'The Night Long Song of a Hundred Mad Natives'[47]: The mad in the midst of Pietermaritzburg, 1910–1920

By 1910, Natal had the 'highest ratio of white [mental] patients to general population' in the Union of South Africa.[48] Hyslop attributed this to the smooth, if not to say lax, operation of the 1868 Custody of Lunatics Act, and not to any greater incidence of insanity in Natal and Zululand. While the growing numbers of private patients would seem to indicate that the asylum was gaining in respectability as a place to which mentally ill whites could be sent, this did not necessarily mean the stigma and shame of having an insane relative had disappeared. Indeed, testifying before a Parliamentary Select Committee on the Treatment of Lunacy in 1913, Hyslop emphasized that 'people' – meaning whites – 'are very averse to sending their relatives to an asylum ... it is regarded as a sort of disgrace to have relations in an asylum.'[49] Perhaps more surprisingly, however, he went on to say, 'but I fancy the natives are not at all averse to sending theirs and that they take full advantage of the opportunity of getting rid of the troublesome relatives in this way. I have noticed more especially of late cases are being sent to the asylum which at one time would not have been sent.'[50]

This is an intriguing statement. A dearth of extant patient records – especially those of African and Indian patients – unfortunately makes it difficult to gauge with accuracy the extent of family involvement in initiating asylum committals. Nonetheless, snippets of documentary evidence indicate that some African families were beginning to regard the asylum as the appropriate place where those of unsound or disturbed states of mind could and should be sent. The family of Bennie Mkize were not alone: in 1913, to take just one example, Johannes Mhlongo, a plantation worker from the Natal Midlands, was 'consigned to the Asylum by the Magistrate of the Lions River Division at the express request of his relatives who were living in considerable fear of him.'[51] The threat of violence was uppermost in this appeal, but who was most at danger is not specified.

[47] National Archives Repository, Pretoria (NAR), Department of Health (GES) 2767 4/78, Land for Natal Mental Hospital. Minutes of the Meeting of Finance and General Purposes Committee. Held on Thursday, 26 September, 1918, at 2:30 pm. 877/18. 'Grant of Land to Mental Hospital.' See below for the context of this phrase.
[48] NAR Prime Minister's Office (PM) 1/1/322 184/2/1913, 'Public Health: Extension of Lunatic and Leper Asylums', Memorandum from Dr. J. T. Dunston and Mr. P. Eagle to Acting Secretary for the Interior, 22 December 1912, p. 8.
[49] *Select Committee, 1913*, pp. 52-53. Evidence of Dr. J. Hyslop, 16 April 1913.
[50] *Ibid.*

15 δ ??2215

If African families and communities were beginning to turn to Western psychiatric institutions for their own protection, from the early twentieth century, dangerousness – to oneself and not necessarily to others – became a common reason for the committal of white patients to the NGA: of the 251 'European' admissions recorded between 1904 and 1908, more than forty persons were identified as being 'suicidal'. Many of these were admitted as private patients.[52] Along with alcoholism, which was coming to be spoken of as a 'disease' rather than a mere moral failing, attitudes towards suicide – for upper-class whites at least – were by this time beginning to undergo a shift towards a more sympathetic understanding.[53] For several more decades, however, Africans or Indians who attempted or threatened self-destruction were more likely to be gaoled or fined than regarded as mentally frail. Nonetheless, in the early decades of the twentieth century, for some people, in some states of mind, the NGA now came to represent a less shameful alternative to incarceration. Particularly in cases where the deranged could afford private quarters or personal nurses, the stigma of suicidal behaviour began to lessen, or at least began to be regarded as more appropriately the domain of the doctor than of the magistrate.

