

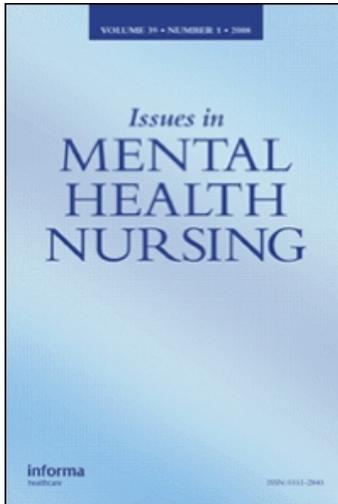
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### Round the Bend: A Brief History of Mental Health Nursing in Victoria, Australia 1848 to 1950's

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# Round the Bend: A Brief History of Mental Health Nursing in Victoria, Australia 1848 to 1950's

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**This paper presents a history of mental health nursing in Victoria, Australia from 1848 to the 1950's, or the asylum years to the era of the mental hospital. The research for this historical overview was conducted as part of a literature review for a mental health nursing doctoral thesis, which included an account of the evolution of the profession from asylum attendant to the present time. The literature reviewed for this project revealed a distinct lack of a coherent, chronological account of the historical development of mental health nursing in Victoria, and this paper seeks to address that knowledge gap.**

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The historical development of mental health nursing in Victoria, Australia has received very little, if any, attention in nursing literature. The lack of availability of original texts, documents, case notes and narratives that define and describe the historical development of mental health nursing in Victoria leads the author to surmise that psychiatric nurses have traditionally been poor historians. This, in itself, raises questions about the social and political processes that have been influential in the development of the discipline, and the impact of such influences on the discipline's ability to document its practices. The discussion in this paper highlights the ongoing struggle Victorian mental health nursing has endured in its effort to develop, articulate, and maintain a professional identity.

The scarcity of source material for the mental hospital era in mental health nursing is a methodological limitation of the paper, and the author has drawn largely on written accounts by medical staff, government reports, and a small number of nursing texts to garner insights into this period of mental health nursing in Victoria.

## THE ASYLUM YEARS

The primary sources of information for this section of the paper include original documents from Yarra Bend Lunatic Asylum (such as Superintendent Reports), newspaper reports of the time, and Governmental reports, such as those produced through

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the numerous Select Committee Inquiries that occurred during the period. Secondary sources include unpublished manuscripts on the asylum era held at the University of Melbourne, journal articles from the *Australian Medical Journal* and the *British Medical Journal*, government reports held at the Victorian State Library, and a handful of texts that discuss the care of people with mental illness in the asylum era.

The origins of mental health care in Victoria date back to 1837, when people with mental illness were incarcerated with the prisoners of Port Phillip Gaol (Bostock, 1952; Murphy & Hodges, 1993). At the time of Victoria's settlement, mental illness or "lunacy" was treated as a crime, and those found guilty of lunacy were imprisoned (Benson, 1997; Bonwick, 1996). From the scarce descriptions of treatment of people with mental illness at Port Phillip, it can be surmised that conditions for all were extremely harsh and difficult (Bostock, 1952; Brothers, 1957). It is not clear whether people with mental illness were treated any better than the other prisoners at Port Phillip, but this seems hardly likely given that the pervasive view at that time was that people with mental illness were hopelessly incurable (Dax, 1961). Murphy and Hodges (1993) note that although no special provisions were made for the treatment of people with mental illness at that time, fellow prisoners were sometimes given remissions on their sentences to nurse people with mental illness. Benson (1997) observes that staff employed to care for the lunatic prisoners during this period were initially referred to as "keepers," and later "wardens." It is noteworthy, in terms of the historical self-image of mental health nursing in Victoria, that the origins of psychiatric nursing care in Victoria are indelibly linked with the penal system.

The development of mental health services in Victoria and other parts of Australia were greatly influenced by the trends and attitudes in England, and this influence remained pervasive until at least the modern era of psychiatry in Australia, when influences from the United States and Europe became more evident (Bonwick, 1996). At the time of Australia's settlement by Europeans in 1788, people with mental illness in England were housed together with "idiots" (intellectually disabled), paupers, and criminals, and managed in a variety of institutions, such

as poor-houses, private mad houses, work houses, and prisons (Bonwick, 1996; Shorter, 1997).

