of her.” This had happened around 1968 to Betty's knowledge. When asked about the patients who did not cooperate during the day, Betty said that they would be sent to seclusion. They would remain there “until they calmed down, usually after being medicated”.

“Askwith was a fifteen-bed care of the elderly ward. Beds and lounge area together, can't remember décor however, some patients were in what we called geriatric chairs, i.e. tipped back chairs with trays in front.” I then asked about the level of patient care. “Good but routine. Get patients up, lifted; incorrectly, no hoists in them days, washed, dressed, fed if needed, commode before lunch - afternoon shift: bathed, tea then put to bed, lifted incorrectly.”

The block that Askwith resided in was very much similar to that of the other front facing buildings that looked onto the front lawns. It was positioned just behind the Beamsley Block, west side, sitting closely besides Bolton and Barden on its left, and the chapel to its right.

Geriatric chairs, as Betty briefly described, are medical recliner chairs that allow individuals the opportunity to leave the confines of their bed and be able to sit comfortably in a variety of positions while being fully supported. Some, such as the ones used in Askwith, had a tray on a swivel that allowed patients to also eat comfortably. These chairs are still used today in general hospitals, even for non-geriatric patients. Individuals with poor mobility due to psychological conditions such as hypoxia, benefit from these aids as it allows them to have time away from their bed while improving their quality of life significantly. Today, they are much more advanced. Back in the days of places like High Royds, they may have been nothing more than simplistic padded chairs that gave the option to be tilted backwards. They may have been horrible looking but to some patients, it was an important device.

“I can remember as a naive student nurse at eighteen years old, being asked to take an old lady into the bathroom and get her ready for bed. The lady refused to get undressed and I told the nurse this. She then went into the bathroom and literally yanked the lady's clothes off her. To say I was taken aback was an understatement but I can honestly say, apart from patients being shouted at, there was no physical abuse seen by me.”

Once Betty had qualified, she was placed in Kingsdale House at the south of the hospital.

Kingsdale House stood opposite the Kanner Unit, just off Menston Drive. Original site plans for the hospital labelled this unit as an Infectious Hospital. The house consisted of one large unit, roughly measuring two-hundred feet in length, with an additional dwelling to the west. The building was symmetrical, with male dormitories on one side and females on the opposite. At the rear of the house was two-hundred feet of garden, complete with a large greenhouse and gardening patch at the bottom. Prior to the gardens, was a fenced area. This was probably done to prevent patients from wandering off as the gardens weren't enclosed and led off into the nearby fields. The social club was also accessible from the back of Kingsdale House. The unit to the west of the house was used for Occupational Therapy, also referred to as Menston Drive O.T, and it is here where patients would design and craft bird tables, nesting boxes, tubs and wheelbarrows. Patients would sell their creations and keep their earnings.

The first thing she recalled of her time there was the ward Sister. “Sister before me, when I was a student, was very strict in that when patients were sat in the lounge, they could not move or wander about but when I worked as a Sister there, I would let them wander about as long as they were safe.”

It wasn't long after then that Betty moved on to Aysgarth but that was also short lived as she left due to the birth of her two daughters.

Aysgarth, alongside Ramsgill and Hawes, were wards that could be found in the original female sick and infirm block. This building stood to the east of the main administration building and mirrored the admissions ward that stood to the west of the clock tower.

After three years away from the institution, Betty returned in 1977, being redeployed back to Askwith.

In 1990, thirteen years after returning, Betty left High Royds Hospital for Scarborough. Her husband, who was also employed at High Royds, became unsettled and wanted to follow his love for cooking. This led them to the coast where they purchased a guest house. Betty continued to work in mental health care and was employed at St Mary's Hospital.

The hospital was originally the Scarborough Workhouse but subsequently became Scarborough Public Assistance Institution. The hospital wasn't exclusively for the mentally ill but in 1936, it added a total of twenty beds to care for mentally ill patients. The site joined the NHS in 1948 as St Mary's Hospital and later closed in approximately 2000.

“When I worked at St. Marys in Scarborough, the ward was an assessment ward for people with dementia. Patients were discharged back into the community or to an appropriate care home unless they had challenging behavioural problems. The care was very good. After two years, I went to work in the day hospital at Cross Lane Hospital in Scarborough and loved it. I worked there for nineteen years and retired as manager there in 2009.”

Betty said the following to summarise her time at High Royds Hospital. “As far as I'm concerned, the care on the whole was pretty good. Hindsight is a wonderful thing and yes, at the time, I think it was appropriate [the hospital] for all mental health problems. Treatments and medications have helped compared to many years ago when people were admitted with milk fever, delusional insanity, imbecility and epilepsy etc. but at least in hospital they were kept safe. I suppose because when I started, the Mental Health Act was in place and drug therapy was widely used which helped patients to be calm. I cannot honestly say I witnessed any bad practices apart from some older nursing Sisters shouting at patients if they 'misbehaved' and of course, some staff thought because they were in charge you had to do as you were told. In those days, the NHS looked after the people with dementia but now their families have to pay if they have funds.”

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## LIBERTY MILLAR

1981

Liberty Millar, in essence, was involved with two psychiatric hospitals in the Yorkshire region. The first one being High Royds Hospital and the second, all though not directly involved, was Storthes Hall in Huddersfield.

Prior to her time at High Royds Hospital, Liberty worked as a nursing assistant on the psychiatric unit at Halifax General Hospital.

After five years, Liberty took the decision to enrol into the nursing school that was situated on the grounds of High Royds Hospital.

She began her training in 1981, at the age of twenty-three. She explained that she was older than most of the students there and recalled being reprimanded for parking in the wrong space on her first day. "I realised then it wasn't going to be an easy ride." Based on this initial thought, I asked Liberty what she was thinking as she drove up the main arched drive. "I just wanted to turn around and drive back home. There was something beautiful but foreboding about the building itself. Honestly, I was petrified." I asked her why she was petrified and her response was, "because of the size of the place and I'd had such a long, unfamiliar drive to get there. I thought I made the wrong decision and should have stayed as a nursing assistant." Liberty took the time to compliment her tutor during the discussion and that they had put her at ease during her first day. She also remembered glancing at the other students in her cohort and wondering if "they would get on." "Realistically, I knew that I could leave if I didn't like it." She continued and explained that the first few weeks were classroom based where they learnt about the mind and having to do activities such as "recite the cranial nerves."

According to the National Centre for Biotechnology Information, "Cranial nerve testing is particularly useful for detecting and localizing brain pathology, and some of the most interesting and consistent findings in psychiatry involve cranial nerve functioning. Still, the cranial nerves tend to get little attention in the psychiatric clinical examination." The cranial nerves generally don't have a connection to mental health problems however, misalignment of cranial bones, which can affect the cranial nerves, can cause a multiplicity of health problems, some of which are psychological. Sphenoid misalignment can cause psychological disturbances/personality changes, depression and symptoms of impaired brain function such as memory loss. All of the above was more than enough to warrant an admittance to a psychiatric hospital.

"Looking back, the early 80s was the start of deinstitutionalization so what we were taught in school was not always what happened on the wards." Liberty concluded.

The first ward that Liberty was positioned on was Ramsgill. "There were two different shifts. The one I was on had the most kind and caring Sister and staff nurse in charge. It was a long stay ward."

I asked Liberty to describe the layout of the ward and this is how she remembered it. "When you went up the steps there was the office then the communal area in the centre and then male dorm

one side and female dorm the other, a locked kitchen area, a couple of locked single bedrooms and a bathroom that had three huge baths side by side." The layout of the bathroom seemed to follow suit of other wards in the institution.