More patients meant an even greater strain on the existing facilities of the NGA and a need for more extensive buildings and grounds. In 1909, another 36 acres of ground had been acquired for the asylum, and in 1910 building began on new housing for both paying patients and the white male staff. This coincided with a new phase of thinking about both psychiatric practice and asylum construction. In tandem with international trends, in South Africa, doctors, psychiatrists and law-makers shifted away from fears about an apparently general increase of madness, to a concern with 'mental hygiene' as a vital strand in the effort to preserve racial purity. In South Africa, these fears contributed, both directly and indirectly, to the elaboration and implementation of segregationist legislation.[54] Moreover, class distinctions amongst white South Africans acquired great salience, as poorer class whites – even more so if they were mental patients – were viewed with increasing

[51] PAR uncatalogued Accession Papers of John Lidgett, Letter Book, October 1911 to February 1914, p. 908. John A Lidgett to Medical Superintendent, Natal Government Asylum, Maritzburg, 9 January 1913. My thanks to Allison Drew for this reference.
[52] Natal Government Asylum (European) Patient Case-Book XI. This is a conservative estimate as I have not included those who were said to be 'probably suicidal'.
[53] L.R. Anderson, 'Society, Economy and Criminal Activity in Colonial Natal, 1860–1893' (unpublished PhD dissertation, University of Natal, Durban, 1993), p.282.
[54] The general South African picture - of the eugenics and mental hygiene movements, concerns about degeneration, poor 'whiteism', the 'feeble-minded' and racial purity - is well covered in chapters 4, 5 and 6 of Saul Dubow's *Scientific Racism in Modern South Africa* (Cambridge: Cambridge University Press, 1995). See also P. Rich, 'Race, Science, and the Legitimization of White Supremacy in South Africa, 1902–1940', *The International Journal of African Historical Studies*, 23, 4 (1990), pp. 665–686.

16 δ ??2216

suspicion along with the perceived threat they supposedly posed to the vitality and mental vigour of 'the white race'.

With some justification it might be said that, by 1920, South African psychiatry – although still bearing the imprint of its nineteenth century origins – had taken on a different orientation, one that was more carefully directed in the interests of a state that was concerned to systematize the segregation of its citizens and its subjects. In this, the boundaries of race, gender and class continued to be potentially threatened by those who exhibited insanity or idiocy, a concept and a category that was now more broadly understood to include the 'feeble–minded'. These concerns would come to be reflected in the spatial organisation of the asylum. The new thinking favoured several small 'villas' on a larger hospital estate, with different 'classes' – both in terms of social and psychiatric classifications – of patients accommodated according to their different requirements and to the state's willingness to provide facilities. This was an arrangement that Hyslop endorsed, believing that a move away from the 'block system'[55] would increase the therapeutic value of the asylum, especially for the growing numbers of private patients.

In the years following Union the South African asylum system was placed on a national footing and reorganized according to a scheme first articulated by a newer generation of psychiatrists. The most influential of these was Dr. J.T. Dunston, the Union's Commissioner for Mentally Disordered and Defective Persons, whose office fell under the Department of the Interior.[56] Addressing the 1913 Select Committee, Dunston explained that the new 'science' and 'economy' of psychiatric classification required hospitals on a substantial scale. While an older, retiring generation of asylum superintendents – such as Hyslop at Pietermaritzburg and W J. Dodds at the Cape – feared the creation of huge 'monster asylums', Dunston recommended economies of scale both within individual asylum estates and across the new Union. This necessitated the enlargement of some asylums, and also the more efficient allocation of different categories of patients around the country. Accommodation of criminal lunatics would be centralized at a new facility at Bloemfontein in the Orange Free State; Fort Beaufort in the eastern Cape was for troublesome, but not criminal, black patients; Valkenberg and Grahamstown were to be for white patients only; and

[55] *Select Committee, 1913*, p. 13. Evidence of Dr. W. J. Dodds, 14 April 1913. This term was also used by the Chairman of the Select Committee to describe the 'huge asylums' in America and elsewhere that had around 2,000 patients.
[56] From the 1920s, the Commissioner for Mental Hygiene.

until it could be closed down – which was finally achieved in 1921 – the Robben Island Asylum housed black patients; only chronic, long-term patients were sent to Port Alfred.[57]

