

The administration of Mental Health

The history of the administration of mental health in NSW is contained within the continuing saga of the lunatic asylums and mental hospitals of the State, at least until the last two decades when community psychiatry became prominent. Interwoven with it are the efforts of a small group of doctors, isolated from their profession, who were concerned with reform in a period when reform was unpopular and misunderstood. They saw visions of penal-type asylums being translated into therapeutic mental hospitals with strong affiliations with general hospitals. Their ideals were constantly frustrated by the apathy of Government and the indifference of the system in which they laboured. It is no mark of human frailty that some escaped from the system into private practice, while the majority succumbed to the unequal struggle and accepted the bondage of conformity to consolidate their careers.

And yet the light was never extinguished. Over the decades, from the last quarter of the nineteenth century to the middle of the twentieth century, there was a gradual shift of emphasis within certain mental hospitals in response to the leadership and direction of their medical superintendents. Others languished, still loyal to nineteenth century concepts in the twentieth century, until the ground was prepared for the audit and drastic overhaul of the system following the Royal Commission of Inquiry into the Callan Park Mental Hospital in 1961.

It is difficult to estimate the influence of the Inspectors General of Mental Health in stimulating change. One gains the impression, perhaps unjustly, that, with two exceptions, they were totally preoccupied with the statutory responsibilities of their position. There is little doubt that changes commenced in the 1950s were stimulated by extraneous factors including, among many, the discovery of certain drugs after World War II which transformed the treatment of mental illness, combined with a coincidental worldwide change in the philosophy of community responsibility to persons who were socially or medically bereft. Of the local circumstances in the twentieth century none were more important than the establishment of the Broughton Hall Hospital in 1918, the Chair of Psychiatry at Sydney University in 1922, and the Royal Commission of Inquiry into Callan Park in 1961.



Broughton Hall
Hairdressing Salon 1957

The administration of the Inspector General of Mental Hospitals*

There were six Inspectors General of Mental Hospitals (not including Dr W.H. Coutie a temporary occupant in 1925) from Frederick Norton Manning to Donald Fraser, spanning a period of 85 years from 1876. It is not my intention to provide detailed biographies of their careers, ambitions, achievements and personal attributes. I hope that this will be the commission of some other author in a more profound study of the development of mental health services in NSW.

Dr Frederick Norton Manning was the first and the most publicised as the originator of the Service. Towards the end of his career he was plagued by ill-health, and this was reflected in his attitude towards the Service which became more burdensome to him as his health deteriorated. No doubt he appreciated the convenience of his headquarters in the Domain to the Union Club, where he was wont to find relaxation from cares of office. Many of his memos to his staff were written on Union Club stationery. In 1887 he obtained one year's sick leave to visit England, and such was the dedication of the man that he spent most of this period in visiting mental hospitals in Great Britain. He was a man of stature, who for a short period was Medical Adviser and President of the Board of Health from 1889 to 1892. It is interesting to conjecture that, had he enjoyed good health, he may have been able to combine the Public Health and Lunacy Departments of the Colonial Secretary's Department into one integrated service. It was not to be and he retired because of ill-health in 1897.

* This title is inclusive of the statutory title Inspector General of the Insane which remained in the *Lunacy Act* until the amendments of 1958.

He was succeeded by Eric Sinclair who served until his sudden death in a train on an inspection tour in 1925. He was born in Greenock Scotland in 1860 and graduated from Glasgow University M.B., Ch.M. in 1881 and M.D. in 1886 (four years after he joined the Lunacy Department of NSW). Dr Sinclair built on Norton Manning's foundations and his achievements bear favourable comparison with those of the founder father. He saw the mental hospitals increase in size and number and was influential in the establishment of the Chair of Psychiatry of Sydney University in 1922. He had visions of the expansion of psychiatric units into general hospitals and, to set the example, established the first voluntary institutions within the service at the Reception House and the Broughton Hall Clinic. He supported outpatient services in the general hospitals and encouraged his staff to participate on an honorary basis. It was said in tribute to him(108):

“It was due to him that asylums changed from pseudo prisons in which the insane were incarcerated to mental hospitals where patients received skilled attention for definite disease and where active treatment replaced mere care and restraint. He introduced systematic training of nurses and attendants... introduced the voluntary system of care of patients and was the means of having the Chair established at Sydney University.”

It was no coincidence that his title was changed by administrative action from Inspector General of the Insane to Inspector General of Mental Hospitals in 1918.

The opportunities for spectacular advancement of the Mental Hospitals Service were denied the next two occupants, Dr C.A. Hogg (1926-1935) and John Andrew Leslie Wallace (1935-1942), both of whom served during periods of financial stringency, as an aftermath of the Depression of the late twenties and early thirties and the commencement of World War II. One gains the impression that they were willing to accept the status quo and there is little doubt that the reputation of the mental hospitals suffered during their regimes. A custodial attitude based on legal sanctions prevailed in all but the Broughton Hall Hospital, which was spared by the enthusiasm of its Medical Superintendents, Evan Jones and Herbert Prior, and its associations with the Professor of

Psychiatry. Hogg was a cricket enthusiast and the teams and grounds of the mental hospital were a match for players and amenities with those outside. It was often stated that a good basis for entry into the service during his administration was proficiency with the bat and ball. John Wallace was a quiet person, who like Hogg had seen long service in the system before his appointment as Inspector General by virtue of seniority. He acquiesced in *Dr Morris' Report of 1942*, even though it meant the loss of his position. Perhaps the imminence of his retirement was a conditioning factor.

In 1942 the Offices of the Inspector General of Mental Hospitals and Director-General of Public Health were merged with Dr E.S. Morris assuming both titles(109). The statutory provisions of the *Public Health and Mental Health Acts* were apportioned between Morris and his two deputies, one in public health and the other in mental health. The latter was Dr D. Fraser. The consequences of this merger are discussed elsewhere under the administration of public health. In brief Dr Morris concentrated on mental health and mental hospitals, sharing inspections with his deputy. He was never secure in his position, and from what I have heard was never totally acceptable as Inspector General to the professional staff within the mental hospitals. On his retirement in 1950 the two areas of professional administration were again separated, and Dr D. Fraser succeeded as Inspector General of Mental Hospitals.

Donald Fraser was a gregarious, ebullient extrovert, who had the misfortune to inherit a service whose reputation had reached a level where it was considered as a contemptuous necessity by his professional colleagues, during a period when private psychiatry was itself depressed and tolerated as a most unrewarding branch of the medical profession – to be enjoyed by those who were unambitious or failures from the general stream. He did not deserve the turmoil and the indignity of removal from his Office. With better support, the Royal Commission into the Callan Park Hospital would never have been necessary. It was not until I replaced him in 1961 that I realised fully the difficulties which beset him from within his own organisation as well as the apathy previously of governmental and public service policy.

The Office of the Inspector General of Mental Hospitals

The organisation surrounding the Inspector General of Mental Hospitals, including the mental hospitals, was known, until 1942, as the Office of the Inspector General of Mental Hospitals. I have not been able to find any official derivation for this unusual title. I have assumed that it arose accidentally and was confirmed by usage rather than formal approval. When Dr Norton Manning relinquished his position of Medical Superintendent of Gladesville Asylum to become Inspector General, he remained at Gladesville occupying some of the office accommodation of the administrative building. To avoid confusion he addressed his corresponding from the Office of the Inspector General of the Insane, Gladesville Asylum. The term became synonymous with the headquarters administration of the Lunacy Hospitals Service, and was retained at each successive movement of this staff to Callan Park in 1885, back to Gladesville in 1887 and finally to Richmond Terrace, Sydney Domain, in 1901, where it remained until transferred to Winchcombe House, 52 Bridge Street in 1941. From 1941 to 1958 the administrative organisation supporting the Inspector General of Mental Hospitals was known within the Department of Public Health as the Division of Mental Hospitals. After 1958 it became the Division of State Psychiatric Services. It lost its identity within the Division of Establishments in 1961.

The Office of the Inspector General of Mental Hospitals was a sub-department of the Colonial Secretary's Department until the Department of Public Health was established in 1913 as a separate Ministry. It was then a sub-department within that Ministry equal to and comparable to the Office of the Director-General of Public Health. As with the Director-General of Public Health, so was the Inspector General a Permanent Head for the purposes of the *Public Services Act*, until the first Permanent Head of the Department of Public Health was appointed in 1938.* This attribute was

It was due to him (Sinclair) that asylums changed from pseudo prisons in which the insane were incarcerated to mental hospitals, where patients received skilled attention for a definite disease and where active treatment replaced mere care and restraint.

removed from both senior professional administrators after this appointment. Previously it had enabled the Director-General and the Inspector General direct access to the Minister on professional matters involving their administration, and, although a clumsy device, it did not infringe upon the capacity of the Permanent Head of the Colonial Secretary's Department, under whose overall administration they were placed. Both organisations occupied premises separate from the Colonial (Chief) Secretary's Department, and to all practical purposes, other than budgetary appropriation, were separate Public Service Departments.

The professional component of the headquarters of the Office of the Inspector General consisted, again until 1942, of the Inspector General only, who would call upon the senior Medical Superintendent to relieve him in his absence. Since 1942 there has been an official Deputy, Dr D. Fraser being the first such. Medical staff for the mental hospitals were recruited on the basis of serving at least one year in a mental hospital as nominated by the Inspector General, after which, if they so requested they were posted to a metropolitan Mental Hospital to start the Diploma of Psychological Medicine at Sydney University. If successful they continued in the Service proceeding to Deputy Medical Superintendent, then Medical Superintendent of a smaller mental hospital and finally of a large mental hospital. Seniority was significant for promotion. Other professional staffs were recruited direct from university, and nursing staffs were trained by in-service programmes.

The clerical administration paralleled that supporting the Director-General of Public Health, the most senior position of which was secretary, then senior clerk, accountant and other promotional clerical positions. Entry into the clerical sector was through the Office of the Inspector General as a junior clerk, then progression through various grades in the mental hospitals to the senior position of manager, subject to passing public service promotional examinations.

* Personal communication from Mr C.J. Watt, the first Permanent Head of the Department of Public Health.

The Reports of the Inspector General of Mental Hospitals

Section 73 of the *Lunacy Act of 1878* (42 Vic. No. 7) required:

“The Inspector General shall early in each year make a report in writing to the Colonial Secretary of the state and conditions of the several hospitals, licensed houses, reception houses and other places visited by him during the preceding year and of the care of patients therein and of such other particulars as he shall think deserving of notice and a true copy of such report shall forthwith be laid before Parliament if then in session or if not then in session within twenty one days of the next Session of Parliament.”