I go into far more detail about the layout of this dwelling in my book *An Insight into 'Insanity'*.

During her time on Ramsgill, Liberty remembered one patient in particular.

"I remember when I worked on Ramsgill, there was a particular individual who had been a patient for many years, like most of the others on the ward. They rarely spoke or entered into any meaningful conversation other than ask for a 'cig'. On the odd occasion they did speak, it was usually in expletives and it wasn't unheard of getting your face scratched if you got too close to their face. They never had any visitors. When I was on placement, they received a letter to say their sibling had passed away. I don't think anyone knew they had family. They didn't seem to react when the ward Sister told them. They did say that they wanted to go to their funeral. It was decided that myself and one of the staff nurses would accompany them and I drove them to Keighley. We were a bit apprehensive as to how they might react or whether their behaviour would be appropriate. I'll always remember that as we drove down the drive towards Shipley, they started to speak in a normal tone of voice, they told us about their childhood and their family. They looked anxious but showed appropriate emotion during the service. They were really bothered because they did not have any teeth. It was remarkable, like a different person. However, when we got back to the ward they reverted back to their previous behaviours and I never heard them speak about it again."

After her stint on Ramsgill, Liberty was moved onto one of the acute wards that she said was on the outskirts of the hospital before being moved onto an elderly ward. She didn't specify which ward she was positioned on but based on the fact it was centred around elderly patients, she may have been on Norwood House or Lindley just to single out a couple.

Liberty was then moved down to the rehab ward which she explained could be found at the bottom of the smaller drive. I believe this was part of the rehabilitation wards, maybe even Sunnyside which is once again, written about in great detail in the *An Insight into 'Insanity'* book.

Her final placement, and which ended up being her permanent residence, was the Kanner Unit.

The Kanner Unit, alongside Linton House, were the adolescent units of the hospital. The Kanner Unit housed the youngest of the two, with children aged up to eleven years old being admitted. It was labelled as "a preschool child psychiatric service". The Kanner Unit was much smaller than Linton House, nearly three times as smaller. The unit's appearance matched that of the other buildings in the hospital with the addition of a more modern extension to the west. Inside, the rooms took on the appearance of preschool, brightly painted walls with sketches of familiar cartoons such as Mickey Mouse and the Teletubbies.

When asked about the reasons for admittance to the Kanner Unit, Liberty said "I'm guessing they might have exhibited ADHD (Attention Deficit Hyperactivity Disorder), ASD (Autistic Spectrum Disorder) as well as behavioural [problems]."

"When I look back, children as young as four would be admitted for enuresis and encopresis (wetting and soiling). Can you imagine that these days? It's barbaric."

Liberty went on to explain that children usually stayed between six and eight weeks. They were required to stay in the unit from Monday to Friday but allowed home for the weekend. She explained that on the child's return, they had to be checked for injuries.

She described the unit as being "quite nice for its time". She also explained that due to it being at the back of the hospital, accessible via Menston Drive, you didn't need to go up the main drive to access it "which was kinder for the parents."

Liberty did make a small reference to the other adolescent unit: "It [Linton House] was separate from the Kanner Unit. I do remember that one of their young people, a child of twelve, smashed my windscreen and stole my cassette player from my car and I couldn't do a thing about it."

"As a student, I was working one Bank Holiday when a Nursing Officer came to the ward I was working on and 'asked' me to go to one of the long-stay male wards as only the Charge Nurse had turned up. In those days, students were only supposed to work on the wards on the training circuit but I wasn't bothered. When I got the ward the Charge Nurse, an older gentleman with a very broad Yorkshire dialect, asked me what I wanted. I told him I'd been sent to work for the shift. His reply was 'no offense love but you're no bloody good to me'. He eventually let me in but told me I had stay in the kitchen to help with breakfast and then escorted me to the dorm and locked the door so I could make beds and do the laundry. I wasn't sure what to make of it but he eventually told me that it was nothing to do with me and even thanked me for my help but he didn't want me near 'his patients' as he didn't want them to get 'excited' as it wouldn't be good for them and they weren't used to having 'young lasses' on his ward."

Once Liberty qualified as a nurse, she remained on Kanner Unit. When asked about the atmosphere of the unit, she explained that a majority of the staff were lovely but not all. The staff that were present in the house, Liberty described them as a mixture of qualified staff and nursing assistants. "Some of the staff were older and real mother figures. Some very young, but all female."

We then moved on to speak about the daily running's of the unit and what a typical day in the house would be like. Liberty went on to explain that the children would be woken up and sent down for breakfast. The children would then go off for their education classes which, if it followed the same regime as Linton House, included core subjects and arts and crafts. During these times, the staff would observe and monitor the children to understand why they may have been admitted. She also mentioned that some or most children were placed on individual behavioural charts in order to monitor and reward their positive behaviour.

"In a lot of respects, we were all females who did our best to ensure the children were well cared for and looked after just like any child who was away from home. We tried to make bedtime like it would be if they were at home but they weren't. They were very young children being cared for by strangers. The point I'm trying to make is that it was probably horrible for the children."

In 1984, six months after qualifying as a nurse, Liberty was offered a Sisters role at Northowram Hospital in which she accepted. The role, alongside being the Sister, was to open a new ward which would care for those who were being transferred from Storthes Hall.

Northowram Hospital was opened on the 12th March 1971 as a geriatric hospital with a bed count of 256. The hospital later underwent further renovations and in 1973, a psychiatric unit was added. During the 1990s, the wards began to close and in 2001, the doors of Northowram Hospital closed as it merged with the new Calderdale Royal Hospital.

Storthes Hall was the fourth West Riding Pauper Lunatic Asylum which opened in 1904. The architect who designed High Royds Hospital, J. Vickers-Edwards, also drew up the plans for Storthes Hall. The design followed similar to that of High Royds but used a Compact Arrow layout rather than the Broad Arrow. The admissions building, in a way, took on the appearance of a smaller form of High Royds. It had a similar shape and was roughly sixty-feet smaller in length. The clock tower, if you could call it a tower, was also considerably a lot smaller. After the introduction of Care in the Community in the early 1980s, the hospital went into a period of decline and finally closed in 1992.

“Interestingly, the ward I opened was to bring patients who used to live in Halifax who had been in Storthes Hall Hospital, Huddersfield which was the equivalent of High Royds here as part of the Community Care Act.”

I asked if the reasons for the patients transfer to Northowram Hospital was due to their unsuitability to be cared for in the community and Liberty confirmed this. Based on this, I asked her what the average stay of these patients were on her ward and where they were discharged to. “They didn’t really [be discharged]. Most of them had been long stay patients at Storthes Hall so by that time, they were too old and infirm so many saw their days out with us. A few went to local authority homes but not many.”

The ward that Liberty managed, that was known as a psychogeriatric ward, was originally opened to house those from Storthes Hall. She explained that these wards, in the 1980s, were used to assess and treat the elderly who suffered with mental health problems. Today, these are referred to as Specialist Dementia Care Units or EMI Units. “This ward was one of the wards on the psychiatric unit at Northowram. The hospital itself was set in beautiful, well-kept grounds in a quiet residential village. Much like the lovely grounds that High Royds once had.”

