Social Retraining Unit, Wolston Park Hospital 1971

The early history of psychiatric nursing in Queensland

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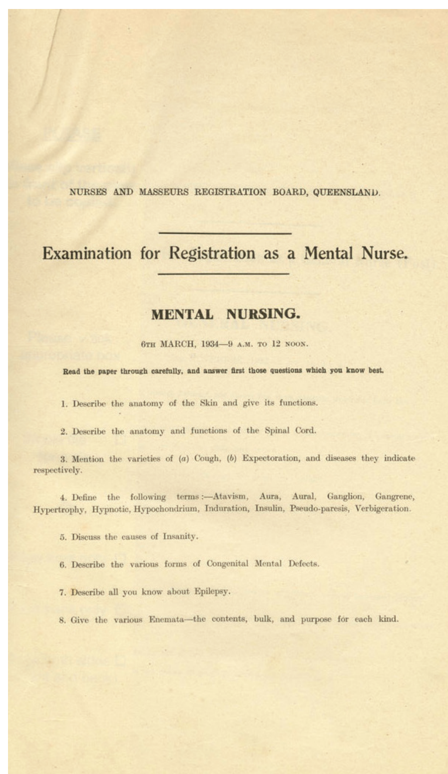
> "Why is the lunatic **APPREHENDED** on a charge of lunacy? Why should he be **INDICTED** for the severest affliction which can fall upon the human race? [...] It is true that there is a probability that he may have brought calamity on himself, but what crime has he committed? He has simply lost his reason, as many have lost their health."
>
> Correspondence from Reverend William Draper to Colonial Secretary, 16 January 1869

IN THE 19TH CENTURY, the primary way of dealing with mental illness was by separating the person from the community. It was believed that cities were chaotic, immoral places that disturbed a person's mind, and the cure was to be far away from these 'corrupting' influences. It was felt the "mentally ill" needed to be separated for their own protection and the protection of society.

Before 1859, people with mental illness from the colony of Moreton Bay were sent to an asylum in Sydney called Tarban Creek Lunatic Asylum. However, after Queensland became a self-governing colony, people with mental illness were housed in Brisbane Gaol at Petrie Terrace (ABC Radio National, 2010). There, conditions were unsanitary, pitiful, and cruel: there was no sense of treatment there and little hope of recovery. They were essentially seen and treated as prisoners.

After public scrutiny and pressure from England, building an asylum became a priority for Queensland.



NURSES AND MASSEURS REGISTRATION BOARD, QUEENSLAND.

Examination for Registration as a Mental Nurse.

MENTAL NURSING.

6TH MARCH, 1934—9 A.M. TO 12 NOON.

Read the paper through carefully, and answer first those questions which you know best.

1. Describe the anatomy of the Skin and give its functions.
2. Describe the anatomy and functions of the Spinal Cord.
3. Mention the varieties of (*a*) Cough, (*b*) Expectoration, and diseases they indicate respectively.
4. Define the following terms:—Atavism, Aura, Aural, Ganglion, Gangrene, Hypertrophy, Hypnotic, Hypochondrium, Induration, Insulin, Pseudo-paresis, Verbigeration.
5. Discuss the causes of Insanity.
6. Describe the various forms of Congenital Mental Defects.
7. Describe all you know about Epilepsy.
8. Give the various Enemata—the contents, bulk, and purpose for each kind.

The infamous Woogaroo Lunatic Asylum

The first asylum in Queensland opened on 10 January 1865, called the Woogaroo Lunatic Asylum (also known as the Goodna Mental Hospital, which is now The Park Centre for Mental Health). However, there were scarcely any immediate changes to the treatment received – the people housed at the asylum were still called 'inmates', they were crammed into already overcrowded, shabby concrete rooms with bars on the windows, and their new warders were the very same gaolers from Brisbane Gaol (Evans, 1969). In fact, accounts from inmates frequently remarked that gaol was preferable to the brutal, inhumane treatment they faced at the asylum.