These reports were duly delivered and published for each successive year from 1878 to 1960.*The earlier reports of Norton Manning were dynamic critical documents which often excited supportive newspaper editorials and feature articles on the causes of insanity, the problems of overcrowding and the miserable conditions within the mental hospitals and particularly Parramatta. Norton Manning saw and used these reports as a vehicle for public exposure in his drive for reform. In his latter years of office, his belligerency was less apparent and his drive diminished by ill health. This is reflected in the reports which became repetitive statistical documents of lunacy statistics, finance, staff changes and the need for progressive revision of the original *Lunacy Act*. The pattern persisted throughout the years to the degree that the editorial context was repeated year after year with only the alteration of numerical statistics. One such report shows the method of restructuring in the bound volume containing the 1921 and 1922 reports. In the latter report the 1921 report substitutes with the relevant years and statistics cancelled and updated in red ink without alteration of any other word of context. The responsibility for these alterations was with the Secretary to the Inspector General. Although this format was a boon to the typesetters of the Government Printer, it is of little assistance to the historian, other than indicating trends and the lack of influence they exerted on Government.

A number of factors do emerge from the reports, some positively and some by inference. Of these the most important are persistent overcrowding due to the legal procedures of admission and certification of the insane; the economics of the institutions and the low cost of patient maintenance, reflecting understaffing and the use of patient labour; the need of legislative reform to accommodate voluntary admissions and to diminish the stigma of certification; the absence of proper classification and segregation of patients (impossible to achieve with increasing overcrowding); the need for better discharge procedures, rehabilitation and support after discharge to minimise readmission; the problem of low salaries, professional disrepute and discontent, and the extreme difficulty of recruitment of quality staff; and the absence of research or opportunities for research within the system. Repeated pleas in all these issues went unheeded until action was forced at a political level by political embarrassment and incipient scandal.

Most of these issues are taken up elsewhere. The reports reflect the disappointments of the Inspectors General and their format is sufficient evidence of this disappointment and frustration. Compiling the reports was a routine chore, enforced by law, to be suffered as a necessary yearly task by the Medical Superintendents of the mental hospitals and the staff of the Inspector General. One meritorious feature is prominent throughout the series, viz the diligence with which the Inspectors General carried out their inspections especially in the days when transport was slow and travelling laborious.

The role of the Inspector General of Mental Hospitals

The role of the Inspector General of Mental Hospitals was largely defined in the original statute of 1878, and remained substantially unaltered until the *Mental Health Act of 1958*. He was in essence the Inspector General of the Insane as his original title implied, committed to oversee the lunacy institutions, both within and outside the Mental Hospital Service, by formal inspections and visits, and invested by law with substantial powers to safeguard patients and prevent abuses.

* From this year they were replaced by Annual Reports of the Director of State Psychiatric Services.

The statutory role

The statutory role of the Inspector General is set out in the main in Part VI of the original Act and the *Act of 1898* relating to inspection transfer and discharge of patients. This sets out the requirement of the Inspector General to visit every hospital and licensed house housing the insane at least twice a year; the thoroughness with which the inspections are to be carried out; the recording of same in the Inspector General's Book; the inquiries he must make as to treatment and care of patient, including the degree of use of restraint; and the scrutiny of medical certificates and admission procedures.

All plans for building or enlarging or improving any hospital for the insane, whether government or private, had to be submitted to him for his report to the Colonial Secretary, which report was in effect approval or denial. He had other powers relating to transfer and discharge of patients which could be exercised under particular circumstances in variation of normal procedures. He had minimal oversight over hospitals for the criminally insane, other than his statutory inspections, even though these hospitals were included in the lunatic asylums under his jurisdiction. The Colonial Secretary had power to make regulations for the government and management of hospitals for the criminally insane, and was also the authority authorising declaration of insanity and discharge from the obligations imposed thereon.

There are other minor additions to the Inspector General's basic statutory role imposed by other Lunacy Acts, such as the *Inebriates Act of 1900*, or amendments of the basic Act as eg the amendment of 1934 permitting voluntary admissions to licensed hospitals and houses, including the Reception House. These are extensions of the Inspector General's authorities relating to admissions, transfers and discharges granted in the *Act of 1879* and endorsed in the *Act of 1898*.

Repeated pleas went unheeded until action was forced at a political level by political embarrassment and incipient scandal.

The administrative role

Apart from this statutory role the Inspector General of Mental Hospitals had to exercise an administrative role as Permanent Head of the Mental Hospital Service. This involved recruitment, transfers, and promotions of staff; exercising disciplinary action when necessary within the restraints of the *Public Service Act*, at least until 1938; advising the Minister and the Under Secretary of the Colonial Secretary's Department on budgetary appropriations and establishments, and in other matters as might arise in the exercise of his administration. Most of these actions and issues would involve the system of mental hospitals, which occupied the whole horizon of his administrative vista.

The mental hospitals (lunatic asylums) and licensed houses

The title of the senior professional administrator in mental health was, until 1961, initially Inspector General of the Insane, and from 1918 Inspector General of Mental Hospitals. The total content of his administration during that period were the lunatic asylums, later designated mental hospitals. In some of the institutions the change of designation did not infer substantially a change of function, but rather the pious hope that a change of name would compensate for the inadequacies of the system. With a few exceptions, the mental hospitals as I knew them in 1961 still conformed to the functions of an asylum as described by James Currie, M.D. in 1789(110):

"In the institution of a lunatic asylum there is this singularity, that the interests of the rich and poor are equally and immediately united ... the objects of a lunatic asylum are twofold. It holds out an institution for both the curable and incurable. To the first it proposes the restoration of reason, and while it relieves society of the burden of the last, it covers the hopeless victims from the dangers of life, and from the selfish conflict of an inflicting world."

It is most gratifying to record that from 1961 to 1972 a tremendous change occurred in the mental hospitals involving changes in the philosophy, function and physical environment, associated with a vigorous and enlightened programme of professional, technical and public education. Therefore, historically, that which follows relates to the system in its development, as a prelude and necessary background to the *Mental Health Act of 1958* and the Royal Commission of Inquiry into the Callan Park Hospital of 1961, the better to appreciate the influence of these two events on the reformation of the 1960s.

The system of mental hospitals

In the first section of this publication dealing with the historical development up to 1882 the influence of the *Lunacy Act of 1878* and the administration of Frederick Norton Manning in upgrading the lunatic asylums to lunatic hospitals has been discussed in some detail. Three factors are significant arising from this period:

- (i) The asylums were placed under medical control both in their overall administration as a system and in their particular administration as therapeutic institutions.
- (ii) They were receiving houses which operated on a legal process of committal, into which were incorporated the principles of continued constraint and confinement with legal sanction.
- (iii) They were part of a system, contained within the Government Health Service, enjoying a monopoly of psychiatric therapy (private asylums were never a significant feature although envisaged in the *Lunacy Act of 1878*), and with an emerging policy that each was a general purpose institution, to be located to meet demographic demands.

They were located in areas where population density justified the accommodation, the greater number and larger in the metropolis of Sydney, and others singly in Newcastle and two country areas

when the metropolitan hospitals were unable to cope. The only classifications of patients within the lunatic asylums prior to 1890 were the separation of free and convict patients at the Parramatta Asylum, and the separate enclosure for the criminally insane, also at Parramatta. The Observation Ward within the Darlinghurst Goal was an expediency which was a temporary holding situation for prisoners who were mentally disturbed awaiting sentence and disposal, and as a detoxification unit for alcoholics appearing before the magistrate.

The consequent development of mental hospitals catering for special groups of patients (such as idiots, quiet dements and psychogeriatrics) was largely coincidental, and reflected the needs of the major institutions in Sydney to overcome overcrowding. Newcastle Asylum was established in the premises of the Military Barracks at Watt Street in 1872 as a central institution for idiots and imbeciles, to which patients could be transferred from the unsatisfactory accommodation at Parramatta and Gladesville, which was then used for general accommodation. When Watt Street Asylum itself was inadequate so was Rabbit Island (Peat Island) established in 1911.

Callan Park was proposed and the site purchased in 1873 to relieve the demands upon the accommodation of Gladesville and Parramatta and in response to Norton Manning's policy of a third metropolitan asylum. He had hoped that this might enable Parramatta to be reconstructed. His hopes were short-lived. In March 1878, the Colonial Secretary, Mr Fitzpatrick, in reply to a question in the Legislative Assembly described the policy for the asylums:

- (i) **Gladesville**
a new wing to accommodate 150 patients at a cost of £35,000.
- (ii) **Parramatta**
Temporary accommodation for 350 patients at a cost of £38,000.
- (iii) **Callan Park**
Temporary accommodation for 100 patients at a cost of £7,635 and a new asylum for 666 patients to cost £205,000. This latter objective was achieved in 1887.

The policy for Callan Park was to receive all new patients from Sydney as well as providing for transfers from Gladesville. Overcrowding was consistently the problem as the population and insane rate increased. The temporary hospital at Cooma, closed in 1884, provided only a minuscule of relief. The Private Asylum at Tempe was almost totally supported by the Government, and was in effect an annex of Gladesville accommodating 120 of its quieter patients. Parramatta was still the most distressed of the large Sydney institutions, and was granted relief in 1890 to use the orphan school in the municipality of Dundas as a branch of the hospital to receive quiet chronic cases of dementia. It was to extend to become the Rydalmere Mental Hospital, yet catering largely for the same type of patient.

After many years of protestations by Frederick Norton Manning and Eric Sinclair the Government agreed to the establishment of the mental hospitals at Kenmore and Orange to serve the southern area mid western areas of the State. Kenmore was opened in 1901, and at its opening Sinclair spoke of the need for mental hospitals at Orange and in the North Coast District(111). The latter was never realised. Although plans were prepared for Orange and the site cleared in 1903, it was not until 1923 that patients were received. In the meantime some relief was envisaged for Newcastle. The Quarantine Station at Stockton was acquired in 1911 and the permanent accommodation used for female patients from both Newcastle and Sydney. Again the type of patient was similar to that at Rydalmere with a large proportion of adult mental defectives. Temporary calico wards were erected to accommodate male patients. These were constructed of wooden frames with calico panels, wood doors and a canvas fly roof(112). Wards had already been erected in 1906 at Morisset to receive 150 to 200 patients from

other mental hospitals, and it too was to expand to become a mental hospital accommodating chronic patients. And so the grouping and numbers of mental hospitals remained constant until the establishment of the Cerebral Surgery and Research Unit in 1958, the Psychiatric Centre North Ryde in 1959, Allandale Hospital in 1963 (for psychogeriatric patients), Grosvenor Hospital in 1965, the purchase of the King's School in 1968 to supplement residential accommodation for mental defectives and so enable Milson Island to close, Marsden Hospital for lower grade mental defectives in 1969, and the transfer of the Collaroy Convalescent Home in 1969 to become an annex of Marsden Hospital.