To summarise, I asked Liberty if she could give her thoughts on High Royds Hospital as a whole. “I saw the best and worst of humanity. There were some incredibly kind and caring people who worked there and some who should never have been allowed. No doubt, long stay patients were institutionalised and had little choices. They were forgotten and hidden away. After saying that, on a basic level they were warm, really well fed and mostly clean but let’s be clear, long stay patients were subject to abuse and I hope society never ever makes the same mistakes again. I still believe it was wrong to move such vulnerable people into the community when they had never really been included in the first place.”

“During my time there I have very fond memories of many patients who had been incarcerated for many years and wondered what would happen to them when the community Care Act came to fruition, where would these vulnerable people go as they had spent most of their lives there.”

Liberty remained in elderly care for a further eight years before moving onto acute nursing and finally, Child and Adolescent Mental Health which she has remained in for the past twenty-six years, totalling forty-three years working in mental health.

## SUE CURTIS

1981

Sue Curtis was employed as a nanny in Leeds prior to her time at High Royds Hospital. Her experience in this field may have given her an advantage over those who went into healthcare blindly.

She began her role at the hospital, as an Auxiliary Nurse, in 1981, aged nineteen.

I first began by asking Sue if she remembered her first day at the institution. "Oh my, hazy. I remember being very excited at the offer of a job and then later on, a place to live in as my flat in Bradford was expensive and the bus a nightmare for early shifts. No bus early enough on Sunday mornings so High Royds put a minibus on for staff from Bradford city centre. I still had to walk a mile in the dark though."

"I remember going for my uniform. They had their own sewing room and I was taken down the long corridor by a nurse in a blue checked dress. I excitedly asked her how long she had been an auxiliary and she said, rather snottily, 'I'm a student nurse, your uniform is brown checked!'"

I asked her if she could remember where the sewing room was located and she believed it was at the back of the hospital, near the laundry room.

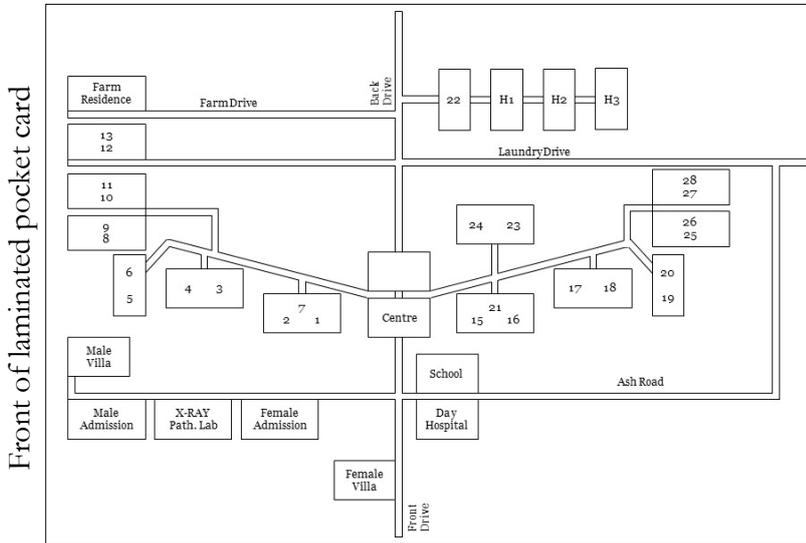
As noted in an earlier interview, the laundry room and engine room were located next to the block that housed Deepdale. I can't confirm whether in fact the sewing room was certainly sited here but it makes for the most suitable location. Unfortunately, the laundry was demolished during the site's conversion to a residential village but the engine room remains, now being used as a residence. From the outside, the building took on the standard appearance of an engine room. Roughly one-hundred by seventy feet in size, the building had three individual roof arches, all with glass panes along its length. The stonework matched that of the rest of the hospital, with the addition of green woodwork detailing the roof and doorways. To the rear of the building was a large yard, measuring just short of 230 feet which was most likely used for industrial vehicles. The original electric railway passed by the engine room, making its way towards the wood yard that stood 300-feet away.

Sue went on to explain that during her time with the hospital, it was known as Menston Asylum and High Royds Hospital. "Mum said it was known as Menston and this was an asylum. I think because it was also known as High Royds Hospital people did not know it was Menston." What Sue is trying to say is that the general public thought that Menston Asylum and High Royds Hospital were two separate institutions, with only the asylum being used to treat those with mental illnesses.

After retrieving her uniform, Sue was given a small tour of the grounds and given the rota for her place of destination, Beamsley. "I was given a map of the place and other papers."

The map that Sue mentioned was in the form of a laminated pocket card. It was a very basic representation of the hospital's layout but gave enough detail to help new staff members navigate

the wealth of corridors. I have taken the opportunity to reproduce the card below. This card was modified as the years progressed due to the growth of the hospital. One noticeable difference on this card is the exclusion of Clifton from the Beamsley Block. Sue pointed out that the card below was slightly different from the one she received but I thought it was insightful to include it.



During Sue's time, she noted that Beamsley was used for "female acute admissions and short stays for over 60s." She also confirmed that it was solely used for women.

Beamsley, along with Denton, Langbar and Clifton made up the four wards of Beamsley Block. This block was positioned to the west of the administration building and was used for admissions after Richmond and Escroft closed down. I go into far greater detail about this block

in *An Insight into 'Insanity'*.

"Beamsley ward was very 70s. Big wooden doors with glass windows to go in then a large room, open area to the right with twenty-plus armchairs around the edge, a small TV, big windows; very light. To the left, a dining area with glass partition and serving hatch into the kitchen, like a nightingale ward but with two dormitories. A couple of side rooms, office, toilets/bathrooms and kitchen too."

I then asked Sue if she could describe to me what a typical admission on Beamsley would be like. "A doctor or nurse would go through the paperwork in a side-room, generally with the relatives, and we would take their clothes to the laundry to be named and a bed would be given with curtains around. Each dorm held six to eight [patients] and a sink near the window. The dorms were painted white or cream with coloured curtains, very clean. All had a huge bedside locker for their stuff. They were shown around the ward and introduced to the other ladies." When asked about the condition the patients arrived in, Sue said "all different, many really quiet and sad. Some cried. Some were abrupt and some were 'returners' as the ward Sister called them. She joked, 'have you come for your annual holiday!?' Some were catatonic and unable to do anything except stand motionless, some on one leg for hours and they were not young. Many depressed and unkempt. Some had

HIGH ROYDS HOSPITAL	
WARD	WARD
1 -- Beamsley	H3 -- Malham
2 -- Langbar	15 -- Aysgarth
3 -- Askwith	16 -- Hawes
4 -- Nesfield	17 -- Askrigg
5 -- Barden	18 -- Buckden
6 -- Bolton	19 -- Masham
7 -- Denton	20 -- Litton
8 -- Hazlewood	21 -- Ramsgill
9 -- Ribston	22 -- Kingsdale House
10 -- Lindley	23 -- Deepdale
11 -- Rigton	24 -- Melbeck
12 -- Norwood	25 -- Woodale
13 -- Burnsall	26 -- Birkdale
H1 -- Rylstone	27 -- Wherside
H2 -- Cragdale	28 -- Ingleborough
Farm Residence – Linton House	
Female Villa – Kilnsey House	
Male Villa – Arncliffe House	
Admission – Escroft (Men)	
Escroft (Women)	

Back of laminated pocket card

attempted suicide. One patient survived putting the electric fire in their bath.”

In regards to the relatives of the new patient, Sue noted that most of them remained after their relative was admitted and chatted to the staff in the dining room. “The dining room was also used for visiting. Visiting was Thursday nights and during the day on Saturday.”

