

# *Patient Journeys: Stories of Mental Health Care from Tokanui to Mental Health Services, 1930s to the 1980s*

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I just had this feeling of being apprehensive. ... when I first went in and I was in that little room with the glass inset somewhere in the wall where the torch would sometimes come on and I can remember one night getting out of the bed because I was very frightened of the electric blankets ... they came in and gave me an injection to calm me down.<sup>1</sup>

*Tokanui resident, 1950s*

I used to go for walks because it's beautiful grounds, especially in Autumn. I must've been there in Autumn actually because I remember these huge great big trees and piles and piles of leaves everywhere and kicking them around and just gorgeous, absolutely gorgeous grounds.<sup>2</sup>

*Tokanui resident, 1980s*

The individual and collective journeys into mental health care – and out the other side again – have changed dramatically over the past century of mental health provision. As the previous chapter by Eleni Nikolau shows, both medical treatments and ancillary mental health care have not remained the same

over time. One of the saddest aspects of the story of mental illness is that historians tend to agree that very little changed for institutions and patients inside these from the late nineteenth century through to the 1930s, and even later. There was a continuity of practice and experience from the late nineteenth century, partly supported by a lack of attention to the field of psychiatry within the medical profession more broadly. While diagnostic categories changed, and new ideas about psychoanalysis circulated, the basic treatment of the mentally ill persisted. This possibly explains the reactions most people conjure when thinking about psychiatric treatments in the past: as one young woman recalled, thinking about hospitalisation at Tokanui in the late 1980s, 'I thought, gasp, horror, that sounds awful. ... Images of straightjackets ... flung into my mind'.<sup>3</sup> Instead, as she remarks in the passage above, she experienced quiet, beautiful surroundings, although she also encountered other patients whose conditions led them to behave in what she felt could be frightening ways. Contrastingly, the first passage quoted above draws attention to medical intervention and feelings of fear inside the institution; these, however, were not the dominant feelings held by the woman who told her story. The most obvious changes in the patient's experience of mental illness took place after the 1950s. How, then, might we tell the stories of patients as we assess the impact of mental health care in the Waikato region over time? Not only have circumstances changed over time, but patients' journeys differed according to their social status and levels of family or community support. This chapter shows that there is not one patient journey, but there are many journeys. It seeks to uncover these by referring to the worlds of patients, using a range of written document and oral sources patients themselves created, as well as the writing about patients which captured their stories inside hospital records.

The very identity of the 'patient' has changed over time, with a shift from the nineteenth-century understanding of the asylum 'inmate', with its custodial implications, to a twenty-first century reinterpretation of the 'consumer' of mental health services, a term reflecting the nature of mental health care beyond institutional confines. The various shifts in nomenclature also reflect changing patterns of legislation around committal and hospitalisation. Most users of mental health services in New Zealand are now outpatients, and only a small group of seriously ill people is kept inside an institutional setting, either in forensic institutional contexts or for short stays inside smaller hospital wards dedicated to psychiatric care.

This chapter is concerned with finding out about mental health patients – taking this term at the outset – and exploring how their stories might be found in different places from 1912. It considers, then, the shifting identities of patients over time, as well as exploring issues around how historians might productively locate stories and narratives of mental illness, hospitalisation, recovery, and sometimes, cycles of these. Overall, it situates Tokanui patients in a wider framework for mental health histories in New Zealand and seeks to find their stories among the many accounts of mental illness. Where the previous chapter considered changing modalities for treatment, and told patient stories sensitively to capture this from the perspective of a practising psychiatrist, this chapter is written from the point of patients, but also mediated by the view of the historian. It therefore asks readers to think about the ways we tell stories of mental health, as much as about the stories themselves.

Historical writing about 'patients' and mental health care across the western world, including New Zealand, has taken different forms in the past few decades.<sup>4</sup> Much historical scholarship focuses on the nineteenth century, mostly because there are vast archival records of individual institutions held in state and national repositories. Most often these include the extensive and extant records of patients in the form of clinical notes which historians have drawn upon regularly to examine institutional committal, discharge patterns, the demographic characteristics of institutions, as well as life inside institutions.<sup>5</sup> The field of psychiatric history is now immense, rich, and taking new turns in its study of mental illness and institutional treatments and confinement.<sup>6</sup>

The history of Tokanui has been recorded as part of this wider scholarly examination of the histories of psychiatry.<sup>7</sup> Adrienne Hoult's study of institutional responses to mental deficiency between 1911 and 1935 examines legislative measures, the committal of patients, the dual framework of 'care and control' of patients deemed to be socially vulnerable, and the relationship between mental defectives and criminality.<sup>8</sup> This chapter draws upon some of the cases located by Hoult. Their journeys were

literal – from other institutions in the early years of Tokanui’s operations, and from some distances in the North Island – and figurative, taking place within a new landscape of mental health legislation and new definitions of mental illness in the law. In particular, and drawing primarily from new research, this chapter tells the stories of five individual patients admitted to Tokanui between the 1930s and the early 1960s. Their records contain many signposts along the way for this discussion of the journeys taken, the different roads for mental health patients in the middle of the twentieth century. Repeat admissions, repeat hospitalisation, as well as family narratives of loss and courage in the face of mental illness, colour their pages.