The basis of co-ordination was determined by the function which individual hospitals had assumed. Each of the general purpose mental hospitals received patients from the central Reception House and daily transport was organised to the country hospitals from the Reception House.* Local reception was also available in the country mental hospitals. The hospital for criminally insane males was transferred from Parramatta to Morisset in 1936 and a maximum security unit was built within its grounds. Otherwise it, Rydalmere and Stockton were large geriatric

units, receiving quiet patients who were either physiologically or chronologically aged, or mentally deficient without multiple physical handicap. Peat and Milson Islands remained as institutions for mentally deficient persons to which were later added Grosvenor and Marsden Hospitals and the King's School. Watt Street had a special unit catering for babies and young infants.

Many mental defectives still remained within the back wards of other mental hospitals, mostly forgotten, as the Royal Commission into Callan Park was to disclose.



**Gladesville Hospital
for the Insane**
1900-1927

* This policy was later modified into regional admission areas after the Reception House Darlinghurst was transferred to St Vincent's Hospital as the Caritas Centre in 1962. Regional admission policies are discussed later in this context.

Surprisingly, no specific accommodation for alcoholics was provided. For many years the Salvation Army was licensed as a private institution to receive inebriates under the *Lunacy Act*, and was the main source to which Judges, the Master in Lunacy or the Magistrates directed persons under order of the *Inebriates Act 1900*. From the period 1930 onwards Bloomfield (Orange) Mental Hospital was the principal receiving hospital for alcoholics under legal order and referral to the Salvation Army went into discard.

Of minor interest to this history were the small number of private licensed houses, other than to emphasise the monopoly enjoyed by the State, and the lack of medical interest in psychiatry outside the psychiatric services of the State. The Private Asylum at Tempe was viable only because of State support utilising most of its accommodation. It survived World War II shortly as Bayview Private Mental Hospital and closed because of lack of demand.

The licensed houses at Picton were two cottages licensed privately in 1881 under Section 42 of the *Lunacy Act of 1878*, each to receive one patient. The Inspectors General were conscientious in including them in their rounds of yearly inspections. The licensed house at Ryde, first licensed in 1896, is now the Mount St Margaret's Hospital, and still operates as a licensed hospital.

Voluntary patients

Until 1958 the emphasis in the mental hospitals was the need for institutions to meet demands for treatment and accommodation of committed patients. Although voluntary admissions to mental hospitals are now the rule, the concept was well known to the early Inspectors General and advocated by them. In 1886 Norton Manning reported on the need to separate socially paying and those of higher education and social status as a therapeutic measure to aid their recovery. He lamented that due to overcrowding the only classification of patients was psychological but perhaps in the future a ward could be set aside at Gladesville and cottages built at Callan Park(113).

In 1883 he drew unfavourable comparison with Victoria where five wards were in operation in country hospitals. He complained that Section 48 of

the *Lunacy Act of 1878* provided for like action in NSW but it was left to the initiative of the committees of the general hospitals.

Eric Sinclair carried on the crusade more successfully. He realised that if the Office of the Inspector General could set the example, it would indicate to the general hospitals that psychiatric patients would not disturb their therapeutic environments. Proudly he was able to report (114):

“The Mental Ward Darlinghurst (Reception House) opened in May 1908, for uncertified cases of insanity. It is but small and was established more or less to demonstrate to the general hospitals that such a ward was possible and eminently desirable. Accommodation for 20 patients, male only, is at present provided but alteration which are now in hand will provide accommodation for women. Seventy patients were admitted during the year and 72 discharged.”

Although he did not succeed in impressing the administrators of the general hospitals, he lived to see his dream fulfilled within his organisation. The 18th Military Auxiliary Hospital had been established in 1915 in the grounds of the Callan Park Hospital ‘for the treatment of soldiers returning from the front with nervous and mental disorders’(115). It is pleasing, so Sinclair continues ‘that it has been found practicable to treat all cases without recourse to formal certification of the Insane’. After the war the hospital reverted to civilian control, again under Sinclair’s administration, as a totally voluntary hospital – Broughton Hall, so named after Bishop Broughton’s house in its grounds. It prospered under Dr Evan Jones whose reputation as an horticulturist is tribute to the magnificent landscaping of its grounds, which he designed and completed as a therapeutic measure, to provide a beautiful and restful environment. Its progress was assured with the appointment of Sir John Macpherson K.B.E., M.D., F.R.C.P.E., previously Commissioner for Lunacy, Scotland as the first Professor of Psychiatry at Sydney University in 1922. Successive Professors of Psychiatry of Sydney University were appointed consultants and allotted a teaching unit within Broughton Hall. In return the Government subsidised the Chair of Psychiatry to approximately half its annual value.

Broughton Hall was always a proud and prestigious unit within the mental hospitals system. Its reputation was resented by other medical superintendents who complained that it exercised undue selection of patients to its advantage and results, and that it was unduly favoured in staff and appointments by the Department of Public Health because of its university affiliations. Be that as it may it did demonstrate an outward view in psychiatric thought and policy in NSW, and it fulfilled a very valid function as pacesetter and innovator. Its role was less significant in the 1970s with the development of facilities for voluntary admissions to all mental hospitals and many general hospitals. It is now a unit of Callan Park Mental Hospital.

The administration of mental hospitals

The administration of mental and State hospitals ran along parallel lines and had similar hierarchical staff structures. The Executive Officer was a doctor, and with some minor exceptions, a qualified psychiatrist. The larger hospitals would carry the position of Deputy Medical Superintendent. Until a system of specialisation was introduced in 1962 in State and mental hospitals, the remaining medical staff would consist of a mixture of psychiatrists and medical officers under training for psychiatry, with few of the former and not infrequently very few of the latter.

From 1922, after the establishment of the Diploma of Psychological Medicine at Sydney University, the mental hospitals provided the only avenue for post-graduate psychiatric training in NSW. It was obligatory when accepting appointment that doctors would serve one year before commencing the Diploma of Psychological Medicine course. This was a measure used to augment the staff of the less popular institutions and the country mental hospitals.

After the formation of the Institute of Psychiatry in 1964, trainee psychiatrists were no longer under the control of the Director-General of State Psychiatric Services, and rotating postings for promotion or training became less significant as mental hospitals each worked within their own establishments of medical staff. A specialist promotion scheme, which ran parallel to promotion by administrative seniority,

provided more satisfying careers, professionally and financially, within the mental hospitals and was a major factor in retaining specialist staff. Job and financial satisfaction were enhanced by a limited right of private practice, and appointments to community psychiatric units in general hospitals. Rotation did occur, not infrequently as a disciplinary measure, but more frequently to achieve higher salary gradings as senior specialists, Deputy Medical Superintendent or Medical Superintendent. The mental hospitals were graded also for salary levels of senior medical and clerical executive staff by size of patient accommodation.

Clerical staff training followed the same pattern of personnel organisation as with the State hospitals, the top hierarchical positions of which in each institution were the Manager, Assistant Manager, and Chief Clerk in that order. Within the Office of the Inspector General of Mental Hospitals there was a small clerical organisation, independent of the Office of the Director-General of Public Health, and following like guidelines and like positions. The two areas were integrated with personal interchange after Dr E.S. Morris occupied the combined leadership of both administrations, although it was never totally effective until the later amalgamation of 1961 and the creation of the Division of Establishments.

This amalgamation resulted in additional senior clerical positions at Head Office, to which promotion through the hospitals systems was incidental rather than absolute. Tertiary qualifications and higher secondary school qualifications became important, and reduced the significance of clerical in-service training within the hospital system.

Prior to the last two decades, nursing staff was under the control of a Matron if female, or a Chief Attendant if male. They were responsible to the Medical Superintendent. The Matron was also in charge of domestic arrangements. There was an outdoor supervisor and a staff of outdoor attendants in charge of farming, trades and outdoor activities, responsible immediately to the Manager.

The mental hospitals provided the only training facilities for mental health nurses, male and female, and individual training and educational programmes were mounted in each hospital, with the Norton Manning prize for first aggregate the acme of

Surprisingly no specific accommodation for alcoholics was provided.

success. General trained nurses were rarely employed or sought employment in mental hospitals. Some general trained nurses undertook psychiatric training and less the reverse. Psychiatric nursing training suffered in its general and social image as compared with general training, and to attract recruits special financial conditions applied in favour of psychiatric training.

A more enlightened attitude now exists and general nursing training is freely accepted for positions in psychiatric hospitals and the psychiatric wards of general hospitals. There is one Director of Nursing within each hospital and if male, the Deputy Director is female and vice versa. There is interchange of male and female staff within the wards, which would have been unthinkable even as late as 1960. This bald description of nursing policies within mental hospitals does not pay due tribute to the dedicated groups of psychiatric nurses, who worked uncomplainingly under conditions which would not be tolerated today, and who exhibited a personal sense of responsibility to their patients which bears favourable comparison with present attitudes. They always enjoyed my admiration and support.

Lunacy and mental health legislation

The *Dangerous Lunatics Act of 1843* (7 Vic. No. 14) and amendments and the *Lunacy Act of 1878* (42 Vic. No. 7) are discussed in the first section of this study, along with statutory procedures and other legislation reflecting on the administration of lunacy prior to 1878. In this section legislation subsequent to 1878 will be discussed briefly in generic and chronological sequence. For a detailed study of lunacy and mental health legislation in NSW, the reader is referred to a thesis for a doctorate of medicine by Dr Graham Edwards.*

Lunacy and mental health

Lunacy Amendment Act 1881 (45 Vic. No. 16)

This Act provided for capacity to remand prisoners of temporary or doubtful mental aberration to the Reception House instead of Darlinghurst Goal, and gave discretion for the Colonial Secretary to dispose

of such prisoners to a Hospital for the Insane or a Hospital for the Criminally Insane as he deemed expedient according to the nature of the Office or period of sentence. It also provided for special provisions for the examination of prisoners reported to be insane while under sentence of death.

