

SOUTH AUSTRALIAN ASSOCIATION FOR MENTAL HEALTH INC.MEMORANDUM ON SOUTH AUSTRALIA'S MENTAL HEALTH SERVICES

At a series of recent meetings convened by the S.A. Association for Mental Health to which an observer from your organization was invited, it was decided that visits of inspection be made to Parkside and Northfield Hospitals. In this report a number of laymen record their impressions. We believe that we can do so without embarrassing the Director of Mental Health Services or the Government he serves. We do not wish to provide ammunition for sensational fault-finding. We are concerned that the community generally should actively support the spending of time, thought and money on the problems of care of the mentally sick.

We recognise that many people still think of Parkside as an institution with people behind bars and in strait-jackets; more like a penal institution than a hospital. (After all, the central building at Parkside is not unlike the Reformatory building at Magill.) Parkside and Northfield are thought of as the "No Through Road" for the poor unfortunates who have been sent there because they have been certified as insane. But even if that were the way we thought of it, we would feel distinctly uncomfortable if we saw the place and imagined what it would be like to be sent there.

When one enters the Parkside property from Eastwood Terrace one notices the modern nurses' home on the left, the garden approach to the Central building in front; and then, to the right and left of the garden the two new and attractive receiving houses, Cleland House and Patterson House.

So far, so good; though the Central building looks antiquated and unlike a hospital. Unfortunately it turns out that most of the accommodation for the inmates - "patients" scarcely seems the right word - is brutally uncomfortable and unhealthy. Many of the patients still sleep in the original single cells, built 60 - 70 years ago; but now, because of overcrowding, there are two inmates per cell instead of one. There are no tables, chairs or lockers in the cells; but there are none in the wards as well, simply because there is no room for such amenities. Overcrowding is at the point where it is surely dangerous.

Patients' clothes have to be wrapped up and put into large lockers in another room. But then it turns out that few, if any, patients have their own personal clothing. The coat one patient wears today is worn by another tomorrow. Consequently all clothes are ill-fitting and lacking in dignity.

There are no pictures on the walls. There are no curtains on the windows. The effect of this drabness must be incalculable in reducing the morale of patients lower and lower towards sub-human levels.

One would hope to find some compensating features in recreational facilities and recreation rooms and areas. But no. Apart from the new Cleland and Paterson buildings the recreation rooms are small and dreary and too few. We did not inspect the Hospital on a wet day. We tried to imagine the misery that must pervade the place in cold and wet weather when patients cannot go outside.

What is there for patients outside? Exercise yards with uneven surfaces over which patients walk and walk and walk, or just sit around aimlessly, for there is nothing else to do.

Much human indignity is suffered with the washing and toilet provision. One or two new bathroom and shower blocks have been built, but the overall situation is still deplorable. The lack or insufficiency of toilet facilities leads to the use of crude substitutes that we feel are an indictment on our society. In the densely overcrowded wards there are no screens which would allow patients needing to use toilet facilities at night to do so in some privacy.

Patients have small chance of retaining their individuality or any self-respect. Their rehabilitation or recovery, if it occurs, would be contrary to expectation. They inhabit a place which was built and is maintained by a society that still effectively thinks of Parkside as a lunatic asylum or "loony bin", and the inmates as a "write-off".

There is a Geriatric ward where 40 - 50 old people are housed in pathetically overcrowded conditions. Thirteen of them have to sleep on the verandah in all seasons, with only canvas blinds to protect them from the weather, because no other accommodation inside is available. If water condenses under the verandah roof it just drips on the beds. The dining room in this ward is only half as big as it should be and is poorly ventilated. Conditions in the summer must be almost unbearable.

All these faults we realise cannot be rectified overnight. Putting things right might take ten years, but it would have to be ten years of planned activity. For too long there has been little more than doing odd jobs of delayed maintenance. A certain amount of money is spent at Parkside each year; it is not enough to keep pace with the maintenance that is required.

We got the impression that there is a tremendous lag between the time work is first suggested and the time official approval is obtained. Then follows distressing delay before work commences. Here is an example. We saw an old worn-out linoleum in one of the recreation rooms, a most depressing sight. Two years ago new linoleum was requisitioned. Sixteen months passed before the new linoleum was delivered; another eight months passed before it was laid.

