



# SINGLE SEX WARDS

How important are they?  
The views of 69 members of HUG on the need for single sex wards

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## WHAT IS HUG?

HUG stands for the Highland Users Group, which is a network of people who use mental health services in the Highlands.

At present, HUG has approximately 305 members and 13 branches across the Highlands. HUG has been in existence now for 9 years.

HUG wants people with mental health problems to live without discrimination and to be equal partners in their communities. They should be respected for their diversity and who they are.

We should:

- ◆ Be proud of who we are
- ◆ Be valued
- ◆ Not be feared
- ◆ Live lives free from harassment
- ◆ Live the lives we choose
- ◆ Be accepted by friends and loved ones
- ◆ Not be ashamed of what we have experienced

We hope to achieve this by:

- ◆ Speaking out about the services we need and the lives we want to lead.
- ◆ Educating the public, professionals and young people about our lives and experiences.

Between them, members of HUG have experience of nearly all the mental health services in the Highlands.

HUG aims are as follows:

- ◆ To be the voice of people in Highland who have experienced mental health problems.

- ◆ To promote the interests of people in Highland who use or have used mental health services.
- ◆ To eliminate stigma and discrimination against people with mental health problems.
- ◆ To promote equality of opportunity for people with mental health problems irrespective of creed, sexuality, gender race or disability etc.
- ◆ To improve understanding about the lives of people with a mental health problem.
- ◆ To participate in the planning development and management of services for users at a local highland and national level.
- ◆ To identify gaps in services and to campaign to have them filled.
- ◆ To find ways of improving the lives, services and treatments of people with mental health problems.
- ◆ To share information and news on mental health issues among mental health service user group and interested parties.
- ◆ To increase knowledge about resources treatments and rights for users.
- ◆ To promote cooperation between agencies concerned with mental health.

## INTRODUCTION

Over the last year or so members of HUG have been talking about the need for single sex wards in psychiatric hospitals, both amongst themselves and with managers at our hospital, New Craigs.

The three main acute wards in New Craigs are arranged in the form of a square with every patient having their own single en-suite room. At either end of the square there are social areas:- sitting rooms, a smoke room and a dining room. These are mixed spaces although on occasion the quiet areas at the end of the wards have been made into single sex areas. Some people say that this arrangement amounts to the provision of a single sex ward but others, especially those who were patients in Morar ward when it was completely single sex, disagree and are angry that this form of provision has been lost.

Because the issue of single sex wards is such an emotive subject we discussed the subject in late 2004 across the network of branches of HUG.

These discussions involved 69 people, mainly HUG members, but also included some professionals at a few of the meetings.

The responses we came up with are detailed below.

Two articles dealing with this issue appeared in our winter 2004 newsletter. They are included as an appendix in this document and give background information to the subject.

## THE IMPORTANCE OF SINGLE SEX WARDS

For some of us having access to a single sex ward is extremely important. This may particularly apply to those of us who are in hospital as a direct result of abuse by other people. This can make mixing with people of a particular gender very difficult, sometimes impossible.

Single sex wards are not just for those of us who have been abused. They can also be important because, when we are feeling vulnerable, we sometimes want to be in an environment that is free from the pressures involved with coping with people of the opposite sex.

Sometimes single sex wards are a way of protecting us when we are ill. Perhaps, because when we are a little confused and lonely or maybe manic, we may engage in sexual behaviour which we would regret when well again. Equally other patients may also behave inappropriately towards us and we may need shielding from this behaviour, especially when we are feeling vulnerable and delicate.

When we are patients we have a great need for safety and security and for some of us this would be provided by being in a single sex environment. Some of us, both women and also some men, have a particular problem with our perception of a few of the young men in mixed wards where we feel exposed to a potentially violent atmosphere which can be intimidating.

Single sex wards provide a space that should protect us from sexual harassment, diminish the power of negative past experiences and allow us to mix with other patients freely without having to stay in the perceived safety of our own room. (Having our own rooms can be a mixed blessing. For many of us they are welcome as they give privacy, safety and time out, yet for others they can represent a space where we avoid and hide from others and maybe self-harm when distressed.)

However, although the great majority of us understood that some people have a huge need for single sex wards and must be able to access this, many of us, especially men, also said that we felt comfortable in a mixed ward and may not need the single sex environment that others do.

## BEING ON A SINGLE SEX WARD

In the past, some of us have been able to access a single sex ward. For some of us this provided a safe environment with breathing space and a warm and calming atmosphere. We felt safer, we felt less anxious and some of us were sure that we recovered much quicker because we were in this environment.

We talked of the camaraderie and therapy we received in a single sex space. It was an area where we felt free to be more ourselves, where we could, if we wanted, wander around in dressing gowns without fear of who would see us.