The Lunacy Act 1898 No. 45

In 1898 the *Lunacy Act of 1879* (42 Vic. No. 7) was revised and consolidated in the *Lunacy Act* of that year. It did not differ substantially in format and substance from the *1879 Act*, and many of its sections and parts are repeated without alteration. It was not concerned with any variation of the philosophy of lunacy, and its provisions applied to those persons who had been legally committed and declared to be insane. It enlarged the definition of insane person; elaborated on the procedures for committal and provided for emergency procedures by the justices; it defined more precisely the powers and limitations of the magistrates; and endorsed the legality of transfers to adjacent States. It did not envisage voluntary admissions, nor did it provide specifically for other classifications of patients such as inebriates, idiots and other grades of mental deficiency, epileptics and the like.

Lunacy Amendment Act 1924

This is a minor amendment of Section 72 of the *Lunacy Act 1898* consequent upon the major amendments of the *Crimes Act No. 10 of 1924*.

The Lunacy (Amendment) Act 1934

This Act provided for the reception of voluntary patients into hospitals for the insane and licensed houses; extended the powers of Official Visitors to hold inquiries and order discharge; and, provided for admission to the Reception House on a single certificate (Schedule 2A), or on the request of the patient or his relatives.

Lunacy Amendment Act 1937

These are amendments to Sections 7, 69 142 and 170 consequential to the *Statute Law Revision Act No. 35 of 1937*.

* The thesis is under preparation and Dr Edwards anticipates that it will be presented to Sydney University in June 1978. Its title is *Mental Illness and Civil Legislation in NSW*.

Lunacy Amendment Act 1944 No. 38

This was an Act to amend Section 76 of the *Lunacy Act 1896*, by inserting a Section 76a, providing for judges to order persons confined as criminally insane to be brought before them for examination.

Lunacy (Amendment) Act 1945 No. 53

Section 4 was amended to provide penalty for incorrect issue of Schedule 2A without the medical practitioner having seen or examined the patient. There were consequential amendments to Section 6, 10 and 13 arising there from.

Lunacy (Amendment) Act 1946 No. 38

This Act provided for amendments to Section 67 to provide procedures for trial of the issue whether a patient, detained in a hospital for the insane or a hospital for the criminally insane, is fit to plead if placed upon trial.

Lunacy Amendment Act 1898-1947

Is a consequential amendment of Section 107 relating to the *Jury (Amendment) Act of 1947*, No. 41.

Lunacy (Amendment) Act 2952 No. 31

This Amendment provided for important provisions setting out conditions under which leucotomy, electro convulsive therapy, electro narcosis therapy, insulin shock, and other treatments as may be proclaimed, could be carried out. The specific consent of the Inspector General is required in each instance, and a Consultative Committee is established to consider applications from Medical Superintendents for the performance of leucotomy. The committee is composed of medical practitioners appointed by the Minister, and is charged with making recommendations to the Inspector General. The Amendments relate to a new Section 179A.

Lunacy Act 1898-1955

The *Lunacy Act of 1898* was reprinted and consolidated in 1955 to become the *Lunacy Act 1898-1955*, which was to remain the basic Act until the *Mental Health Act of 1958* was passed. Previous amendments were consolidated into the Act, and a new Part VIIIA was added to the Act to provide for special provisions relating to the control of property, by the Master-in-Lunacy, of mental patients residing outside NSW.

Mental Health Act 2958 No. 45

This Act was the aftermath of a report by Professor W. Trethowan who was chairman of a committee appointed by the Minister, the Hon. W.A. Sheahan, to revise the *Lunacy Act* in light of modern trends in psychiatry. It was regarded as an enlightened piece of legislation which would set a standard for Australia, and was one of the Minister's achievements of which he spoke proudly on frequent occasions.

The Act discarded all the terms in previous Acts which implied the stigma of lunacy, lunatics, asylums and insanity. An insane patient is called a continued treatment patient or an incapable person, reception houses became admission centres, the Inspector General was replaced by the Director of State Psychiatric Services, the Master in Lunacy became the somewhat cumbersome Master in Protective Jurisdiction of the Supreme Court, and Licensed Hospitals became authorised hospitals. A schedule was set out in comparative form to cover all contingencies of these changes in nomenclature.

The powers and responsibilities of the Director of State Psychiatric Services were similar to those previously enjoyed by the Inspector

General provisions were made for a Deputy Director to enjoy all the powers of the Director in his absence. Dr Graham Edwards discusses the significance of the changes in some detail, and summarises the philosophy of the Act (116):

“The new *Mental Health Act* had a number of advantages as compared with the old *Lunacy Act*. In the main these were a more modern terminology, the elimination of the Lunacy Court and the adversary process in assessing the need for admission or otherwise of the mentally ill person, the encouragement of voluntary admission and the introduction of welfare officers.

These changes were seen to be important as they provided a more satisfactory legal framework in which a treatment orientated rather than custodial care approach could develop. There was retention of basic legal safeguards to protect individual civil rights yet at the same time some of the more strict and dehumanising legal sections were removed or modified.”

Mental Health (Amendment) Act 1964 No. 69

This amendment relates largely to the control and management of the estates of persons who are mentally ill; of the control of patients' trust funds, and of the power of Medical Superintendents and the Director of State Psychiatric Services to authorise surgical operations on patients.

Mental hospitals

Ryde Mental Hospital Construction Act 1948 No. 2

This is a short Act to amend the *Local Government Act* to provide for the construction of a mental hospital at Ryde, so that the provisions of Part XIIa of the *Local Government Act* shall not apply. It provided for resumption of the land. The Act proposes that the Hospital should consist of some thirty ward blocks to accommodate 1,400 patients, and that the Minister for Public Works should be the constructing authority.

Gladesville Mental Hospital Cemetery Act 1960 No. 45

This is a short Act which states the provisions for closure of the cemetery within Gladesville Hospital.

NSW Institute of Psychiatry

NSW Institute of Psychiatry Act 1964 No. 44

This Act provides for the institute of Psychiatry as a corporate body, describes its educational and research functions, and defines its Board of Directors.

NSW Institute of Psychiatry (Amendment) Act 1971 No. 46

These are consequential amendments of the Act to delete the word 'Public' from Public Health (the Department having changed its title from Department of Public Health to Department of Health); to correct the title Director-General of State Psychiatric Services to Director; to permit appointment of a professor of psychiatry rather than 'the professor' where two or more chairs exist in a university; and other minor amendments relating to accounting procedures.

Mental retardation

Mental Defectives (Convicted Persons) Act 1939 No. 19

This Act makes special provision for the care and treatment of mentally defective prisoners. It provides for legal procedures, supported by medical evidence, to have a prisoner declared a mental defective under the Act, whereupon a magistrate, after proper inquiry, can order the prisoner to be detained in an institution during the Governor's pleasure. It provides for appointments of institutions for this purpose, and gives the Inspector General right of access to such institutions.

Inebriates

Inebriates Act 1900 No. 32

This Act provides for a Judge or Magistrate, on application by the person (while sober), the husband, wife or member of the family, or partner in business, or a member of the police force above the rank of Sub-Inspector, and after medical evidence in verification, to make an order committing the inebriate to the care of a person or persons or in a licensed house or hospital or a private hospital, for a period varying from 28 days for a non-licensed house or hospital or personal custody to a period up to 12 months for care in a licensed institution. It proposes legal safeguards to protect the inebriate during the process of committal and for the care of his estate if he was incapable. The Act provides the mechanism to license institutions for this purpose. No such institution was licensed within the mental hospitals system for some decades until Bloomfield Hospital was established and a section set aside within that institution. There were frequent pleas in the annual reports of the Inspectors General for facilities under this Act to replace the procedure then in vogue of referring inebriates to the control of the Salvation Army.

Inebriates (Amendment) Act 1909 No. 2

The *Inebriates (Amendment) Act 1909* states precisely the powers and duties of a guardian of an inebriate; provides for voluntary recognisance; provides for the establishment of inebriates institutions under the control of the Inspector General; establishes conditions for inebriates convicted of other offences and their disposal; makes provision for release on license from inebriates institutions or conditional release; and establishes an Inebriates Board to consist of the Chief Medical Officer to the Government, the Inspector General of the Insane and the Comptroller-General of Prisons. The functions of the board are to recommend removal of inebriates between State Institutions, and to conduct inquiries and report to the Minister.

Inebriates Act 1912 No. 24

The *Inebriates Act 1912* was a consolidation of the provisions of the 1900 and 1909 Acts.

Inebriates Act 1912-1949

The *Inebriates Act of 1912* was reprinted in 1949 with consolidation of previous amendments of the *Inebriates Act 1900*. There was also included in the Act provision for institutional pensions under the *Mental Institutions Benefits Agreement Act of 1949*.

Commonwealth Acts*The Lunacy and Inebriates (Commonwealth Agreement Ratification) Act 1937*

This Act provides for an agreement whereby citizens of the Australian Capital Territory could legally be treated in mental hospitals in NSW (the Australian Capital Territory lacking any such facility), and determines a formula for cost-sharing between the Commonwealth and State of NSW. The Inspector General has to report yearly on the locations and numbers of ACT citizens under treatment in state mental hospitals.

Lunacy (Norfolk Island) Agreement Ratification Act 1943

This is a similar Act, and in almost identical terms, to the *Lunacy and Inebriates (Commonwealth Agreement Ratification) Act of 1937* to validate the treatment of citizens of Norfolk Island (a Commonwealth territory) in the mental hospitals of NSW, on a cost-sharing basis.

Mental Institutions Benefits Agreement Act 1949 No. 43

This Act provides for amendment to the *Lunacy Act 1898-1947* and the *Inebriate Act 1912* and ensures that no means test or charge can be made on qualified persons in mental institutions.

Mental Institution Benefits Agreement Act 1949

This Act validates an agreement between the Commonwealth and State whereby the Commonwealth can pay an institutional pension to persons within mental institutions under the *Lunacy Act of 1898* and the *Inebriates Act of 1912-1949*.

State Grants Mental Institutions Act 1955

This is a *Commonwealth Act*, following the *Stoller Report*, which provides assistance to the States on the basis of 10/- Commonwealth subsidy to every £1 spent by the States on building or renovation of wards and related accommodation in mental hospitals.

Mental Health (Commonwealth Agreement Ratification) Amendment Act 1962 No. 14

This is an Act to validate the powers previously exercised by the Inspector General and now exercised by the Director-General of State Psychiatric Services with respect to treatment and confinement of patients from the Australian Capital Territory who are committed as insane or inebriate, and to provide for admissions, continued treatment and discharges to institutions whose nomenclature was changed by the *Mental Health Act 1958*, and to provide for voluntary admissions. It modifies in these issues the financial Agreement first entered into between the State and Commonwealth in the *Act of 1937*.

