Porirua Hospital Museum/Resource Centre Oral History Project

Recorded: 22 July 2004 Interviewer: Helen Reilly Abstractor: Helen Reilly 2 SIDES

Mary Wilhelmina MARGARET LYTHGOE

- 031 Describes PERSONAL BACKGROUND: Registered nurse, had family who were PATIENTS at PORIRUA HOSPITAL with frontal lobe dementia. Explains events leading to her appointment by the MINISTRY OF HEALTH in 1983 as OFFICIAL VISITOR. Mentions OAKLEY REPORT and Dr JOHN HALL.
- 085 Describes interview and BRIEFING for POSITION as OFFICIAL VISITOR: no formalized directions. MARGARET describes her role as MEDIATOR between STAFF and PATIENTS, left to work it out herself, no written instructions
- 116 Describes VISITING NEW (mostly COMMITTED) PATIENTS in admission wards, explaining their rights, discussing their situation with both themselves and with STAFF, resolving conflicts, explaining "the system" (Expression).
- 135 Describes her role as GO-BETWEEN: access to medical staff, advocate for PATIENTS, felt responsible for STAFF as well. Explains she mediated between STAFF, PATIENTS and their families. Relates incident about resolving misunderstanding.
- 169 Describes ROUTINE for her weekly OFFICIAL VISIT. Gives details: saw new PATIENTS alone, never accepted an escort, always felt safe. Describes once being attacked by disturbed PATIENT. Explains talking to SUPERINTENDENT JANICE WILSON after each visit and writing report.
- 205 Explains FOLLOW UP ROUTINE after visit: reporting to STAFF where appropriate.
- 216/7 Interruption by Margaret's shoe leather rubbing on table leg. MARGARET's "Sorry" is in response to my indicating this.
- 220 Describes a TYPICAL VISIT: Registry Office, collected messages and PATIENTS' medical files, initial talk with STAFF, then talk with any new PATIENT for 10 – to an hour, explained her role as OFFICIAL VISITOR, tried to reassure them. Explains: most PATIENTS cooperative, staff knew she was objective.
- 255 Describes CONFLICT SITUATIONS in which she tried to mediate Relates incident about male PATIENT and his "normal behaviour". Relates another incident about female PATIENT at odds with her family over property.
- 290 Explains she visited both MALE and FEMALE PATIENTS and experienced no unpleasant experiences. Mentions LOMOND (acute ward for women).
- 306 Describes DIFFERENCE between her approach and DES SWAIN's (OFFICIAL VISITOR 1986 –?). Explains how he campaigned for psychiatric PATIENTS to be exempt from increased cost of cigarettes. Brief mention of PATIENTS buying "comforts" (Expression).
- 330 Explains she often discussed PATIENTS' treatments with DOCTORS who were always cooperative. Reflects on her time at PORIRUA HOSPITAL. Explains how she reported to MEDICAL

1

SUPERINTENDENT. Reflects on how she regarded her job and why she might have been chosen as OFFICIAL VISITOR.

- 352 Explains further about a TYPICAL VISIT: length of visit varied, held a WARD meeting with PATIENTS about TREATMENTS sometimes. Reflects that, as far as she is concerned, ECT was not used as PUNISHMENT.
- 367 Explains how some PATIENTS were RESTRAINED: Mummy Restraint where PATIENT was swaddled into chair for own safety. Mentions RITA McEWAN (MATRON 1976 – 78). Refers to padded cell. Explains about Chemical Restraint: injection. Relates incident about a disturbed male PATIENT wanting to refuse injection but legally unable.
- 401 Explains how MEDICAL SUPERINTENDENT reported 3 monthly to DEPARTMENT OF MENTAL HEALTH (implied). She had no relations with WELLINGTON HOSPITAL BOARD. Describes attending 2 oneday meetings of all (New Zealand's) OFFICIAL VISITORS (presumably organised by DEPARTMENT OF MENTAL HEALTH).
- 411 End if SIDE 1