Underpinning Dunston's design was the revolutionary reordering of psychiatric classification under the system advocated by Emil Kraepelin. Key to the success of recovery from insanity was its early detection, classification, and the allocation of the patient to the correct facility. It was important that 'Class 1' patients, the neurasthenics and those vulnerable from stress, worry or other enervating conditions, should never have to come into contact with 'Class 2' patients, who were 'troublesome' but, who, after a time spent at a 'special psychopathic hospital' or treated as out–patients, stood a reasonable chance of recovery. They, in turn, needed to be kept separated from patients categorised as 'Class 3', who were described as being prone to mental disturbance because of 'hereditary and constitutional weakness'. The fourth and final 'class' – the imbeciles, degenerates, the demented, those who suffered from secondary dementia following epilepsy, and from general paralysis of the insane – were, Dunston believed, 'from the beginning incurable'. Their prognosis, he said, was hopeless and all that could be hoped for was custodial care to prevent them from being dangerous to themselves and to others.[58] Ideally, for each of these categories of patient, different wards, even hospitals, were required.

Clearly, this suggested overhaul of South African psychiatry could clearly not be achieved overnight. An asylum arrangement that combined different elements of the overall scheme was therefore mooted. Based on what was termed the 'villa' or 'village' system, it had already begun to be implemented at a number of older asylums. At Pietermaritzburg, as we have seen, private patients (who were invariably white) were housed separately from non-fee paying white patients as well as African and Indian inmates. The distinction between patients was on the basis of race and class, not necessarily on clinical categories. Nonetheless, it was recognized that dangerous, manic and disruptive white patients needed to be kept apart from those whites who were quiet and more melancholic. This led to a proliferation and multiplication of wards and buildings.

Dunston – and the Commissioners of Mental Hygiene who followed him – were primarily concerned with the prevention of the propagation of the white 'mentally unfit', and had relatively little interest in those already detained as mental patients in the country's asylums. This meant that

[57] *Select Committee, 1913*, p. 134. Evidence of Mr. E.H.L. Gorges, 25 April 1913.
[58] NAR PM 1/1/322 184/2/1913, Public Health, Extension of Lunatic and Leper Asylums and Select Committee, 1913, p. 78. Evidence of Dr. J. T. Dunston, 18 April 1913

there was even less concern with the provision of treatment for black asylum inmates.[59] Instead, they were to provide a pool of unpaid labour for the upgrading of mental hospital grounds and buildings. Under this new, less liberal, regime, discriminatory practices that had been initiated under colonial governments became an even more entrenched component of asylum administration and practice.

By 1914, when Hyslop retired, the Pietermaritzburg Mental Hospital was no longer on the outer boundaries of the city. Its patient numbers had increased vastly more than the 100 originally envisaged. Keeping pace with the expanding asylum population – with the attendant need for staff, room for recreation, as well as, increasingly, for land upon which to grow food for the patients – Hyslop had gradually expanded the grounds. By purchasing lands adjoining the original grant, by 1913, the asylum estate covered 140 acres. Following Union an even more concerted effort was made to acquire a number of properties abutting the asylum lands. During the years of World War 1 this became more important still as the country's mental hospitals were urged to make themselves as self-sufficient as possible.

In 1915, in accordance with the recommendations put forward in the Select Committee Report, part of one of the older buildings at the Pietermaritzburg Mental Hospital was converted into an admission ward for the reception of 'acute cases', and it was put under the charge of female nurses. This, Hyslop's successor, Dr. Robert Sinclair Black would later comment, 'was the first real attempt in Natal at Hospital treatment for the Mentally Disordered, and though it was make shift [sic] it was a very great advance and improvement on previous conditions.'[60]

Work on further accommodation for black patients began in 1917, but was considerably delayed because of materials shortages experienced during the War: new quarters for black men were opened in 1918, though not before the 'overcrowding' there had accounted for a high death toll following the Spanish 'Flu epidemic of that year.[61] In late 1918, work commenced on 'New Female Native Quarters'. This was finished in 1919. For these constructions, all the labour was performed by patients. While some white inmates did join the work gangs, it was mostly African and Indian patients who were engaged in the heavy work of tilling, digging, and building.