Although rich in information about the patient journey, patients’ clinical cases tell only one side of the story. Patients’ own narratives are difficult to obtain. As mental health consumers point out, there can be a risk involved in the retelling of their stories, making individuals relive painful experiences. Although some survivors of mental illness and hospitalisation have found catharsis in the telling of their stories, this is not a universal experience. For example, in her exploration of fourteen written narratives of mental illness in New Zealand published between 1980 and 2008, also known as ‘pathographies’, Michelle Campion finds the function of the narrative is only partly therapeutic, with obvious silences embedded in many patients’ stories.<sup>9</sup> Campion’s important study reminds us of the value of published narratives of mental illness which shed light on psychiatric treatment from the point of view of the sufferer – and survivor – of regimes of power inside institutions. Campion also studies the reactions of families and the interactions between patients, families and medical authorities, themes which are more difficult to capture in studies which ignore patients’ experiences. Other written reflections by former mental health patients have been given freely for this project and suggest that some remembering, as Stephanie Lambert’s chapter in this volume argues, also offers an opportunity for a reconciliation of the painful past. These brief recollections also form threads through this chapter as I seek to place the voice of the patient – so often obscured in histories of mental health – in the foreground here. Other recollections also comment on patients, and these, too, form part of this story.

Oral histories provide another avenue of inquiry. The Tokanui Oral History Project captured only two oral narratives of former patients at Tokanui.<sup>10</sup> These narratives – one from a woman confined for six weeks at Tokanui following a nervous breakdown in the 1950s, and the other from a young woman who joined the experimental Kia Tukua Ward for adolescents in the later 1980s - also illustrate the gendered nature of the mental health journey. Quoted at the start of this chapter, these stories allow us insights into the different worlds of the confined. My own understanding of these stories, told to me as an interviewer, have deepened over time and with hindsight I see now what enormous value they hold, something which I hope to represent more fully here. However, the relative paucity of oral interviews conducted with former Tokanui patients - in relation to the numbers of former staff interviewed - perhaps indicates that at the time the oral history project was conducted, and leading up to the opportunity for mental health clients across New Zealand to speak to a confidential forum about their experiences, there was community hesitance about the speaking voices of patients, given the climate of fear which had existed for some. In addition, finding former patients to interview was more difficult given the appropriate ethical constraints on such a study. In the United Kingdom, Kerry Davies interviewed 21 patients in the public mental health system in Oxfordshire. The resulting study of their narratives is a rich piece of analysis of mental health testimonies obtained through oral histories, still rare in this field of study.<sup>11</sup> The material worlds of patients, especially their institutional cultures, also featured in the exhibition of Tokanui’s history at Te Awamutu Museum, and described by Lambert in her chapter for this volume, and suggest new aspects of the patients’ histories available to historians.<sup>12</sup> In summary, patients’ stories provide powerful, insider perspectives of personal histories often told from outside, most often from the point of view of psychiatrists themselves.

Finally, and linked to Alex Brown’s chapter in this volume, this chapter also recounts the stories of patients told in the media in the past decade. This chapter explores representations of these questions in the years following the widespread closures of institutions across New Zealand by the 1990s. The print and television media have become important venues for patient discussions of past treatments and hospitalisation, as well as a site to raise issues around abuse and violence inside institutional settings. Turning points for patients came in the late 1980s and in the late 2000s, as this chapter also explains;

the impact of the Mason Report (1988) and the Confidential Forum (2005 - 2007) have also had a bearing on the mental health consumer or user of psychiatric services. Negative representations of patients in media reports reinforce the stigmatisation of mental illness, especially when patients in the community commit crimes. The general, collective patient experience, then, has been shaped by such negativity. This chapter finds ways to re-examine the media accounts of patients in the light of these problems.

This chapter begins by examining the journeys of patients in and out of Tokanui before the 1930s, building on the stories told by Adrienne Hoult in Chapter Three of this volume. It then takes a selection from some of the later clinical cases to examine the way that patients' stories might be gleaned from clinical notes, telling a range of stories located in five cases of patients at Tokanui between the 1930s and the 1960s. The chapter then shifts attention to patients' own stories, looking at patients' written and oral narratives of illness. It is in their sense of empowerment that we might fully realise the story of a changing field of psychiatry by the late 1980s, and the imminent closure of Tokanui. Patient advocacy continued from the late nineteenth century, taking new forms in the later twentieth century, with patients and their families influenced by generations of discussion about patients' rights. The chapter examines critical turning points for mental health in New Zealand, and ends with a reflection on contemporary mental health services.

### **Finding stories inside clinical case notes: 1930s-1960s**

As Hoult demonstrates, patients who formed the population at Tokanui from its earliest years came from other institutions, some transferred from other parts of the North Island, and in particular, Porirua Mental Hospital. Many of the patients who were admitted were brought by family members, and as Hoult points out, especially those who came under the new legislation of 1911, the Mental Defectives Act. Upon admission, new patients would be photographed, as most institutions were concerned with documenting patients' lives inside institutions from the time of committal and photographs provided a way of marking the state of the patient at first admission.

Muriel W. first entered Tokanui in December 1931. Her husband sought two medical certificates following Muriel's mania, exhibited in the maternity ward at Waikato Hospital following the birth of their second child. Stating that she was 'incoherent' and constantly crying for 'no apparent reason', he also worried about her taking her clothes off. Muriel was 29 years old. She was married and at that time lived with her husband, children and her parents, as well as a number of younger siblings. Doctors both at the hospital, and later at Tokanui, agreed that she was irrational, crying, sleepless, with nurses describing her as 'uncontrollable'. This would not be her last visit to Tokanui, or to other mental institutions. Between 1931 and the mid-1960s, Muriel was admitted five times to Tokanui and at least once to Auckland Mental Hospital in the early 1940s.<sup>13</sup> Granted probation from Tokanui in 1932, Muriel was deemed to be 'recovered', though it was noted that she was an epileptic, and doctors speculated that childbirth had exacerbated her condition. They also worried about Muriel's intellectual capacity, and by implication, her capacity for parenting.

