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**WOLSTON PARK  
HOSPITAL  
UNIVERSITY OF  
QUEENSLAND  
NEUROPSYCHIATRIC  
UNIT**

**OPENING DAY  
OCTOBER 16-1972**

The following is a summary of wards and other places of interest which guests may care to visit. Full programmes of activities are available at each ward & area, and staff are ready to answer questions and guide visitors.

Please consult map in centre of brochure for location of wards.

ACTIVITIES THERAPY Building:

HOME RETRAINING PROGRAMME

PHYSIOTHERAPY DEPARTMENT

ART THERAPY DISPLAY

ADMINISTRATION BLOCK:

Major offices, receptioniste,

Nursing staff control office

ANDERSON HOUSE:

Young adults rehabilitation centre.

Group psychotherapy programme

BOSTOCK HOUSE:

Female ward: normal activities

CAMERON HOUSE:

UNIT 2 Day Centre is included in this area:

reactivation programme.

CANTEEN:

Open to all staff and patients.

DAWSON HOUSE:

Normal activities.

CHAPELS:

The three chapels are situated together, and are open to visitors.

ELLERTON HOUSE:

A group of wards devoted to reactivation and resocialisation of long term patients

FLOREY HOUSE:

FEMALE 10 Ward:

GORDON HOUSE:

HOSPITAL WARD:

JENNER HOUSE:

KELSEY HOUSE:

LEWIS HOUSE:

MALE 4 Ward:

NOBLE HOUSE:

NURSE TRAINING SCHOOL:

OSLER HOUSE:

PEARCE HOUSE:

STUDY CENTRE:

A male ward: normal activities.

Normal activities.

Normal activities.

A general hospital in miniature: attached is the Clinic for casualty work and minor surgery.

Normal activities.

Normal activities.

Male ward: normal activities

Normal activities.

Male & female admission wards: normal activities.

Site of display, covering all hospital activities, Examples of work produced in hospital, and figures on hospital admissions and discharges.

Visits by arrangement.

Male ward.

Patients continuing academic studies use this area with a trained teacher.

WOLSTON PARK HOSPITAL is an asylum and one would hope always will be because the proper meaning of the word is "a place of shelter for the afflicted, a refuge, a sanctuary." The title has in fact been changed several times in an attempt to wean the public away from many wrong conceptions each name acquires over time. One of these was the Goodna Mental Asylum and almost surely many of the older generation will not realise that the Hospital and the Asylum are one and the same place. Nor indeed would they recognise it. The past two decades especially have seen some striking changes both in structure and in the kind and quality of care given to patients.

Some old buildings have gone altogether, some have been replaced, others have been almost wholly reconstructed, inside. If a few wards seem very old this is not surprising as the Hospital opened in 1865 and in one annual report after another we read pleas for more and yet more accommodation. Wards were built, one might say too well built. Despite their cedar and beautiful stonework they are now out-dated and will progressively be razed or modernised.

What has also gone with no regrets are most of the fences, some with dry moats. With them went many locks. There are and will continue to be a few locked wards but the large majority of patients, not as many think a minority, are in open wards. At any time of the day one sees patients moving freely from ward to the canteen or beauty parlour, to work areas, occupational therapy or physiotherapy, to the recreation grounds and numerous other places. Set in spacious grounds, with lawns and avenues of trees, the Hospital has about it an air of peace and tranquillity which would surprise those people who not having visited a psychiatric hospital imagine something very different. Much has been achieved, there is a great deal yet to be done, but the Hospital to-day is a far cry from the time when the mentally ill were thrown into gaol as happened in the early days of the Moreton Bay settlement.

Important as buildings are, the number and quality of staff determine even more how effective treatment is. It is no coincidence that with significant increases in members of staff over the past years there have been some

radical changes in the Hospital's population. These are reflected in many and various ways. The number of patients is markedly reduced as will be seen from the accompanying table. Whilst the population of Queensland has increased by 50%, from 1,200,000 to 1,850,000 from 1952 to 1972, the number of patients in residence on a particular day (30 June) has decreased by 39% from 2348 to 1413. Even more striking is the decrease in female patients being 59% and 33% respectively over the 20 years.