Port Phillip in the 1830s was a rough colonial settlement, with muddy streets and wattle-and-daub huts (Finn, 1888). There were several small huts that functioned as gaols of the time, including the Collins Street West Gaol, which had a small room attached to it entitled the "lunacy ward" (Bostock, 1952; Bonwick, 1996; Finn, 1888). The first Victorian stand alone treatment facility for people with mental illness, or asylum as they were then known, was established in September 1848 at Yarra Bend in Melbourne, at the junction of the Merri Creek and the Yarra River (Bonwick, 1996; Dax, 1961; The Argus, 1848, cited in Van Oudtshoorn, 1986; Reischel, 2003). The new asylum was at first called the Lunatic Asylum, Merri Creek, and was officially considered a ward of the asylum at Tarban Creek, New South Wales. Locals referred to those having been committed to the asylum as having "gone 'round the bend" or "up the creek," and it is possible that these commonly used colloquialisms for mental illness had their origins in Yarra Bend, and were passed on to the wider English speaking world and integrated into the vernacular via itinerant gold miners (Reischel, 2003). Merri Creek Asylum was initially run without a Superintendent of its own to oversee its management (McDonald, 1967), and it was not until Victoria separated from New South Wales in 1851 that the new facility at Port Phillip officially became known as Yarra Bend Asylum and established its own Superintendent, Captain George Watson (Bonwick, 1996; Brothers, 1957). According to Reischel (2003), Watson instated his wife as the first matron of the asylum.

The first specific references to the work of psychiatric nurses, or more specifically "lunatic attendants," are found within the literature that describes the conditions for staff and patients (inmates) during the asylum years at Yarra Bend Asylum, Kew Mental Asylum, and Ballarat and Beechworth asylums (Benson, 1997; Bonwick, 1996; Brothers, 1957; Craig, 2000; Murphy & Hodges, 1993; Thomas, 1867). The original design of Yarra Bend Asylum strongly resembled a prison, with fortress-like walls, bars on the windows, and a bleak atmosphere of crowded confinement and incarceration (Bonwick, 1996; Dax, 1961). At the time of its opening, Yarra Bend Asylum was a single-story, bluestone building that initially accommodated 33 male and 30 female patients, and employed two male and two female attendants to care for the inmates (Benson, 1997; Brothers, 1957). The attendants were initially housed in a room attached to the inmates quarters, but keepers quarters were established approximately four months after the asylum was opened (Bonwick, 1996; Van Oudtshoorn, 1986). The term "keeper" is often used to describe a person that tends animals, and the use of this term to describe the attendants in many ways reflects the societal view of people with mental illness at the time.

Within a short period of its opening, Yarra Bend Asylum was already experiencing chronic overcrowding, and plans were underway to build another mental hospital at Kew in metropolitan Melbourne (Ellery, 1956). Brothers (1957) describes the

appalling conditions for lunatic attendants in the early years at Yarra Bend Asylum, where overcrowding, low staffing numbers, and poor management resulted in a very bleak working life. The establishment of the Lunacy Department in 1849 led to the development of the first official job description for lunatic attendants in that the Lunacy Department developed and implemented the first regulations that prescribed "the duties of all employees of the asylum" (Brothers, 1957, p. 342; see also Bonwick, 1996).

In an 1852 report, a Select Committee established to investigate conditions at Yarra Bend Asylum made disparaging comments about the attendants at Yarra Bend Asylum, as the following quotation illustrates:

First, as regards the unhappy lunatics themselves, your committee find that these unfortunate creatures have, from an entire absence of any proper supervision . . . been subjected to all coercion and punishment usually had recourse to in Madhouses, at the will and caprice of the uncontrolled attendants. (Hospital Employees Federation of Victoria No. 2 Branch, 1985, p. 8)

The Select Committee was particularly critical of the practice of shower baths, where inmates were locked in the bath fully clothed, then drenched in cold water and left to "cool off" for hours (Hospital Employees Federation of Victoria No. 2 Branch, 1985). Some of the treatments administered by attendants at the time included bleeding the temporal artery, skin blistering, purging, and the administration of emetics and bitter tonics (Bonwick, 1996; Hospital Employees Federation of Victoria No. 2 Branch, 1985). Following the 1852 Select Committee, the entire staff of Yarra Bend Asylum was fired (Brothers, 1957).

Despite condemnation from the Select Committee of 1852, there is little evidence that conditions or treatment methods for people with mental illness changed dramatically during the late 1800s; in fact custodial, institutional treatment of people with mental illness remained relatively static for the duration of the century (Bonwick, 1996; Brothers, 1957). By the 1860s, media reports began to appear in publications such as the *Illustrated Melbourne Post* condemning the personal qualities of lunatic attendants, and complaining of the difficulty attaining "high-class attendants" for what the media described as "the most repulsive of jobs" (*The Illustrated Post*, cited in Murphy & Hodges, 1993, p. 2). Murphy and Hodges (1993, p. 2) point out that attendants of the time had to endure extreme hardship, "spending almost as much time behind the walls as the patients they tended, for very little remuneration."