Reading her notes, we find more about the social aspects of Muriel's experiences. Her family was under economic stress by the later 1930s. By her second admission in July 1936, Muriel, now aged in her early 30s, had a four-year old child and they were living apart from her parents and siblings, whose situation was one of extreme poverty. Her husband was now an unemployed farmer, and declared himself unable to care for her during periods of mental illness. Confused, and suffering from delusions, Muriel spent six months at Tokanui before her discharge.<sup>14</sup> By the early 1950s, when Muriel again spent time at Tokanui, the items she brought with her were itemised in two lists. Among the everyday items – suitcase, attaché case, dresses, cardigans, stockings, and so on – was a fur stole, and a pair of kid gloves. Muriel maintained her dignity inside the hospital, and kept herself busy with a knitting bag. Other property was listed too: her wedding ring, keys, savings book, insurance policy, birth and marriage certificates, and sent to the Public Trustee in August 1950 as part of her estate kept under protection during her period of hospitalisation.<sup>15</sup>

## Admissions

Under 1911 legislation patients who were not voluntary boarders (later called informal patients) required a magistrate's reception order to be admitted to an institution.<sup>1</sup> Reception orders were obtained via application in writing to a magistrate by a person at least 21 years of age. The application needed to state the grounds on which the subject of the application was believed to be mentally defective, state the applicant's relationship to the subject and be accompanied by a supporting medical certificate.<sup>2</sup> Medical certificates in addition to stating the facts indicating mental defect were required to note any further evidence observed on other occasions together with a date of observation, any supporting evidence communicated by others together with names and addresses. Further it required their opinion of the class of mental defect to which the subject belonged, any factors contributing to or causing the mental defect, and whether the subject was suicidal or dangerous. Finally the certificates were required to state what, if any, treatment had been administered and give a statement of the bodily health and condition of the subject with special reference to the presence or absence of communicable diseases and recent injury.<sup>3</sup> On receiving an application the magistrate then examined the subject, calling on the professional opinion of two medical practitioners, and if finding that they were mentally defective and believing them to need detention, made a reception order for a particular institution to be acted upon within seven days.<sup>4</sup> By 1969 applications for admission could be made directly to the Medical Superintendent of a mental hospital provided they were accompanied by two medical certificates.<sup>5</sup> The Superintendent was then required, within 21 days, to notify the nearest magistrates' court of the admission.<sup>6</sup> By 1992, with the closure of many psychiatric hospitals already underway, the focus had shifted away from reception orders, instead applications were made for compulsory assessment. An initial application and assessment resulted in a preliminary assessment certificate, potentially to be followed by an order for a further five days assessment and treatment then for an additional fourteen days concluding with a certificate of final assessment which outlined any further treatment required in a compulsory treatment order.<sup>7</sup> The later changes reflected the growth of outpatient services where treatment could be accessed from a number of different sources. Notes from case files suggest that on reception into Tokanui patients were briefly examined, initially by a nurse who recorded, with varying consistency, certain physical and personal particulars including height, weight, age, temperature, marital status, whether they were epileptic, suicidal or dangerous, their habits (i.e. clean, dirty or faulty), appetite (good or poor) and also noted any injuries or unusual appearances as well as any particular physical or mental characteristic to which attention should be drawn. Then following assessment by a doctor, the patient was transferred to the appropriate ward for treatment.

### Notes

<sup>1</sup> Mental Defectives Act 1911, s3

<sup>5</sup> Mental Health Act 1911, s19

<sup>2</sup> Mental Defectives Act 1911, s4

<sup>6</sup> Mental Health Act 1911, s20

<sup>3</sup> Mental Defectives Act 1911, s11

<sup>7</sup> Compulsory Assessment and Treatment Act, 1992, part 1

<sup>4</sup> Mental Defectives Act 1911, s5

These practices imply that Muriel was now protected by the State during her mental illness, but her family had not abandoned her. Muriel's mother wrote to doctors in 1951 hoping to suggest cures for her daughter's condition, with the Medical Superintendent G. Blake Palmer replying that their family knowledge of her illness was limited at best; he also stated that he thought family care would not be consistent for Muriel, but that her institutional care was producing 'relative stability'. The final notes on Muriel's patient journey depict her as 'an old lady. ... [She was] living alone and probably neglecting herself.' Now aged 61, she was subject to blackouts, an effect of her epilepsy, but her memory was good. Her emotional state was described as 'unhappy'. Muriel's patient 'story' stops and starts. Her visits to Tokanui only offer us that side of her life – Muriel as patient – and yet they bring us into contact with her experience. Muriel was a patient with a more or less typical arc of admission, probation and discharge, and readmission.

Born in 1878, John F. was admitted to Tokanui as an elderly man aged 69 in 1948. Severely depressed, his story reminds us of the plight of older men suffering from acute depression. Admitted by his brother, John had a young daughter aged only three or four years old and was her only surviving parent. A couple from Paeroa had made an application for her adoption. In June 1948, John was described as

depressed and has no wish to live. His attitude is one of hopelessness. He appears suspicious – when a warm bath was suggested, he said, ‘you are not going to scald me, are you?’ He appears depressed and agitated.<sup>16</sup>

The diagnosis offered was ‘possible early onset senile dementia.’ His family continued to write to him, and to the medical authorities, though legal adoption of his daughter was arranged and finalised with his consent in October 1948. John was discharged in March 1949 but again found his way to Tokanui in the 1970s, aged 94. By this time, he was a ‘difficult old man to nurse’, wanting only cups of tea or shandies to drink. He died in 1972.<sup>17</sup>

Edward J. came to Tokanui as a much younger man aged 20 in September of 1950. With ‘simple and very elementary’ knowledge of the world, Edward had largely been sheltered from it by his family until his lack of development became too difficult to hide from others. By August of 1950, as one doctor wrote from the Queen Elizabeth Hospital in Rotorua, he had little to do at home:

He has very few hobbies, and says he would like to do farm work. His mother states that he is very good at printing and sign-writing. Living where he is, he is very isolated from boys of his own age, and he gets very frustrated. When these fits of frustration occur he loses his temper, breaks things, and the mother is afraid of him.<sup>18</sup>

Edward would not ‘recover’ from his mental condition, and was diagnosed as ‘mentally defective’ with ‘spastic paralysis’, and had been a sufferer of cerebral palsy since birth. Whatever his family hoped for Edward, including surgical treatments which they had researched, as well as the therapies on offer at the Queen Elizabeth Hospital, Edward was now identified as an institutional patient who would come and go from Tokanui for regular periods of care throughout the 1950s.<sup>19</sup> With a mental age of five or six, Edward was only interested, in his own words, in painting. He took little interest in his new surroundings in 1954, but could do simple arithmetic. Over the years of his visits to Tokanui his parents paid attention to his clothing, warmth, happiness and wellbeing on many occasions, once sending him new trousers. However, this did not stop them from feeling an enormous sense of shame and sadness at his hospitalisation. His father wrote to Tokanui from their home in Rotoiti in 1956:

I was very disappointed at the way he was dressed to come home for the holidays, he certainly looked very shabby, dressed in an old pair of torn trousers. Some friends drove my wife to Tokanui to get him, he was so untidy that they were ashamed to take him to a restaurant for a meal, she landed home in tears.<sup>20</sup>

Edward’s identity underwent a shift after his admission to Tokanui. Periods of leave at home reinforced his links with family, but his new ‘family’ was now the domestic space of Tokanui, where, as the Medical Superintendent wrote in 1951, he was in ‘good spirits’ and ‘doing odd jobs quite happily’.<sup>21</sup>

Two women’s journeys to Tokanui, in the 1950s and 1960s, illustrate the dimensions of class difference and ethnicity in the experience of mental illness and institutionalisation. Coming from Opotiki, 50 year old Brenda R. also experienced committal and trial leave in the 1950s, with her first period of time at Tokanui in 1950. Given Electro Convulsive Therapy (ECT) for her ‘catatonic excitement’ during the 1950s and 1960s, Brenda finally died at Tokanui in 1962 from pre-existing heart disease, and with a final diagnosis of schizophrenia. Considered a danger to herself when first admitted to Tokanui, Brenda was still able to have frequent (fortnightly) periods of day release with her husband in the early 1950s, and spent time with visitors – family and friends - who also came to see her regularly. Despite Brenda’s worries about her past ‘indiscretions’, her husband and family maintained persistent contact with Tokanui Hospital, writing letters about her health and thanking the medical staff for her improvement.<sup>22</sup>

By contrast, Maori woman Mary W., also diagnosed as schizophrenic, had multiple admissions to Tokanui from 1943 to 1959, but the files indicate no visits to her took place. Mary was placed in solitary confinement for long periods of time in 1959. In August, September and November her hours of solitary confinement averaged around ten per day, and came to more than 70 hours a week in some weeks. Unlike Brenda, or Muriel, Mary came with very few belongings. In 1959 she brought with her

a dressing gown, a rug, a cotton cardigan, a torn petticoat (described as ‘rags’) and one singlet. Mary’s physical health was in poor shape: she was bruised, had several weeping skin sores, and was regularly treated with penicillin. Mary was poorly nourished, and had placed her baby and other people in harmful and violent situations. She had also come into contact with the police, trying to buy beer from them in her home town of Huntly. Mary and members of her family were described as illiterate, unable to manage their affairs, and were living out cyclic family situations of ill-health. Her daughter became a mental health patient aged 22.<sup>23</sup>

These five stories tell us about some aspects of patients’ lives both inside and outside the institution. For example, poverty and social class shaped some family experiences of mental illness, with Mary’s committal viewed throughout her medical notes as an extension of her social situation in an impoverished Maori family and community. Mary was then treated more directly as a violent and difficult patient in physical terms, while Brenda received periodic and reasonably effective ECT. Edward’s family tried hard to maintain contact, going to the trouble of sending him clothing, only to find him dressed ‘shabbily’ for a holiday home. Mary brought few items with her to Tokanui, while Muriel, despite her family’s situation, came with many pieces of clothing, and with things to do. John F’s family had broken down under the stress of his advanced age as a parent, coupled with mental problems. Indeed, all of these stories point to mental illness as an experience which can demolish families and tear apart the lives of individuals, however useful the periods of institutional care. While partial and episodic, these case notes do provide glimpses of patient narratives. The next section explores narratives from the perspective of patients in a much more direct fashion.

### **Containment: patients’ own narratives about mental illness and psychiatric confinement**

As Michelle Campion perceptively shows, writing by sufferers of mental illness does not take the form of the classic illness narrative or pathography, usually written by a survivor of a life-threatening illness who wins a battle against a disease. Instead, mental illness presents problems of cycles of illness, treatment, recovery and relapse.<sup>24</sup> What is common among written accounts of hospitalisation is a sense of identity under threat, something exacerbated by the legal confinement of mentally ill persons inside institutional spaces. A poem by Gillian Taylor, written about treatment at a psychiatric facility in New Zealand, captures the spaces of the institutional world confronted by many former and current users of the system:

A locked door prevents me from waltzing  
into dinner, so I crave it all the more  
Another lock and key traps the garden  
outside, I stare more longingly  
A card swiped on the wall leads me  
to the big out there, I flinch  
for where I live is within an impediment  
a series of enclosures not meant to be  
in the sense, secure, as a cocoon,  
but as a cage for an animal,  
for the wild and untamed, to be  
led by the function of these  
enclosures to feel the loss of freedom anew  
over and over, as our daily rituals  
of capture and release, one day soon,  
becomes stunned by the immediate, endless word<sup>25</sup>

These feelings of powerlessness remind us of the loss of liberty wrought by the tragedy of mental illness. As this poet writes, there is a blurring of asylum as sanctuary and asylum as custodial, a problem which has dogged institutions for mental health since the nineteenth century. How could mental illness be contained – and was this approach the only or most appropriate one?