Miscellaneous Acts*Health Commission Act 1972 No. 63*

In the Schedule of this Act there are listed appropriate amendments to the *Inebriates Act 1912*, the *Mental Health Act 1958* and the *Institute of Psychiatry Act 1964*, to provide for the Health Commission to exercise powers under these Acts and supplant the Director of State Psychiatric Services, who is redundant under this Act.

Commissions, reports and inquiries

The statutory provision for an annual report of the Inspector General of the Insane (Mental Hospitals) provided the vehicle for public disclosure of conditions within the mental hospitals. The repetition and periodicity of these reports were self-defeating and, if anything, had the effect of mollifying any public or official discomfiture. Insane persons, confined within mental hospitals did not influence the ballot box, in fact they were disfranchised, and if conditions were a little worse in the mental hospitals this year than last year it was only marginal and there was no collective protest from the patients. As source documents, the reports of the Inspectors General are important to the historian in delineating the responsibilities and structural details of the administration of the Lunacy Department. As public documents they were ineffectual although occasionally slightly irritating for the moment thereof. I can recollect a Chairman of the Public Service Board expressing his opinion that there was too much emphasis on overcrowding and the unpleasant aspects of staff quality and recruitment failures.

Occasionally there were circumstances which aroused unfavourable reactions, which could not readily be allayed other than by an external inquiry into the mental hospitals. In general, and because of the circumstances surrounding the commissioning of a public inquiry, these investigations were more significant in initiating change and reform. The more important of these are summarised herewith.

The Royal Commission on Lunacy Law and Administration 1923

Throughout the latter portion of the nineteenth century and the first two decades of the twentieth century there were frequent complaints in Parliament and the press of overcrowding, unsatisfactory accommodation, criticisms of the *Lunacy Act* and its procedures, staff attitudes to patients and inadequate treatment regimes due to staff shortages. In 1923 the Government decided on a Royal Commission consisting of Members of the Legislative Assembly and Council to survey the situation in depth and propose guidelines for future policy and expenditure (117).

The commission consisted of four members each from the Legislative Assembly and Council, under the Chairmanship of Dr Richard Arthur M.L.A., Minister for Health. Other members were Messrs. David Moore Anderson M.L.A., Tom James Hoskins M.L.A., (resigned 15 January 1923), Dr Robert Stopford M.L.A., Sidney Reginald Innes-Noad M.L.C., Edward John Kavanagh M.L.C., Thomas Januarius Smith M.L.C. (resigned 26 February 1923), and John Henry Wise M.L.C. The terms of reference were broad, and the Commissioners were instructed to inquire and investigate (118):

1. The methods of admitting patients to public and private mental hospitals under the provisions of the *Lunacy Act*, No. 45 of 1898.
2. The methods of treating patients in such hospitals, and the methods of discharge from such.
3. What defects, if any, there are in the existing conditions at the abovementioned hospitals.
4. Any improvements that can be suggested in reference to existing conditions in public and private mental hospitals.

The Inquiry was extensive and occupied 48 sittings, at 47 of which evidence was taken. The report was in four parts, covering admission procedures, accommodation, treatment, and mental deficiency. The recommendations were disappointing and inconclusive and did not propose any major changes in lunacy legislation, other than provision for admission of voluntary patients and the possibility of some discharge alternative to Section 99 when conflicting opinions were expressed. Overcrowding was admitted (it could not be otherwise ignored). It was suggested by the commission that special accommodation be provided for idiots and persons of feeble mind; that the hospital for the criminally insane at Parramatta be condemned as unfit for human habitation; that the mental hospital at Orange be constructed to relieve overcrowding; and that the Industrial School for Girls at Parramatta be transferred to the Department of Mental Hospitals to accommodate the criminally insane. There was a further recommendation concerning the appointment of Official Visitors.

The opportunity provided through this Royal Commission to provide a systematic programme for upgrading mental institutions and reviewing the legal basis of insanity was not achieved, nor could it be expected from the composition of the Commission. Further opportunity did not arise until the Royal Commission of 1961. Dr Graham Edwards summarised the impact of the 1923 Royal Commission 'The report was a fairly defensive document in that it defended the problems that existed and did not propose any immediate significant changes'(119).

Inquiry by the Public Service Board into conditions at Callan Park 1948 (120)

A Public Service Board Inquiry was conducted into the Callan Park Mental Hospital in July 1948, to investigate allegations made in the Sun newspaper, on the state of disrepair of the buildings; the inadequacy of food in quality and quantity; insufficiency of clothing for patients; misuse of patient labour; lack of or improper treatment of patients; and ill-treatment of patients and neglect of duty by staff. The Board of Inquiry consisted of Wallace C. Wurth, Chairman, and Messrs. A.W. Hicks and M.K. Weir, members of the Public Service Board. It reported to the Minister of Health on 4 August 1948.

The report admitted overcrowding, proposed new institutions as long-term measures, and suggested that £100,000 be spent on renovations to mental hospitals in the financial year. It admitted shortage of staff and difficulties of staff recruitment, especially nurses, but made no specific proposals to overcome these defects. It dismissed allegations of poor food, unsatisfactory clothing and staff cruelty to patients.

The report is superficial in its investigations and its recommendations. The impression is gained that it served its purpose to quieten public and political criticism. I am not aware that it conferred any long-term substantial benefit on Callan Park or the mental hospitals, which would not have occurred in its absence. The term 'whitewashing' may be too harsh to describe the exercise. Perhaps it could be described as negative in approach and conciliatory in

its recommendations. This was not unexpected as any substantial verification of the complaints would reflect also on the oversight exercised by the Public Service Board over the Department. No doubt also the newspaper criticism was exaggerated to create an effect. It is interesting that the Royal Commission of 1961 was less apologetic and more trenchant in its criticism.

The Stoller Report 1954 (121)

The *Stoller Report* was a report to the Commonwealth Government and a preliminary to that Government's interest in formulating a national policy to upgrade State health facilities as a component of a national health scheme. The initial entry by the Commonwealth to provide financial assistance to the States on a predetermined formula was the Commonwealth-States Agreements on tuberculosis. As with the latter, the first proviso of a co-operative effort in mental health was to survey the scene throughout Australia, and Dr Alan Stoller (Senior Psychiatrist of the Repatriation Department) and Mr K. Arscott were appointed to conduct this survey by the Commonwealth Minister for Health, Sir Earle Page. Sir Earle Page was a doctor and the originator of national health legislation following the Constitutional Referendum of 1946, which granted this power to the Commonwealth Government.

Dr Graham Edwards discusses this report in detail in his thesis, and I do not intend to repeat his remarks(122). The significance of the report was the acceptance of the Commonwealth Government of the responsibility to provide financial assistance to the States to renovate and provide modern accommodation in mental hospitals, on a formula of 10/- Commonwealth for each £1 State monies expended. This was confirmed in the *States Grants (Mental Institutions) Act of 1955*.

The Trethowan Report 1957 (123)

Professor W. Trethowan was Chairman of a Ministerial Committee, appointed by the Minister for Health, to review the *Lunacy Act of 1898*. There were two other members, Mr Stanley Cruise and

...there were frequent complaints in Parliament and the press of overcrowding, unsatisfactory accommodation, criticisms of the Lunacy Act and its procedures, staff attitudes to patients and inadequate treatment regimes due to staff shortages.

Dr E. Marsden. There was disharmony in the committee's deliberations as Dr Marsden submitted a minority report, and Mr Cruise threatened likewise, although the threat did not eventuate. Dr Marsden's proposals retained much of the format of the existing Act, while Professor Trethowan's proposals were concerned with updating and rewriting the Act in consonance with principles of community psychiatry. The Minister accepted Professor Trethowan's version, and his report was the basic document on which the *Mental Health Act of 1958* was modelled.

The Trethowan Report 1960 (124)

This is a report of a committee established by the Minister for Health to advise on legislative control of mental defectives. Its membership consisted of Professor W.H. Trethowan (Chairman); Mr B. Le Gay Brereton, Education Officer Spastic Centre; Dr Allan Jennings, Senior Psychiatrist, Childrens Unit, North Ryde Psychiatric Centre, and Dr John McGeorge, Consultant Psychiatrist to the Department of Attorney General and of Justice. The report was presented in March 1960, and proposed an Act to be known as *'The Intellectually Handicapped Persons Act'*, which would replace the *Mental Defectives (Convicted Persons) Act of 1939*; extend the scope of control by establishment of an Intellectually Handicapped Persons Committee; and provide for notification and registration. The report was never adopted due to the investigation proposed by the Health Advisory Council. The influence of this report is apparent in the *Third Interim Report of the Health Advisory Council*.

The Royal Commission of Inquiry into the Callan Park Hospital (125)

The circumstances leading to the Royal Commission into Callan Park Mental Hospital are more redolent of a cloak-and-dagger melodrama than a Public Service Department, which was proceeding, within the resources available to it, towards a more progressive programme of mental health following the passage of the *Mental Health Act of 1958*. It could point proudly to two unique institutions in the Australian context, the Psychiatric Clinic North Ryde with its specialised units and the Cerebral Surgery and Research Unit within the Callan Park Mental Hospital. The reputation of Broughton Hall as a voluntary hospital was high and the teaching unit

therein, under Professor W. Trethowan, was stimulating professional interest in psychiatry as a satisfying career in medicine. There was awakening interest in psychiatric units within the general hospitals and the first inpatient unit was functioning at the Royal Prince Alfred Hospital. A similar type of unit, the Admission Ward for Callan Park, had progressed from the planning to the construction stage. In the first half of 1960 there was no indication that political and departmental equilibrium was to be shattered by a public upheaval, which was to result in industrial turmoil, bitterness, resignations and depots, and a drastic reorganisation of the Mental Health Service.

There are three main characters in the plot which unfolds towards the end of 1960, Dr H.B. 'Harry' Bailey, the Minister for Health the Hon. W.F. 'Billy' Sheahan and Judge John Henry 'Jock' McClemens, a Justice of the Supreme Court, who had published articles on lunacy law in association with J.M. Bennett. In the wings, playing brief but important roles are the Chairman and members of the Public Service Board and the Under Secretary of the Department of Public Health, Mr G.A.G. Cameron. There are other members of the supporting cast, some of whom will be mentioned as they make their appearance.