In 1867 a journalist for the *Argus* Newspaper, Julian Thomas, spent a month incognito as a lunatic attendant at Yarra Bend and Kew Mental Asylums, and the resultant chapter in the first series of *The Vagabond Papers: Sketches of Melbourne life, in light and shade* entitled "Our lunatic asylums," presented an invaluable description of early institutional life in Victoria's asylums, including an in-depth account of the practice world of early Victorian lunatic attendants. Thomas (1867) describes the general atmosphere at Yarra Bend Asylum in 1867 as being

one of rather complacent domesticity, with well-tended gardens, cleanly scrubbed wards, and entrenched routines for attendants centered on cleaning, mealtimes, and supervising the inmates in activities and employment. Attendants worked 13 hours a day, six days a week, and the experienced ones were paid 120 pounds per annum, which was a very low wage for the period. Lunatic attendants lived alongside their charges, usually in a room set up within, or at the end of the ward or cottage, and contributed a “moral influence” in their approach to care (Thomas, 1867).

The wards at Yarra Bend appear to have been organized according to the severity of illness, with the more stable patients being housed 16 to a small cottage with one lunatic attendant in residence, and the more disturbed patients being managed in the receiving wards. The wards in Victorian asylums were also organized according to gender, with a female side and male side of the asylum being the norm (Thomas, 1867). Many of the doors of the wards at Yarra Bend were left open throughout the day while inmates worked within the asylum farm or gardens, or sat outside under the trees (Bonwick, 1996; Thomas, 1867). Thomas implies that on the whole, the attendants at Yarra Bend were not unsympathetic to the plight of their charges, and in fact, established a rapport and understanding with the inmates that contributed to the overall “family-like” atmosphere of the asylum at that time.

The same could not be said for Kew Asylum. Thomas’ (1867) descriptive accounts of daily life in Kew Asylum portray an unhappy, dismal environment where the conditions for the staff and attendants were very poor, and the work was drudgery. Many of the wards were crowded with over 90 inmates, so that the day room was entirely taken up by beds and the only place for inmates to congregate in bad weather was in the corridors (Lewis, 1988; Thomas, 1867). The chronic overcrowding stretched the already meager resources to the limit—for example, on the weekly bath day; one bathtub was used to bathe more than 15 inmates (Lewis, 1988; Thomas, 1867).

Thomas (1867) points out that at Yarra Bend the inmates were treated as suffering from an illness, and the attendants acted as nurses to the ill; whereas at Kew the inmates were treated as prisoners, and the attendants acted as gaolers. Bonwick (1996) notes that there was a comprehensive list of 39 asylum regulations at Yarra Bend Asylum adapted from those in place at the Tarban Creek Asylum, which were intended to guide the attendants at Yarra Bend in the practices of “moral treatment.” The moral treatment movement emerged in France and England in the late 1800s, led by Phillippe Pinel, a French physician and writer of the period (Horsfall, 1997). The proponents of moral treatment postulated that people with mental illness could be best with managed with humanity and kindness, and through engagement in useful activities such as work, rather than by methods of restraint and punishment (Horsfall, 1997; O’Brien, 2001; Weir 1992). The changing worldview that underpinned the moral treatment movement, that mental illness may in fact be a treatable condition with a psychological dimension, had begun to emerge gradually in Europe from the seminal work of

British psychologists Locke, Hartly and Ried in the late 1700s (Porter, 2002). The first use of the term ‘psychotherapy’ is associated with this period, in particular with the use of early forms of hypnotherapy that were gaining credibility with some neurologists of the day (Porter, 2002; Shorter, 1997).

Thomas (1867) notes that although some of the attendants at Kew Asylum were sternly kind, many of the attendants bullied and “clouted” the inmates, were fond of strong drink, and were entirely unsuited to the position of tending to people with mental illness. The impression one gains from reading Thomas’ (1867), and Lewis’ (1988) account of the culture of the lunatic attendants at Kew Asylum is one of cronyism, corruption, and insubordination; however, it is also clear that the attendants were working in isolation from the wider society in very difficult conditions, in a job that not many others in the society were prepared to do. Benson (1997) suggests that the low wages and poor conditions for lunatic attendants were only able to attract the dregs of the workforce, and that many of the asylum staff were illiterate. Benson (1997) notes that until 1910, many of the matrons employed by Victorian asylums were unqualified but were retained due to their extensive length of service in the asylums.