Other writers mention Tokanui more specifically in their accounts of hospitalisation.<sup>26</sup> Most potent among these published accounts is Denise's story. Denise had experienced problems with her mental health in her teenage years, including receiving diagnoses and medications. In response to this, in her adulthood she managed to cover it up and disguise some of her illness, but it was not until she had severe mental illness issues, following a major life change, that she asked for help. Her behaviour became increasingly 'bizarre' so that she would be noticed and given help, but it was difficult for her to receive the type of assistance she needed, and she started to have 'dangerous' thoughts, when she was committed to Kingsseat Hospital. Overall, Denise's experience of the mental health system was very negative. She reported being assaulted by staff at Kingsseat, and was eventually committed to Tokanui in the 1990s:

They committed me to Tokanui, and that was the worst, worst, worst thing. For a start, I was taken straight into an isolation unit, and I was strapped down until I was in a side room. Of course we were going through the rigmarole of having to strip naked – and if you don't do it, they'll do it for you sort-of-thing – and not being allowed to be left with your knickers or your socks or anything like that, and being left in this place.

Nobody came to speak to me for ages. There was some interesting graffiti on the wall like 'Motel Hell' or something like that, and I thought afterwards, that's not wrong.<sup>27</sup>

Denise found Tokanui in this era a very disturbing place. She witnessed private human behaviours in public spaces which were frightening and left uncontrolled. She felt unsafe, commenting that people were 'shepherded' through the buildings' spaces, which had the effect of making Denise feel a constant sense of overcrowding.<sup>28</sup> This fits with what Doris Kordes describes as 'herd care' in psychiatric hospitals in the mid-twentieth century and yet at Tokanui, from Denise's account, it seems to have persisted into a later period.<sup>29</sup>

Patients' accounts can tell us, then, about aspects of the institutional 'reality' from their perspective that official policies and documents cannot. Even if the official style of caring was ideally far more tailored to patients' needs, at times, patients experienced this form of group containment and herding which was, in many instances, so problematic for their individual wellbeing, as Denise shows. For Denise, Tokanui was a prison, which she illustrates through words and powerful images.<sup>30</sup> Whether this was because she was, ultimately, better suited to another type of institutional care, or because Tokanui in that period underwent difficulties in its regimes of care, the story prevails. What is striking about her eventual improvement is that at Ashburn Hall, a smaller and better resourced institution, Denise finds solace and therapeutic models which work. The advocates of institutional closure in the 1990s did heed these kinds of problems in their efforts to transform the landscape of mental health care for patients, even if Denise considered her viewpoint was silenced. By the late 1990s, Tokanui and Kingsseat Hospital (1939-1999) were both closed, with smaller mental health units still open around the country.

The immediacy of Kathleen's story, told to me in her own home many years after her time at Tokanui, provides another window into the institution, but more particularly, into the experience of mental breakdown. Kathleen told me how she experienced a breakdown in the 1950s in this vivid account:

I woke up and thought I was dying. At the time, my husband and I were making a mission at the Church at 6.30 in the morning and on this morning I woke up and he could hear me loudly from the bathroom, he was through to have a shave, and he told me that my eyes were just staring into space and I told him that I wouldn't be going down because I was dying and I was dying then. I wasn't in a state of hysteria or anything but he went to ring a person who we normally picked up to take with us and let him know that we wouldn't be going. I called out to him that he didn't need to ring the Police because there wouldn't be time for the Police to come. I really thought I was on my way but I wasn't alarmed about it or anything. I didn't want to eat. I didn't want to eat at all and I felt as if my throat was sort of



choking somehow and as if I had a band around my head. I was told later that I'd had a brain storm in my sleep because I hadn't had any lead up with any sickness whatsoever and people who knew that I'd had this breakdown were absolutely amazed because I'm quite an easy going sort of a person really. I had five children at this stage, the oldest was 11. Anyway I didn't want to eat and eventually I couldn't walk because I wasn't eating and eventually they took me up to the hospital at Waikato to see the doctor up there and I think his name was Dr Reid but I really can't be sure about that. He suggested it would be a good idea to go to Tokanui and have some treatment over there and I said to him "hadn't he heard of Lourdes, that my faith would make me better" and he said "oh yes, he'd been there" and eventually I agreed to go over because everyone was a bit upset about me and the doctor had told my husband that the next stage was suicidal tendencies and you go through various stages evidently. I didn't ever get to that stage and I wasn't depressed or violent. I can't remember being any of those things but I had all the wrong ideas. My mind was just turning over and over and over and nothing would stop it. You couldn't seem to have any control over your thinking. It was awful really. Anyhow I went in an ambulance because I was too weak to stand up and when I got out there I was interviewed by this doctor whom I'd seen up at the Waikato and I said to him "well it's you, you old bugger" and my husband said "Kath!" and the doctor said "oh it's alright".<sup>31</sup>

Kathleen went on to talk about her experiences of ECT:

Well the sickness is terrible in that you can't know if you're going to get better. I just wish that somebody had told me that you will get better. Perhaps they don't know themselves if you're going to get better but I just had shock treatment, three lots of shock treatment, and that wasn't painful or anything like that. I didn't mind having the shock treatment but you do feel very tired after it. You lose your memory and when I came home I couldn't remember what things were in boxes or tins or whatever I had but I had to open the things to find out what was in it. That was a battle really.<sup>32</sup>

Kathleen only stayed at Tokanui for six weeks. She had visits from her children two weeks after the three bursts of shock therapy, and she maintained that this treatment helped her to recover. She needed some time to rest away from the demands of caring for her family, but was glad to be home again when she was released. Her reflections on Tokanui itself were brief but positive ones.

