

'Like Being Hit On The Head With A Sledgehammer'

The case of a 13-year-old Niuean boy given electric shock treatment at Lake Alice Psychiatric Hospital is not by any means unique.

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A visit to Lake Alice at the weekend confirmed that one in every four or five of the children in the adolescent unit of the hospital have received electroconvulsive therapy as part of their treatment.

In some cases this electric shock therapy is continuing.

The psychiatrist in charge of the unit, Dr Selwyn Leeks, told the Herald that he discussed the therapy with parents beforehand if this was possible. However, in cases like that of the Niuean boy, where the child had been made a ward of the state, the relatives were not normally consulted.

In interviews with the Herald, children at the hospital expressed differing reactions to the electric shock therapy. Most feared the actual treatment but some felt that they had definitely benefited from it psychologically.

Dr Leeks, at whose invitation the visit was made, emphasised that ECT was only a very small part of the therapy. A far larger part was discussion in which children talked about their problems either individually or in groups.

Way to Subdue Children

Electroconvulsive therapy is usually reserved for children the unit regards as "psychotic"—those who display violent or suicidal tendencies.

There is no doubt that in some cases it is an extremely effective means of subduing children who behave in this way and who resist authority.

An impressive example occurred while this reporter was visiting the unit.

The night before, a Maori boy aged about 14 had been brought in. He had been sent by a psychiatrist at a provincial town. According to the psychiatrist, the boy's relationship with his parents had been steadily deteriorating to the point where the parents were no longer able to control him.

In the Lake Alice unit the boy was locked in a "security room"—a bare, concrete room about 10 feet square.

The only outside light came through two small steel grilles which were too high for even an adult to see out of.

The only objects in this room were a foam plastic mattress on the floor, a pillow, one or two blankets and

a hot water radiator fixed to the wall.

When visited about 11 am by Dr Leeks, the charge nurse, another male nurse and this reporter, the boy had torn the mattress into several pieces and with his hands had ripped open the top of the sheet metal casing on the wall heater.

The boy, who wore only a pair of blue shorts, was obviously in a state of great agitation. He spoke about getting out of the room and said he was troubled by strange voices.

The charge nurse, Mr Dempsey Corkran, said he had been informed that the boy had refused to eat for several days. The previous night, after his admission to Lake Alice, he had rejected even a cup of water until the nurse had drunk some of it and had shown no ill-effects.

Contrast Was Complete

The boy was locked in again and seemed to be calmer when he was reassured that a staff member would be back to see him in about five minutes.

It was mid-afternoon when Dr Leeks suggested to this reporter that they visit the boy again. Since the first visit, Dr Leeks disclosed, the boy had been given electroconvulsive therapy. It would be interesting to observe the change in his behaviour, he suggested.

The contrast with the previous visit could hardly have been more complete.

The boy was lying on a mattress, on the floor. He looked dazed and barely moved even his eyes when Dr Leeks and the two male nurses entered the room.

Dr Leeks said the boy had had to be given the electric shock therapy "straight"—that is, without anaesthetic. Mr Corkran stated that the boy had later eaten the midday meal put in front of him.

Asked by Mr Corkran whether he intended to eat his dinner, the boy replied in a barely audible voice that he would.

The party went out and the boy was locked in on his own again.

Dr Leeks said later that he did not like giving children electroconvulsive therapy but he regarded it as a necessary expedient.

"I get no joy out of using ECT," he said. "Psychotherapy is the thing that brings about long-lasting change.

"ECT does not alter the

deep, underlying conflicts but it does bring the kids back to reality. It gets them to the point where they can begin to look at their conflicts."

The adolescent unit at Lake Alice Hospital has been in existence only since 1972. It at present houses 36 boys and 10 girls, all aged between eight and 16.

About one-fifth of the children admitted have "psychotic" disturbance. The majority of them are there because of family problems, expulsion from schools and what are referred to as "character disorders."

Dr Leeks said many of the children had been "sadly maltreated" from a very early age. In some cases they had been rejected by their parents.

"The whole aim is to help them understand why they are here, to get them to look at their feelings regarding aspects of their past lives and to help them understand why their parents have come to react in the way they have," he said.

Girls Sleep In Another Villa

The children accomplish this in hour-and-a-half group therapy sessions in which full and open discussion of personal problems is encouraged. The older children attend three sessions a week; the younger ones two.

Girls sleep in a separate villa which also houses female adult patients, but they come to the main adolescent villa each day for schooling, meals and group sessions.

Individual psychotherapy is provided for some of the children but this is limited by staff shortages. Dr Leeks' wife, Priscilla, works as the unit's full-time psychotherapist. Three other therapists do eight part-time sessions a week between them.

"We have been chronically short of trained nurses here for a long time," said Mrs Leeks. "The nursing staff are so busy on administrative work they do not have time to get on with the nursing."

A total of eight nurses are rostered to look after the 46 children. The unit's school is staffed by three teachers and a teachers' aid.

The children are understandably upset by suggestions that they are in an institution for the criminally insane.