As laymen we could not understand why the Superintendent should not have sufficient authority to obtain or spend money at his discretion for much needed maintenance and equipment. The linoleum replacement, let out to private contract, could have been supplied and laid within a week. And what a difference this could make in easing the constant burden of both patients and staff.

What is the staffing situation? Is it adequate? These are complex questions, depending for their answer on decisions as to what Parkside is intended to be by the Government and Community of South Australia. If we are content to herd together scores or hundreds of unfortunate people and keep them out of sight until they die or can be discharged, we can be content with a minimum number and quality of staff. If on the other hand we are prepared to underwrite the making of Parkside into a hospital giving maximum opportunity for recovery of normal life, then we will be prepared to support a much enlarged trained staff. What we, as laymen, would think is particularly desirable is a number of occupational therapists to tackle the problem of aimless existence. There may be some patients who are incapable of following through any occupation at all. But there may be many patients whose prospect of recovery would be significantly more hopeful if guidance were available in simplified but respectable tasks.

Beyond this, laymen cannot go. Dr. Cramond is there to advise the Government on what should be done.

We, the public of South Australia, must be kept aware of the problems there are in our mental hospitals. We should change our whole attitude to them. Until that is apparent, it will be difficult to persuade the Government to spend the money in the mental hospitals that is proper.

More Members of Parliament should see for themselves the conditions that exist there. They would not find it easy to be complacent after inspecting the places. May we seek your support in asking your own local member to visit Parkside or Northfield (or both) within the next 3 or 4 months, so that the problems of the mentally sick can be given the informed consideration they deserve?

Conditions could be made more bearable perhaps if groups of citizens adopted wards and did something to improve the living conditions with curtains, pictures, screens and sundry equipment. There is an urgent need for members of the public to join visiting committees and take a personal interest in individual patients. The best buildings that can be erected at Parkside are no substitute for personal interest and generosity. We owe it to them as our brothers and sisters to do more for them than we have done up until the present time.

What is the position at Northfield?

A layman here tries to sum up from discussions with members of staff, patients, patients' relatives and visitors belonging to voluntary groups.

1. Is the Hospital adequately staffed if the present situation is roughly as follows?

For some 980 patients there are $5\frac{1}{2}$ doctors - 5 full-time and 1 part-time. This includes the Deputy Superintendent who has administrative duties. Consequently there are times when two doctors or even one, would be responsible for the entire hospital.

Male attendants are in short supply, and there are 107 nurses for 400 women patients. What happens when extra attention is needed? E.g. in psychiatric wards, with spastic children and difficult patients. As well as therapeutic work nurses have to supervise routine chores done by patients. Some nurses attempt work that should be done by Occupational Therapists, for there are no trained Occupational Therapists.

There are no physiotherapists, in spite of the many spastic and elderly patients. There is one (1) social worker - for 980 patients. The need for more trained clerical staff is acute.

2. If the hospital's objective is the recovery and discharge of as many patients as possible, more could be done to keep patients profitably occupied. Boredom is one of the chief enemies of recovery. Piecemeal and closed workshop activities should be developed. But this necessitates that occupational therapists should be trained in considerable numbers. At present there is only one therapist working in a S.A. mental institution.

The present publication by patients of a monthly magazine is a project which is valuable not least as an indication of what more could be organized in the way of patients' activity.

3. We met with the unanimous opinion that the small group of girls in Ward 6 with special behaviour problems should not be included in a Mental Hospital set-up at all. Their needs should be catered for by an "After care" Hostel or Home supplementary to the work of Vaughan House, and their education and leisure time activities should continue to be in the hands of professional teachers. In the past some of these girls, helped by voluntary teachers, have shown aptitudes. At present there is no provision at all for their education, while Nursing Staff is tied up in coping with their needs. Ward 6 has very varied personnel, including older intellectually retarded children, as well as this group of teenagers.
4. Housed in the new wing and with apparently pleasant environment the elderly patients suffer one tremendous disadvantage - that of extreme heat in summer. The geriatric wing urgently needs air-conditioning and outside blinds to prevent much suffering in the coming hot season, as happened last year.
5. Relatives of children over twelve expressed concern that the move from Ward 12 to other wards discontinues to a large extent the play activities and freedom enjoyed by the younger children. Efforts are being made to provide daily contact with boys and girls for occupational work, but facilities in older buildings are very inadequate. Ward 12 suffers the same disadvantage as the Geriatric Ward - no outer blinds. The Nursery section and sleeping quarters for spastic children are all exposed to strong sunlight. This is important, for many of these children are helpless and cannot give themselves relief by moving.
6. It is the hope of all that new buildings for intellectually retarded children and other long-term intellectually disabled patients will be an urgent priority. It seemed the most shocking aspect of all our enquiries to find that there is a long waiting list for entry into the Children's sections.