[59] See S. Swartz, 'Colonialism and the Production of Psychiatric Knowledge in the Cape, 1891-1920'. pp. 31-32.
[60] U.G. 31-'20, *Report of the Commissioner of Mentally Disordered and Defective Persons*, p. 25.
[61] U.G. 31-'20, *Report of the Commissioner of Mentally Disordered and Defective Persons*, p. 27.

Moreover, the accommodation given to black patients was of an inferior standard to that for whites. This had been firmly established in 1913 when the vast discrepancy between the officially calculated rates providing for the facilities of white and black mental patients was clearly stated: Secretary for the Interior, Edmond Gorges, had told the Select Committee, 'we have made provision on the basis of £250 a bed for Europeans and £75 a bed for natives.'[62] Pressure for segregated facilities within the hospital complex came not only from administrators, state officials and psychiatrists, however, but also from the families of patients, including on occasion, some who would later be officially classified as being 'not European'. In 1920, for instance, 'Coloured' voters in Pietermaritzburg petitioned the state for a greater measure of racial segregation within the mental hospital, asking that their relatives who were patients should not be housed with African inmates, and stating that they, the families, were prepared to pay substantially towards the maintenance costs of these 'Coloured' patients.[63]

All this meant for a sizeable community of people – patients, medical and nursing staff, attendants, gardeners and workmen – who were permanently resident at the Pietermaritzburg Mental Hospital. In 1910, there were 619 patients; in 1914, 643; and then, in the next four years, there came a large jump to 797, of whom only 355 were classified as 'Europeans'. In 1918, there were also more than 140 staff, many of whom were black. The ambivalence towards the asylum shown in the 1870s by the white citizens of Pietermaritzburg was now turning to antipathy, if not hostility. For not only had the asylum expanded far further than had originally been anticipated, it was also increasingly anomalous as an institution housing large numbers of blacks in the midst of what were now predominantly white suburbs.

Opposition to the asylum coincided with its expansion during the years of World War 1. This was also a time when the city of Pietermaritzburg was characterised by growing numbers of African workers, Indian traders and artisans, and an expanding, though still relatively small, community of 'Coloureds'. Suburban settlements were also accelerating, and competition for the most

[62] *Select Committee, 1913*, p. 140. Evidence of Mr. E.H.L. Gorges, 25 April 1913.
[63] NAR Department of the Treasury (TES) 4009 F21/53, Asylums: Coloured People at the Mental Hospital, Pmb, Accommodation, Mr. Benjamin, 376 Greyling Street, Pietermaritzburg to Private Secretary, 4 May 1920. The petitioner was told that accommodation for 'Coloureds' would, in the future, be provided at Valkenberg.

economically favourable land was closely tied to racial politics.[64] These suburbs included the Town Hill, and the plans to extend the asylum ignited a flash of protest in which concerns about class, race and gender were given an extra edge by the prospect of the presence of the insane in the midst of a white residential area.

The first signs of organized protest came in November 1916, when some twenty-four petitioners - 'and others', submitted a memorial to the Pietermaritzburg City Council in which they objected to an impending grant of a section of the town lands, at the back of the Mental Hospital. The Council, as it had done forty years before, bowed to the pressure of its rate-paying constituents, and passed a resolution refusing to enter into further negotiations on the matter with the government. Over the next few years, opposition to the extension to the hospital grounds became if anything more virulent and the demands for safeguards more specific. Furthermore, whereas the earlier objections had been to the asylum and its inmates in general, now the attempts to highlight the grievances of the residents became couched in overtly racialised terms that stressed the 'dangerousness' that 'mad Natives' posed to 'innocent' and 'peaceful' whites, especially women and children.