That provoked me to ask about a typical day on the ward. “We got them up about 07:00, washed and dressed the ones who were unable to manage this and we then took them into the dining area for breakfast. Many were able to do this themselves. Hot cooked meals came on a big steel heated trolley. The Sister did the medicine round each meal time. The ones who were able, were taken to Occupational Therapy and others for ECT. A few stayed on the ward where there was a tv/radio and stereo. We toileted the incontinent and fed the poorly, if any. We sat and chatted to the ladies, who were very old to me then, and we sometimes sat outside if it was warm and often had trips to the shop or bank. There was also an on-site clinic so any ECGs/EEGs and bloods could be done. Some liked to read and there were books/magazines and they could go to bed anytime. We only put the ones to bed who couldn't manage about 20:00-ish.”

“[The food was] very traditional. Meat and two vegetables, spam fritters, porridge, English breakfast at weekends, jam roly-poly with custard, proper chips and blancmange. All lovely food. Soft diet was mince and potatoes.”

“The ladies were well looked after. Food was delicious, we ate the same as them. They didn't stay in long; they were free to go outside and to the on-site shop/bank etc. A lot smoked too.”

Due to the age of some of the patients, deaths were not uncommon and Sue found this out first hand. “We were in the sitting area on Beamsley and she was sat opposite me chatting away, I think there were about five others too, she just stood up walked over to me saying ‘I'm ill’ clutching her chest. She fell down and we got a screen and resus bag etc. The Sister tried to bag her (inserting a ventilation tube) but she never regained consciousness. The other ladies were upset.”

Sue also had the chance to work on a variety of the wards that High Royds Hospital had to offer. She explained that she never worked on another ward on a permanent basis, more or less “booked out” when other wards were found to be understaffed. She described these wards as “very routine. Some were nursed in net beds. [They were] turned, changed and fed on repeat. They were old and barely alive. Some were noisy wards and were probably used for the dementia patients though I didn't know that word then.” She explained that “net beds” were “beds with a net across the mattress that was wound up on a frame to lift the patient off, like a hammock. To avoid pressure sores.”

I believe what Sue is referencing here is the use of a slide sheet or hoist sling, both of which remain in use today to help support individuals with movement. Slide sheets, also known as glide sheets, are made from nylon with a special coating that helps to minimise friction. They are inserted under a patient while they are in bed, and used to help slide them up into a more comfortable position. Hoist slings are, again, inserted under a patient but then attached to a hoist crane in order to lift the patient out of the bed and into another position.

Sue did have one distinctive memory of false teeth during her time on Beamsley. “Well we did have to wash all the false teeth and we did them altogether and then didn't know who's was who's. We laughed and tried to fit them in, they laughed too [the patients].”

“I remember looking after a lady who had ECT treatment and made a great recovery and went home. I was amazed. She was catatonic and did not eat, drink, sleep, nothing. We took her to the ECT treatment unit and I'm not sure if it was three times per week but they had several treatments and improvements were good. We took them with a porter and they went in a wheelchair. [After, she was] sleepy, we put her to bed. She came around later and had a meal.”

She believed that improvements were noticeable after around two weeks of receiving treatment.

In regards to treatments, Sue once had an interaction with a patient who, according to her ward Sister at the time, had received a lobotomy. At that time, in the 1980s, the use of lobotomies had been phased out due to the introduction of antipsychotics.

Lobotomies are one of the most known treatments from the dark days of the Victorian asylums. I go into great detail about their origins and use in my book *An Insight into 'Insanity'*.

The hospital also made use of a minibus that was used for patient trips to destinations around the area. During Sue's time at the institution, she drove the bus to the pub on the Chevin that she believed was known as The Royal. It wasn't uncommon for patients to be allowed to the local pub during their time as an in-patient. Sue explained that the ward Sister had to authorise a patient's attendance. I asked Sue about the dangers of mixing medication with alcohol and she said “I think Sister would have known that but they only had one drink and then soft drinks.” Other trips via the minibus were done to local parks and shopping complexes.

After only four years, in 1985, Sue left the hospital in search of new adventures. She admitted that the closure wasn't on the cards at that time and the hospital continued to operate as normal. “I've lost touch with most people who worked there now as it's been over thirty years. I liked working there, I learned so much but I went on to train as a general nurse. I do think that the hospital was fit for purpose in my limited time and experience there. I'm not sure, in today's climate that the patients admitted to the ward in the eighties would ever get an admission now. I really enjoyed my time at High Royds and I met some great staff and patients. The grounds were lovely and the ballroom was stunning. I lived in the nurse's residence and saved for my first car. The experience I gained has been invaluable in my nursing career. I trained as a general nurse and returned to mental health nursing fifteen years ago.”

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TESSA FERRY

1985

Tessa Ferry was able to work in not just only the main institution of High Royds Hospital, but two of its annexes. The knowledge gained from these partnering establishments allowed her to progress from the role of a healthcare assistant to a qualified Mental Health Nurse.

It would be March 1985 in which Tessa would begin her nursing qualification at High Royds Hospital but her journey started much earlier in the form of Grassington Hospital. She began her role as a nursing assistant in January 1983.

I explained the history of Grassington in my book *An Insight into 'Insanity'*. To summarise, Grassington was originally a TB sanatorium but with the introduction of the Bacillus Calmette-Guérin vaccine in 1920, the hospital began to decline.

“... Ceasing as a sanatorium in 1966 and transitioning into a Psycho-Geriatric hospital which played as an extension to High Royds. The doors of the hospital finally closed in 1984.”

Tessa was unable to tell me what the name of the ward was called that she was positioned on, but was able to tell me following: “It was known as the sick ward as they all had dementia, except for one lady who had severe depression. It was a female ward. I wasn't allowed to work on a male ward as I wasn't married.”

As noted above, the use of the old sanatorium was to act as an annexe to High Royds. I asked Tessa what the basis was for a patient to be cared for there and not at High Royds and she believed that they used Grassington for when the main site was too overcrowded. According to Tessa, patients who had no relatives were more likely to be cared for there as it was positioned in the country-side and difficult to reach with a car, leaving those who had relatives to remain at High Royds.

“It was run down but the atmosphere was lovely. Plenty of grounds for patients to walk around. They also had a social club for patients. But patients who were well enough were expected to work for pocket money. I remember they came and did the washing up after meals on the ward I was on. I think some of them worked in the kitchens and did the cleaning.”

“The care was good but privacy wasn't as they were open wards with no curtains around their beds. We used screens when doing personal care, bathed two at a time and had a room with about eight commodes where they all were toileted together and nobody owned their own clothes. On the late shift, we had to go to the clothing store and pick out clothes for the next day which we thought would fit them.”

A typical day on the ward followed a similar pattern of that at High Royds. “Well as I was on the ward with all the severe dementia ladies. It was just a case of washing and dressing them, feeding them, toileting them, washing the chairs and tables and doing it all again at lunch and tea. The only entertainment was a tv. They never left the ward until they died, quite sad really but the staff tried to interact with them and danced and sang for them when we had time.”

Tessa was also able to recall individual memories of some of the residents. “[An] old individual was actually from Grassington (the village) as their son was the local dentist and they had soft toy cats that they loved. I also remember a blind patient who thought staff were her children and she liked us to sit on her knee where she would bounce us up and down and sing to us. The Matron very strict. She once pulled me into her office and told me to get my hair cut as I looked like a Yorkshire terrier.”

Tessa remained at Grassington Hospital until its closure in 1984. She explained that the closure was connected to the phased closure of High Royds Hospital: “So, we moved patients to one ward at Ilkley and the rest back to High Royds.”