Weir (1992) states that some asylum attendants in England in the 1830s were required to attend lectures on moral treatment, and that this early education was pertinent to the evolution of the role of the psychiatric nurse. Asylum workers in Victoria did not receive any formal education until 1887, when a series of lectures on nursing were delivered by Dr. O’ Brien, the then Deputy Medical Superintendent of Kew Asylum (Benson, 1997; Hospital Employees Federation of Victoria No. 2 Branch, 1985; Reischel, 2003). This move was strongly encouraged by both Dr. McCreery, the Head of the Lunacy Department, and Dr. Dick, the Surgeon Superintendent, who were clearly influenced by trends in England (Brothers, 1957). Although the early nursing lectures at Kew Asylum represented a benchmark in the development of mental health nursing education in Victoria, there was no specific course or systematic series of lectures at this stage (Benson, 1997; Reischel, 2003). Attendance at the lectures was not mandatory for attendants at this time, and the classes were held in the evening, after duty hours, and therefore poorly attended (Benson, 1997; Reischel, 2003). It is noteworthy that the early push towards education was driven by medical staff of the time, rather than by the attendants themselves. That lectures were scheduled after an already long and difficult day of work in the asylum, one can only wonder whether there was any attendance at all.

The advent of the Victorian gold rush between 1851 and 1861 (Blainey, 1969) brought about a massive influx of immigrants to Victoria, which resulted in an unprecedented demand for asylum beds. To address the chronic shortage of beds, Royal Park Receiving House was built on the Kensington mudflats in 1865 (Reischel, 2003), and new asylums were built in rural Victoria at Beechworth and Ararat in 1867, Kew Asylum in 1872, and a further two were erected at Ballarat and Bendigo

in 1877 (Dax, 1992; Murphy & Hodges, 1993; Public Record Office Victoria, 2005). The Ballarat Asylum was purposely built to house the “idiot” or “imbecile” population (intellectually disabled), and in 1886 the old gaol of Ararat was claimed as a part of the Ararat Asylum to cater for prisoners that appeared to be insane. This part of the asylum was entitled “J Ward,” and it remained a functioning forensic facility for male patients from this time until it was decommissioned in 1988 (Public Record Office Victoria, 2005). Sunbury Asylum was opened in 1879 to cater for the overflow of patients from both Ballarat and Yarra Bend Asylum (Dax, 1992; Public Record Office Victoria, 2005).

In 1890 trained nurses were appointed to the asylum staff, and a more formalized approach to practical instruction of the attendants emerged, although lectures were still not compulsory at this time (Hospital Employees Federation of Victoria No. 2 Branch, 1985). Following his appointment as Inspector of Asylums in 1894, McCreery’s first Annual Report recommended that Victoria follow the example of New South Wales and other countries in arranging a formalized education plan for training the attendants to become nurses of the insane (Reischel, 2003). The Chief Secretary agreed to McCreery’s recommendation and lectures were undertaken in all asylums (Benson, 1997; Hospital Employees Federation of Victoria No. 2 Branch, 1985). Craig (2000) notes that as early as 1895 at Beechworth Asylum training was being provided to attendants, which was in line with the greater focus on care and welfare of the inmates that was being propagated by the Inspector General. In 1898 McCreery announced to an annual medical conference that nursing education for the attendants had further progressed through the introduction of compulsory examinations at the end of one year for all probationary lunatic attendants (Benson, 1997; Brothers, 1960). McCreery continued to advocate for formalized education programs for lunatic attendants to be trained as nurses, but in 1900 made the statement that efforts to train attendants had been broken down by the Public Services Board, who refused to accept training in mental health nursing as a reason for promotion (Benson, 1997; Hospital Employees Federation of Victoria No. 2 Branch, 1985). Without career advancement or increased remuneration, the more experienced attendants had no incentive to participate in the nursing lectures; however, despite these issues, by 1902 there were six trained mental health nurses in Victoria (Benson, 1997; Reischel, 2003). It is significant that the medical staff advocated for the attendants, and the question must be raised as to why that was so. The author speculates that the lack of recognition and incentives for mental health nursing education, and the obstructive tactics of the Public Service Board served to send a strong message to the attendants—that they were of little value.

