

Broadmoor: Culture and Complexity

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Broadmoor Culture: Power Relations

- ▶ Dr Patrick McGrath was Physician Superintendent (1957-1981). He acknowledged he needed to tackle 'the old guard' on assuming his role, but it is debateable the extent to which he achieved this. Psychiatrists perceived as having total power by patients (esp. Power to discharge).
- ▶ The Prison Officer's Association (POA) wielded considerable power.
- ▶ There was a strong 'key culture.'
- ▶ Ward staff could seclude patients without reference to medical staff and decide on punishments such as withdrawal of privileges.
- ▶ 'Broadmoor families' were strong culture carriers.
- ▶ There is little evidence of multi-disciplinary team working.

Lack of Privacy and Dignity

- ▶ Admission 'ritual' included stripping, bathing and isolating.
- ▶ Staff eavesdropped during visiting times.
- ▶ Lack of privacy in dormitories, bathrooms and lavatories.
- ▶ Female patients were left naked on occasions in solitary confinement and deprived of sanitary towels, glasses and hearing aids.
- ▶ Rectal examinations occurred when items such as cutlery went missing.
- ▶ Patients were jibed at when naked.

Physical Abuse

- ▶ Many former patients claimed to have suffered or witnessed acts of brutality:
- ▶ “Then they kicked me till I was, well, I wasn’t black and blue so much as all kinds of colours – green, purple, black. It took two minutes, I suppose, though your sense of time is not too accurate when you are getting *boot therapy*. I remember when they had stopped kicking me that there wasn’t any way I could lie or sit that was comfortable. As the three left, one of them said, ‘That was for nothing. So you know what to expect for something.’” (Cohen, *Broadmoor*, p.77).
- ▶ Over medicating

Culture in Ashworth Hospital

- ▶ Ashworth inquiry (1992) re a patients' sudden death, an alleged sexual assault and serious physical assaults.
- ▶ Culture of denigration of patients
- ▶ Frequent physical and mental bullying
- ▶ Over-racist attitudes
- ▶ Right-wing racist political groups
- ▶ Victimization and bullying of RCN members [NB POA = norm]
- ▶ Poor quality nursing care
- ▶ The frequent use of seclusion as a punishment
- ▶ Rigid Over-restrictive regime.
- ▶ Poor clinical team work

Ashworth Post 1992

- ▶ Sexual harassment by some male nurses to female student nurses.
- ▶ Fallon Report (1999):
- ▶ 7 year old girl groomed for paedophile purposes
- ▶ Ward staff did not see leadership emanating from RMOs
- ▶ Most medical staff considered incompetent
- ▶ Nursing staff improved although some were corrupt.

Culture in Traditional Psychiatric Hospitals (1957-2005)

- ▶ 'Boot therapy'
- ▶ 'Blacking out'
- ▶ Over medicating
- ▶ Threats to transfer patients to Broadmoor
- ▶ Perks of the job included: staff housing, 'subsidized booze, free discos, bands and dancing, snooker, darts, cribbage – not forgetting a bit of talent, of course'.
- ▶ Kerr/Haslam Inquiry into sexual abuse of patients by psychiatrists (probably endemic and widespread)
- ▶ Consultant all powerful

Whistleblowing

- ▶ Fear of reprisals
- ▶ Staff in special hospitals 'gagged' by the Official Secrets Act.
- ▶ Intimidation of a nurse who raised concerns against Kerr was told 'no one will believe you against the word of a consultant'.

Diagnostic Overshadowing

- ▶ Psychiatric patients, in general, are not supposed to know what is best for them. Dangerous psychiatric patients are reckoned to have even less insight.