Some of us stated that now that single sex wards were unavailable we would feel intimidated and vulnerable. That we would become more ill and distressed and that some of us would reach such a point where we would no longer willingly agree to a hospital admission even if we felt that we needed it.

## MEASURES TO REDUCE THE IMPACT OF HAVING TO BE ON A MIXED WARD

Staff at the hospital already provide some of these measures and wanted to know what we thought about them.

### ◆ HAVING ACCESS TO SAME SEX STAFF

This would be very good for some of us and is a good suggestion. However sometimes people (especially men) also prefer to talk to people of the opposite sex.

### ◆ HAVING ACCESS TO ALARM BARRELS TO USE WHEN THREATENED OR FRIGHTENED.

Alarm barrels are devices that can be triggered when a person feels unsafe. They alert staff to the problem and the staff then come to help the person concerned. All staff carry these barrels and they have been given to patients in the past. These would be very welcome for some of us. They could be, (and have been), very helpful as long as we are clear about when to use them and are sure that staff will respond. They could be particularly helpful for those of us who isolate ourselves and don't ask for help, despite being at risk.

However, they are not the only solution as sometimes the problem we face is one of atmosphere and perception. The likelihood of being attacked may be very low but the atmosphere and vulnerability we feel may be very high and an alarm may not solve this. Having an alarm may actually reinforce some people's fears by focussing on the problem. Therefore they are an important part of the solution but not the only one.

### ◆ ACCESS TO SINGLE SEX SITTING AREAS

With a variety of public spaces it may be possible to make some or all, single sex. For instance the two quiet areas at the end of the ward. We had a mixed response to this idea. Most of us thought they would be a good idea for certain people and therefore needed to be provided.



Some of us wanted to mention how good it was to be “yourself” in areas where people of the opposite sex weren’t allowed. It provided privacy and dignity and allowed us to be distressed without this being witnessed by people of the opposite sex.

However many of us wanted to make the point that, personally, we value mixed public areas and that the task of allocating an area of the ward in this way would be hard to organise and hadn’t worked particularly well when attempted.

Some of us also said that ultimately we needed to be able to mix when we returned home and that a mixed sex sitting area would help us with this transition.

#### ◆ HAVING ACCESS TO SLEEPING AREAS GROUPED ACCORDING TO GENDER

There was an idea that sections of the corridor off which our rooms are placed could be grouped according to gender. Most of us thought this was a good idea. Some of us talked about how uneasy we felt when we knew that a person of the opposite sex was sleeping next door to us. However others mentioned that having your own room greatly reduced the problem.

There was some scepticism that about how practical it would be to make this arrangement.

#### IF ALL THESE MEASURES WERE IN PLACE WOULD THEY MAKE UP FOR THE ABSENCE OF A SINGLE SEX WARD?

Despite the approval we gave to these options (and the fact that a large number of us prefer a mixed environment) the great majority of us said that there were some people who were very vulnerable and who therefore had a great need for a completely single sex ward. We didn’t think that the measures proposed would not make up for the closure of the single sex wards.

## WHO NEEDS A SINGLE SEX ENVIRONMENT MOST?

Whilst the majority of us agreed that men may have a need for a single sex area, we felt that this issue was predominantly one for women, especially those who have had particularly bad experiences at the hands of men. Some men also pointed out that they would feel unsafe and unhappy if they were to be in a male-only environment.

## THE LOCKED WARD

We raised the issue that being a female on Affric Ward (the locked ward) could feel frightening as it is often a male-dominated environment.

## HOW DO WE DEAL WITH THREATENING BEHAVIOUR?

We need to be taken aside and have the consequences and damage our actions cause explained. It can be difficult because sometimes the threatening behaviour is a result of illness and not intentional.

Some of us had a fear that there may be patients on our ward who are sex offenders whilst we are patients who have experienced such abuse in the past or who may be vulnerable to unwelcome attention. The thought that we may be exposed to such people was repugnant to many of us.

## CONCLUSION

We discussed a range of measures that may make up for the fact that there is no longer a single sex ward in New Craigs.

Although the measures suggested were welcome, they did not completely alter our view that some of us need to have access to a single sex area. Being denied this exposes us to risk and damages our chances of recovery.

The old single sex ward was remembered with enthusiasm as a place to be natural and safe in. It had a warm relaxed feel.

The need for single sex provision applies to both men and women but predominantly to women.

Despite this need, we do not wish to see a completely segregated hospital. Many of our members would personally prefer mixed wards whilst appreciating that others couldn't cope with them and need an alternative.

## APPENDIX 1

# EXPERIENCES OF BEING ON A SINGLE SEX WARD

## PERSONAL TESTIMONY 1

I have experienced hospital admission to New Craigs three times. I remember being there and feeling very disassociated and unable to sleep. I met a male heroin addict there and I remember having to listen to him and having to hear about all his addiction problems. It was very hard to do and I quickly knew that I had to get out of the ward and go to a single sex ward. Being with someone who is de-toxing and also with some other men, we can feel uneasy just because of their body language. They may approach us when we really just want to be away from them.