The second annexe that Tessa was transferred to was Middleton Hospital in Ilkley.

Middleton Hospital was used for a variety of different specialities during its period of operation. It is understood to have opened around the time of the First World War and operated as a military hospital. It was then later used as a TB sanatorium, much like Grassington, before finally settling as a geriatric hospital. Its operation came to a halt in 1990, with a majority of the buildings being demolished in 1991. Today, the only remaining evidence of Middleton Hospital is the social club, derelict and beyond a state of repair. The inside of the social club looked much like the Ballroom of High Royds Hospital, grand in size with its arched roof and raised stage.

“I cannot remember what the ward was called but it looked out onto the bowling green. It was a small general cottage hospital overlooking Ilkley.”

“It was an annexe of High Royds. As that closed down, the patients were eventually moved back to High Royds although I think some who were more capable were moved into the community as I remember one of my colleagues took two of the men to live with her so she got paid for having them so gave up working at the hospital. A bit like adult foster care I guess.”

Unfortunately, when Tessa was transferred with the patients of Grassington, she no longer cared for them in Middleton. “Funnily enough, I was then allowed to work with males so it was an all-male ward. Most of them had schizophrenia but I worked nights there, not days. Most of them didn’t need much personal care, only encouragement to bathe and change and as I worked nights, most of them slept all night.”

Tessa’s time at Middleton Hospital was short lived due to the continued closure of High Royds and its annexes. It was at this point in her career, when Tessa decided to move in nursing.

“A SEN who worked there, [Grassington] must have thought I had potential as she encouraged me to apply for my training which I did when I moved to Ilkley.”

When Tessa made her switch over to High Royds, I asked her if the closure had begun there and she believed the institution had begun “running down”. “I think it probably started running down after my training as I think one of the first wards to close was Escroft.”

This ward, alongside Richmond, could be found at the top of drive, to the left, just before reaching the clock tower. It was segregated from the rest of the hospital and had a handful of smaller dwellings around it that were known as the rehabilitation wards. I go into much further detail about these wards in my book *High Royds Hospital: An Insight into 'Insanity'*.

“When I went to do my training there, I believe they had about 1000 patients and also the lithium research unit.” The research facility that Tessa mentioned was the one that was situated above Escroft and headed by Dr Roy Hullin. He pioneered the use of lithium and I gave a detailed background on him in the book *An Insight into 'Insanity'*.

“It was a very busy place with a social club, bowling green, clothing shop, sweet shop, the ballroom, a mini bank and patient’s affairs where patients would collect their earnings as they still did the washing up, gardening and kitchen work. They also had an industrial unit where able patients had to work as they got outside contracts for things like packing and making Christmas crackers.” I briefly described this industrial therapy unit in my book. It was known as Harewood Industrial Unit and sat on the embankment opposite the original epileptic block, west side.

Tessa’s six-week of training at the nursing school followed that of those before her. In regards to placements, she adhered to the “training circuit” but also had the chance to carry out reduced placements in both Harewood Industrial Therapy and Occupational Therapy. Another one of Tessa’s placements, that none of my previous student interviewees had been involved in, was a community placement. She believes this was incorporated due to the drive towards Care in the Community.

“Mine was with a Community Mental Health Nurse so I guess this is when they had started trying to treat mental health at home as we did home depots (injections) and I remember taking people out who had anxiety or agoraphobia.”

Tessa then went on to make an interesting point about the stigma within particular communities. “We had to do some home depots on the Asian community and many of them were married but they had to go home to their parents for a visit as mental health was taboo and their wives/husbands and in-laws had no idea they had a mental illness. But I took a few young women out who had young children and I think they would have been horrified to have been hospitalised as the stigma was very strong in that area of Leeds as High Royds was still considered to be a looney bin.”

Witnessing the attitude of the community in regards to mental health, I asked Tessa what her own feelings were about the impending change into community care. “Very mixed feelings as it was very clear that some of the patients were very institutionalised and nobody took any notice of their bizarre behaviour but I knew they would be ridiculed and targeted out in the community. The old records showed some of them had been there for years and I know after the closure of Grassington, some died very quickly after the move.”

Due to the vast number of wards that students work on and because many of them have already been covered in *An Insight into 'Insanity'* or in this book, I decided to focus on both of Tessa’s therapy placements.

Information on Harewood Industrial Therapy is very thin which made it a good opportunity to get an idea of what the therapy entailed. “It was an eye opener. They were expected to work hard for very little reward. Just long tables and chairs and I think only one room. [It had] an office and storeroom.” Tessa continued and explained that patients were required to attend the therapy five days a week, working between 09:00 and 16:00. She believed their lunch may have also been taken here rather than back at their wards. At the beginning, Tessa made it known that only able-bodied patients were allowed to attend Industrial Therapy so I asked her if she believed that the patients she encountered were suitable. “I think it gave them a purpose. They were the more able

ones so they seemed to like doing it and they made friends there so I guess it was better than sitting watching tv on the ward as only the severely ill ones got occupational therapy.”

The ending to that played well into Tessa’s next therapy placement, Occupational Therapy. “The Occupational Therapy placement was rubbish. They had ex-teachers who were paid a lot and I found them patronising. They used to take a cassette player from ward to ward and sing songs to the old people who had dementia. They said we could carry the cassette player if we were good. I remember one of them had been on holiday to Morocco and brought a little bright yellow rug in for them to touch and said it was natural, straight from a sheep. I said, ‘well I have never seen a bright yellow sheep’. She wasn't impressed so never let me carry her cassette player.”

Occupational Therapy can be carried out in a variety of locations based on the activity that is required. In today’s hospitals, many Occupational Therapy departments have their own dedicated treatment room but some activities are still carried out on the ward. During Tessa’s placement, she noted that she only attended the wards with the staff.

Besides the cassette player, I asked Tessa what other activities were carried out by the Occupational Therapy staff and if the patients did in fact enjoy these activities. “I think they were too severe to enjoy it (very advanced dementia) and I didn't see any other activities. I know when I qualified, we never had anyone do any activities on our ward for patients either.”

I have decided to include our conversation about Denton, Tessa’s final placement as a student in 1988, as we spoke about the transition into community care.

“[I] think mental health treatments had quickly advanced by then. We did more talking therapy and better medicines to improve their mental health. So, at least they got discharged home with follow up care by Community Psychiatric Nurses (CPNS). They were a fairly new concept to mental health in the 1980s”

“It [talking therapies] was one-to-one with nurses/students. Psychiatrists rarely did one-to-one, apart from one psychiatrist who did try regression therapy. It was equivalent to today's Cognitive Behavioural Therapy (CBT).”

Regression Therapy is an approach that focuses on the individual’s significant past events that are thought to be interfering with their present mental and emotional wellness.

“Chlorpromazine was still in common use then, along with lithium. Amitriptyline was a common antidepressant then as tricyclic antidepressants were quite new but we now know they have bad side effects. Haloperidol and Clopixol in depots were becoming common.”

I asked Tessa if she saw improvements in the patients with this new wave of medications and she confirmed she did.

Patients that were present on Denton, in Tessa’s words, were housed there for an average of twelve weeks. “Some were there for ECT so recovered fairly quickly and obviously with the advance in new medications, they recovered quicker than previously.”

Tessa then gave her own recollections of Electroconvulsive Therapy.