As the action commences the stage is occupied by Dr H.B. Bailey, who had been Medical Superintendent of the Callan Park Mental Hospital for less than one year. He was recruited into the Division of Mental Hospitals in 1952 to establish the Cerebral Surgery and Research Unit, which was completed in 1958 although not fully functional in 1960. Dr Bailey had returned recently from a World Health Organisation scholarship, and had been appointed Medical Superintendent of Callan Park in 1959, still retaining his position of Director of the Cerebral Surgery and Research Unit.

Dr Bailey was one of a small group of innovative and progressive psychiatrists, who were stimulated to enter the Division of Mental Hospitals of the Department of Public Health by the enthusiasm and example of Professor Trethowan. They saw a challenge to their modernism in psychiatric concepts in deployment in the mental hospitals. Some, such as Drs. Neville Yeomans, Gerald Ogg and William Grant were able to practise these concepts at the modern institution at North Ryde.

Dr Harry Bailey was a person of unusual intellectual attributes with a straight and unconventional approach to problems inherent in the system. In appearance he was also distinctive, a young man with a beard, an unusual sight in those years, which somehow or other seemed to be contrary to the rigid ethics of the public service protocol of dress. He was unusual in his knowledge and skill in electronics which he put to good use in inventing an improved electro convulsive therapy machine and in purchasing and modifying sophisticated equipment within the Cerebral Surgery and Research Unit, and to dubious use when he secretly taped an interview with the Minister for Health, an incident which was later to strengthen the Minister's impression of disloyalty.

As the prelude to the drama, Dr Bailey had discussions with Mr Wallace Wurth, Chairman of the Public Service Board, on a personal matter arising from his World Health Organisation fellowship, during which he made startling allegations against the staff at Callan Park, alleging neglect of duty, dishonesty, cruelty to patients and scandalous behaviour. He was requested to put these allegations in a report, which he did on plain foolscap notepaper in his own handwriting. He claimed that

confidentiality and opportunity for confirmation would be lost by leakage, if the report was to be typewritten by a member of his staff. Alas for secrecy! Dr Donald Fraser, Director of State Psychiatric Services, records that on 5 March 1960, at a barbecue at Broughton Hall Psychiatric Clinic, he heard Dr Bailey discussing these affairs at his hospital with departmental officers. As a result, Dr Fraser subsequently took action to dismiss one staff member of Callan Park and discipline others (126). Rumours quickly circulated throughout the Hospital about the contents and the deployment of staff informers. This report was the infamous 'secret document' delivered personally by Dr Bailey to the Chairman of the Public Service Board in March 1960, and which was later to disappear in the original.



Callan Park
Recreational Grounds 1943

There is no doubt that Dr Bailey was genuinely concerned at the conditions at Callan Park, and rightly so. The hospital had been trenchantly criticised in the past and conditions were ripe for scandal. The standard of accommodation had received adverse comment, but little action, in the Royal Commission of 1923; in 1937 the Minister for Health, the Hon. H. Fitzsimmons, had suggested an inquiry into the administration of the hospital; in July 1948, a Public Service Board Inquiry was held following allegations of staff attitudes and neglect in the *Sun* newspaper, obtained by a reporter who sought and obtained a staff position at the hospital; in September 1949, there was an unsuccessful attempt by the Opposition for appointment of a Parliamentary Select committee to investigate conditions at Callan Park; and, newspaper articles in

1950, the *Medical Journal of Australia* in 1953, and the *Stoller Report of 1955* were all critical of overcrowding, poor accommodation and other unsatisfactory circumstances associated with patient care at the hospital. Early in 1960 prior to Dr Bailey's report, there had been critical articles in the *Sydney Morning Herald* associated with patient escapes, which did not arouse ongoing discussion or stimulate official reaction.

That the scandal did erupt was due in no small measure to Dr Bailey's methods and staff revolt. He was impatient and vigorous in his efforts to achieve reform. Likewise his methods and proposals for solution were unconventional and aroused implacable staff reaction, which was expressed in open resistance to his administration.

It is alleged that this document was conveyed to the Under Secretary of the Department by courier in the person of a senior officer of the Public Service Board, with the instructions that it was not to be disclosed to the Minister. I am unable to determine whether these allegations were true or false as no written documentation exists in support or denial. The allegations are mentioned because they were the circumstance which determined ultimately the establishment of a judicial Royal Commission.

On 14 March 1960, Dr Donald Fraser was summoned by the Under Secretary of the Department of Public Health and given the report to read. He was annoyed that the report had bypassed him and regarded its contents as 'highly disturbing but so grossly exaggerated as to be useless for the purpose of conducting an enquiry' (127). A false prophecy!

That there was justification for Dr Bailey's allegations appeared to be confirmed by the discovery of a locked cupboard full of groceries by the Manager of the hospital, which was the subject of a Section 58 Inquiry by Mr L.C. Holmwood, a member of the Public Service Board. Many of the allegations in the report had implication in criminal law, and these were discussed with the Commissioner of Police, Mr C. Delaney, by Messrs. W. Wurth and G.R.G. Cameron, apparently at this stage without any disclosure to the Minister. Some police action, including search of staff leaving the hospital, aroused further antagonism and bitter resentment, although at this stage there was no threat of industrial action. And so the cauldron simmered until the opening scene.

One can envisage Dr Bailey leading into his role after negotiating with the *Sydney Morning Herald* for free publicity for a fete which was to be held on 29 October 1960, and from which he hoped to raise £50,000. He was reading a feature article in two parts in the *Herald* of 22 October, which was to conclude on the morning of the fete. But the article was not entirely to his liking. The headlines proclaimed:

Callan Park: Its obsolete system breeds apathy

and then in smaller print somewhat in Bailey's defence:

"If the beginning and end of Callan Parks' troubles were that sections of its staff were incompetent, dishonest and even sadistic, the task of Dr H. Bailey, who was appointed Medical Superintendent late in 1959, would be heavy indeed.

But the staff situation is only one symptom of a more general condition at this mental hospital whose obsolete system of locked wards has bred apathy, dirt and decadence."

He may well have objected to the *Herald's* call for a Royal Commission, but not to its further comment when it stated 'he (Bailey) is resolved to give back Callan Park its self respect'.

The attack by the *Sydney Morning Herald* was not a solitary piece of journalism. The caldron was boiling over and staff industrial action was imminent and could no longer be contained. On the previous day the *Sun* and other newspapers had reported a resolution by 200 male nurses at Callan Park to walk out claiming 'a gestapo-like system is being used to spy upon them'(128). Letters to the Editor of the *Herald* were in profusion in the days that followed, both in support and rebuttal of newspaper and staff allegations, including a reply by Dr Bailey. Industrial action was imminent and both the NSW Nurses Association and the Hospitals Employees Union demanded a full inquiry by the Public Service Board. The plot thickens as two male nurses resigned due to irregularities prior to their employment, which were only discovered after the bubble burst. They were the 'alleged informers'.

The scene shifts to the Public Service Board where Mr J. Goodsell was Acting Chairman following the untimely death of Mr Wallace Wurth. Here action was swift. On 27 October the board decided that it would investigate the situation at Callan Park, and on 3 November, it announced that the investigation would be conducted under Section 9 of the *Public Service Act* by the two legally qualified members of the board, Messrs. L.C. Holmwood, Deputy Chairman, and E. Howitt, exercising the powers of a Royal Commission under Section 10. The terms of reference were(129):

"Whether any patients at the hospital had been subject to neglect or cruelty by any member of the staff at that hospital, and if so under what circumstances and by whom.

Whether money, food, comforts or other articles provided or intended for the use of patients of the hospital were misappropriated or diverted by members of staff.

Whether the procedures and methods directed to be observed at the hospital in relation to the supply and handling of food and other articles for the sustenance and comfort of patients were being adhered to...

The suitability of clothing... The condition of accommodation...

The quality and dietetic value of food...

Such other matters... as the board may consider relevant."

A meeting of the Board of Inquiry was held on 9 November, and adjourned until 22 November, to enable a special committee to make a preliminary investigation on its behalf. This committee comprised Dr C.J. McCaffery, Medical Superintendent of the Royal Newcastle Hospital, Mr V.H. Cohen, Deputy Auditor General and Mr J.B. Holliday of the staff of the Public Service Board.

At this point there was consternation. The secret document could not be located. It was not in the Public Service Board or in the safe at the Department of Public Health. What happened to the original is still a mystery. Whether it was destroyed or lost after its transit to the Police Department cannot be determined. The Under Secretary, Mr G. Cameron, maintained that it was never in his possession after the visit to the Police Department. Fortunately there was a photostat copy within the Police Department from which copies were made for the benefit of the Public Service Board Inquiry.

The hospital had been trenchantly criticised in the past and conditions were ripe for scandal.

Dramatically, there is a sudden shift of scene to Honolulu. The Minister for Health was overseas during this controversy and was returning to Australia when news reached him of the newspaper articles and the 'secret document'. The Hon. W.F. Sheahan was a volatile and dynamic Minister who had totally identified himself with his Ministry, who was familiar with its problems and difficulties, and who had consistently supported his officers, at times to his own disadvantage. He was persistent in his battle for government resources and finance and expected loyalty and support in return. This document was to him an unforgivable act of disloyalty, which was more sinister because of its disappearance and disclosure during his absence. After his return on 15 November, his first action was typical of his impetuosity. He made a visit of inspection to Callan Park on the following day to test personally the validity of the allegations.

Although he publicly refuted the allegations as exaggerated and mischievous, the die was cast. He obtained a copy of Bailey's report, and presented it to Cabinet towards the end of November as evidence of the necessity to have a judicial Inquiry in place of that already commenced by the Public Service Board. He was suspicious generally of the Public Service Board's implication in the drawing and reception of the report. After some misgivings Cabinet agreed to a Royal Commission and appointed the Honourable John Henry McClemens, a judge of the Supreme Court, as Commissioner on 13 December 1960. The terms of reference were similar to those already determined for the Public Service Board Inquiry, to which were added two additional terms(130):

(8) Whether there has been:

- (a) Any neglect of duty by any member or members of the staff of the said hospital:
 - (i) in improperly absenting themselves from their place of duty during hours on which they were rostered on duty
 - (ii) in relation to any deceased patient.
- (b) any improper conduct in attending to the body of any deceased patient.

(9) The truth or otherwise of the allegations contained in the report written by the Medical Superintendent of the said hospital (Dr H.R. Bailey) in March 1960.

The scene is occupied solely for the next nine months by Mr Justice McClemens conducting the Royal Commission. The proceedings attracted daily publicity in the press with emphasis on the more sensational and controversial evidence. The Royal Commission did not deserve this type of exposure. It was a detailed and thorough investigation, centred on Callan Park, but also involving the philosophy of mental health, community and institutional needs and requirements, the status of psychiatric nursing, psychiatric therapy, supportive and rehabilitation services, community attitudes and official responsibilities. As Dr Graham Edwards describes its achievement...