Then there's having a room and knowing that there is a man next door to me. It does not make me feel safe. I do know that sometimes men have accidentally gone into a woman's room and caused a big fright.

When we are in hospital we can meet people and form relationships but the staff can't tell us about the person. I am very frightened of people who are known to be child abusers and if I encounter them I just wish to attack them.

On a mixed sex ward we might walk into the smoke room and find a guy there and then we don't know what to do. In the single sex ward I felt much safer because the men visiting the ward had to be passed by the nurses before they came in to visit us.

It's the atmosphere we get in a single sex ward and the feeling of trust in people. We need to be sure that we don't get in a position where we are at risk because of our vulnerability. We can need protected from other people and ourselves.

Some of us do fear men and feel very uncomfortable in their presence. I would not go back into hospital now that there is no single sex ward. I felt comfortable in the single sex ward and felt sure that the staff there had a greater understanding of the issues some of us face.

When we are in hospital we can be picked up by predatory types of men which makes me very angry. Some men are just aggressive and let off steam as men can do, but this is very hard for us women to put up with. When the men fall out with each other it causes much tension and anger and this can be very hard to cope with.

In a single sex ward there is camaraderie between us; it doesn't matter if we are a mess and we can be very relaxed. Sometimes, when I am in hospital, I become quite child like and become more vulnerable and more available to men than when I am at home. But in the single sex ward I was still safe, as I was sure that the staff would protect me from the men that might pursue me. The sensitivity of the staff really helps us to recover and they interact with us very well. I think our partners also feel more secure if we are in a single sex ward away from men.

Morar Ward was a sanctuary and a safe place to be, especially to those who have been abused and need protection. Women cry and laugh together and interact together in a way that does not happen when men are around as we are a great source of support for each other. We didn't have to keep our mask on; we were safe to express all our emotions and the staff helped us and knew us.

Sometimes we need protecting and this can mean being protected from ourselves. When our demons catch hold we are not strong and need looked after and kept safe. Most of the women are troubled and need protected. I need sanctuary and sometimes home is my safe place and also hospital, but it isn't anymore.

My heart is so strong on the subject of single sex wards. There is no way I would want to be near men when in hospital. I have to be in an all female environment. Other people might be all right in a mixed ward but I would not be. We must have the single sex ward back where we were looked after and where we looked after each other.

## PERSONAL TESTIMONY 2

In the past I have always been on a single sex ward and find it a very helpful and calming atmosphere. This has made it easier to cope with being in hospital. I was abused by my father and by male nurses. This has made it very difficult and impossible to cope with people of the opposite sex when I am feeling vulnerable and ill.

However last year, when in hospital, the wards changed to mixed wards. I was frightened and mixed up by the change. The staff were helpful and gave me a lot of support in this change. I was given a look around the new ward two days before it happened. I also met my primary nurse. The staff answered questions about my fears and I was given an alarm barrel to use when frightened or in difficulty. This made me feel safe and secure. I was informed that there was a single sex sitting area on the ward but this was not so.

I must say that being on a mixed ward has helped me cope with returning home and when I have to be in mixed company. So the good thing is that it helped me cope with the opposite sex. This means that I accept the use of a mixed ward but I know it will not be a good idea for all.

## APPENDIX 2 - NEWSLETTER ARTICLES

## APPENDIX 3

### COMMENTS RECEIVED SINCE PUBLICATION OF THIS REPORT

"Many thanks for sending Peter Peacock and myself copies of the HUG reports..... I will write to the Scottish Executive and NHS Highland about the single sex wards and will be in touch when I receive more information. "

Maureen Macmillan MSP

"I think both reports are of the high standards produced by HUG; broadly representative and fair."

Dr Chris Macgregor, Clinical Lead for Mental Health Services NHS Highland

They highlight complex issues and I hope to have a chance to discuss the main findings with the New Craigs managers in the near future.

Gill Keel

"Thanks for the last three HUG reports. I was very impressed with the accuracy of the reporting and the sensitivity in approaching these topics."

HUG member

"I would be pleased if you would pass on my thanks to members of HUG who have been involved in this report. Input from this group is recognised as valuable across the whole of the NHS in Scotland. "

Andy Kerr, MSP, Minister for Health and Community Care



## ACKNOWLEDGEMENTS

With thanks to all the members of HUG, and other mental health service users, who contributed to this report.

*(Please feel free to photocopy this report)*

*However if you use this report or quote from it or use to inform your practice or planning please tell us about this first. This helps us know what is being done on our behalf and helps us inform our members of the effect their voice is having.*

For more information on HUG, or an information pack, call:

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