

THE HORTON CHAPEL PROJECT

Research presented by John Mumford

Work and Occupational Therapy

The Role of Work for Early Patients

Throughout the entire life of the Asylum system, patients were encouraged to work as well as undertake recreation. Each hospital was designed to be a self-sufficient community, with a farm and vegetable garden in which there were also large cast-iron greenhouses. The kitchens and bakeries fed both patients and staff. Male patients were employed on the farms, in the gardens and the workshops, while female patients worked in the kitchens, the wards and the laundries.

All the bedding was made and remade in the upholsterers' shops, which also made



curtains and repaired and recovered upholstered furniture. Shoemakers' shops provided special and surgical footwear and also repaired all footwear. The tinware used in the kitchens and wards was made and repaired in the tinsmiths' shops. Suits for male patients and male staff uniforms were made and repaired in the tailors' shops, while the needle rooms provided and repaired the Hospital linen, and made and mended female patients' clothes and female staff uniforms. Occupation was seen as part of the treatment and therefore initially patients were not paid for work undertaken but recompensed in tokens or cigarettes.

Horton Mental Hospital: needlework
1939 © City of London: London
Metropolitan Archives
<http://collage.cityoflondon.gov.uk>

After the Second World War and the advent of the National Health Service there was a more enlightened outlook, with patient work becoming increasingly viewed as an entitlement rather than a duty and mental health reformers advocated work as enabling, empowering, and part of good physical and mental health. Periods of rest or leisure, and of work or activity, had to be in balance, and a new, professionally trained group of experts became responsible for this task: occupational therapists.

St Ebba's Physician Superintendent in his 1949-51 annual report stated that the hospital policy was 'treatment in occupational therapy, educational and cultural activities should be prescribed by the doctor in charge of the case with almost the same care as is used in any drugs prescription. The doctors' occupational "prescription" indicates the type of activity helpful but leaves detailed application to one of six occupational therapists.' ⁱ

He went on to state that 'a fair number of patients continue to work in the laundry, needle room, tailors, boot makers and other shops but they are a diminishing force. The type of patient being admitted nowadays contains a smaller proportion of those accustomed to manual and labouring work and a larger proportion of clerical and more educated types.' ⁱⁱ Consequently, educational and cultural activities had been much expanded with classes of between 1-2 hours covering such matters as art, music appreciation, discussion groups, drama and dancing for selected patients. Some classes were even mainly run by the patients themselves. More able patients were already engaged in assisting the permanent gardening staff and some nursing staff on outdoor duties.

In 1960 a seminal text was published: *Occupational Therapy in Rehabilitation: A Handbook for Occupational Therapists, Students and Others Interested in this Aspect of Reablement*, edited by E.M. Macdonald and H.M. Davidsonⁱⁱⁱ. It included case histories and summary guidelines for syndromes including anxiety neuroses, reactive depression, obsessional neurosis, psychosomatic disorders, and psychopathic personalities. It also noted that 'it is important to consider [patients] as persons as well as in terms of their diagnosis', and emphasised the need to collaborate with other hospital staff. For reactive depression, it was advised that 'occupational therapy should aim at diverting the patient from anxieties and assessing individual needs to ensure that the patient is better able to combat future difficulties... Instruction in simple cookery, dressmaking and home-nursing and assistance in make-up and hairdressing would help to increase confidence and self-respect in a woman patient, and for a man with a similar depression, home decorating, handyman's work and gardening, as well as self-valeting, might have a similar effect'.

In his report for 1957, the Physician Superintendent at the Manor^{iv} stated that the vast majority of 1076 adult residents were in some form of employment or training. The Manor was not like the other hospitals: since 1922 its primary work had been to care for and rehabilitate patients who were improvable and trainable, and after 1948 that was extended to, disturbed adolescents with a 'moderate handicap.'