Serita spent time at John Saxby's experimental facility for younger people experiencing mental health problems, a ward known as Kia Tukua. She explained to me that

Kia tukua ki te marama means "set forth into the dawn of enlightenment". I couldn't have said it more perfect and that was its philosophy. The very haven aspect of it and to come here, get some healing of some sort, clear yourself, blow the cobwebs out and go back out into the world in your own dawn of enlightenment so to speak. I guess it did, it certainly did for me.<sup>33</sup>

As a young woman, Serita found herself at Tokanui because her sister was also housed there, and had recommended she come to find some peace. She took part in new therapies, including psychodrama, and valued the period in her life as a restorative and reflective period of calm. Kathleen and Serita were able to negotiate their illnesses, or in Serita's case, a period of self-development, with fortitude and family support. Not all residents at Tokanui were nearly so fortunate, as Denise's story, told earlier, shows. More turning points in mental health care would change the lives of patients, and the shape of care, after the 1980s.

## **Institutional closures and narratives of change for consumers of Mental Health Services in the Waikato**

Institutional closures came in the wake of the 'Committee of Inquiry into Procedures used in Certain Psychiatric Hospitals in Relation to Admission, Discharge or Release on Leave of Certain Classes of Patient' and its 'Mason Report', as it became known, of 1988.<sup>34</sup> The Mason Report, so named after its Chairman Kenneth Mason, a District Court Judge, detailed the serious concerns held by the public and government about crimes, including homicide, committed by mentally ill persons while outside institutions on periods of leave, as well as long-standing criticisms of treatment practices inside psychiatric facilities. Some high-profile cases were given much attention in the background explanation to the Inquiry and its subsequent report. Dr Henry Bennett played a role on this committee with Dr Allison Ryan, and with John Turei as Kaumatua. Although Tokanui Hospital did not feature specifically

### **The Confidential Forum for Former In-Patients of Psychiatric Hospitals**

This Forum was announced by the New Zealand government in 2004 and established in 2005. Its purpose was to provide a space for former in-patients who spent time in the nation's mental health institutions prior to 1992 to speak confidentially about their experiences to a sympathetic forum. Some family members were also able to speak. A small panel of experts with experience of the mental health system listened to evidence given by 493 people. This took 154 days in more than 20 different locations around New Zealand between 2005 and 2007. Most of those who came forward to speak were former in-patients, with around 17 per cent family members of former in-patients, and a small number of staff also spoke to the Forum.

This Forum was not an inquiry, but rather an attempt at reconciliation for former in-patients and families, especially those whose experiences of the mental health institutions were negative, and required some followup treatment such as counselling referrals or, in some cases, access to legal advice. The final report of this Forum, *Te Āiotanga*, was published in June 2007. It contained summaries of the submissions as well as reflections from participants about the usefulness of the Forum. While some members of the psychiatric community still harbour criticisms of this process, the Forum was a first for New Zealand and represents a significant positive step for former in-patients of institutions. More research about this process and the outcomes of the Forum is necessary to fully appreciate its impact and significance.

*Te Āiotanga: Report of the Confidential Forum for Former In-Patients of Psychiatric Hospitals* (Wellington, NZ: Department of Internal Affairs, 2007).

in this Inquiry, the wider implications of the Mason report would be felt by all psychiatric institutions in the lead-up to the deinstitutionalisation of many patients in New Zealand by the late 1990s. What became very clear in the multiple recommendations of the report was that a distinction needed to be drawn between forensic inpatients and other recipients of psychiatric care. Given that processes to enable out-patient community care already existed, there was some emphasis also on the community care provided to those on leave and released from psychiatric facilities. Maori patients were also singled out as a specific social group of the mentally ill requiring additional levels of support in community care and in forensic psychiatric care.<sup>35</sup>

Arguably, the public nature of the Inquiry and the Mason Report led to increased debate, surveillance of the mentally ill in the community, and therefore a level of stigmatisation of mental illness. Yet media reports about the state of mental health, and the fate of patients in the mental health care system in New Zealand, remind us of the value of an open approach to the telling of stories about mental health from all sides. Close to the closure of Tokanui in 1997, a television documentary featured members of an activist group formed to fight the closure, showing how different feelings about the place ran high, and was broadcast as 'Asylum or Sanctuary?' as an episode of the current affairs programme 'Frontline' on TVNZ in May 1994. Several newspaper articles about Porirua Hospital (1887-2007) appeared in the 2000s. Leading up to the Confidential Forum (2005-2007), former staff and patients of several mental health facilities spoke about the fear created inside such institutions through treatments including ECT.<sup>36</sup> By 2006, in the wake of knowledge about Tokanui created through a museum exhibition and the oral history project, Tokanui became the subject of discussion in the local media. In the

*Waikato Times*, both former staff and patients were once again interviewed about their experience of the psychiatric institution.<sup>37</sup> By 2010, new debates about the safety of the community emerged following local events in Hamilton involving a psychiatric out-patient. This time, a variety of views were canvassed which aimed to shed new light on the purpose and function of 'community care' of the mentally ill.<sup>38</sup> Similarly, the Ministry of Health's Mental Health Foundation organisation, Like Minds,

produces online and print materials devoted to reducing stigma for the mentally ill in our society by profiling the stories of those living with mental illness.<sup>39</sup>

