

Occupational Therapy at Shenley Hospital



Exercise classes for patients



Occupational therapy typesetting task



An industrial occupational therapy workshop



Occupational therapy tile painting task

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What is Occupational Therapy?

Occupational therapy (OT) is a method of promoting health and wellbeing through purposeful activity. The primary goal of OT is to enable people to participate in the activities of everyday life and gain a feeling of achievement and self-esteem.

Occupational Therapy at Shenley

The earliest mention of OT at Shenley is in the Commissioner’s Report book of 1936. It was noted that approximately 50 arts and crafts were taught in the Occupation Centre including cabinet making, carving, and landscape painting. Classes were held in the morning and afternoon, three days a week on the men’s and women’s ward. Over time classes became integrated into daily life at Shenley and included physical training, music, cookery and even yo-yo making.

OT was something available to everyone as it stopped people sitting idle in wards and gave them confidence.

Industrial Therapy

Industrial therapy enables patients to perform work activities to prepare them for employment outside of the hospital.

Shenley needed new buildings but these were expensive and slow to erect, so plans were made for four new building to be built by patients. Grants were given by the Regional Board and the Kings Fund.

The first building was built in six months and was used for OT; work involved painting beds for the hospital and making concrete blocks for the second building. This was a full time job for six patients for an entire year, and also for making concrete blocks for the second building.

All OT patients showed considerable improvement after the first building project was completed. Many patients who worked on the first building were considered violent and were constantly supervised; after a year working on this project, they were considered fit for parole.

Art Therapy

Art Therapy uses the creative process of making art to improve a person’s physical, mental and emotional well-being. A sense of achievement is gained through creating.

Patients at Shenley were referred from all wards to participate in Art Therapy. This meant patients with different illnesses worked alongside each other.

Patients were free to select their medium of work although there were also referrals for specific treatment. One girl did finger painting because the ‘hysterical’ nature of her illness prevented her from being able to write. Direct contact of the fingers on paper was thought to help.

Different mediums were thought to have different therapeutic properties. Pottery, through its tactile nature, was used as an outlet of personal feelings. Screen-printing has many

creative components and was thought to be especially useful for long-term patients.

Patients exhibited work both at Shenley and at the Radlett Art Exhibition and sold their screen-printed tiles.

An article published in “Occupational Therapy” in 1965 by Dr D.T Bardon, consultant psychiatrist and Alis MacDougall, Senior OT at Shenley stated:

“The end product is the least important consideration. Maintaining a permissive atmosphere in which patients can be themselves and are encouraged to communicate in some way is the primary aim.”

Occupational Therapy Today

Today OT is used outside of hospitals to support GP’s in their practice by enabling patients to increase or enhance their functional and mental abilities that may have been affected by ageing, illness or disability.

Modern OT has seen an increase in exercise with activities such as keepfit, yoga and Tai-Chi. Research has shown a strong link between the wellbeing of the mind and the body. At Northwick Park Hospital, inpatients start every morning with a walk around the grounds. Patients are given more information on the medication they are taking and classes such as mind aerobics and money matters take place alongside ones which are similar to those which took place at Shenley like pottery, needlework and baking.

Treatments at Shenley Hospital



Staff handing out medicine to patients



Patients day room



Patients and staff at a fancy dress event, a more relaxed setting

“There may have been no benefit to the patient and the effects were irreversible.”

A wide variety of treatments were used at Shenley. They included drugs and what is commonly known as ‘physical treatments’, to indicate that they are administered on the physical body. It has been difficult to obtain precise information on physical treatments at Shenley as relevant records remain unavailable to the public. These are some of the physical treatments used in mental hospitals and, we believe, they were also used at Shenley.

Insulin Coma Treatment

This was used in the 1940s as a shock therapy for severe mental health illnesses. Patients were repeatedly injected with large doses of insulin to produce daily comas over several weeks. Patients would experience a variety of symptoms such as perspiration, drowsiness and restlessness. The most severe risks were death and brain damage, resulting from irreversible or prolonged comas.

Prolonged Sleep Treatment

This was used particularly for manic or very agitated patients. Sleep was induced for 7-14 days. The main drug used was sodium amytal (Amobarbital), which produced a sedative hypnotic effect. As the patient’s sleep needed to be monitored and any changes recorded, a lot of nursing care was required. Bronchopneumonia (inflammation of bronchioles in the lungs) was a major risk of this technique. Amobarbital is still used today to treat severe insomnia.

Electro-Convulsive Therapy (ECT)

This was a treatment for severe mental illnesses. It was first used in the UK in 1939. An electrical current is passed through the brain to produce an epileptic fit, hence the name ‘electro-convulsive’. Electrodes were placed on the patient’s head and a dose of 70-150 volts was usually given for 0.1-0.5 seconds. The entire procedure lasted about 30 minutes. Patients were usually given this treatment every other day three times a week although the total number of treatments varied and depended on many factors, such as age, diagnosis and medical history. Powerful new drugs, in the main have now replaced ECT.

Psychosurgery

This became popular in the 1930s and was known as lobotomy. It involved either cutting out brain nerve fibres or burning parts of the nerves that were thought to be part of the disorder. It was only used as a last resort where the patient had failed to respond to other forms of treatment such as drugs and ECT. There may have been no benefit to the patient and the effects were irreversible. Lobotomy was gradually replaced by the introduction of anti-psychotic drugs in the mid 1950s.