In the early years, the majority of inmates were immigrants from Ireland, England, Germany, Scotland, and China. People were admitted for a variety of reasons. In addition to mental illnesses, there were also people with acquired brain injuries, physical and mental disabilities, epilepsy, and alcoholism (ABC Radio National, 2010). Some people were admitted merely because they were homeless and had nowhere else to go.

In reports from the Queensland State Archives, we can get an idea of how mental illness was viewed. Yet for mental health nurses working today, the descriptions of the symptoms experienced by those inmates can sound remarkably familiar.

Take for example the case of Mr Anthony A Reilly, aged 34, who worked as a farmer in Toowoomba and was married with two children. His case file barely fills half a page and yet paints a vivid picture. Admitted on 8 July, 1875 for "imbecility", the supposed cause was "fall from horse":

> **A weak, anaemic looking man who appears utterly unable to collect his ideas even for a minute. After the frequent repetition of a question, he will attempt to answer it but appears to sink into oblivion before he can complete his answer. Treatment – tonic and sedating.**
>
> **(Wolston Park Hospital, 1920)**

Within its first four years of establishment, there were four public inquiries into the asylum on account of the atrocious, cruel and unsanitary living conditions, frequent violence and abuses of power, and punishment for anyone who tried to bring such matters to light. Unfortunately, most of the allegations were dismissed and little changed.

Far too many languished in the asylum for decades before succumbing to a wretched death. Examples from 1867 include James Reed, aged 70, from England, described as "a very old and broken down man" who died from "spitting blood"; and the tragic case of Eliza Forman, aged 30, from Ireland, who died from "gradual decay" and was described as "in a state of profound melancholy and exhaustion when admitted."

There were recurrent issues with overcrowding, poor hygiene, limited cooking facilities and water supply, and severe flooding which necessitated several relocations.

Before the women's ward was built, 54 women were crammed into a space designed for only 9 patients, and in the first four years of operation, there was not a single bathroom or toilet for the entire asylum. During the day, the inmates were penned in a yard surrounded by 12-foot-high fences full of sodden, disease-ridden mud, with no shade whatsoever even during summer. There was a complete lack of treatment, leisure, or meaningful activity for anyone to do.

Despite this, the population continued to triple over the next few decades. Other hospitals were quickly built to manage the overcrowding at Woogaroo, including the Sandy Gallop Asylum in Ipswich in 1878 and the Toowoomba Lunatic Asylum in 1890.

From detention to treatment

It wasn't until the asylum came under the charge of Dr Henry Ellerton between 1908-1936 that a concerted effort was made to turn asylums (now renamed *hospitals for the insane*) into places of health. This was the influence of the "moral treatment" or "moral management" movement, where the hospital sought to function as a self-contained way of life, rather than only a place to house the incurably insane (Finnane, 2008). It was believed that a pleasant, elevating environment was necessary for recovery.

In this era, improvements were made to the hospital facilities, including more accommodation buildings, recreational facilities such as tennis courts, cricket grounds, extensive gardens and small farms. Fences were hidden from view to provide a sense of freedom and normalcy. Patients ate together in dining halls fashioned like restaurants.

Patients were now expected to participate in occupation and industry as part of their moral treatment and

were assigned to work in areas such as the laundry, kitchen, the farm, or otherwise be engaged in activities.

However, the improvements were merely superficial and revolved around refining infrastructure and efficient administration of the hospitals, under the belief that the so-called "healthy" surroundings and environment would have a natural beneficial impact on mental health. The emphasis therefore remained on confinement rather than treatment (Queensland Government, 2016).

This all changed under the next superintendent, Dr Basil Stafford. Dr Stafford toured over 60 hospitals and psychiatric clinics around the world to bring back new ideas on mental health prevention and treatment to Queensland. This included the belief that "all mental illness demands active therapy, and treatment must not be merely custodial" (Finnane, 2008). Hospitals now developed and taught an increasingly medicalised model of mental health care, dominated by new thinking and methods of psychiatry, with a focus on active treatment.

Just custodians or health professionals?

Asylums were staffed by doctors, nurses, attendants, and warders. The bulk of the everyday tasks were carried out by untrained attendants (usually men) with largely custodianship duties. Attendants were distinct from nurses who were tasked with medical duties.