The figures showing the total number cared for during the year are interesting. They show that a higher proportion are discharged in the 1970's than in the 1950's or 1960's. Patients are staying in hospital for relatively shorter periods and fewer remain indefinitely. Both are definite trends over the past few years being two sides of the same coin — a shorter time generally in hospital and the fact that some patients who have been in Hospital for 10 or 20 years or even longer are being returned to the community.

	Resident at 30 June			Total under care during year			Average daily resident			Population
	M	F	T	M	F	T	M	F	T	
	1178	1176	2348	1602	1617	3219	1148	1137	2285	1,200,000
1961/62	1123	689	1802	1824	1588	3412	1162	802	1964	1,500,000
1971/72	929	484	1413	2060	1082	3142	975	578	1553	1,850,000

*Staffing* The Hospital has not suffered acute shortages of nursing staff. On the other hand the number of medical officers in the 1950's and early 1960's was never high and at times quite low varying from 4 to 9. Only one or two were psychiatrists. There were very few or for long periods of time no para-medical staff. The situation to-day is

very different as is shown by the following figures:—

Psychiatrists	8	Psychologists	7
Psychiatrists part time	3	Social Workers	8
Medical Officers	7	Physiotherapists	1
Occupational Therapists	4	Speech Therapists	1
Special Teachers	13		
Recreation Officers	4		

There are in addition part time officers and visiting consultants in surgery, gynaecology, radiology, neurology and anaesthetics.

*Wolston Park Hospital* is a combination of several differing but related parts.

There is the *Hospital* proper which includes three wards forming the Wacol Repatriation Pavilion, built and financed by the Commonwealth but administered and staffed by the main Hospital. It is specifically for ex-servicemen.

Within the area but geographically separated are two Clinics, one for men and the other for women, which comprise the *Wacol Rehabilitation Clinics* for those patients needing treatment for alcoholism.

A fourth section is the *Basil Stafford Training Centre* which cares for intellectually handicapped children of both sexes. A modern custom-built School is an integral part of the Centre. In close proximity there is at present an *Adult Training Centre* but this is to be phased out as suitable accommodation is available elsewhere.

In the account which follows points of interest with respect to each area will be mentioned but this cannot of course be anything approaching the full story.

The Hospital is a complex organisation. Its administration is shared by the Medical Superintendent and Managing Secretary and their respective staff members. It is easy to overlook the immense amount of work going on behind the scene but clearly enough no hospital can achieve its purposes without the support and cooperation given by administrative personnel, clerks, artisan staff, storekeepers, cooks and others too numerous to mention. It is not only an army which marches on its stomach. Marked on the map is the new *Kitchen/Cafeteria*, a major step forward in this area of the Hospital's functioning. Next to it is the *Store* and further along the *Artisan's Building*, both completed in recent years.

On the medical side is a comprehensive array of facilities. This is not as complete as in a general hospital for the simple reason that whilst there is a *Hospital Ward* which treats some physical illnesses, patients are transferred as and when necessary to a general hospital. This would happen for, say, a major surgical operation or for any particularly serious or unusual illness for which the Hospital Ward is not equipped.

Adjacent to the latter are to be found the *Pharmacy*, the *X-Ray Department* and the *Pathology Laboratory*. These are all well equipped to carry out their particular functions which do not differ from those practiced in any other hospital. Each new patient is given a routine chest X-ray and is screened by various laboratory tests for any underlying physical condition. Other tests and investigations are done as requested by a medical officer.

As one would expect there is an *Electroencephalography* (better known as EEG) Department. The EEG machine is used in both diagnosis and research. Sometimes described as a "brain tracing" of minute electrical impulses it can help detect abnormalities of brain function caused by disease or an accident. A great deal of work

has been done with the EEG machine investigating brain responses to drugs and in analysing what the brain is doing during sleep. The laboratory staff includes an EEG Technician who has taken a course of training in the use of the machine. (The EEG should not be confused with electro-convulsive therapy ECT, a method of treatment.)

