

THE NECESSITY OF HOSPITAL TRAINING FOR MENTAL NURSES.*

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As was to be expected in this critical war, nervous and mental breakdown were inseparable illnesses from an active and strenuous life under conditions of stress and fatigue, associated as these conditions were with great and unaccustomed hardships, with compulsory and continuous exposure for long periods to sights and sounds of a horrifying nature, often with insufficient sleep, irregularity of meals and constant liability to cold and damp and wet, so that shortly after the commencement of hostilities cases of mental and nervous breakdown began to occur, and some reached this country as early as September, 1914. Insanity henceforth became a question of the utmost public importance, and special accommodation became necessary, much feeling was kindled as to its treatment and many questions were asked in Parliament about its relief, care and cure among our soldiers. The purely nervous cases were sent into the 4th London Territorial Hospital, or into the Red Cross Hospital at Maghull (formerly built for an asylum) and to the Springfield War Hospital—an annexe of the Middlesex County Asylum at Wandsworth, whilst the mental cases were received into the Napsbury War Hospital (formerly the new Middlesex Asylum), but none of the mental cases was certified; they were detained under Army orders. As is well known, these special institutions were soon extended in numbers in this country (as well as in Scotland and Ireland), until 19 asylums and annexes thereto in England and Wales had been vacated of their ordinary population, and with the help of the Board of Control (Lunacy) 30,000 beds were eventually placed in England and Wales at the disposal of the military authorities for the care and treatment of the soldier who was sick either in mind or body. At the same time, a general movement of the working classes towards securing better recognition of their work, more remuneration for their services, and shorter hours of labour have begun to be made, and since the war all these have been considerably changed for the staff in asylums. The authorities responsible for the management and direction of the public mental hospitals throughout the country realised that the comfort, welfare, and health of the patients depended upon a well-qualified and contented staff, and the conditions of life and the services of the staff were greatly improved. The recognition of their claims has been further publicly extended by giving mental nurses an acknowledged place in Council under the Nurses' Registration Act. Also, the staff of all the public mental hospitals is now being specially trained in mental nursing,

but there is still room for more full instruction in regard to sick and to bedside nursing. The fact that good nursing when applied early will often help to cut short an acute attack of mental breakdown, and the further fact that among the general population there are since the war many experienced and well-qualified sick nurses, should help to secure attention to the subject, and help also to direct attention to the great value of hospital-trained nurses in our mental hospitals. It is recognised that freedom from bed-sores in the case of long illnesses in our large mental hospitals is one indication of good nursing, and I am proud to state that at the Claybury Asylum there was not a single bed-sore during a period of five years, although one death occurred on the average on each of the working days of the week; and this reflects a great credit on the nursing skill of the staff. The number of recoveries may also be taken as an indication of good nursing, and the fact that many "service patients" who have been wounded in the service of their country are now patients in our asylums and requiring massage and electrical treatment calls loudly for the help of hospital training for mental nurses. As a further example of the need for an extension of hospital training in our asylums may be mentioned the fact that many women are admitted in a state of pregnancy, and many within a few days of their confinements; all this shows the necessity for a specially trained nursing staff. Outside the asylum in private nursing there is a great preference expressed for the mental nurse who has received hospital training, and it is this fact of training that helps to encourage a feeling of confidence on the part of the public in the administration of our large mental hospitals and in the special care and treatment of the insane who are received into our asylums.

Insanity is an illness of so disabling a character and so cruel in its results to the individual and to his dependents, its effects upon the home are so far-reaching and the reflections that are cast upon his family are so deep and permanent, that it is incumbent upon the State not only to hasten its cure, but to lessen its incidence. It cuts the sufferer off from all his domestic ties, it deprives him of his financial, civil and social rights, it disfranchises him and cuts him off from all his former privileges, and removes from him all the advantages of a free man, for his liberty of action has gone. When insanity occurs in a family it creates a terror and a consternation which is almost worse than actual death. In such a predicament a fully-trained mental nurse with a complete knowledge of sick nursing—one who has a combined knowledge of hospital and asylum work, is a "godsend," but she is a rare combination of endowments. She is an inestimable help to the sufferer, because she is able to hasten his convalescence, and she has a most beneficial influence upon his friends, because of her skill, as also upon those with whom she works, because she has secured their confidence. The application of trained sick nursing acquired in the hospital is

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