“It achieved not only a thorough investigation into the malaise at Callan Park but a total review of the role and problems of mental hospital care in a contemporary society(131).”

The findings verified factually many of the criticisms made against Callan Park, and found others unproven. Some of the complaints had been rectified before the Royal Commission commenced. Concerning Dr Bailey's report of March 1960, the Commissioner found some justification in part of the charges of staff delinquency and dereliction of duty. His criticism of the report was twofold. It was exaggerated and tended to ascribe generally to the staff the misdeeds of a minority. He dismissed the solutions proposed by Bailey for use of 'dummy staff and patients', unexpected raids and night rounds, and replacement of senior staff etc as 'impossible in the Australian sense(132)'.

The importance of the Royal Commission and its report lies not so much on its conclusions but rather its disclosure generally of deficiencies in the mental hospital system, which were accepted in the past but were out of phase with contemporary social attitudes. The comparison drawn by the Commissioner between NSW and Victoria, under the administration of Dr F. Cunningham Dax, was unfavourable to this State. Drastic change in the administration of mental health was now inevitable, and continued progressively over the next decade. The Commissioner's aspiration was to become fact:

“...and can only hope that, in the interests of the whole community and of the mentally ill, we may be able to justify the assertion that the time is at hand and (our) courage is such that (we) may make history in adopting a new policy for mental health(133).”

There were two scapegoats of the Royal Commission, Drs. Donald Fraser and Harry Bailey. Dr Fraser was deposed from the position of Director of State Psychiatric Services to Senior Relieving Superintendent and Medical Superintendent of the Mental Hospital, Stockton, in September 1961. Dr E.T. Hillard succeeded him as Director of State Psychiatric Services and Senior Medical Superintendent in the same month. Dr Bailey was induced to resign in February 1962, and entered private psychiatric practice.

Even before the report of the Royal Commission it was obvious in 1961 that reorganisation of the Division of State Psychiatric Services was inevitable, and should commence without further delay. Furthermore, it was agreed that any such reorganisation should bridge the gap which existed in the Department between the public health and mental health sectors, and that all professional activities should be under unified direction.

For these reasons I was invited to accept a new position of Director-General of State Psychiatric Services, still retaining my position of Director-General of Public Health to achieve the desired unity, with the proviso that I was to concentrate on planning the reorganisation of psychiatric services, and delegate largely my public health responsibilities to my deputy, Dr E.S.A. Meyers. In turn he would become the Director of State Health Services (in equality with the Director of State Psychiatric Services), and appropriate Acts would be amended to permit this delegation. I agreed to these conditions and was appointed on 1 April 1961. Shortly after, Donald Fraser went on extended sick leave, and Dr W. Grant, then Deputy Director of State Psychiatric Services, acted in his stead.

I accepted the position of Director-General with some reluctance because of the possible adverse effect that this additional blow might impose upon Fraser's waning health, and because of the sympathy that it might arouse for him, and corresponding backlash toward me, from the Medical Superintendents and other staff. Dr E.S. Morris experienced a similar attitude when he accepted the dual positions in 1942, and I was even more vulnerable because of my wide gap in knowledge and experience of psychiatry. My acceptance was conditional on assurances of continued support from the Public Service Board and the Minister, support which was never denied me during my short term of office.

I was by no means astray in my estimate of the reaction to my appointment, and the attitude of the Medical Superintendents was made patently clear to me by their hostility at a meeting I called to outline the plan for reorganisation. Dr E. Ogg, Medical Superintendent of the North Ryde Psychiatric Clinic, resigned immediately in protest, and I still suspect that the later resignation in August of Dr W. Grant was for similar reasons. The consequence of this

opposition was a worldwide recruitment programme for psychiatrists, to attract psychiatrists to the Division of State Psychiatric Services who had knowledge and experience of modern concepts of psychiatric practice and so improve the image of the State Psychiatric Service and the mental hospitals, and also who would owe no loyalties to the system that had existed, and so educate or weaken the enclave of medical superintendents, bound in loyalty to a system which was becoming obsolete. I was given wide powers of employment by the Public Service Board and I proceeded overseas for personal interviews. The campaign was partially successful, not so much by numbers recruited, as by the quality of successful applicants, and the publicity the campaign attracted here and overseas. From thence there was a steady entry into the Department of qualified psychiatrists and a greater response from doctors wishing to train in psychiatry.

1961 was quite a memorable year, not only for the events so described but also for the changeover in senior staff. The professional changes have already been indicated. The Under Secretary and Permanent Head of the Department, Mr G.R.G. Cameron, retired in September, and was preceded by the retirement of his deputy, Mr B.B.C. Hughes in July. Mr Cameron was succeeded by Mr J.D. Rimes, who was the first Under Secretary of the Department with tertiary qualifications. He had pursued a career from boyhood in the public service, and had obtained a reputation for superior administrative capacity as Inspector and Senior Inspector of the Public Service Board. As Departmental Inspector he had acquired an intimate and wide knowledge of departmental institutions, and thereafter until his retirement in 1973, he was a dominant figure in the Department, and particularly in the administration of mental health.

Mr Rimes' concept of the role of Under Secretary was conditioned by his training and experience in the public service. He disapproved of the practice, which had hitherto existed in the Department, of senior professional officers being invited to advise the Minister, and was the protagonist of a single line of communication, even in professional matters. He was assiduous, totally dedicated, and indefatigable in his visitations and staff contacts. He saw himself as the

Drastic change in the administration of mental health was now inevitable, and continued progressively over the next decade.

leader, and did not easily accept that this role might occasionally be more appropriate in other hands. For these reasons, and because he thought it glossed Ministerial authority, he was opposed to the autonomy of the Board of Health under the *Public Health Act*. As President of the Board of Health I was the custodian of this autonomy, a source of difference between us on many occasions. This ideological conflict was an important factor in my later decision to resign the Office of Director-General of State Psychiatric Services. It was one of the reasons I retained the Presidency of the Board of Health during my incursion into psychiatric administration.

Two circumstances were important as the mechanisms of reorganisation, the creation of the Health Advisory Council and the Division of Establishments, although the latter was established for a different objective. Each was essential to the reorganisation and deployment of the facilities of the State Psychiatric Service, the one for planning and the other for management and translation of policy into action.

The Health Advisory Council

It was obvious before World War II that the competing administrations of the Offices of the Inspector General of Mental Hospitals and the Director-General of Public Health had become entrenched in philosophies, which, although valid in part, were rigidly deployed and resistant to change. The services originating in lunacy and public health were unattractive to responsible and capable members of the medical profession, leadership was anything but dynamic, and originality, change and inquisitiveness were discouraged and regarded as heretical and insubordinate trends. The gulf between the Government health services and the private sector of the medical profession was marked. Only one doctor who graduated in my year (1937) chose public health as a first choice profession, and he looked to England and the Colonial Medical Service and not NSW. Not one entered psychiatry. Generally, both public health and lunacy were regarded as necessary but inferior arms of medicine. These attitudes of the medical profession were in some degree counterproductive, and resulted in further isolation and withdrawal into a caste system within departmental organisations, and a determination to preserve the system.

Any thought of reorganisation of structure or function of the Department of Public Health was untenable during World War II. The rigid hierarchical structure in lunacy and public health was beneficial during this upheaval when shortage of manpower produced a situation demanding rigorous supervision of traditional services with depleted resources.

Experiences gained in World War II in field sanitary control and field medicine; dramatic advances in medical science, technology and therapeutics; demand for welfare services and support; development of hospital services of a highly specialised nature; intrusion of government financial resources to support personal medical services; changing concepts in psychiatry; and dramatic advances in prevention and control of infectious diseases demonstrated vividly the deficiencies in the traditional role and organisation of health departments. Drastic change was inevitable. That it was inevitable was accepted by the Public Service Board and the Minister for Health, the Hon. W.F. Sheahan. The problem was how to grasp the opportunity to effect this change and the creation of a mechanism to do so quickly with minimal disturbance to a career service.

The mechanism had to be one which would be competent and impartial in its assessments and advice; which would be acceptable to the Government, the medical profession and the

community; and which would carry sufficient prestige to minimise personal conflicts and antagonism when career incentives were disturbed by its recommendations. And so was created the Health Advisory Council. When I proposed this Council to the Minister for Health and the Public Service Board, I structured it on similar principles to the policy planning committee associated with the Pentagon in Washington, U.S.A. The Public Service Board and the Minister agreed with the basic concepts that a depth of personal and professional capacity and experience was essential for appointment as a member of the Council, and that membership should be restricted to avoid protracted deliberations and sectional obligations. The latter was achieved by appointments external to the Public Service of NSW.

The Council was constituted early in 1961 to include an expert in each of the three disciplines of health administration (hospitals, preventive medicine and psychiatry), together with an executive member; and the Director-General of Public Health as Chairman. It was granted a considerable degree of freedom in its activities and was provided with a special vote through the Department of Public Health. Its independence from the Department was confirmed by its channel of communication direct to the Minister; and this independence was jealously safeguarded by the Council.

The Council as appointed consisted of:

Chairman

Dr C.J. Cummins, Director-General of Public Health and State Psychiatric Services.

Members

Sir Edward Ford, Professor of Preventive Medicine, University of Sydney.

Professor W. Trethowan, Professor of Psychiatry, University of Sydney

(from January 1962, Professor David Maddison replaced Professor W. Trethowan).

Dr John Lindell, Chairman, Hospitals and Charities Commission of Victoria.

Executive Member

Mr R.H. Hicks, C.B.E., formerly Director of the Child Welfare Department.

Secretary

Miss Thelma Critchlow.

The function of the Health Advisory Council was expressed in broad terms by the Premier in his official announcement of its establishment. It was left to the Council to specify its areas of investigation and relevant priorities. Due to the urgency to implement a mental health programme in NSW because of the disclosures of the Royal Commission of Inquiry into Callan Park Mental Hospital, the first reference of the Health Advisory Council was to submit proposals for a coordinated programme in mental health in light of modern trends in social and administrative psychiatry and public health, including the problems of the aged.

The Council undertook a study of these components which lasted fifteen months. In formulating its reports the Council considered personal and written submissions received by advertisement or invitation, and either collectively or individually made comparative studies of existing facilities within and external to Australia. The Council visited various States and New Zealand, and two of its members (the Chairman and Dr J. Lindell) visited Canada and examined its health facilities in another model of Federation.