Further petitions in 1917 and 1918 spoke of 'the strength of the opposition to the grant of land in the midst of a popular residential area to the Mental Hospital' and of their fears that the suburb would soon become 'a total wreck'.[65] They pointed out that the number of patients at the Mental Hospital had originally been 'comparatively small' but that:

> with the present growth with patients brought from other Provinces – the Cape and the Free State – the residents' disabilities and disadvantages had become very marked. ,,, the number of natives is on the increase and that it would be readily admitted that no one desired a Native Location in the neighbourhood. The residents were being saddled with a growing Native location in which the Natives are mad and while the night-long song of a 100 mad Natives is not too agreeable, the nuisance becomes far more than ten times as bad when the number is increased to 1,000. The same applies to the risk of escape.[66]

Combining white fears of black men making unprovoked sexual attacks on white women and popular stereotypes of mental patients as being dangerous, the head of a 1918 delegation, a Mr.

[64] T. Wills, 'The Segregated City', in Laband and Haswell (eds.) *Pietermaritzburg: A New History of an African City*, p. 39. Also, T. Wills, 'Segregation, separation and desegregation: Pietermaritzburg since 1910', in B. Guest and J. Sellers (eds.) *Receded Tides of Empire: Aspects of the Economic and Social History of Natal and Zululand since 1910* (Pietermaritzburg: University of Natal Press, 1994), pp. 283–309.
[65] NAR GES 2767 4/78, Land for Natal Mental Hospital . Minutes of the Meeting of Finance and General Purposes Committee, Held on Thursday, 26 September, 1918, at 2:30 pm. 877/18. 'Grant of Land to Mental Hospital.'
[66] *Ibid*

Bigby, told the Town Council that his deputation 'had thought out certain conditions (a) to secure protection and a sense of security for ladies and children living or having occasion to use the road in the vicinity and (b) to call a halt to the "peaceful penetration" and so preserve the suburb as a residential area.'[67] These conditions included a screen of trees and that 'the Government shall erect and maintain in good repair a double fence along the whole of the boundaries', the outer fence to be constructed of wire and the inner, a '"Pale" unclimable [sic] steel fence.' The two were to be 'no less than 100 feet apart, and the belt of ornamental trees should be planted between them. Nor was there to be any new entrance to the Mental Hospital on the new grant of land, which was in any case only to be used for grazing purposes. Furthermore, no patients – unless 'under strict observation' while engaged in agricultural labour – were to be allowed on the land. These patients would, by and large, have been African and Indian. Finally, the government was not to seek to acquire any further land for the hospital on the Howick Road or in the remaining lands that approached the city.[68] In November 1918, the Department of the Interior agreed to the conditions requested by the Deputation.[69]

The limits to any significant future expansion of the Mental Hospital in the midst of the city were thus established by 1918. In the next decade, a solution to the perennial overcrowding of patients that had characterised the asylum on the Town Hill almost since its inception in 1880, was sought by converting the former military barracks at Fort Napier into a mental hospital. The first patients were moved to this most unsatisfactory facility in 1928.[70]

Epilogue and Conclusions

The history of the accommodation of insanity in Pietermaritzburg is simultaneously one of expansion and of contraction. While between the mid–1870s and 1920, the material facilities for the institutional care of the mentally ill were enlarged, under the Union, and later, the Republic, of South Africa, psychiatric patients in Natal arguably received less concern than they had under the colonial state. Located at some distance from the political and economic nub of Rand, Natal's 'mental services' and its psychiatrists no longer occupied the position of prestige enjoyed by and under James Hyslop. Even as some forms of derangement were becoming, albeit gradually,

[67] *Ibid.*
[68] *Ibid.*
[69] NAR GES 2767 4/78, Land for Natal Mental Hospital. Acting Secretary for the Interior to Secretary for Lands, 16 November 1918.
[70] See G. Fouché, 'Mental Health in Colonial Pietermaritzburg', in Laband and Haswell (eds.) *Pietermaritzburg: A New History of an African City*, p. 188.

accepted as treatable, significant stigma remained attached to mental illness. Under great strain during the War years and after, facing escalating patient numbers, increasing bureaucratic burdens, and frugal finances, Hyslop's successors complained to state officials of overwork, official neglect, and extreme fatigue.