In 1903, the Lunacy Act was proclaimed, and asylums in Victoria were renamed “Hospitals of the Insane” (Public Records Office Victoria, 2005). According to the Office of Public Records (2005), there was little change in the care of people with mental illness despite the change in title, however the term “hospital” would suggest that a paradigm shift was occurring,

albeit slowly. Reischel (2003) notes that the folkloric interpretation of lunacy being a condition brought about by being “struck by the moon” was being replaced by a view that mental illness was a medical condition, and the focus of care shifted from being entirely custodial to remedial. In Europe at the time there was growing evidence of a changing worldview on mental illness, largely through the pioneering work of Sigmund Freud (1856–1939) a clinical neurologist, who began to explore new theories on the etiology of mental illness (Berrios & Porter, 1995; Gay, 1988). Psychological theories of the causation of mental illness were beginning to gather some momentum following publication of Freud and Breuer’s (1895) *Studies in Hysteria* (Gay, 1988; Shorter, 1997). The notion that mental problems may be caused by the workings of the unconscious mind or early sexual traumas was revolutionary, as was the idea that mental illness could be treated through therapy (Gay, 1988). Freud’s theories were to have far-reaching and long-lasting impact on approaches to the treatment of people with mental illness right up until the latter part of the twentieth century (Porter, 2002).

Under the recommendation of Dr. Ernest Jones (Inspector General of the Insane, Victoria), the Rules and Regulations for Nursing Staff were adopted by the Victorian Government in 1906, and lunatic attendants were required to sit for compulsory examinations at the end of the first year of service to progress to the next level of employment. Two years after taking that exam they were eligible to sit for a further examination to attain a certificate as a Mental Nurse, a qualification only recognized within the Lunacy Department (Benson, 1997; Craig, 2000). Jones was critical of the lack of training for lunatic attendants, and was instrumental in pushing for the formulation of specific mental health nursing education (Benson, 1997; Reischel, 2003). Both the Receiving Houses at Royal Park (1909) and Ballarat (1909) were able to provide training in the area of acute mental disorders (Benson, 1997). Receiving Houses were established to provide short-term care and assessment of inmates, and those deemed to be insane were later transferred to the Hospital for the Insane (Office of Public Records, 2005).

In 1911 the Hospital and Asylum Attendants and Employees Union was registered under the Conciliation and Arbitration Act (Health and Community Services Union, 2002). According to the Health and Community Services Union (2002), the union had been operating informally for some time in Victoria. Ground level union activity among the lunatic attendants at this time appears to be indicative of the general level of dissatisfaction with the state of the Lunacy Department at the time. The union’s name was changed to the Hospital Dispensary and Asylum Employees Union in 1914, and it represented the broad spectrum of asylum workers (Health and Community Services Union, 2002). The early alignment of lunatic attendants and nurses of the insane with a union that represented all asylum workers, as opposed to a nursing specific union, has been a trend that has continued in mental health nursing up until the present time; the majority of Victorian psychiatric nurses are

still represented by the Health and Community Services Union, a generic (as opposed to a nursing specific) union.

Jones' training scheme for nurses of the insane was operational until in Victoria until 1916, when it was replaced by a curriculum implemented by Dr. Catarinich, the Superintendent of Beechworth Asylum (Reischel, 2003). In 1915, the Central Board of Health conducted a series of nursing examinations for Junior, Senior, and Special levels in the separate categories of mental hospital attendants and mental hospital nurses, thus proving that "over the previous two decades, a formal and coherent education for the qualification of staff had evolved within the mental institution itself" (Hospital Employees Federation of Victoria No. 2 Branch, 1985, p. 10).

The First World War had big impact on mental health nursing, in that many males left the employment of the asylum to join the war effort, leaving a depleted workforce (Reischel, 2003). As well as this, mental health nurses had to learn to manage both the physical and psychological casualties of war in the returning soldiers; physical conditions included syphilis and tuberculosis, and "war neuroses" and shell shock were common psychological problems of this time (Reischel, 2003).

The Division of Psychiatry, University of Melbourne website (DOPUM; 2006) reports that in 1919, the Royal Park Hospital for the Insane was under the directorship of Dr. Clarence Godfrey, the Medical Superintendent of the day. According to the DOPUM website, Godfrey was prepared to consider the physical, psychological, and social explanations of mental illness, yet there is no evidence in the literature that this had a direct bearing on day to day patient care at that time. Godfrey apparently had a significant influence on Dr. John Adey, who was employed at Royal Park in 1919 while Godfrey was Superintendent. When Adey was later appointed Medical Superintendent of the Sunbury Mental Hospital in 1922, he subsequently introduced a number of innovative changes to patient management, including increasing patients' liberty by unlocking doors and establishing a successful parole system (DOPUM, 2006). Dr. Adey and Dr. R. Ellery, a Medical Officer at Sunbury, also revamped Catarinich's nursing syllabus by adding the latest developments in psychiatry (Reischel, 2003). This new syllabus prescribed a three-year training scheme, and placed emphasis on the importance of nurses in the care of people with mental illness, describing a good mental nurse as a gift from God (Reischel, 2003).

