

The Telegram (St. John's)

News, Friday, July 7, 2006, p. A1

Health

Waterford tour leaves 'ugly' impression

Mental health association director distressed by hospital's condition

TARA BRADBURY MULLOWNEY

When Geoff Chaulk, executive director of the Canadian Mental Health Association in Newfoundland and Labrador, took a tour of the Waterford Hospital in St. John's last week, he was shocked.

What he saw, he said, was nothing short of "ugly."

Chaulk asked to do the tour after receiving two complaints - one from a senior staff member at the hospital, the other from a "friend of a friend," alleging overcrowding of patients and general deterioration of the building.

Upon visiting the hospital, Chaulk said he was appalled.

"I worked (at the Waterford) about 25 years ago when I was a young social worker, so I had in my memory perhaps a bit of a rosy view of it," Chaulk explained. "I loved my work there and I was proud of my work there, and it was a much more densely populated hospital at that time.

"What I found on this tour was ugly."

Chaulk said he visited four units in the hospital, along with Colleen Simms, regional director of mental health and addictions for Eastern Health - whom Chaulk described as "impeccably professional." The first was the psychiatric rehab unit, which Chaulk said has more than 20 patients.

Chaulk said psychiatric rehabilitation is not normally done in a hospital setting.

The unit contains dormitory-style rooms with six beds. Chaulk said something that stood out for him was the fact

that there is little privacy for patients there, even at night.

"I didn't see as much as a curtain between the hospital beds," he said, adding that patients in the rooms often have different diagnosis, and without privacy, have to try and keep themselves together while dealing with other patients and their illnesses.

"It had a gloomy, negative feel about it. Not that it was unclean - I mean, how do you maintain in good form buildings that are old where thousands of people have been through them and not show the wear and tear? - but why would you have rooms with six beds and no privacy? I was very disappointed with the unit and the lack of energy, the lack of optimism there."

Next, Chaulk visited the geriatric assessment unit, which he said was a little better in terms of the general feel, but had an odd mix of geriatric patients and patients suffering from brain injuries - something he said is unheard of in other hospitals.

"I don't think you'd ever have a cardiac patient in with somebody who's getting chemotherapy. Why do we allow, in psychiatry, these sorts of things to happen?" he said.

The acute-care unit, with 24 beds, had the same dormitory-style arrangement as the psychiatric rehab ward, with six-bed rooms holding seven beds in the case of an emergency admission.

The forensic service unit - which holds patients who have been remanded to the Waterford, either for a psychiatric assessment or because they have been found not guilty of a crime by reason of insanity - might as well have been a jail, Chaulk said.

"Absolutely you have to have security, but what about the guys that are there because they were very psychiatrically ill and now they're going to be there for a period of time?" Chaulk said.

"The physical decline (of the ward) was boldly apparent, and I couldn't wait to get off that unit. I saw seclusion rooms,

with iron bolt-type things on the top and bottom (of the doors), and if that doesn't feel like a prison, I don't know what does. If you're ill, you should be in a health-care setting."

The state of high-traffic areas of the hospital like the blood collection, dialysis and professional office areas, Chaulk said, was much better.

"I thought, sure this is perverse - who is this building here for?" Chaulk said.

He said he feels it's time for health-care partners to step up to the plate and come up with a better way of doing things for the mentally ill.

A community-based system that relies on hospitals only when necessary is preferable, Chaulk said, but more money is needed to put a better program in place.

Colleen Simms acknowledged there are many problems with the Waterford, and said these have been recognized in a mental-health strategy plan developed in October 2005.

The long-term plan includes the movement of some beds in the acute care wards to general hospitals, and the renovation of wards like the forensic service unit. Bits and pieces of work have already been done, she said, including the renovation of a wing of the hospital to form the short-stay unit about two years ago.

Changes made

The six-bed rooms in the acute care wards once held even more patients, she explained, and some rooms that were once offices have been converted into private patient bedrooms.

"Many parts of the building were built in 1855, and others were built in the early 1940s. Maybe back then, the rooms were up to standard, but now they are definitely not," Simms said.

The strategy plan hopes to see the role of the Waterford

downsized to include only highly specific care that patients would not be able to get in their hometowns or in general hospitals.

"With the stigma attached (to the Waterford) alone, it's difficult, but providing quality care in the space we have here is certainly very challenging," Simms said. "We are always looking for other spaces."

tbm@thetelegram.com

Illustration(s):

Geoff Chaulk, executive director of the Canadian Mental Health Association in Newfoundland and Labrador, stands outside the main entrance of the Waterford Hospital on Thursday afternoon.

Category: News

Uniform subject(s): Diseases, therapy and prevention; Psychology and human behavior

Length: Long, 752 words

© **2006 The Telegram (St. John's). All rights reserved.**

Doc. : news·20060707·ET·0001