It has been found that the *psychiatric functions* of the Hospital are best met by dividing it into six Units with a Psychiatrist in charge of each responsible to the Medical Superintendent. Units 1 and 3 care for those patients with a psychiatric illness, Unit 2 the mentally retarded. Unit 4 includes the Hospital Ward and the two wards, one male and one female, accommodating the old people. Units 5 and 6 together cover the Wacol Repatriation Pavilion and the Basil Stafford Training Centres. As a detailed account of each Unit's work is not practicable it is proposed to comment, and then only briefly, on areas of special interest or significance. One can reasonably assume that the visitor knows in at least general terms that psychiatric treatment includes individual and group therapy, drug therapy (e.g. tranquillisers and anti-depressants), and the like. Some will and some will not have realised there is a need for other activities such as occupational therapy, speech therapy, art therapy and recreational pursuits. As a general statement it would be true to say that all modern up-to-date methods of treatment and rehabilitation are being used.

*Noble House* is an example, as is the ward to be opened to-day, of how pleasant and comfortable a reconstructed ward can be made. It is the admission unit divided into four separate areas.

The most recently built ward in the Hospital is *Ellerton House*. This has four wings with 35 patients, which divide again into 5 rooms each accommodating seven patients, a total of 130. It is a relatively self-contained ward with numerous rooms for other purposes. Its patients are by and large those who have been in hospital for quite some time but are now benefiting from a planned drive towards rehabilitation back into the community.

In *Anderson House* is to be found a small group of patients who though all young do have different illnesses. Some are schizophrenic, two have a drug problem. This is proving to be an interesting and on present evidence rewarding exercise in terms of "group government". Though the usual staff are there if and when needed their role is more one of guidance and support. As has already been demonstrated the group will take an increasing responsibility for the behaviour of its members. Many regard this as the therapy of choice. Progress to date is most encouraging.

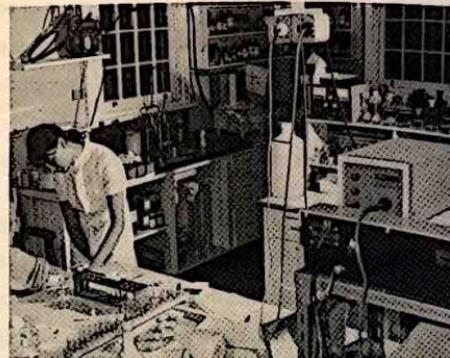
Whilst long range plans envisage the movement of all *mentally retarded* persons out of psychiatric hospitals into training centres they present for the time being a challenging problem. What is being achieved has to be viewed in relative rather than absolute terms. No one is happy with or complacent about some wards but there is not one which cannot claim some measure of success in recent months even if this is apparent only to staff members. Those who wish to see what is being done are invited to visit Female 6, a bright and cheerful ward. In it are patients with a somewhat higher level of ability who have if only for that reason reached a higher standard. Whilst it is axiomatic that level of ability sets limits to what a patient can do we must pay tribute to those staff members who insist, and have proved by infinite patience and concern, that even the most severely handicapped have some potentiality.

There were two *Security Wards* for male patients who have committed an offence against the law but are also mentally ill. Patients from one ward have already been moved across to the Security Patients' Hospital adjacent to Wacol Prison. Ward 15 patients will be transferred within the next month or so. Ward 8 provides similar accommodation for a small number of women.

Some distance away are the *Basil Stafford Training Centres* for the teaching and training of mentally handicapped children. Two wards, TCA1 and TCA2, accommodate boys, TCB in two sections has girls and young boys. There



Psychiatric Interview



Pathology Laboratory Blood Test



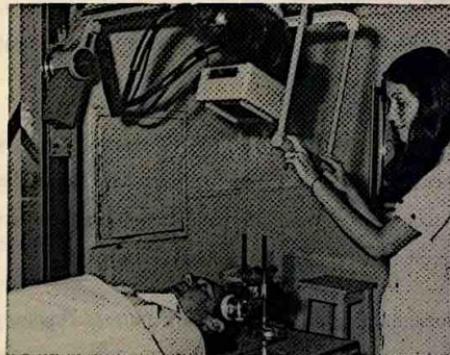
Routine Dental Treatment



Psychological Testing



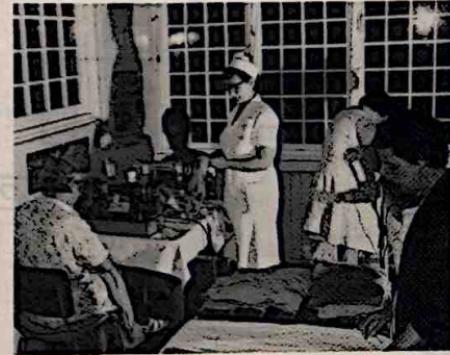
E.E.G. Dept.