Murphy and Hodges' (1993, p. 3) descriptions of Ballarat Asylum note that staff resignations were abnormally high during the early 1920s as a result of the lack of incentives to work in mental health provided by the Victorian Public Service, for example, the lack of superannuating, above average retirement age, and below average wages. The substandard conditions afforded to mental health nursing by the Public Service Board during this period again demonstrates the traditional lack of value associated with caring for people with mental illness. The hospitals also were severely depleted and in a very poor condition in the period between the first and second World Wars (Ellery, 1956),

and it appears that there was a considerable amount of dissatisfaction and unrest expressed by the nursing staff during this time through the union, which resulted in some improvement in conditions by 1923 (Hospital Employees Federation of Victoria No. 2 Branch, 1985; Murphy and Hodges, 1993).

## THE MENTAL HOSPITAL ERA

The available literature documenting the period between 1930 and 1950 in mental health nursing in Victoria is extremely limited, and thus the sources for this section of the paper have been derived predominantly from the work of Benson (1997), Murphy and Hodges (1997), Reischel (2001), the Hospital Employees Federation Union's archival documents, written accounts of medical staff, and available government documents. The author postulates that severe staff shortage, post-war depression, and the general state of decay of the Mental Hygiene Department (Dax, 1961; Reischel, 2003) all had a huge bearing on the lack of impetus to write about the period, for the absence of documentation of the period is notable not only in the nursing literature, but also in medical and governmental literature.

The 1920s saw the advent of somatic treatments in the care of people with mental illness in Victoria, and Ellery was at the forefront of fever treatment at Sunbury Asylum (Reischel, 2003; Valenstein, 1986). Fever treatment involved injecting patients with malaria to induce extreme fever, which was thought to cure psychosis (Valenstein, 1986). At the same time in the United States, psychological theories on Behaviorism were beginning to emerge through the seminal works of psychologists Thorndike and Watson (Watson, 1913; Shorter, 1997). Behaviorism purports that all behavior, even that which appears instinctive, is the result of conditioning (Baum, 2005). In Europe, Pavlov (1927) was involved in the development of behaviorist theories, and formulated his ideas on Classical Conditioning through his work with dogs, from which emerged the stimulus-response model of learning.

The Mental Hygiene Act of 1933 altered the title of all "Hospitals for the Insane" to "Mental Hospitals," and "lunatics" became known as "mental patients." This change in language can be viewed as a reflection of the shift in the worldview toward the treatment of people with mental illness (Hospital Employees Federation of Victoria No. 2 Branch, 1985; Murphy & Hodges, 1997; Public Records Office, 2005). This amendment to the original Lunacy Act of 1903 to reclassify hospitals of the insane as mental hospitals, also led to trained lunatic attendants being referred to as Mental Nurses, and this change in terminology implied that those persons charged with caring for people with mental illness were no longer merely attendants or keepers, but bona fide health professionals. This alteration in terminology reflecting broader conceptual changes in mental health can be viewed as a significant step towards the early professional development of mental health nursing in Victoria (Benson, 1997).

Despite the aforementioned changes to the broader conceptual view of mental illness and mental health care, the real world, day-to-day life on the wards was extremely impoverished and difficult for all. The following descriptions provide a window through which to glimpse at the past:

Overcrowding in hospitals was severe . . . mattresses were placed on the floor between beds in the dormitories. Clothing for patients consisted mainly of old moleskin trousers for men, and drab, full length blue smocks for women. It was difficult to find shoes or boots that made up two pairs and fitted. Meals, although wholesome, were served in two shifts because of the overcrowding. A strict daily routine of getting up and going to bed was observed with military style, and no personal wishes were granted . . . Buildings . . . were badly in need of maintenance, and hygiene facilities could only be described as primitive. (Reischel, 2003, pp.70–71)

Trained nurses were very scarce during this time, and worked 12-hour shifts on a “two on, two off” rotation, with the majority of staff being untrained ward assistants (Reischel, 2003). Reischel states that despite the depleted conditions, standards of nursing care for both medical patients and the elderly were very high, with “bed sores and accidents . . . an absolute rarity” (p. 71).

In 1931 the Nurses Registration Act was amended to include concessions in the training of nurses from mental hospitals (Hospital Employees Federation of Victoria No. 2 Branch, 1985). Benson (1997) claims that several early attempts were made to have the three-year Mental Nursing Certificate recognized by the Royal Victorian Trained Nurses Association, however this was not achieved until the 1950s. According to Benson (1997) and Reischel (2003), the Royal Victorian Trained Nurses Association was unwilling to consider the work performed in the asylums as nursing. It is significant in terms of the social and cultural development of mental health nursing in Victoria that caring for people with mental illness has historically been an undervalued area of practice that has had an immense struggle for professional recognition, even from within the profession of nursing. In fact one may read between the lines to observe the distinct separation between generalist and psychiatric nurses, the former apparently judging the latter to be a substandard branch of “real” nursing.