SIDE 2

- 005 Explains FIRST OFFICIAL VISIT: feelings, no fear of psychiatrically disturbed people, no fears but some concern about lack of direction she was given.
- 031 Explains different attitudes to appointment that she and another OFFICIAL VISITOR (Mrs EM TUCKWELL 1983 – 84) had. MARGARET approached role as a professional social worker; they worked independently, no close relationship. Mentions DES SWAIN.
- 082 Describes CONTACT with PATIENTS: always permitted violent or otherwise. Explains some PATIENTS told fantasy stories. Gives example. Explains more about PATIENTS' environment: stark WARDS (no flowers), access to TV.
- 120 Digression about when/where TV was on
- 126 Abrupt change of subject. Explains WHERE SHE COULD VISIT. Describes visiting FORENSIC WARD, security involved. Explains open access to all other WARDS; STAFF friendly.
- 152 Recalls incident when she WROTE LETTER protesting about treatment of STAFF. Details unclear. Describes incident when she wrote to newspaper protesting about a TOM SCOTT CARTOON which was derogatory towards psychiatric PATIENTS. Describes contents of letter. (Implications were: 1)psychiatric illness could affect anyone; 2) distinction between those who were/not afflicted was not always obvious; mental illness could occur in any family.) Narrates 2 examples.
- 185 Explains her discretion her attitude towards PROTECTING FAMILIES AND BEING DISCREET. Describes occasional unpleasantness but she gave PATIENTS her telephone number if necessary.
- 198 Describes her ANGER AT TOM SCOTT CARTOON which was derogatory to PATIENTS during 1980s. Cannot recall details but wrote and pointed out, "It could be anybody's problem." (Expression)

- 288 Describes incident about man with son who had a psychotic disorder who was abusive on telephone to MARGARET. Referred to husband IAN LYTHGOE who had been chairman of the STATE SERVICES COMMISSION.
- 230 Describes her involvement with new (about 1989) SCHIZOPHRENIA MEDICATION which had severe side effects. Notes that she always used term MEDICATION not DRUGS. She obtained INFORMED CONSENT from PATIENTS, sometimes with difficulty.
- 267 Digression on a personal matter regarding INFORMED CONSENT.
- 274 Describes MEETING PATIENTS NOW. Worked for SCHIZOPHRENIA FELLOWSHIP DROP-IN CENTRE in WELLINGTON for 4 years (c1992 – 96) and met lots of former PORIRUA HOSPITAL PATIENTS.
- 288 Muses about VISITING LOMOND. Mentions that she did not visit PSYCHOGERIATRIC PATIENTS (Margaret tends to run one memory into another with no pause in between.) Describes contact with families. OFFICIAL VISITOR's name posted on every ward. PATIENTS could request to see OFFICIAL VISITOR. Describes procedure.
- 314 Describes CHEERFUL PLACES: Recreation Centre, PATIENT shop. Mentions PATIENT COMMITTEE. Explains Villas not unhappy places. Used to visit as many Villas/WARDS as possible.
- 340 Describe her SATISFACTION that she could give some comfort.
- 345 Narrates anecdote about man who admitted himself to PORIRUA HOSPITAL at the start of winter. (Implication that his mental condition did not justify his admission)
- 358 Reflects on LACK OF PUBLIC RECOGNITION for being OFFICIAL VISITOR. (Her CBE from c1975 does not relate to this.) Describes being amused about saving the government money as an unpaid SOCIAL WORKER. Mentions she does not speak Māori: no personal racial bias.
- 376 Reflects on position of OFFICIAL VISITOR NOWADAYS (in 2004): unlikely to be a non-professional person. Reluctant to comment further.
- 383 Describes PERSONAL HOPE FOR MENTALLY ILL PATIENTS.
- 394 Explains reasons for RESIGNING AS OFFICIAL VISITOR. Refers to 1992 MENTAL HEALTH ACT. Explains that she felt she had been in the job "long enough". Describes a NURSE who ran her Villa as a martinet. Tape ends. Suggestion was that <u>this</u> woman had been in her job too long.
- 414 End of SIDE 2.