X-Ray Dept.

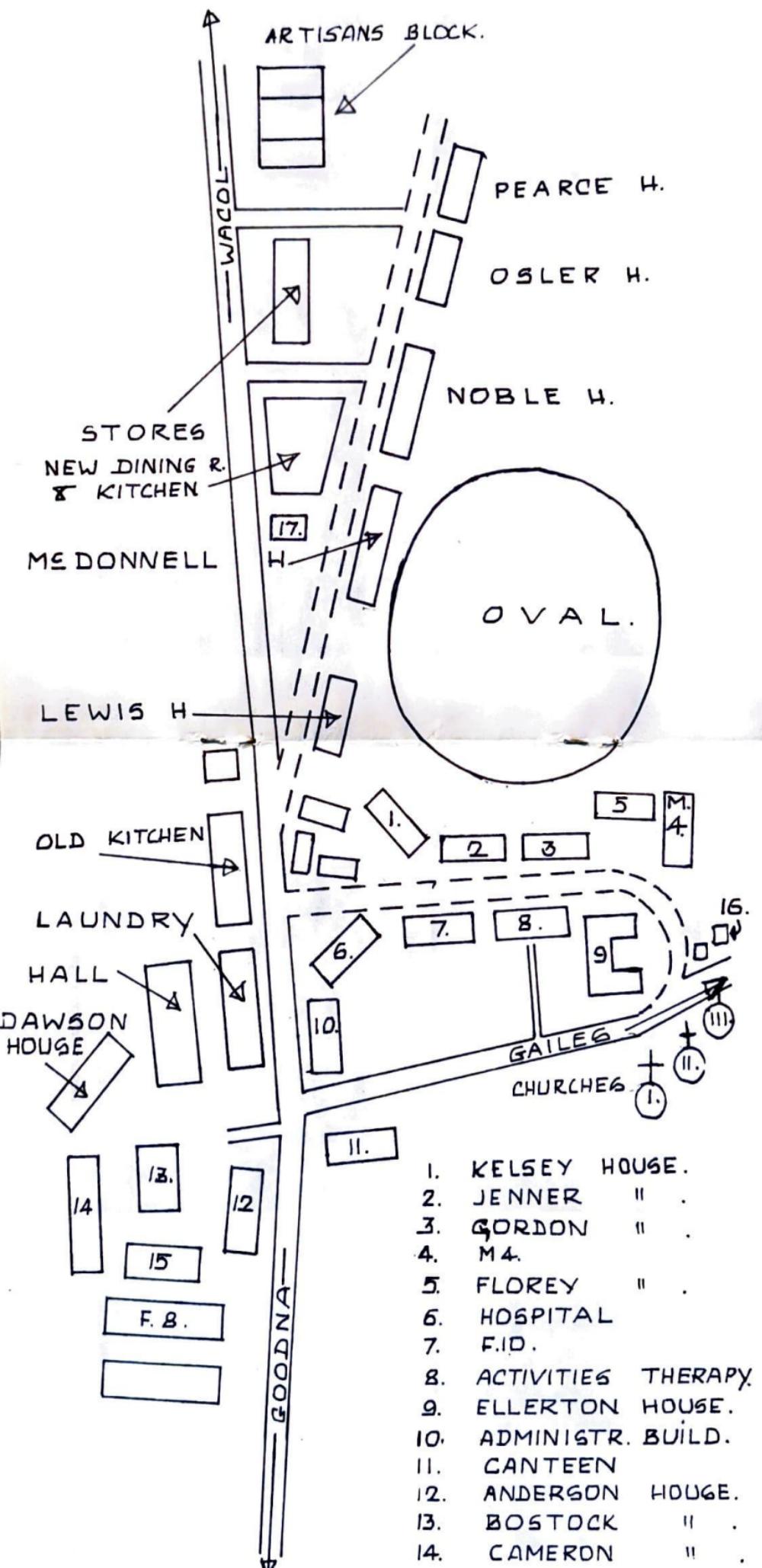


Group Therapy Session



Home Retraining Group

## WOLSTON PARK.



1. KELSEY HOUSE.
2. JENNER " .
3. GORDON " .
4. M4.
5. FLOREY " .
6. HOSPITAL
7. F.I.D.
8. ACTIVITIES THERAPY
9. ELLERTON HOUSE.
10. ADMINISTR. BUILD.
11. CANTEEN
12. ANDERSON HOUSE.
13. BOSTOCK " .
14. CAMERON " .
15. UNIT 2 DAY CENTRE.
16. STUDY CENTRE.
17. NURS. SCHOOL.



Social Work: Counselling



Art Therapy Session



Recreation Programme



Work Retraining: Woodwork



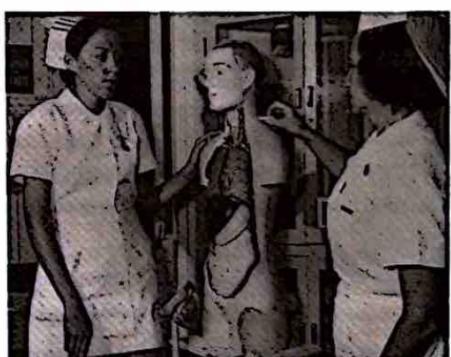
Mental Stimulation Programme



Physiotherapy Dept.



Basil Stafford School



Nurse Training

are just over 200 residents, aged from about 6 to 18 years. Levels of ability range from the profoundly handicapped requiring little more than feeding, toileting and dressing through to the mildly handicapped. Achievement is very much determined by level of ability though other factors such as physical disabilities, blindness and deafness may set further limitations. A good proportion, some 90 children attend the special school fulltime; others are involved in training programmes in the wards and attend the school parttime.

The *Special School*, opened in 1966, was custom-built. It is staffed by a Principal and 12 teachers of whom most have completed a university course, the Certificate in the Teaching and Training of the Sub-normal. (Intellectual handicap, mental retardation, mental deficiency, and subnormality are synonymous terms.) A few children do learn to read and write but it is accepted that this is beyond the capacity of the others. Most attention is paid to learning the social graces. In this area teachers and ward staff alike have had notable success. Those of us who can remember the bad old days when children were ward-bound with little or nothing to occupy their time can best appreciate seeing happy children moving about freely involved in some more or less constructive purposeful occupation.