Although Lake Alice Hos-

pital does indeed have people who have been sent there by the courts after being found criminally insane, they are housed in a special security block which is fenced off behind barbed wire. This is, for all practical purposes, an entirely separate institution.

The adolescent unit is administered as an integral part of the non-criminal section of Lake Alice Hospital but its situation is anomalous in that the medical superintendent at Lake Alice, Dr S. L. Pugmire, declines to take any responsibility for the medical treatment of the children.

Responsibility Not His

Dr Pugmire said in an interview that he was employed by the Health Department, which controls the "adult" part of the hospital, including the maximum security unit.

The adolescent unit, he maintained, was medically the responsibility of the regional hospital board at Palmerston North, 25 miles away.

Dr Pugmire said he had been surprised that last week the superintendent-in-chief of the Palmerston North Board, Dr Kenneth Archer, had also disclaimed responsibility for the adolescent unit.

"I thought I was correct in saying that Dr Leeks was responsible to the hospital board that employs him," Dr Pugmire said. "I suppose he is really answerable to himself."

A fact that further complicated the situation is that Dr Pugmire runs the unit where some children receive their electric shocks.

Always Under Anaesthetic

This is in villa six, which also houses the girls' dormitories. In this unit the electroconvulsive therapy is always given under anaesthetic—usually either by Dr Pugmire or his deputy, Dr J. Fernando.

Dr Pugmire said this ECT treatment was administered, on average, to two or three patients twice a week. Most of the patients receiving the therapy were adults.

The ECT treatment under anaesthetic is given only on Mondays and Thursdays because these are the only days the visiting anaesthetist is available.

Dr Leeks said that when

an emergency arose and a child had to be given ECT on some other day of the week the shocks were given without anaesthetic in villa seven, the main building of the adolescent unit.

The Herald was shown the machine in villa seven used for electroconvulsive therapy. It was an older model than the one used for the anaesthetic ECT treatment in villa six. The duration of the electric shock had to be checked by the operator instead of being timed automatically.

Dr Leeks said the shock given was 230 volts for between one-tenth and four-fifths of a second. The precise duration depended on the individual patient. He was not sure of the exact amount of electric current delivered but it was very small—10 milliamperes, or possibly 100 milliamperes.

What do the children themselves think of the ECT treatment?

Discussions with several children who had been submitted to it left the impression that it was almost universally feared.

At a therapy session during the afternoon eight of the 27 children present said they had had ECT on one or more occasions and all agreed it was unpleasant. But one girl, who was not present, was said by the staff to have enjoyed ECT treatment.

Lost Memory For 48 Hours

In a private conversation, one boy who had shock treatment described it as "like being hit on the head with a sledgehammer."

That was the last thing he remembered, he said. He had been given the treatment "to straighten me out." He, like most of the children, had been unconscious for about five minutes. He had seemed to lose his memory for about 48 hours.

Memory loss was commented on by several of the children, and confirmed by the doctors. One boy said that sometimes children could not remember their names for a day or two.

Two boys who had had ECT under anaesthetic said it did not hurt much but they had headaches and a nasty taste in the mouth afterwards.

A girl who claimed to have had about eight ECTs said she believed the treatments had "helped to sort my ideas out." She added: "After the ECT I could tell truth from fantasy."

During the group therapy session, with Dr Leeks and the nursing staff present, there appeared to be general

agreement when one boy said of the ECT treatment: "It scared hell out of me."

Another girl commented: "Everybody reckons ECT is a punishment, but when you come to think of it, it isn't."

Dr Pugmire said in an interview that the classical indication for electroconvulsive therapy was a patient suffering from delusions and acute depression, and contemplating suicide.

The patient would normally awaken in a confused state two or three minutes after the electric shock, but with his delusions and thoughts of suicide having faded away.

Provided the ECT was given correctly under anaesthetic the patient felt nothing and remembered nothing, Dr Pugmire said.

"Fear about the treatment is the result of a myth which is current in the ward at the moment," he said. "This is a nuisance while it lasts."

Not Given For Amusement

Dr Pugmire said he agreed that a very large number of ECT treatments—perhaps 100—would cause brain damage.

"But you have to keep this in perspective," he added. "A lot of x-rays will cause lung cancer, but that does not mean you should not take an x-ray when you need one."

"We do not give ECT just for amusement. If it is given for the right reason it is more than justifiable—it is a life-saver. It stops people killing other people and it stops them killing themselves."

Dr Leeks estimated that he administered electroconvulsive therapy without anaesthetic about twice a month. Very occasionally a child struggled and had to be held down by nursing staff.

Dr Leeks said he would prefer not to have to give ECT treatment. This might be possible if the adolescent unit had a staffing ratio like that of some similar units in the United States, where there were two staff members to every patient.

Without more staff, however, it would be impossible to replace ECT at Lake Alice with "nice, gentle psychiatry."

He added: "If you want to get people back as economic units in society then you get on with treating them—you don't play therapeutic games with them."