Although the 1930s saw some progress in the professional development of mental health nursing (e.g., by this time nursing staff no longer cohabitated with the patients), day-to-day nursing practice in Victorian mental hospitals remained largely unchanged in the time between the World Wars (Hospital Employees Federation of Victoria No. 2 Branch, 1985). Reischel (2003) notes that with the introduction of insulin therapy for the treatment of schizophrenia in the mid 1930s, mental health nurses extended their practice to caring for the unconscious patient in a deep, insulin induced coma. Despite the rise of Freudian influenced psychological approaches (largely in wealthy circles) in Europe and to some extent in England (Shorter, 1997), care for people with mental illness in Victoria remained almost entirely custodial. The large patient to staff ratio and poor working

conditions meant that nursing duties were largely task oriented, the main aim being to try and maintain some order from the chaos that overcrowding, lack of adequate staffing numbers, and lack of adequate facilities and treatment for people with mental illness created (Hospital Employees Federation of Victoria No. 2 Branch, 1985).

Ellery (1956) makes several references to the general atmosphere of apathy that pervaded the staff of Kew Mental Hospital during the 1930s, describing a very inert, and at times hostile, nursing staff that resisted attempts to implement change. Given the abhorrent conditions of squalid overcrowding, poor sanitation, and a critically low staff to patient ratio, it strikes the author that psychiatric nurses were subjected to abnormally difficult and trying circumstances, which may account for the underlying hostility perceived by Ellery.

In 1943 the New South Wales government commissioned the first Australian investigation into nursing, which was referred to as the *Kelly Report*. The purpose of the Kelly Report (Kelly, 1943) was to investigate the reasons why generalist nurses were leaving the profession, and to discuss ways of making improvements to the status and conditions of nursing. This report recommended radical and sweeping changes to both conditions and education in nursing, and marked the beginning of a greater concern with professionalism in Victorian nursing (Crowther, 1993; Hunt, 1985). While these recommendations had no immediate outcomes for psychiatric nurses at the time, the report had an impact on the overall professional development of nursing and nursing education, which was ultimately to have ramifications for mental health nursing (Hunt, 1985).

During the 1940s, especially the period during the Second World War, there was very little expenditures on mental health, and overcrowding in mental hospitals continued to be a major problem, especially as some mental hospitals received an influx of war veterans to add to the already overburdened systems (Crowther, 1993; Murphy & Hodges, 1993). Reischel (2003) notes that the chronic staff shortages of this time were addressed to some extent by the introduction of volunteers; for example, a hospital auxiliary was established in Ballarat, and in 1945 the Australian Association of Relatives and Friends was formed in Melbourne. After World War II, the shortage of beds in Victoria became even more marked after two Victorian hospitals were used to house post-war refugees from Europe until 1955. To make matters worse, a fire at Beechworth Mental Hospital reduced the availability of beds even further (Reischel, 2003).

What little documentation there is about this period in mental health nursing describes a very stagnant time in terms of professional growth and development, and problematic working conditions characterized by chronic staff shortages (Crowther, 1993; Dax, 1961). Crowther (1993) also notes that the lack of government interest in mental health, and public apathy on the issue contributed to the overall dismal conditions.

Reischel (2001) describes the modern era of Victorian psychiatry (commencing from the 1950s) as laudable in comparison to previous years, and notes that there was a particular emphasis

on emancipation and more humane approaches to care of people with mental illness. In a 1950 investigation of Victorian mental hospitals, the Kennedy Report (Kennedy, 1950), observed the dire condition of Victorian mental health services and recommended that action be taken to improve standards of care for people with mental illness and conditions for mental hospital staff (Hospital Employees Federation of Victoria No. 2 Branch, 1980). One of the recommendations of the Report that was acted on promptly was the abolishment of many forms of mechanical restraint that had been previously used in mental hospitals such as straight jackets and padded cells (Dax, 1961). As a result of the recommendations of the Kennedy Report (Kennedy, 1950), a new Mental Hygiene Act was proclaimed in 1950, and a Mental Hygiene Authority was appointed (Dax, 1961). Dr. Eric Cunningham Dax was appointed as chairman of the Mental Hygiene Authority, and a new era in Victorian psychiatry began (Stoller, 1981, cited in Krupinski, Mackenzie, & Banchevska, 1981).