What some can achieve in woodwork, cooking (there is a properly equipped kitchen) lapidary and metal work, place mats and other forms of bead work, has to be seen to be appreciated.

Other members of staff include a Speech Therapist, Psychologist, and a Remedial Gymnast and Recreational Therapist. Space precludes outlining their specialist work.

#### PARA-MEDICAL SERVICES

The term "para-medical" is used as a convenient short-hand description of those professionally qualified groups

who are not medical officers but work in parallel and in cooperation with the doctors. All are involved with Unit patients but some groups (e.g. Social Workers) operate from a central point, the members of other groups (e.g. Psychologists) are attached to specific Units.

*Social Work Department.* This Department has a Senior Social Worker, eight social workers and four final-year students. Social workers interview and counsel both patients and relatives when a patient is admitted, at any time during their stay, and at the point of discharge to help them resolve not one but a hundred and one problems which do arise. It is the rare patient who does not have one or several problems associated with finance, accommodation, travel arrangements, with other members of the family, or their social adjustment in and after leaving hospital.

Social Workers have been particularly active and effective in the setting up and supervision of after-care hostels and foster family placements. There are now hostels in Toowong, East Brisbane, the Valley, Southport and Surfers Paradise. Follow-up work for patients in the community – in hostels, at home or other places – is a vital part of the Social Workers function. A more effective concentrated service has been achieved by dividing the Brisbane metropolitan area into seven regions with one Social Worker responsible for all work in the one region.