“The patients were nil-by-mouth from midnight. They were taken down by a member of the ward staff to the unit where the anaesthetist gave them anaesthetic and a muscle relaxant. They

laid on a bed where a rubber mouthpiece was put in their mouth to prevent them from biting their tongue and then an electrode was put on their forehead and an electric current put through it. There was a very mild seizure then the current was turned off and they were then put in the recovery position. When they awoke, they were given tea and toast and taken back to the ward where they usually had paracetamol as they usually had a headache. Some of the patients didn't want it so were given it under the mental health act but I saw amazing results with people with severe depression and puerperal psychosis."

Much like Lacy Curtis, the previous interviewee, Tessa also have an involvement in the use of the hospital's minibus.

"I took the minibus exam when I was a student and me and some other students were able to take some of the more able ones out for trips which they enjoyed. Eddie Waring's wife raised the money for the minibus after he died there."

Eddie Waring was a former rugby league coach and commentator. He was later diagnosed with dementia and passed away at High Royds Hospital in 1986.

After Tessa had qualified from nursing school, she was given her first full-time placement on Litton which she described as an acute admissions ward for patients aged over sixty-five with functional illness. This is a condition that impairs normal functioning of bodily processes.

Litton was situated in the smaller block next to Birkdale. This block only housed two wards, Masham and Litton. It was roughly half the size of its neighbour and was positioned at the end of the main corridor.

"The care on Litton was very good and more modern; they all had curtains round their beds now and bathed and toileted alone."

"Oh, I had lots of fun there but some tragedies too. I remember a traumatic incident where one patient cut his throat from ear to ear in the toilet. Luckily, he survived. I remember finally getting a hoist to lift people with and a large lady, who we used it for, told her visitors we had to get a crane to get her out of bed. I still giggle at that to this day."

Eleven years after her first role at Grassington Hospital, Tessa left High Royds Hospital in 1996 due to the closure nearing completion. The services of Litton were moved to the centre of Leeds and Tessa had recently moved to Lancashire which made travelling unsuitable. "The hospital was running down, lots of wards had closed along with the ballroom and the shops. The morale was low at that time too."

On her arrival in Lancashire, Tessa remained in healthcare. "I spent the rest of the time working for Lancashire Care NHS Trust until my retirement almost seven years ago. I continued in mental health. I never went back into a hospital setting funnily enough, I went to a rehabilitation home which housed 6 ex-patients from Whittingham Mental Hospital which had closed. Then to another mental health rehab unit and then to the community as a CPNS."

Whittingham Hospital was a psychiatric hospital that opened its doors on the 1<sup>st</sup> April 1873. It was the Fourth Lancashire County Asylum and grew to be the largest psychiatric hospital in Britain. The hospital pioneered the use of EEGS, a monitoring method used to record the brain's activity but with the introduction of new medications and therapies during the 1970s and 1980s, the hospital gradually declined and closed its doors in 1995.

“The patients were very institutionalised and initially frightened to go out. They had told them at Whittingham that they were taking them out for the day and took them to their new home which was a six bedroomed house and apparently they wouldn't go to bed for days as they were waiting to go back, so staff told me.”

Tessa finished by giving her final words on her time at High Royds Hospital. “It was probably the best and safest place at the time due to lack of suitable medications, though unfair for some. I loved my time at High Royds and was sad to leave.” When asked about deinstitutionalisation based on the patients she cared for, Tessa said “[I had] mixed feelings. Some were far too institutionalised to be rehabilitated, it was too late for them. I still believe there is a need for the original long stay wards as a lot of people living on the streets have severe and enduring mental health problems and are unable to live in the community as they require a lot of support and care.”

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## DAISY WARREN

1988

Daisy Warren's detailed account of her time at High Royds Hospital gives us an invaluable insight into many of the wards and services that the hospital had to offer.

Prior to her jump into nursing, Daisy, aged just seventeen, worked at her local hairdressers in the West Midlands while deciding what career path to take.

I asked her what made her choose the career of nursing and she said "to be honest, I fell into it by accident, or serendipity, depending on how you look at it. My parents were pushing me to do something with my life and I saw an advert for nursing so I applied. Initially for general nursing though not mental health. It was when I got the form I decided I couldn't handle blood so ticked the mental health box rather than general nurse box. I also lived in a small village and I hoped nursing would give me a chance to go somewhere else and see the world a bit."

Prior to accepting a position at High Royds, Daisy was also invited to two other interviews. One at a hospital in Bristol and the second in London. She was offered a place at both London and High Royds but chose the latter, beginning her training on the 16<sup>th</sup> May 1988.

During her time as a student, Daisy resided onsite and lived in one of the staff residences, "Residence 1" to be exact. She remained in this residence for  $\frac{3}{4}$  of her education. The first six-weeks of her training were carried out at the school. "I was painfully shy so it was a bit scary in a new place, new people and an imposing building." One of the things she remembers clearly of her first day was a sentence that was said to her by the head of the nursing school at the time. "Never assume anything in mental health, else you will be the ass.' I still remember that to this day."

There were two residences in the hospital, the first one, of which was Daisy's, was positioned near the centre of the hospital, to the right of the ballroom. This residence was located just off the main corridor of the hospital, located near the hairdresser's corridor. The second residence was located further out. It could be found on the corridor that connected to the block which housed the wards Ingleborough, Whernside, Birkdale and Woodale. This was on the outskirts of the east side.

Due to this, Daisy explained that her residence was surrounded by much more noise and footfall. She also mentioned that many patients would find their way into their residence if fellow staff didn't close the doors behind them correctly.

I asked Daisy if she could describe the layout and décor of her residence in which she was able to in great detail. "There were twenty-one or twenty-two rooms I think, not quite sure now, but mine was on the end of the corridor next to the phone so I was forever answering the phone and going up and down knocking on doors. Remember, this was a payphone with a single number for us all to give out to friends and family, no internet or mobiles then. It was hard to have privacy even though our rooms were individual and had keys. You got used to the noises of the

hospital after a while and of course if you lived on site you were always first choice for extra shifts or helping out.”

Daisy then went on to describe the individual rooms in her residence. “Rooms were magnolia and we weren't allowed to decorate, so I just stuck loads of posters up as did most people. Each room had a bed, wardrobe and sink, some were bigger than others and obviously everyone wanted to move into a bigger room when they became vacant. I can't remember the exact figure for rent now, but it was something silly like twenty pounds a month that was deducted straight from your student wages each month. The bathrooms were shared, two bathrooms. There was also a shared kitchen and laundry room.”

Daisy then brought up the name of the individual, who we shall call Carol, that oversaw both residences. “Poor, long suffering Carol was the lady who over saw both residences. She was lovely and you had to ask her nicely if you wanted to change anything. The beds were all singles and most of us got double beds so we had to ask Carol very nicely to get the porters to take the beds into storage. It was the state of the kitchen and laundry rooms that used to drive Carol to distraction because people didn't clear up and she had to match piles of unclaimed washing with their rightful owners most days.”

During her six weeks of nursing school, she explained that this was classed as the “introductory block” where preparation was undertaken for their first stint on the wards. Ward placements during this training were done over a three-year period. Students were educated on the history of mental health, up to that point, and theories around mental illness and diagnosis. Daisy believed that the aim of those six-weeks was to test the students to see if the role of a mental health nurse was suitable for them. She does remember a couple of students dropping out during this period.