Stigma attached to caring for people with mental illness was well recognised. There was a sense that younger employees were preferable, as:

> **The temper of older persons unaccustomed to the insane is easily ruffled; they have often been depressed by the events of life, and either give way to the oppressive influences of an asylum, or try to keep up their energies by stimulants.**
>
> The construction and government of lunatic asylums, Dr John Conolly, 1847

Timeline of some of the early mental asylums in Australia

Year	Asylum
1811	Castle Hill Lunatic Asylum (NSW), the first asylum in Australia
1827	New Norfolk Insane Asylum (TAS)
1838	Tarban Creek Lunatic Asylum (NSW)
1846	Public Colonial Lunatic Asylum of South Australia (SA)
1848	Yarra Bend Asylum (VIC)
1865	Woogaroo Lunatic Asylum (QLD)
1865	Ararat Lunatic Asylum (VIC)
1865	Fremantle Lunatic Asylum (WA)
1878	Sandy Gallop Asylum (QLD)
1878	Callan Park Hospital for the Insane (NSW)
1890	Toowoomba Lunatic Asylum (QLD)

The initial role of nurses was principally to care for the physically unwell in the infirmary (called sick-nursing), under the orders of a medical doctor. However, over time, nurses were expected to oversee the activities of the patients, just as the scope of responsibilities for attendants expanded to encompass duties that had more in common with those carried out by a modern mental health nurse.

In the first few decades, there was no qualification or specialised training necessary to be a mental health nurse. The base entry required only fifth grade primary school education. The superintendent of the asylums of the time requested nurses of a "powerful physical frame" rather than any formal training.

There was a gradual recognition of the vital role of nurses in the care of all the patients, not just people ▶

with mental illness. In particular, under moral treatment, it largely fell to nurses to provide the necessary "pleasant, elevating" environment. Mental health nursing was slowly being viewed as a subspecialty within the profession.

From 1912 onwards, nurses were expected to have undergone specific training to look after the mentally ill and to have attained a certificate of mental nursing. Although mental health nursing was not well received at the time, by 1931 more than 80 percent of the male nurses and 65 per cent of the female nurses working in mental health were state-registered.

In the following decades, there was renewed emphasis on training and education of nursing staff. To encourage a better quality of nursing applicants, they offered higher salaries but paired that with a higher education requirement. Dr Stafford also emphasised the need for better teaching facilities and system of training, including an uncannily prescient need for "a slightly increased staff so that more time could be given to instruction of trainees in the wards" (Finnane, 2008).