*Occupational Therapy Department.* There has always been a perennial shortage of Occupational Therapists. In the past the Hospital has had none, one or at most two and then only for a short period. There are now four but with other positions still vacant.

The importance of having Therapists cannot be over-estimated when one realises how much patients' time needs to be usefully and constructively occupied. The Department's activities – self-care, outings, pastimes, socialising, arts and crafts – are either ends in themselves or else they enable patients to progress to other more specialised programmes e.g. work assessment and training and home re-training. These activities are an integral part of a

patient's rehabilitation.

A most successful project this year has been an emphasis on home re-training, a programme designed to prepare patients to function satisfactory wherever they may live after discharge, to help them re-gain skills lost from having been in hospital for many years.

The work of *Recreation Officers* is more or less self-explanatory. Their activities run the gamut from most forms of sport to card games, chess, dances, concerts and other kinds of evening entertainment. The Hospital has recreation areas which provides for bowls, cricket, basketball, tennis, football, not to mention a 9-hole golf course. It would be difficult to find a more pleasant area than the recreation reserve down by the river at the Ipswich end of the Hospital. This coming summer the Training Centre is expected to make full use of a recently completed swimming pool constructed by the Mental Welfare Association and other bodies with money subsidised by the Department.

*Work Therapy.* Work therapy is part of a rehabilitation programme which aims to restore the patient to his best possible level of social and personal functioning in the community.

Using work situations, the patient is able both to demonstrate and to experience his own performance in a realistic setting. He has to be able to conform with the demands of the work behaviour required on the job. This provides valuable resocialising experience as well as enabling new work skills to be learned.

A number of different levels of work experience are available for the programmes. They vary in the hours of work required, difficulty of task, pressure of work, type of supervision etc.. Included are the hospital maintenance jobs, such as gardening, a woodwork shop, and a small assessment and pre-industrial training unit supervised by nursing staff within the Hospital. Outside the Hospital an industrial workshop is available at Inala providing experience in

industrial work conditions, with industrial supervision.

Regular assessments are made and their progress discussed with the patients by the psychologist who is full time with the unit.

*Physiotherapy.* The Hospital has one full-time, one part-time Physiotherapist and one vacancy. Although they are concerned primarily with the management of physical conditions much of their work contribution has a marked influence on the mental health of the patient as, for example, the chair-bound patient who becomes mobile and regains the skills of daily living, the patient who is taught to control tension through relaxation. There are those with asthma and chest infections who learn correct breathing patterns. Though this applies more to children there are instances of patients learning to walk who have lain in bed for many years. Others not quite so successful are at least able to move around using different kinds of aids.

*Art Therapy.* This Department gives patients the opportunity to indulge in the creative work of drawing and painting using pastels, vinyl colours, oil paints and other media. A dual purpose is served as paintings reflect the moods and temperament of patients, and thus lend themselves to diagnostic interpretation. They may reveal symptomatology which was previously not realised to be present. Some types of paintings are quite specific to particular forms of psychiatric disorder and so point the way to further investigation by the psychiatrist or other members of the team. (Visitors are invited to view a small exhibition in the Activities Therapy building of different types of paintings.)

*Psychologists.* There are eight Clinical Psychologists employed as compared with one in 1968. Seven are attached to Units, one is concerned more or less exclusively with Work Therapy. The duties of the former vary from unit to unit.

As one member of the psychiatric team the Psychologist's unique contribution is his assessment of a patient's personality functioning or malfunctioning using certain standardised techniques. This however is not the only role he or she plays. Other areas include research, behaviour modification, teaching (e.g. lectures to other professional workers) and individual and group therapy. Elsewhere psychologists are being used as "ward programmers" which means in part that they ensure all patients in a ward have a planned day and are actively occupied. We are seeing the beginnings of this at Wolston Park in Anderson House.

One fairly specialised area is with the intellectually handicapped. Not all appreciate that the field of mental retardation is a particularly demanding one in terms of knowledge, expertise and personality.

The work of the Psychologist cannot easily be demonstrated. Those interested should seek out one or more Psychologists and discuss with them what is done.

*Nurses and Nurse Training.* There are approximately 350 male and 300 female nursing staff at Wolston Park. Some of these are nursing assistants, the majority are trained or trainee nurses. In an increasing number of wards will be seen male and female patients being nursed by male and female nurses. This is what is meant by the term "integrated".