It published three interim reports within 15 months, viz.*

The First Interim Report on Preventive Psychiatry – June 1961.

The Second Interim Report on the Care of the Aged – March 1962.

The Third Interim Report on Intellectually Handicapped Persons – October 1962.

I remember well Cardinal Norman Gilroy, in his address at the opening ceremony of Caritas Centre then being transferred to St Vincent's Hospital, stating that the unusual value of the reports of the Health Advisory Council was not so much in the contents thereof, although these were pertinent to the problems studied, but in the fact that Government implemented their provisions.

Government indeed! The Minister for Health, the Hon. W.F. Sheahan was the culprit. He would contrive to release each report to the press at a social gathering called for the occasion to gain

maximum publicity. This was assured when he would announce, simultaneously, Government acceptance without consulting his Cabinet colleagues. The resultant favourable public reaction was such that Government of any political persuasion, would find it difficult, if not nigh impossible, to deny or chastise the Minister for his presumption. The time also was opportune, and people and electorates were expecting vigorous action to remedy the revelations of the Royal Commission.

The recommendations of the three interim reports and their consequences on the administration of mental health, both within and external to the Department of Public Health, will be discussed briefly.

The First Interim Report on Preventive Psychiatry (134)

This report had three important consequences on psychiatric administration. It introduced the concept of preventive psychiatry to NSW; it defined the philosophy and facilities which were necessary, and particularly the role of the general hospital; and, it upgraded the mental hospital system and removed its isolation from general medical practice.

The report emphasised the concept of primary prevention and early diagnosis through health and community educational programmes, combined with a revision of technical education of professionals of first contact, including medical practitioners, para-medical professionals, nurses, clergymen and counsellors.

Specifically it proposed the establishment of early diagnostic and treatment centres, with outpatient, day hospital and inpatient facilities. It recommended that these centres be located in association with general hospitals and with certain mental hospitals. Back-up facilities and public convenience and access were determining factors on a geographic basis in selecting the type of hospital. When associated with mental hospitals, the Council considered that community psychiatric units should be sited outside the hospital boundaries, so that would be separately identified as such.

Any thought of reorganisation of structure or function of the Department of Public Health was untenable during World War II.

*The Council completed five reports, only three of which were published. The Term *Interim Report* was used by Council as it hoped, at a later stage, to consolidate all its interim reports into one document, spanning the whole of the administration of health services in NSW.

Other important recommendations of the report were, that there should be a process of integration between the Public Health Service facilities and those of the Division of State Psychiatric Services, and that this might be achieved by the latter extending its activities into the community; that the Division should associate itself with psychiatric units in general hospitals, to augment professional resources and to receive long-stay patients from general hospitals into mental hospitals for continuing therapy; and, that psychiatric staff of the Division should be included in the establishments of Health Districts, to act as consultants generally in the District, and develop community psychiatric clinics at the Health District base.

The projects which originated from this report were the establishment of a diagnostic, early treatment and rehabilitation unit in the City of Parramatta (The Eric Hillard Clinic), in association with an inpatient unit for short-term voluntary treatment opposite the Parramatta Mental Hospital, Cumberland House, both staffed from the mental hospital; the conversion of the Reception House, with additional separate inpatient facilities, into the Caritas Centre which was transferred to St Vincent's Hospital; The C.J. Cummins Psychiatric Unit at the Royal North Shore Hospital; a large and elaborate day hospital and outpatient complex at the Broughton Hall Clinic; enlargement and updating of the psychiatric unit already operating at the Royal Prince Alfred Hospital; and, a re-planning of the facilities at Callan Park Mental Hospital to make maximum use of the admission ward as a short term treatment centre. In addition to improvement of treatment facilities, an area of Callan Park was converted to a neuro-physiological research unit under Dr R. Davis. The Cerebral Surgery and Research Unit remained as a separate therapeutic unit, largely inactive apart from its x-ray and electroencephalographic facilities.

The outstanding feature of this period of enthusiasm for reform was that all these facilities were planned and completed within a period of some three years from the publication of the first interim report. That this progress was achieved was due to the continuing support of the Minister; and the co-operative team approach of the public service planning agencies, including the Public Works

Department, the Government Architect and the Hospitals Commission of NSW. A standard plan for a community psychiatric unit speeded the erection of community psychiatric centres at Parramatta, the Royal North Shore Hospital, and shortly after this period, at Watt Street Mental Hospital Newcastle.

There was one other important institution which was created from the recommendations of the first interim report: the NSW Institute of Psychiatry, which was established under its own Act of 1963 as a statutory authority. It was a unique concept, operating independently under its own board of management, to coordinate programmes and facilities for post-graduate training in psychiatry, with additional attributes to establish extension programmes for psychiatric workers, to organise seminars and conferences, and to stimulate and support research. It was funded from the general health appropriation.

The proposal for the Institute met with considerable resistance from the late Sir Victor Coppleson, who considered that its functions should be more appropriately invested in the Post graduate committee in Medicine of the University of Sydney, of which he was Director. Sir Victor had spent many years organising post graduate medical education in NSW and was a formidable foe. I am grateful to the late Sir Stephen Roberts, Vice-Chancellor of the University of Sydney, who persuaded the university to drop its long-established Diploma of Psychological Medicine in favour of the Institute, and who supported me in repelling the attack from his own Post graduate Committee in Medicine.

Under the leadership of its Chairman, Mr Desmond Mooney, and guidance of its first full-time Director, Dr Maurice Sainsbury, the Institute has matured and operated successfully in its educational and extension fields.* It has enhanced the status of the mental hospitals as accredited institutions to the Institute, in which the practice of psychiatry is taught and demonstrated in the Institute's post-graduate educational programmes. The involvement of departmental psychiatric professional staff has been a stimulus to recruitment to the mental hospitals, and has helped bridge the gap between psychiatric workers in mental hospitals and general hospitals.

* Although the Institute commenced operations in 1964 it did not appoint a full-time Director until 5 February, 1968.

The Second Interim Report on the Care of the Aged (135)

This report had more significance on the function of the State hospitals and their transition to geriatric hospitals than on the mental hospitals, although, as the report stated, the lodgement of psycho-geriatric patients in either was often a matter of circumstance or convenience. The report stressed the role which legitimately is borne by religious and voluntary organisations in this area of charitable care, and proposed support especially to the former. With this objective in view, and in the rather pious hope that it would relieve the burden on mental hospitals it suggested a coordinated approach by religions in combination, rather than in competition, for funds and facilities. So was planned and erected in 1964 a geriatric complex, of four villas at Parramatta, administered by a Board representative of four religions already active in this field. As an experiment it demonstrated that ecumenism was possible, but it did little to relieve the Parramatta Mental Hospital as was intended. The report did stimulate the appointment in 1964 of a Director of Geriatrics, Dr S. Sax, within the Division of Establishments, but his responsibility was largely towards the oversight of State hospitals. The report had only minor influence on the administration of mental hospitals.

There was one other important institution which was created from the recommendations of the first interim report: the NSW Institute of Psychiatry...

The Third Interim Report on Intellectually Handicapped Persons (136)

This is the most comprehensive report of the three interim reports and traverses incidence by grade of mental deficiency; diagnosis and registration; case-finding and counselling; supportive services; facilities for care and training; formal and special education and training; activity centres; residential and hospital care; hostels; the special needs of babies and infants; parent education; the role of parent groups and voluntary agencies; the mechanism of accreditation and financial support; and legislation.

Where prompt action was possible it was undertaken. The Oliver Latham Laboratories at the North Ryde Psychiatric Clinic commenced a screening programme for inborn errors of

metabolism utilising the Baby Health Centres as the source of contact with newborn babies; formulae were introduced for support of voluntary agencies; educational programmes were coordinated and expanded in the schools system of the Education Department and departmental hospitals; diagnostic clinics were established at the Royal Alexandra Hospital for Children and the North Ryde Psychiatric Clinic; priorities were given to establish or expand sheltered workshops and activity centres; educational programmes were projected to school teachers, parent groups and voluntary workers; and a special residential unit (based on the principles operating at Levin in New Zealand) was approved for immediate planning and construction.

The value of this report was to set the guidelines for future programmes, which would be costly and which would require continuous planning over a prolonged period. The position of Director of the Intellectually Handicapped was created within the Division of Establishments to plan and coordinate programmes involving these concepts. Dr A.N. Jennings was appointed to the position in 1964. The choice was felicitous. Dr Jennings had dedicated his professional career to child psychiatry, as a senior psychiatrist in the School Medical Service and then as psychiatrist-in-charge of the intellectually handicapped unit at the North Ryde Psychiatric Centre. He was well known and appreciated by the medical profession and community and parent groups, and he was able to effect significant changes, both within and without the Department, in attitudes towards mental deficiency.

During the period of his administrative oversight Grosvenor Hospital was established in June 1965, as a diagnostic and training centre; Marsden Hospital was erected and opened in 1969 as a residential unit for children suffering from moderate and severe degrees of intellectual handicap; the Kings School was purchased and converted into an additional residential unit; a special training course for nurses was introduced; the departmental institutions at Peat and Milson Islands and Stockton, were upgraded with greater emphasis on classification and activity and rehabilitation programmes so that patients

undergoing rehabilitation programmes would qualify for invalid pensions;* and two committees were formed in 1964 to assist in planning and staging the ongoing State programme.

The first of these committees was the Inter-Departmental Standing Committee consisting of representatives from the Department of Public Health, Education, Child and Social Welfare and State Treasury. This committee was charged with appraisal of requests for capital subsidy from voluntary organisations. The Government recognised the major role that voluntary organisations could play in educating and supporting intellectually handicapped persons to remain as members of the community, by offering a subsidy of £3 for every £1 raised towards capital expenditure.

Likewise, the importance of community effort was emphasised by the formation of the Consultative Council for the Intellectually Handicapped representative of the Department and Voluntary Agencies' to function as an advisory and coordinating body in the development of services and community education programmes for the mentally retarded'(138).

After Dr Jennings resigned his position in 1969 to become Medical Superintendent of the Marsden Hospital, this area of psychiatric administration was absorbed within the Division of Establishments. It was no longer a discrete entity.

* In 1967 the *Commonwealth Social Services Act* was amended to grant the invalid pension to mentally retarded persons over 16 years of age, resident in mental hospitals, provided they were undergoing rehabilitation and were segregated in separate wards. There was similar activity in the general purpose mental hospitals to segregate intellectually handicapped patients into separate rehabilitation wards(137).