“It was quite a leap from the school out onto the wards to be honest. All of the tutors were ex-nurses and all had very different approaches to their subject. What that did for me, was start me thinking about how I wanted to be as a nurse and to pick up the good bits from what I saw and heard and discount the other. It has to be said there were a lot of nurses at the time who were old school bullies because they could be and because long stay patients did not complain or argue back. I never wanted to be that nurse but that's what you get in any closed institution. There were of course very good, forward thinking nurses too. So, it was always a mix and as a student you had to learn from the good ones and try and get through your placements with the bad ones.”

After her six weeks in the school came to an end, Daisy's first placement was on Richmond ward.

“They [Richmond and Escroft] were the same, admission wards, but different consultants covered each ward, so it was more geographical around where you lived and who your consultant was really as to which one you went to. A mix of people with psychosis, depression, alcohol issues etc.”

It was on this ward where Daisy had her first meeting with the Charge Nurse, who we shall call Paul. She complimented Paul, saying that he invested a lot of time in the students that he worked with. “Now he was a good nurse and was very good to me on that placement and when we met again on my last placement.”

It was on this placement where Daisy first encountered Electroconvulsive Therapy (ECT). “I really, really always hated ECT but it was so popular at the time.”

I asked Daisy if she could explain her experience with ECT and she was able to in great detail.

“ECT as you know, was electric shock treatment. So, patients would be starved the night before as they had heavy sedation for the treatment so if you ate or drank it made you sick. It was 'prescribed' by the Consultant Psychiatrist for people with depression generally, although I saw people with schizophrenia also given ECT at times. But generally, it was depression. There was a separate rather grandly named ECT Suite where people would be taken for treatment, that had a bed with the equipment around. It was always most distressing seeing people who had been sectioned having ECT because of course they couldn't refuse. It was fairly brutal to watch as people have varying degrees of 'fits' when the charge was applied to their temples with paddles. I can only imagine how terrible it was to be the patient. As a student it really did upset me being a part of it. Luckily, it became less popular with the advent of newer antidepressant medication and was much less used at the end of my training. People often had awful headaches afterwards, dry mouths from the meds and were often a bit confused. It was given weekly generally, twice weekly for those deemed to be really depressed, but generally weekly. I was always dubious about its efficiency and that never left me. But some patients said to me it was the only thing that helped, others hated it. It was fairly barbaric to watch though.”

Based on the fact that Daisy mentioned the patient having 'fits', I asked her about the use of muscle relaxants. The use of this medication is detailed in *An Insight into 'Insanity'*.

“They were, but I have to say whilst that may have stopped injuries, it didn't stop the movement or the 'fits'. I can remember one patient who was a well-known patient with psychosis who had lots of admissions. During his ECT, his fit was so severe his trousers split with the movement. I can remember that being a moment I totally questioned if being a nurse at High Royds was the right thing because that was just awful. This is the thing, history seems to remember ECT quite fondly in many ways, with sedation and muscle relaxants and patients 'waking up feeling better', which is how many of the doctors described it to patients. It actually wasn't that nice, was pretty brutal and took people a while to get over. Everyone will have a different view I guess, but it's a treatment I never liked and always did my best to not be involved in.”

On Richmond, student nurses were required to escort patients to the shops that were situated within the main site as well as carry out observations, assist with medications, interact with patients, join in with activities and help serve meals.

Daisy explained that Richmond was one of her favourite placements during her 'training circuit' as it helped improve her confidence. She also believed, based on the conditions at the time, that patients were treated kindly. “The other acute ward, Escroft, didn't have such a good reputation so I think that says a lot for Richmond. Part of that was Paul being a good Manager. But like everywhere there were 'old school' staff too who were less forgiving.”

After her first placement at High Royds, Daisy was required to carry out a further six weeks at the Leeds General Infirmary (LGI) as part of her general nursing placement. “I was on a mixed admission ward. The staff hated RMN (Mental Health Nurse) students being there, I hated having to go there and it was just unpleasant and a really long six weeks. RGN (Registered General Nurse) students from LGI had to do six weeks at High Royds too and they generally hated that.”

On Daisy's return to High Royds, her second placement was on Birkdale, the admissions ward for patients aged over sixty-five. She described the ward as having plain decorations and being

“quite open plan”. The ward was on the upper floor of the block and on entry, you were greeted with the dining area, this was met with the kitchen to the left and the nurse’s offices behind it. The patient’s dormitories were positioned just off the dining area which makes me believe that this was the main hub of the ward. She explained that the ward was fast paced but she learnt a lot about dementia and care assessments. The senior team on that ward were fairly young which Daisy said allowed them to be very supporting of students. It was on this ward also, that Daisy encountered her first patient death.

“I would have been eighteen, coming on nineteen then so very young still. I was on nights and we did regular 'rounds' to check on people. One individual seemed to be ‘fitting’, but they weren’t epileptic and we bleeped the duty doctor who came up and she was having a massive heart attack. We rang an ambulance but she died few minutes later. It was awful. The beds had curtains round so obviously it woke other patients up and they were upset. I helped the staff nurse lay her out and we took her with the porter to the mortuary. The individual’s family were obviously very upset and shocked and I can remember being interviewed by the Senior Nurse afterwards as a bit of a ‘lessons learned exercise’. Nobody did anything wrong; it was just an awful unpredictable death.”

Daisy’s third placement took place on Grassington. This ward was part of the block that housed Rigton, Lindley and Ribston. It was located north-west of the hospital. Using Daisy’s description, she said the ward was less open-plan than Birkdale. The ward had its own dedicated smoking-room and patient lounge, with dormitories for men and women on opposite sides of the ward. “It was tatty, but it did have lots of things thrown around and damage caused by patients.”

It was on this ward where a lot of the patients were long-stay individuals. Due to this, Daisy said this was where the majority of the ‘characters’ were. “Doors were metal reinforced; ornaments were glued down. It was good to work there and you will never see schizophrenia like that anymore thanks to modern treatments. Many had 'burnt out'. That was the term used as they didn't have acute episodes anymore, just lived in their own worlds.” One of the patients that Daisy brought up, was also mentioned by another interviewee in *An Insight into 'Insanity'*. A patient who considered herself as royalty. “[The patient], whose reputation always went before her, she was small but by God if she went for you it needed six staff to get her off you. Her first words to me were 'the flamingos are dancing in the ballroom'. I had no idea what that meant but staff said it means she likes you, so for that I was grateful.”

Daisy said that the patients on Grassington were very well looked after. “Staff did genuinely care because they worked with the same patients every day.”

For her fourth placement, Daisy was placed on another long-stay ward, Masham. It was designed to house elderly patients.

Daisy didn’t have much to say about Masham, probably due to not enjoying her time there. “My least favourite placement, I found that hard. The staff were mainly old school, it was very task orientated and patients weren't seen as people anymore. They had a clothing store so people didn't even have their own clothes, they were washed and shared. I was glad to move on from there.”

The next ward that Daisy was positioned on was Aysgarth Day Hospital. She described the Day Hospital as follows. “That was a bit more cobbled together as it was an old ward that had been closed and reopened to set up Aysgarth, so only half of it was being used as the space wasn’t needed. So, you walked into the lounge area and then we just used the office to the left and the

kitchen behind it. The dormitories were closed off." These unused dormitories were used to store the unoccupied beds of the hospital. I asked Daisy if seeing these empty rooms were daunting and she replied with "yes it was, but to be honest by then parts of the hospital were closed so there were empty wards not being used so it was starting to be more common."

"I was nearing the end of my training then, so late 1990, and obviously there was a shift by then to move to community care rather than institutions and the change in nurse training to a more academic, Project 2000 approach rather than our ward-based training. So Aysgarth was the start of that process, moving people out of hospital and supporting them with day activities."