7. High praise is everywhere given to the efforts of voluntary organisations including the Women's Auxiliary for Mental Hospitals:

Examples: A printing press bought for the Magazine; outings, entertainments, sports events, money raising efforts for amenities, including T.V. sets for various wards, educational clubs, a weekly club for ex-patients.

Much more could be done along these lines for every ward. Some groups offer occasional transport for outings. Red Cross gives transport for individual cases.

The Parents and Friends Welfare Club of Ward 12 give weekly bus outings to selected children. Hiring a bus is very expensive. Two or three buses are needed for the Hospital as a whole - owned, operated and supervised officially. This would greatly facilitate these recreational outings and afford much pleasure to many more patients.

8. Because of lack of staff in the Hospital itself, no supervision can be given when patients leave Hospital. This results in patients returning again and again to secure the kind of protection to which they have become accustomed. Drugs are made available for ex-patients, but no official supervision of their use outside of the hospital can be given.

Many ex-patients are obliged to live on a pension only. If they have no suitable family home to return to, they must take any accommodation they can get. Board and lodging takes all but 10/- a week of a pension, with the result that ex-patients face real poverty and a flimsy basis for self-respect.

There is no Government supervision of Hostels taking ex-patients, and no Government subsidy for private individuals or community groups who might try to provide better living conditions. The Community needs guidance in changing its general attitude to these problems. Until such change is apparent, problems of this kind can be hidden away indefinitely in pigeon holes.

July, 1962

* * * * *

SOUTH AUSTRALIAN ASSOCIATION FOR MENTAL HEALTH INC.

SECOND MEMORANDUM ON SOUTH AUSTRALIA'S

MENTAL HEALTH SERVICES

Early in 1962 it was decided that visits of inspection be made annually to the Hospitals at Parkside, Northfield and Enfield, and that a brief report be circulated, in which laymen record their impressions. This decision was carried out. Considerable publicity was given to the substance of the report without embarrassment to the Director of Mental Health or the Government.

It is our concern that the community generally should actively support the spending of time, thought and money on the problems of care of the mentally sick. Unless the community is kept informed of what is going on, such support as there is, will be inadequate and grudging. The sub-committee has met regularly since the first report was presented. Further inspections have been made in April, 1963, and this second memorandum is designed to inform the community of progress towards improvement of services and conditions.

Some who inspected the hospital this year were making their first visit, and they were affected by much of what they saw. "It is difficult to believe that some of the scenes we witnessed should still be possible in a country with such a high standard of living; something should be done immediately." Those who had been shown through the year before would agree. Something should be done immediately. But how much can be done immediately? What is being done? What changes were observable since 1962?

We have to be reminded that Parkside Mental Hospital, for example, is all the time housing and attending to 1550 patients and the admission rate is 1500 per annum. The hospital is saddled with a central building that dates from a time when functional architecture and indoor plumbing were primitive by our standards, and when it was believed to be important that a solid high stone wall should protect the public from lunatics and screen the enclosure from public inquisitiveness. Improvement of buildings and facilities has to be co-ordinated with maintenance of existing services. What is necessary is that there should be informed public support for detailed requests made by the responsible officers of the Mental Health Services, so that improvements be pressed forward as continuously and imaginatively as possible.