Since the late nineteenth century, the majority of patients accommodated at the Pietermaritzburg Mental Hospital were black – African, Indian and Coloured – and the over–riding interest of the emerging national South African psychiatric profession and scientific practice lay in a concern for whites. Nonetheless, numbers at the Pietermaritzburg Mental Hospital continued to rise: by 1918, nearly 800 patients were accommodated, in a variety of different buildings, wards, and wings, on the Town Hill. Of these, there were 294 'Natives', 31 'Coloured' and 117 'Asiatics': 'European' patients had long been in the minority.[71] In the absence of committal papers or patient records for the period before the implementation of the Mental Disorders Act of 1916, it is impossible to establish accurately the grounds on which patients, especially black patients, were admitted. The numbers of Indian patients at Pietermaritzburg had begun to escalate from the early 1900s. The reasons for this acceleration lie in both the dire economic circumstances experienced by Natal Indians at this time and, possibly, a gradual shift of attitude amongst Indians themselves towards Western psychiatry and medicine. Certainly, the constantly rising numbers of African inmates, as well as testimonies such as that by James Mkize, suggest that to see the asylum on the Town Hill simply as an alien institution that was imposed on subject peoples does not do justice to questions of medical pluralism, African agency, or to the complex social history of Western medicine in contexts far from its genesis.

The continued accommodation of several hundred black patients, as well as black staff who worked at the asylum, had, by the years of World War 1, aroused the resentment and animosity of a number of white Pietermaritzburg residents, who fused fear of the insane inmates, racial stereotypes, and avaricious interests in the, by now extensive and economically–desirable, lands that the Mental Hospital occupied at the heart of the city. While the asylum had always been regarded with ambivalence, by 1918, the mad in the city's midst were regarded as a nuisance at best, and a danger, at worst.

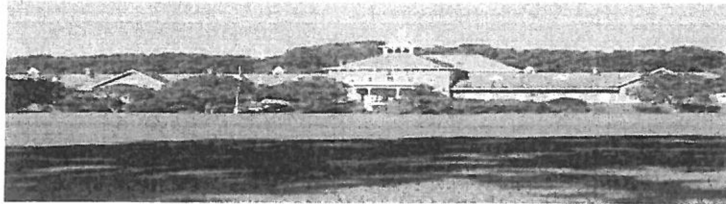
[71] UG '31 –20, *Report of the Commissioner of Mentally Disordered and Defective Persons for the Union of South Africa*, p. 32.

Even after further expansion of the Pietermaritzburg Mental Hospital was halted, the city's ambivalent attitude towards the accommodation of the mad did not disappear. Indeed, in the 1960s, by which time most of the patients at Town Hill Hospital were white, the Pietermaritzburg City Council again bowed to pressure from local ratepayers to approach the government to 'release' the 305 acres that the hospital then occupied. Arguments put forward ostensibly prioritised the needs of the patients for more 'modern' facilities, as well as the desire to run the city's two psychiatric hospitals on a more 'efficient' basis.[72] In a submission made in Parliament on 20 September 1966, Mr. Bill Sutton, the M.P. for Mooi River (whose constituency included Town Hill), gave voice to the concerns of the white citizens of Pietermaritzburg that can be seen as continuing to reflect the same motivations that had prompted the petitioners of the 1870s and of 1918. Sutton asked whether it was the government's intention to move some of the African mental patients from the city since 'both Town Hill and Fort Napier were now in the centre of Pietermaritzburg.'[73] Racial segregation of psychiatric patients was not sufficient however, and he pointed out that Town Hill occupied prime city land, which could be developed for residential purposes. There is an irony in the insane of Natal and Zululand occupying land that came to be highly desired by the citizens of the city. There is perhaps another irony in that it was the *apartheid* Minister of Health, Albert Hertzog, who rejected the request to close down Town Hill Hospital, saying that 'The plea for the hospital to be moved resulted from "glittering eyes on that ground."'[74]