The role of psychiatric nurses has changed over recent years. Progressively their potentialities as agents of therapeutic change are being recognised and used more and more. The mentally sick and especially the mentally retarded will continue to need at least some of the services one tends to associate with nursing but even more they need to be understood, to experience positive feelings and attitudes from those caring for them, to establish positive relationships, a difficult but much more challenging and satisfying part for the nurse to play.

This is where the emphasis is being placed in the new syllabus of training which extends over 3 years. The Hospital now has three Nurse Educators with a fourth position yet to be filled. This increase from one is a major step forward which will ensure more intensive and extensive training. (The Nursing School is located in the basement of the Kitchen/Cafeteria where there will be appropriate displays.)

*Education Study Centre.* There is a Study Centre to meet the needs of both short and long stay patients. These needs will vary from those whose schooling would otherwise be interrupted by their admission to Hospital through to those patients who wish to take up study which is an extension of their formal education, or it may be a vocational or an a-vocational course. Some of the courses taken so far include Japanese, Education, English, Public Administration, Economics, a diploma course in Gemology, Surveying, Electronics, History of Art, Senior English, remedial Mathematics.

There are no classes as such. Each student, after discussion with the teacher-in-charge, chooses his own subjects, sets his own standards and speed of working. The teacher provides material, equipment, reference books and ensures proper study conditions. He is both a tutor and a counsellor at appropriate times.

Students come and students go because the length of stay in hospital varies and for some is only a few weeks. As the Centre's facilities increase and as it becomes better known it is expected the numbers will steadily increase. This is yet another area in which patients can spend their time usefully and constructively, another form of therapy.

*Pastoral Therapy.* The spiritual needs of patients are met by chaplaincy services based on the three churches built in the grounds – Church of England, Roman Catholic and the third representing the Queensland Council of Churches (Baptist, Church of Christ, Congregational, Methodist, Presbyterian, Salvation Army and

Society of Friends).

Services are held regularly in each Church and in those wards where patients are not able to attend services held in the Church buildings. Ward visiting and pastoral counselling are an integral part of the Hospital's therapeutic work.

*Wacol Rehabilitation Clinic.* As explained earlier the Clinic is part of but separate from the main hospital. It has a Medical Officer-in-Charge, a Clinic Supervisor and other members of staff.

The Clinic's specific purpose is the treatment of those suffering from alcoholism in its various forms. From its inception it has relied heavily on the concept of the "therapeutic community", modified to suit its particular needs. This means that all decisions are made not necessarily by the Doctor nor by the Clinic Supervisor but where appropriate by the group as a whole.

Other methods used are small group therapy, the value of which is re-inforced by videotape recording and play back, formal lectures, films and set discussion papers. Behaviour modification is the newest treatment to be incorporated into the Clinic programme utilised in one of two forms (but supplemented by the other methods mentioned) it helps towards eliminating established drinking patterns.

Usual treatment period is twelve weeks with follow-up in the community insofar as employment is concerned with encouragement to attend one evening per week at an outpatient clinic at the Royal Brisbane Hospital.

Experience shows that one out of three patients do well on their first admission. Others benefit from a second or

even third admission at a later date.

The *Wacol Repatriation Pavilion* provided by the Commonwealth Government for ex-servicemen consists of three wards and an administration building. Part of the latter is a modern well-equipped occupational therapy section. Although most staff is provided from the main hospital patients may also be seen by a visiting consultant psychiatrist, a social worker or a psychologist from the Greenslopes Repatriation Hospital.

*Dental Services.* These are provided to patients by a dentist-in-charge, a dental technician and a dental assistant. A high standard of oral hygiene has been achieved by an active programme of dental attention, both remedial and preventive.

*Canteen Services.* Besides all the usual needs met by a Canteen whether it be in a hospital, army camp or any other kind of residential setting, it is a place where patients and relatives can meet and talk with some privacy over a morning or afternoon cup of tea. It is a social meeting place generally. For some of the more handicapped patient the canteen provides the opportunity to learn (or re-learn) how to spend and how to budget their money.