The Kennedy Report (Kennedy, 1950) also condemned the decision of the Royal Victorian Trained Nurses Association (RVTNA) to not register the three-year Mental Nursing Certificate course, and made particular note of the intelligent and efficient workers within mental hospitals, such as nursing staff. The Kennedy Report (Kennedy, 1950) further suggested that there was no reason why the standards in mental hospitals should not be raised to those of generalist hospitals. It seems astonishing that it took a government report to draw attention to the fact that the RVTNA refused to acknowledge mental health nursing, and gives some insight to the degree of difficulty mental health nurses had in establishing their credibility and the legitimacy of their profession. Clearly, the Kennedy Report was a significant milestone in the professional development of mental health nursing in Victoria.

Victoria in the 1950s was experiencing a large influx of post-war immigrants. Many of the immigrants came from Great Britain on the Five Pounds immigration scheme, and other Europeans, such as Dutch and Maltese also began to arrive, but in small numbers (Benson, 1997; Reischel, 2003). The migrants were welcome workers in mental health and were, in fact, crucial to the rebuilding of the depleted mental health service (Benson, 1997; Reischel, 2003). An interesting cultural perspective in the development of mental health nursing in Victoria is that refugees of war that had been housed in mental hospitals during and after the war were encouraged to join the staff during the 1950s (Reischel, 2003).

By the late 1950s conditions for psychiatric nurses began to improve; nursing hostels were established, and significant progress was made in the development of psychiatric nurse education and training (Dax, 1961; Hunt 1985; Reischel, 2001). There was a considerable battle by Victorian psychiatric nurses to establish their own specific education and training programs, as the then president of the Victorian College of Nursing, Miss Bell, believed that mental nursing was a specialist course that should only be undertaken after completing general training (Hunt, 1985). Eventually, after years of struggle, specific

three-year hospital-based mental health nursing education programs were introduced, and by 1952 psychiatric nurses were admitted for registration to the Victorian Nurses Board (Hunt, 1985; Reischel, 2001). Dax (1961) was instrumental in assisting the progress of mental health nursing education at this time through his encouragement and support of hospital-based mental health nursing education (Benson, 1997).

Another important development in Victorian psychiatry and mental health nursing during the mid 1950s was the introduction of anti-psychotic medications for the treatment of people with mental illness (Dax, 1961; Murphy & Hodges, 1993; Reischel, 2001). For the first time there were genuine treatment options available for patients, and approaches to psychiatric care began to change (Dax, 1961; Craig, 2000). The combination of new treatment options, the influence of critical literature of the 1950s, and the more liberal post-war view to mental illness also contributed to a far more humanistic approach to people with mental illness than ever before (Dax, 1961). By the late 1950s there was a concerted effort to address the issue of incarceration of people with mental illness, and psychiatric hospitals began unlocking some of their doors (Dax, 1961; Craig, 2000). Murphy and Hodges (1993) note that the new approaches to psychiatric care impacted on mental health nursing; chemotherapy meant that patients were able to attain some relief from debilitating psychiatric symptoms, and no longer required as much physical restraint, which improved the sense of hope and work satisfaction experienced by psychiatric nurses at the time. The gender divide that was characteristic of Victorian mental hospitals up until this time also was redefined during this period, and subsequently female and male patients and staff were integrated together with the underlying aim of creating a more normal, less institutional environment (Dax, 1961; Craig, 2000; Hospital Employees Federation of Victoria No. 2 Branch, 1985; Reischel, 2001).

Murphy and Hodges (1993, p.19) note that the introduction of occupational therapy in the late 1950s into mental health care in Victoria precipitated a greater focus on "re-establishing the everyday habits" of the institutionalized mentally ill, and photographs of the period depict nurses assisting and supervising patients with occupational activities. Craig (2000) observes that by the late 1950s, a new approach to understanding and working with people with mental illness was emerging, characterized by greater optimism, liberty, and scope for caring. At the same time, mental health nursing had finally established itself as a legitimate stream of nursing (Benson, 1997).

## CONCLUSION

From the literature reviewed for this manuscript it is clear that the early development of mental health nursing in Victoria, Australia, has been shaped by the broader historical, social, and political factors in which it is embedded. From the early days of the penal colony at Port Phillip, to the tumultuous times of the Gold Rush, and through the hardship and suffering of

two World Wars, mental health nurses have had to struggle to develop a professional identity. By the dawning of the modern era of psychiatry in Victoria in the late 1950s, however, mental health nursing was on its way to becoming a professional, caring discipline.

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