Today, Town Hill and Fort Napier continue be regarded with some ambivalence by the citizens of Pietermaritzburg, and a series of recent tragedies and scandals involving patients has revived public concerns about the potential for abuse that exists in psychiatric hospitals.[75] Considerably reduced in extent from the more than 300 acres of grounds that it occupied in the 1960s, Town Hill Hospital is now bounded by the 'new' Grey's Hospital, an upmarket retirement complex, an exclusive hotel and restaurant – on the site of Hyslop's former residence – and a busy road that borders on a burgeoning commercial and light–industrial area. The 400 or so patients who are still accommodated at Town Hill are thus both more in the midst of the city than ever before, and as removed from it as they were in the past.

[72] *Natal Witness*, 'Council Gets MP Support Over Hospital', 18 June 1966.
[73] *Natal Witness*, 'Minister Rejects Town Hill Plea', 21 September 1966.
[74] *Ibid.*
[75] See, for example, 'A Conspiracy of Silence: A little boy was murdered at Fort Napier and no official is taking the rap', *Natal Witness*, 13 February 1999, and 'When patients come last', *Natal Witness*, 13 April 2002.

<u>IMPACT OF PROPOSED LIGHT METAL FRAME OFFICE BUILDINGS ON SERVICES AT TOWN HILL HOSPITAL.</u>

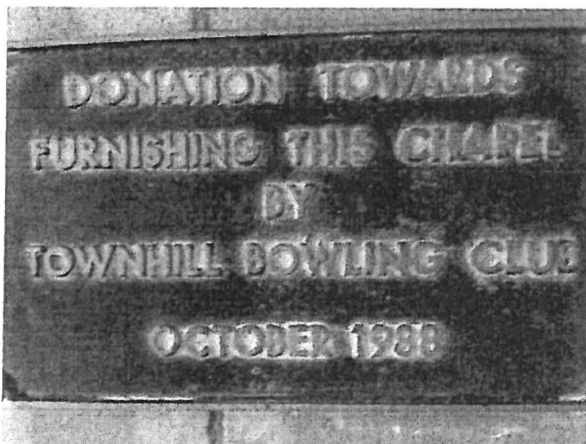


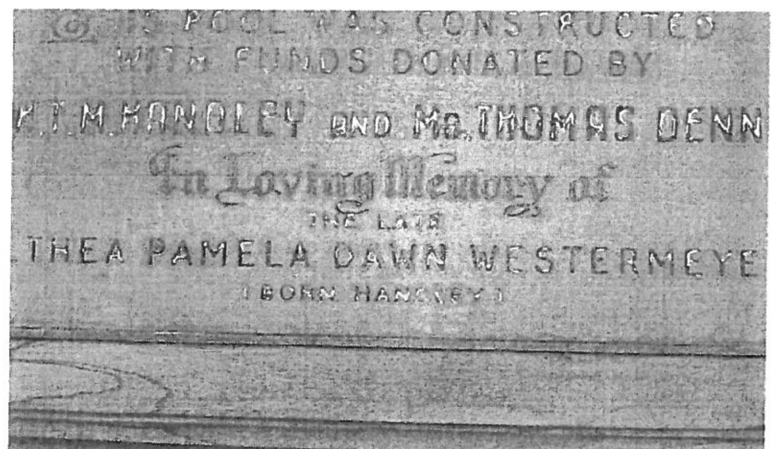
The boundaries that form the patients' sports and recreational field are formed by:-

- The parking area in front of the main administration building,
- The putt-putt course, tennis courts and swimming pool on the right hand side of the field,
- The club house and chapel on the left hand side of the field,
- The soccer field forms the lower boundary.