The Project 2000 approach that Daisy mentioned is a scheme that was introduced in 1990. This scheme meant that training was carried out in universities rather than on the wards, thus becoming more knowledge-led.

"By then some patients had been moved out to hostels and group homes, so they came back during the day and we did stuff like cooking skills, budgeting, basic living skills really. And we also did their medication, most by then were on injections and medications so we did those too. They were put on injections rather than tablets so they didn't stop taking meds."

When asked about her time at Aysgarth, Daisy said "it was good, by then we were all revising for our finals so that was obviously a stressful thing, but it felt like being part of a new world, that things were changing just as we were qualifying and the hospital was starting to shrink then too. So actually, it was quite innovative for its time."

Daisy's last placement before sitting her final examinations would be on Denton.

At the time of this placement, which she believes was around 1991, Richmond and Escroft had seized its services and moved all their patients into either Denton or Clifton. Daisy said this was due to the staged closure of the hospital. One would also believe that it would allow demolition to start as the building was separate from the main hospital but this is untrue. Richmond and Escroft remained standing long after the hospital closed. Future admissions would all be processed through Denton or Clifton and this is evidential in many of the interviews in my book.

"So that [Denton] was really Richmond again, just moved into the main block and renamed, as by then the Richmond and Escroft blocks were closed."

After six weeks of waiting, Daisy received her examination results in which she passed. She then moved onto her first full-time, qualified nursing position in St Mary's Hospital, Armley. Once again, I describe St Mary's partnership to High Royds in the book *An Insight into 'Insanity'*.

During her time at St Mary's, which is believed to be in 1992, Daisy worked in the day hospital which was located at the back of the site. This was available for those aged sixty-five and over and ran similar to Aysgarth Day Hospital, dealing with patient medications and teaching them new skills.

"I had always intended to stay at High Royds after my training and get a year's experience and then maybe move on. Obviously, the only job available was at St Mary's when I qualified so I took that but I was always waiting for a job to come up at High Royds Hospital. Problem was, when a group like ours qualified, you had ten to twelve people all looking for a job at the same time and in the same place. So luckily, the job was advertised at High Royds and I applied and got it thankfully. To be honest, once I was back, it was harder to think of moving on. New roles

were opening up in the community and there were lots of opportunities. It was also quite sad to see High Royds shrinking too. For patients, it was good and mental health care was improving as were attitudes which is absolutely what needed to happen. But High Royds will always have a special place in my heart and I feel lucky to have been in the time of seeing the old and the new. People in mental health now will never see patients with GPI (General Paralysis of the Insane). The 'long stay' patients are all gone because we have learnt and changed and have better treatment.”

On her return to High Royds Hospital, Daisy returned to one of her former wards Birkdale. She held her position on here for eighteen months before moving onto another earlier ward, Denton.

Based on the fact that it had been a number of years since she last worked on these wards, and now that the hospital began its phased closure, I asked Daisy if the aims and running's of the wards were different than before. “Patient stays were shorter and there was more emphasis on keeping people well in the community so most people who were admitted were probably a bit more ill as they had been managed unsuccessfully in the community first. So it was different and you could feel the change for assessment in the community rather than the hospital and people were less keen to go to High Royds too, they wanted community treatment and support. But Denton was quite a strange ward, it was acute admissions, plus it had specialist alcohol detox beds and a Mother and Baby Unit. It was at times a scary mix. There was always a scramble for beds and people again were more unwell, as those with mild depression or anxiety were being treated in the community.”

Mother and Baby beds are usually reserved for mothers who are suffering from post-natal depression. It is important that while the mother is suffering from this type of depression, that they continue to try bond with their child. Having this type of ward in a psychiatric hospital wasn't uncommon and they continue to operate today in many major hospitals. The uncommon thing about the beds at High Royds was how they were mixed in with other general inpatients.

Daisy expanded on this and said the beds were used to help assess these mothers. “It was, in my opinion, badly placed in a busy acute ward where you also had people with addiction issues. None of us were specially trained either so you ended up with very gendered expectations that if you were the only female on the shift you would do 'the baby stuff'. I had no kids, and have never had any, so bottles and formula and feeding whilst managing a Mum who was sometimes violent or disinterested was hard and I was always surprised there wasn't a serious incident either, given you had babies on an acute psychiatric ward.” Based on this response, I asked Daisy if the babies were kept in separate dormitory away from the other patients and she confirmed that they did in fact have a secluded nursery. “The nursery was at the very end of the ward in a locked room. So, babies were in there, but Mums slept in the dormitory with the other female patients. Staff had an intercom alarm thing in the office to hear if the baby woke up and would then go and get Mum and go in with her.”

After two years as a staff nurse, Daisy left High Royds for the final time in 1995/96. It was here where she was appointed to her first Sister post within the Rehab Day Hospital back at St. Mary's Hospital. This occupied the buildings on the right when entering the grounds. Daisy held the position for fourteen months before transitioning into a Community Healthcare Nurse based in Seacroft. This post was also short lived as Daisy moved back home to the West Midlands to work as a Community Nurse.

I asked Daisy to summarise her thoughts of High Royds and this is what she answered with.

HIGH ROYDS HOSPITAL: 'MADNESS' IN THE MEMOIRS'

“For me, High Royds has happy memories. I feel lucky to have been there and my experience there has shaped me into the person I am today. It was both a sanctuary and a prison at times for people. We should never go back to setting up institutions like it again. People forget how beautiful the building was and how much space there was there.”

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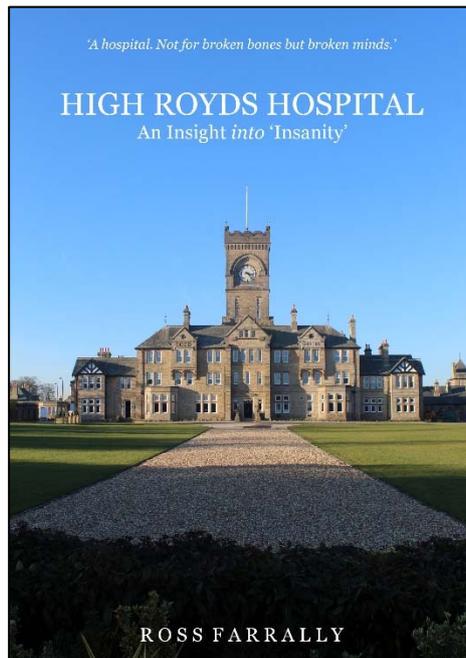
*High Royds Hospital: An Insight into 'Insanity'*

Available now on the Kindle Store.

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### Reviews:

“As soon as I learned about this book, I knew I had to buy it! My mum was a young nurse there, in the 1940's, & she had told us some tales about her time there. Some were lovely but others were terrible! Anyway, I received my copy last week & am not disappointed. It's, absolutely, fascinating to read about the people who were there or knew people who either worked there or were patients. High Royds was called Menston hospital when my mum worked there. I highly recommend this book, whether you have memories of it or if you're from Leeds & interested in local history. It's definitely worth buying! 5\* - L. Mann

“Got my book yesterday, haven't put it down all day I've just finished it, absolutely brilliant. Cheers Ross.” – F. Potter

“Highly recommended book. High Royds has always fascinated me, and I've done research before, but this book has an insight I've not found elsewhere. The sources have also opened up some new info for me as well.” – T. Darnbrough

“Just finished reading the book couldn't put it down, brought back many memories of the place.” – A. Campbell

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