In 1957 there were 135 patients earning wages in the Epsom area; they worked in local factories and laundries, or acted as labourers and domestics, but still resided at

the Manor. Within the hospital there were industrial workshops for men where nine tradesmen instructors taught skills such as brush and basket making, carpentry, and printing to 120 'medium and high grade' patients. There was also an experimental industrial unit for the 50 men and women 'potentially capable of undertaking factory employment at standard wages'. There were 80 'medium grade' women engaged in occupational therapy craft work including lace-making and toy-making, whilst 45 patients worked in the hospital laundry and a further 60 in the needleroom. 'Low grade patients earned a wage under sheltered workshop conditions. As well as those on paid wages, hundreds of other patients were usefully employed in and around the hospital at service, maintenance and domestic tasks.

By 1965 the Sherwood Training Unit had been established as a mixed adolescent training unit for the mentally handicapped at the Manor Hospital. It helped them learn a skilled trade, acquire self-confidence and integrate more easily with society. Sherwood was housed in the old generating station and pumping house, half a mile from the main hospital buildings. The boiler room was converted to a workshop and other parts of the building adapted to provide living accommodation for twenty-three men and twelve women. The building also contained teaching rooms, dining rooms and recreation rooms. Residents at the unit were trained to manufacture chain link fencing, to make brushes, to file and trim bearings, and to turn and drill wood. They had minimal contact with the main hospital; instead, medical staff, therapists and psychologists visited the Unit as required. The residents spent seven

hours a day in the workshop, supervised by nursing staff. By 1973 spot-welding and printing had been added to the activities provided by the Unit. ^v



Female Experimental Industrial Unit
Cracker Making and Chocolate Packing

The Manor Hospital c1961 ^{vi}

Other hospitals followed with their own industrial therapy units, such as the West Park Industrial Therapy Organisation (Epsom) in 1963. From the post-War period through to the late 1950s and early 1960s work, of various degrees, came to occupy much of the daily lives of hospital cluster residents. Leisure and entertainment opportunities were still available throughout the working week but activities and events began increasingly to be planned for evenings and at weekends, when most patients would be free.



St Ebba's Hospital Workshop c1970 ^{vii}

Not many people realise that the famous Rolling Stones album *Sticky Fingers* – issued in April 1971 with an Andy Warhol-designed close-up of a man's jeans, complete with functional zipper – was produced with help from the Industrial Therapy Unit at West Park Hospital. Brian Leedham, a Staff Nurse at West Park, began helping patients in the Industrial Therapy Unit in 1970 and the first job he

remembers was fitting thousands of zippers to the cardboard album covers. ^{viii}



Owing to the damage that the zipper caused to the vinyl disc, as well as the expense in producing the unusual cover, later re-issues featured just the outer photograph of the jeans.

West Park Hospital Industrial Therapy Unit 1970 fitted the zip on this famous album cover

Footnotes

ⁱ St Ebba's Report of Physician Superintendent 1949-51 Page 10. Wellcome Library Ref WLM28.BE5E64E15

<https://wellcomelibrary.org/item/b30684584#?c=0&m=0&s=0&cv=10&z=-0.5115%2C0.6885%2C2.0526%2C1.0455>

ⁱⁱ Ibid., pp.10

ⁱⁱⁱ E.M. Macdonald and H.M. Davidson, eds., *Occupational Therapy in Rehabilitation: A Handbook for Occupational Therapists, Students and Others Interested in this Aspect of Reablement*, 1st ed. (London: Ballière, Tindall and Cox, 1960), pp.124–143.

^{iv} Report of the Physician Superintendent to the Manor Hospital Management Committee 1957, pp. 9–11. Wellcome Library: WLM28.BE5E64M28, accessed at <https://wellcomelibrary.org/item/b30684742#?c=0&m=0&s=0&cv=19&z=-0.2493%2C0.1211%2C1.5482%2C0.7886>

^v Reports of the Workshop Manager. Surrey History Centre: 6274.

^{vi} Booklet, 'The Manor' (c.1960). Surrey History Centre: 6380/2/10/2.

^{vii} Photograph in box of articles on St Ebba's. Surrey History Centre: 6292/30/2.

^{viii} Conversation with Brian Leedham, May 2019.