Reconceptualising care for people with mental illness

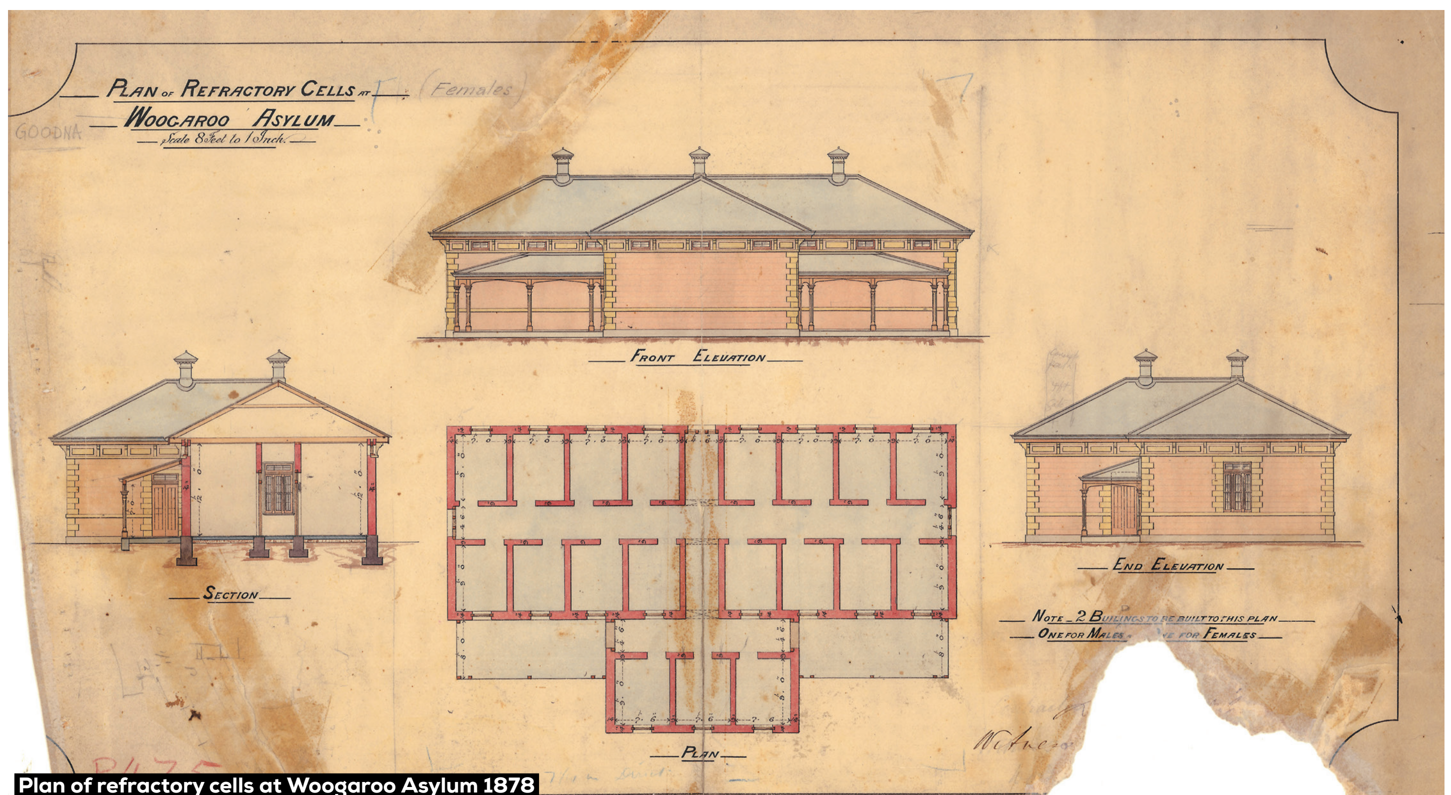
> **For instance, when a person who is naturally bright, active, and cheerful, becomes dull, stupid, and unable to do his work properly, or says that he is Jesus Christ, or feels intensely miserable without due reasons, or shows by his conduct that he is acting from motives which are not usually recognized as natural and reasonable, we say that he is insane.**
>
> Handbook for the instruction of Attendants on the insane, Medico-Psychological Association, 1884

Although we may consider treatment for mental illness in the late 19th and early 20th century to be crude and unsophisticated compared to contemporary treatment options, it is important to acknowledge that there is a significant difference between what was being prescribed in manuals (the gold standard of care) versus everyday practice in asylums and mental hospitals.

By the early 20th century, it was generally acknowledged on an academic level that insanity formed part of a continuum and all people fluctuated in mental state throughout their lives.

The most pivotal changes in thinking were firstly, the move away from "inmate" (a person simply contained) to "patient" (a person receiving care), and the resultant duty that staff had towards their patients, and secondly, the reconceptualisation that a "patient" was no longer limited to those with physical ("bodily") illnesses but also encompassed mental illnesses:

> **A good attendant should consider that all the persons under his charge, even when they are not in the hospital ward of the asylum, are patients in the truest sense of the term, and require special care and management; and many of the general instructions [...] are directly applicable in the treatment of all insane persons.**
>
> Handbook for the instruction of Attendants on the insane, Medico-Psychological Association, 1884



Plan of refractory cells at Woogaroo Asylum 1878

Lessons learnt (or not)

Those familiar with the history behind the Woogaroo Lunatic Asylum, and other early mental hospitals across Queensland, would know that the cycle of abuse, violence and cruelty experienced by patients continued well into the modern era. The sad reality that is that for a long time, the movement for humane treatment of people with mental illness in Australia lagged well behind the rest of the world.