In a series of photographic images of psychiatric hospitals in New Zealand, Clare Goodwin portrays the 'shadows and silences' in the empty spaces of formerly bustling and inhabited places.<sup>40</sup> The images of Tokanui remind us of the functions of these spaces for former residents. The view from a window of tall grass outside serves as a reminder of this institution's abandonment.<sup>41</sup> In one image, a series of baths tells the story of a collective loss of privacy and a forced institutional intimacy of patients.<sup>42</sup> But in their stories former patients also tell of being able to wander around outside and beyond the wards: 'Nice gardens and you could go out and walk around. We weren't locked up during the daytime', said one, Kathleen.<sup>43</sup> As part of my research for this project I visited an administrative wing of the Henry Rongomau Bennett Centre in Hamilton, located in the grounds of the Waikato Hospital. I am continually struck by the contrast between this institutional space, and that which preceded it. The chapter by John Graham and others for this volume examines the closure of Tokanui in the 1990s, also showing how the wider 'community', defined through non-government agencies and support people, filled the void left by the role of the institution of the mental hospital, as well as the very physical gap created by the loss of the actual space of Tokanui Hospital.

The stories of change for patients have been told, since the closure of Tokanui, in a variety of ways. This chapter has provided a brief series of glimpses at the lives and experiences of some patients and their worlds at Tokanui and beyond. It has not aimed to be comprehensive, and recognises the stories which remain to be told, the legacies of mental health treatment and hospitalisation of many other individuals, as well as specific groups. Finally, it is important for us all to acknowledge that new forces for change in mental health policy and practice, and new arenas for the telling of stories, including the Confidential Forum for Former In-Patients of Psychiatric Hospitals described here (2005-2007), remain to be fully analysed and understood by future historians of mental health and well-being in New Zealand. Such historical work must contain the narratives of those most affected by mental health treatments and institutions, such as those made public in recent non-government organisation publications, and should aim to take patients' own recollections as its starting point to be fully realised. Finally, as this chapter goes to print, a new documentary about survivors of the mental health system in New Zealand, 'Mental Notes', made by film-maker Jim Marbrook, is screening around the country, drawing attention to these stories of institutions and confinement, and allowing users of the system to speak in their own words.

## Notes

### Acknowledgements

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- 1 Interview with KH, 03 November 2003, Part 1, Side A, conducted by Cathy Coleborne.
- 2 Interview with SM, 15 June 2004, Part 1, Side A, conducted by Cathy Coleborne.
- 3 Interview with SM, 15 June 2004, Part 1, Side A, conducted by Cathy Coleborne.
- 4 For collections focused specifically on New Zealand, see *Unfortunate Folk: Essays on Mental Health Treatment, 1863-1992*, edited by Barbara Brookes and Jane Thomson (Dunedin: University of Otago Press, 2001).
- 5 Histories using patient case notes include Catharine Coleborne, *'Madness' in the family: Insanity and institutions in the Australasian colonial world 1860s-1914* (Palgrave Macmillan, Basingstoke and New

York, 2010) and for Auckland Asylum, see Bronwyn Labrum, *Gender and Lunacy: A Study of Women Patients at the Auckland Lunatic Asylum 1870–1910*, Unpublished Masters Thesis in History, Massey University, 1992; ‘Looking beyond the Asylum: Gender and the Process of Committal in Auckland, 1870–1910’, *New Zealand Journal of History*, 26: 2 (1992), pp. 125–44. See also Labrum, ‘The Boundaries of Femininity: Madness and Gender in New Zealand, 1870–1910’, in *Women, Madness and the Law: A Feminist Reader*, edited by Wendy Chan, Dorothy E. Chunn and Robert Menzies (London, Sydney and Portland, Oregon: Glasshouse Press, 2005), pp. 59–77.