JS and Broadmoor

- ▶ Late 1960s / early 1970s JS told Peter Thompson ex-Broadmoor patient (off air before Speak Easy programme) to give up his voluntary work (Broadmoor and Nationwide Festival of Light) for the sake of his family.
- ▶ 1972 – BBC film crew admitted to Broadmoor (where 20 cases of alleged brutality were the subject of a government inquiry) to film JS at work as honorary deputy entertainments officer. Savile had his own set of keys (which he considered a symbol of trust and valued that more than his OBE)
- ▶ 1977 – ‘One of the few interruptions to the grey routine are the socials... programme for the Queen’s [silver] Jubilee week included...prawns and steak meals, James Bond films, a visit from Jimmy Savile and discos.

JS and Broadmoor

- ▶ 1978 – female patient escaped during a tour of Broadmoor by JS. He offered to help and was put on traffic control outside the main gates.
- ▶ 1988- before the publication of a highly critical report into its operating procedures the entire management board of Broadmoor was suspended and the operational management of the hospital was described in a House of Lords debate in November of that year as: in the hands of a specially formulated task force whose best known member is Dr. [an honorary title] Jimmy Savile. Dr Savile has been involved with the work of Broadmoor Hospital for many years and is now devoting his considerable talents to ensuring that the hospital functions smoothly during this difficult interim period before the new special health authority comes into being

JS and Broadmoor

- ▶ Charles Kaye and Alan Franey (1998) *Managing High Security Psychiatric Care* (ch 5, pp.62-63):
- ▶ Re role of SHSA from 1989
- ▶ ‘The need to protect the patient within the institution was recognized from the beginning...Within each [special] hospital the SHSA set up a sub- committee (The Hospital Advisory Committee) with direct access to the Chairman and the Chief Executive. Interestingly the first chairmen of these bodies included a bishop, a QC and a blond-haired disc jockey!’

Summary

- ▶ Complaints / incidents of physical abuse and neglect were similar across special hospitals and traditional psychiatric hospitals.
- ▶ Threats of deprivation of liberty in traditional psychiatric hospitals and loss of privileges in special hospitals were used to manage/manipulate behaviour including in response to patient complaints.
- ▶ Overt sexual abuse / exploitation less frequently reported, but Kerr/Haslam inquiry suggested sexual abuse of patients by psychiatrists was probably endemic and widespread.
- ▶ Deprivation of clothing and necessities for feminine / personal hygiene was not unusual in special hospitals and would be deemed necessary in terms of risk or behavioural management

Summary

- ▶ Female staff did not usually work on male wards in special hospitals (for their own protection), but male staff did occasionally work on female wards. In traditional psychiatric hospitals female staff routinely worked on male wards and male staff worked on mixed wards as well as male wards.
- ▶ Sexual harassment by male staff of female staff (particularly female student nurses) was common in special hospitals and traditional psychiatric hospitals, but was rarely an issue of formal complaint.
- ▶ Cases of male and female staff developing sexual or romantic relationships with patients are not unknown in special hospitals and traditional psychiatric hospitals/services [See NMC hearings]. Professional staff were/are accountable to their professional bodies and liable to removal from the registers. Untrained staff could be re-employed in similar institutions, however.

Summary

- ▶ Patients and staff in special and traditional psychiatric hospitals were frequently told their complaints would not be believed.
- ▶ Patients were considered to have little insight into their conditions.
- ▶ Change: throughout the period under review the management structures had changed several times, initial nurse training was no longer in-house and special hospital specific, and the physical environment was improved.
- ▶ Consistent: nursing staff were still members of the POA, many staff were still living in hospital accommodation and there were still strong family links among the staff. Key culture continued [this was still a feature in traditional psychiatric services, but decreasingly so].

Sources (details in accompanying notes)

- ▶ The following have been consulted for the period 1960-2000:
- ▶ Contemporary literature / accounts by staff and patients and/or their advocates
- ▶ House of Lords debates
- ▶ Inquiry reports
- ▶ Journal articles
- ▶ Newspaper articles
- ▶ Additional sources (including more recent publications):
- ▶ Web-based resources, professional text books