As much as twenty years before Woogaroo opened, there was already clear recognition that destructive staff culture and entrenched poor practices had a devastating impact on the treatment, dignity, and recovery of patients. Upon encountering a female patient restrained to a crib by the hands, feet, waist and neck, her skin covered in scabies with a large, deep-seated abscess upon her breast, simply due to (unfounded) concern that she might eat the poultice applied to her wounds, Dr John Conolly remarked:

> **Let it be considered what must be the effect on the attendants of having customary recourse to the imposition of restraints, when such complicated suffering as this became comparatively disregarded by medical men, in consequence of the spectacle presented to them being, at each visit, not that of a sick person requiring aid, but of a dangerous lunatic cruelly fastened and bound.**
>
> The construction and government of lunatic asylums, Dr John Conolly, 1847

In other words, cruel and inhumane practices, atrocious living conditions, and abuses of power were normalised among the employees of these early asylums through a system of institutionalised fear, neglect, and punishment. Despite the criticism aimed towards the treatment of the mentally ill over the decades, these voices were too often silenced by the easy temptation of maintaining the status quo.

It is therefore vital that when we see harmful practices today, we do not allow the perpetuation of such injustices and that we speak out to demand change for the better. When we identify better, safer, and more effective ways of practicing, we introduce them by acting as role-models for others.

We should be mindful that it was indeed a different time in history, a time where the 1907 Australasian Nurses' Journal printed a double feature on *The Various Wines use in Sickness and Convalesce*, recommending "When should you give champagne to a patient? Whenever a stimulant is required, and the patient's purse is long enough to afford it."

However, it was also a time when those caring for people with mental illness were encouraged to "carry out their duties with firmness, kindness, constant self-control, and tact" (Medico-Psychological Association, 1884). ■

Test your knowledge

Could you have made it as a mental health nurse in 1934?

Here are some questions from the examination paper for registration as a mental nurse from 1934. See how many you can answer!

1. Define the following terms: Atavism, Aura, Aural, Ganglion, Gangrene, Hypertrophy, Hypnotic, Hypochondrium, Induration, Insulin, Pseudo-paresis, Verbigeration.
2. Discuss the causes of Insanity.
3. Describe the various forms of Congenital Mental Defects.
4. Describe all you know about Epilepsy.
5. Give the various Enemata – the contents, bulk, and purpose for each kind.

CPD

1. **What aspects of early psychiatric care can still be seen today in contemporary treatment methods?**
2. **How has stigma towards mental illness changed?**
3. **What lessons can we learn from the early treatment of mental illness?**
4. **How would you interpret the cause and symptoms of the case of Anthony A Reilly?**

Don't forget to make note of your reflections for your record of CPD at www.qnmu.org.au/CPD

References

ABC Radio National. (2010). *Special Series (Part 1 of 3) Up the Line to Goodna: stories from inside the asylum*. Retrieved from All in the Mind with Sana Qadar: https://www.abc.net.au/radionational/programs/allinthemind/special-series-part-1-of-3-up-the-line-to-goodna/3046866

Bradshaw, J. A. (2016). *'Façade of success': Woogaroo Lunatic Asylum 1865-1969*. School of Nursing and Midwifery. Central Qqeensland University.

Conolly, J. (1847). *The construction and government of lunatic asylums and hospitals for the insane*. London: John Churchill.

Evans, R. L. (1969). *Charitable institutions of the Queensland Government to 1919*. Brisbane: University of Queensland.

Finnane, M. (2008). Wolston Park Hospital, 1865-2001: a retrospect. *Queensland Review, 15*(2), 39-58.

Finnane, M., & Besley, J. (2010). *Asylums in the landscape*. Retrieved from Queensland Historical Atlas: https://www.qhatlas.com.au/content/asylums-landscape

Medico-Psychological Association. (1884). *Handbook for the Instruction of Attendants on the Insane*. Boston: Damrell & Upham.

Queensland Government. (2016). *Wolston Park Hospital Complex*. Retrieved from Queensland Heritage Register: https://apps.des.qld.gov.au/heritage-register/detail/?id=600340

Wolston Park Hospital. (1920). *Admission Register - Wolston Park Hospital Case Book E (Male and Female Admissions) 08-May-1875 – 09-May-1920*.

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