We were again concerned about the poor accommodation for intellectually retarded children - e.g. the lack of proper toilet and ablution facilities inside; inadequate floor coverings; old wooden tables, chairs and benches needing replacement. However, improved facilities have been planned and new buildings are about to be erected. Two new hospitals for intellectually retarded children and adults have been approved by the State Government. The plans are being prepared. With their construction, the conditions for treatment and training of these patients will be immeasurably improved. We were impressed with considerable improvements in the physical conditions provided for geriatric patients. Some verandahs had been enclosed and furnished; some floors had been covered; some tubular steel chairs and some rubber mattresses provided and so on. Further improvements are necessary, such as more rubber mattresses, and cushions for those who sit for long periods because of their infirmities. Wardrobes, curtains, blinds, levelled and drained exercise areas, were more widely distributed than 12 months before and more of them were on the way.

Most important, perhaps: increased medical and nursing staff had already made possible the recent opening of the Eastwood Psychiatric Clinic Outpatients Department, situated on the ground floor of the Nurses' Home. This, together with the new offices for medical staff in the front of the old main building, providing additional facilities for treatment of long-term patients, could be reasonably called revolutionary. A site has been selected for a Hospital Chapel, to accommodate 250 people, and there has been an expansion of Chaplain Services within the Hospitals. A converted building is ready for workshop activities and industrial therapy.

One pressing need is for persons rather than equipment. Occupational therapists are in demand, but not in supply. It is an encouragement that two occupational therapists are coming from the United Kingdom and will be in post by the end of the year. As so few therapists are available, the community must train people for this essential work. Physiotherapists also are urgently needed, and attempts are being made to encourage people to attend on a sessional basis.

Similarly at Northfield Mental Hospital, the need for occupational therapists is acute. A new building for the purpose will soon be ready.

Since 1962 approval has been granted for 40 additional nurses. The number of doctors is unchanged - 5 full-time and 1 part-time, although the establishment has been increased. For some 980 patients there is still one social worker and one voluntary physiotherapist working half-day weekly.

We were pleased to learn that most of the emotionally disturbed teen-age girls had returned to their homes or been otherwise rehabilitated; though there were no social workers to maintain communication with them after discharge.

A verandah had been added to the geriatric wing as a protection against summer heat. Air conditioning may still be necessary. A new wing is to be opened soon to accommodate intellectually retarded children, and two teachers are to be maintained here by the Education Department.

An outpatients' clinic operates at Enfield Hospital. Both here and at Parkside the view was expressed that small payments weekly for work done by patients would boost the morale of the patients, and also materially assist the medical staff in the task for rehabilitation.

As at Parkside, several wards need better and safer floor-covering, wardrobes, chairs, lockers, curtains and pictures. Also, as noted in the 1962 memorandum, the speeding up of supply of furniture and furnishings would do much to encourage the staff in their work by reducing the volume of routine.

Many noted the improved accommodation at Enfield Hospital and the removal of the bars from the windows. We were impressed by the "Zoo" and wondered if similar projects would create an interest for patients at Parkside and Northfield Mental Hospitals.

Summing up our impressions: We have emphasized this year the considerable improvements achieved while the staff continues to care as best it can for large numbers of patients. The employment of domestic staff has permitted nursing staff

to give more time and attention to treatment programmes. If by accepted world standards the best size of a mental hospital is 450 - 500 beds, the actual sizes of Northfield (950 - 1000) and Parkside (1550) are double and treble the best size. There is a long road of improvement to travel.

Though there is an establishment for seven more senior psychiatrists, there are no trained persons to fill the vacancies. Active training programmes for doctors and nurses have been initiated, but the results of this training will not be seen for two to three years.

There is an urgent need for members of the public to join visiting committees and take a personal interest in individual patients. This is already being done by various Church Groups. Other persons desiring to help can always find an avenue of service through the Mental Hospitals Auxiliary. The best buildings that can be erected are no substitute for personal interest and generosity. We owe it to them as our brothers and sisters to do more for them.

Addendum:

Since these visits were made, three further progressive steps have been taken.

1. The high wall on Eastwood Terrace in front of Parkside Mental Hospital is down. This symbol of custody and seclusion has been demolished without one word of opposition from an enlightened community.
2. Patients are being measured for personal suits. This will increase dignity. Many patients have already expressed appreciation of this move.
3. It is proposed to establish reference and fiction libraries at both Parkside and Northfield Mental Hospitals.

AUGUST, 1963.