It is this whole area that the Department of Infrastructure is planning to build upon. This will forever change the therapeutic value of Town Hill Hospital and remove access to all outdoor recreational and therapeutic activities by the patients.

The putt-putt course and Chapel were funded for the patients by the 'Friends of Town Hill Hospital', the Chapel was furnished by the Town Hill Bowling Club in 1988. The swimming pool was "constructed with funds donated by Mrs H.T.M Handley and Mr.Thomas Dennett, in loving memory of Anthea Pamela Dawn Westermeyer (born Handley)".





Ms. Devereux, you say the Department of Health assured you that the new buildings would "have no further impact than the existing prefab offices/park homes".

This statement could not be further from the truth. The existing park homes housed a small number of patients and staff who quietly went on with their healing and therapeutic programmes in full harmony with the therapeutic environment. The park homes minimally intruded onto the sports field and all sporting amenities and events were unaffected. This cannot be compared to a bustling office complex covering an area of two soccer fields and accommodating a busy government department, an estimated two hundred government officials.

To quote the attached KZN Treasury; "The MEC for Human Settlements and Public Works, Ravi Pillay, said in an address earlier this month that the government precinct will be a major infrastructure project, which aimed to create 8 000 square meters of office space and a host of other provisions like parking and people mover hubs, canteens, crèches and residential accommodation".

Concerned staff members have raised the following issues:-

1. DoH proposal to build offices in grounds opposite the main administration building at Town Hill Hospital will affect Services at this Specialised Psychiatric Facility.

    a. These grounds were and are currently utilised for recreation activities for Mental Health Care Users as part of their Psychosocial Rehabilitation – having offices for officials from DoH who have no Clinical Back Ground will impact negatively on these services.

    b. Even if the soccer grounds, swimming pool, Putt- Putt and Tennis court are still available for the Users, the safety, privacy and confidentially of the User will be compromised.

    c. Recreation programmes for users can further be quite noisy as most of the activities involve music and announcements to be provided through a sound system, this will cause a disturbance to those doing office work in close proximity to these activities.

    d. These office building may also become a distraction to the MHC Users, and the necessary Psychosocial rehabilitation will not be successful.

    e. The behaviour of the Mental Health Care Users is often unpredictable; this raises the concern that aggressive and violent Users may gain access to office buildings and assault staff on duty.

    f. Safety of users is also going to be compromised due to the large volume of traffic that will be entering the grounds of Town Hill Hospital. Access control will become a challenge and we may often find vehicles visiting the DoH offices, getting lost and landing up near the wards. This may lead to an increased number of abscondments, as security officials will not easily be able to determine Mental Health Care Users from the general public and MHC Users could quite easily request unsuspecting public officials for a lift out of the facility.

    g. The right to privacy and confidentiality of the Mental Health Care User as enshrined in the Constitution and the Mental Health Care Act no. 17 of 2002 will be compromised.

    h. There might also be an increase in bad elements entering our premises, bringing contraband substances into the facility, as access control will be compromised with large volume of traffic entering the hospital grounds.

    i. The Club House on our grounds was ear marked to be an area where our staff could go to during their lunch breaks and have a break from the very stressful environment that they work in, now, with the new office buildings, it has been said that this club house will be utilised by official from these offices. Conflict and competition for the use of this area will arise and will most definitely become a labour issue.

SUGGESTED ALTERNATIVE SITE PROPOSAL

We suggest that the large area of vacant land below Greys Hospital, and next to Town Bush Road, as being a highly suitable area for the following reasons:-

- It will be next to the proposed legislature offices.
- There is ample room for offices and parking.
- This area will have a much less of an impact on patient care.
- There is already an access gate onto Town Bush Road.

Thus here ends our motivation and proposal.

On behalf of all the Mental Health Care Users, both past and present, please help us to preserve as far as possible Town Hill Hospital's therapeutic environment and services.

Thank you Ms. Deveraux for your time, attention and consideration.

Kind Regards

Kerry Smith (Mrs)
Professional Nurse
(on behalf of patients and staff members)