- 6 See for instance James E. Moran and David Wright (eds) *Mental Health and Canadian Society: Historical Perspectives* (Montreal and Kingston, London and Ithaca: McGill-Queens University Press, 2006); Catharine Coleborne and Dolly MacKinnon (eds), *‘Madness’ in Australia: Histories, Heritage and the Asylum* (St Lucia, Qld: University of Queensland Press, 2003); Pamela Michael, *Care and Treatment of the Mentally Ill in North Wales, 1800–2000* (Cardiff: University of Wales Press, 2003); Jonathan Andrews and Anne Digby (eds) *Sex and Seclusion, Class and Custody: Perspectives on Gender and Class in the History of British and Irish Psychiatry* (Amsterdam and New York: Rodopi, 2004); Roy Porter and David Wright (eds), *The Confinement of the Insane: International Perspectives* (Cambridge, UK: Cambridge University Press, 2003); and M. Gijswijt-Hofstra, H. Oosterhuis, J. Vijelaar, and H. Freeman (eds) *Psychiatric Cultures Compared: Psychiatry and Mental Health Care in the Twentieth Century* (Amsterdam: Amsterdam University Press, 2005).
- 7 See Catharine Coleborne, ‘Preserving the Institutional past and Histories of Psychiatry: Writing about Tokanui Hospital, New Zealand, 1950s–1990s’, *Health and History*, 5:2, 2003, pp. 104–22; Catharine Coleborne, “‘Like a family where you fight and you roar’”: Inside the “personal and social worlds” of Tokanui Hospital, New Zealand, through an Oral History Project, *Oral History in New Zealand* 16 (2004), pp. 17–27.
- 8 Adrienne Hault, *Institutional responses to mental deficiency in New Zealand, 1911–1935: Tokanui Mental Hospital*, Unpublished Masters Thesis in History, University of Waikato, 2007.
- 9 Michelle Champion, *Narratives from the Mind’s Eye: The Significance of Mental Health Pathography in New Zealand, 1980–2008*, Unpublished Masters Thesis in History, University of Waikato, 2009.
- 10 The Oral History Project commenced in 2003. This is discussed in more detail by Stephanie Lambert in her chapter for this volume; see Chapter 13, ‘Remembering Tokanui’. In addition, my own article “‘Like a family where you fight and you roar’” perhaps missed an opportunity to explore patient stories; this chapter now draws upon the oral interviews in a more sustained manner.
- 11 See Kerry Davies, “‘Silent and Censured Travellers’? Patients’ Narratives and Patients’ Voices: Perspectives on the History of Mental Illness since 1948’, *Social History of Medicine* 14:2 (2001), pp. 267–92. Closer to New Zealand, Doris Kordes was able to speak to users of mental health services at Kenmore Hospital in Goulburn, New South Wales in Australia for her doctoral research: see Doris Kordes, *The arts of care in an asylum and a community 1925–2004: Kenmore Hospital, New South Wales and Canberra, Australian Capital Territory*, Unpublished PhD Thesis, History, Australian National University, 2009.
- 12 See also Fiona R. Parrott, ‘The Material and Visual Culture of Patients in a Contemporary Psychiatric Secure Unit’, in *Exhibiting Madness: Remembering Psychiatry through Collections and Display*, edited by Catharine Coleborne and Dolly MacKinnon (New York, Routledge, 2011), pp. 178–92.
- 13 Archives New Zealand (ANZ), YCBG (Tokanui Hospital Patient Files) 5904 Box 40, 1074–1091 (1931–32). For the later periods of time spent at Tokanui, see subsequent references.
- 14 YCGB 5904 Box 60, 1468–1491 (1936).
- 15 YCBG 5904 Box 185, 3408–3428 (1950).
- 16 YCGB 5904 Box 169, 1341–3167 (1948).
- 17 YCBG 5906, Box 621, 12191.
- 18 25 August 1950, Letter to Dr J. D. Hunter, Tokanui Mental Hospital from G. A. Q. Lennane, Director, Division of Physical Medicine, Department of Health and Queen Elizabeth Hospital Rotorua New Zealand.
- 19 YCBG 5904 Box 186, 3429–3452 (1950).
- 20 14 January 1956, Letter from father to Tokanui, see YCBG 5904 Box 186, 3429–3452 (1950).
- 21 10 July 1951, Letter from G. Blake Palmer to family. See YCBG 5904 Box 186, 3429–3452 (1950).
- 22 See YCBG 5904 Box 185, 3408–3428 (1915–1950); Box 115, 1371–1382 (1956– C. 1968)
- 23 YCBG 5905, Box 82, 938–950, c. 1968.

- 24 As suggested by Campion, *Narratives from the Mind's Eye*, p. 22.
- 25 Gillian Taylor published this poem 'Containment' in *Toi Ora Writing*, edited by Nancy Eisenberg (Toi Ora Trust, Auckland: 2009), p. 17. Thanks to Gillian for permission to use this poem and her name in this chapter.
- 26 Research has only uncovered a limited number of accounts thus far, although others exist. For example Brian C. Hare mentions Tokanui in his work, *Peregrinations of a 'Priest': An Autobiography of a 'Nobody'* (Paekakariki, NZ, Early of Seacliff Art Workshop, 2006), pp. 25-26.
- 27 Denise, *A Gift of Stories: Discovering how to Deal with Mental Illness*, gathered by Julie Leibrich (Dunedin, NZ: University of Otago Press, in association with the Mental Health Commission, 1999), p. 35.
- 28 Denise's story, p. 35. See also Campion, *Narratives from the Mind's Eye*, pp. 68-9.
- 29 Kordes, *The arts of care in an asylum*, pp. 5-7.
- 30 Denise's story, p. 36.
- 31 Interview with KH, 03 November 2003, Part 1, Side A, conducted by Cathy Coleborne.
- 32 Interview with KH, 03 November 2003, Part 1, Side A, conducted by Cathy Coleborne.
- 33 Interview with SM, 15 June 2004, Part 1, Side A, conducted by Cathy Coleborne.
- 34 K. Mason, H. Bennett and E. Ryan, *Report of the Committee of Inquiry into Procedures used in Certain Psychiatric Hospitals in Relation to Admission, Discharge or Release on Leave of Certain Classes of Patients (Psychiatric Report)*, August 1988. On deinstitutionalisation in Australia and New Zealand, see *Health and History*, 'Deinstitutionalisation Special Issue', Edited by Dolly MacKinnon and Catharine Coleborne, vol 5, no 2 (2003).
- 35 See the recommendations of the Mason report, Part 5, 'Psychiatry and Maori Patients', p. 19.
- 36 'Patients lived in fear of "The Treatment"', *Weekend Herald*, 10-11 July, 2004, p. A5; 'Goodbye and God bless you', *The Listener*, 17 April, 2004, pp. 58-9; 'In Two Minds', *The Listener*, 13 December 2000, pp. 32-3; 'At the crossroads', *The Listener*, 8 November 2003, p. 66.
- 37 'Return to Tokanui', *Waikato Times*, 8 July 2006, Magazine, pp. D1-2.
- 38 Nicola Brennan, 'Playing mind games', *Waikato Times*, 27 March 2010, p. E5.
- 39 See for example resources on [www.mentalhealth.org.nz](http://www.mentalhealth.org.nz) or <http://www.likeminds.org.nz/page/5-Home> (URL accessed 09 March 2012).
- 40 Clare Goodwin, *Shadows and Silence* (Wellington, NZ, Steele Roberts, 2004). For images of Tokanui see pp. 2, 10, 17, 19, 21, 27, 29, 37, 41, 45, 50, 51, 58-63.
- 41 Goodwin, p. 17.
- 42 Goodwin, p. 21.
- 43 Interview with KH, 03 November 2003, Part 1, Side A, conducted by Cathy Coleborne.