

FROM DARKNESS TO LIGHT

A HISTORICAL NOTE ON SOUTH AUSTRALIA'S SERVICES
FOR THE DEVELOPMENTALLY DISABLED 1961-1971

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SUMMARY

Such is the speed of change in the modern world that it is easy to forget, or even to be unaware of events and developments and their causes over even a comparatively short space of time. This article reviews the changes that took place over the period of ten years beginning twenty six years ago in the care and management of a large group of intellectually retarded people looked after in two public psychiatric hospitals in South Australia and gives belated recognition to a team of lay and professional workers whose enthusiasm and determination made a happier future possible.

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INTRODUCTION

The year is 1961. The hospital is Parkside Mental Hospital situated some four kilometres from the centre of the city of Adelaide. The ward is identified by the letters, K1, K2 and K3 and consists of three cottage-like buildings linked by covered ways. Each "cottage" houses fifty patients. On the northern side of the "cottages" is the airing court or yard cut off from the rest of the hospital grounds by an eight foot high galvanised iron fence. The airing yard itself is laid with bitumen through which at fairly regular intervals grow white elm trees giving shade for the patients.

The patients are an interesting group, all one hundred and fifty of them. They are all male with ages ranging from about twelve years to the mid-fifties. They are dressed, all alike, in what appears to be a boiler suit made of some indestructable canvas-like material. The majority of the patients are bare footed. Those who are shod wear what seem to be running shoes which may or may not be laced. The patients move around in an aimless, restless buzz of turbulent activity. Some have clearly been recently incontinent of urine if not of faeces judging from the tell-tale stains on the clothing and smell.

A closer inspection shows that the group consists of entirely intellectually retarded patients. Of this group, of one hundred and fifty souls only about half a dozen are continent and toilet trained. The nursing staff have long since given up the attempt to toilet train such patients who are understood to fall into the nineteenth century

classification of idiots and imbeciles.

A walk through the "cottage" dormitories built in the early 1890's shows that at least half of the patients sleep on mattresses on the floor. Many of the beds have cot-sides. A rubber chamber pot is to be seen under a number of the beds. Over night the patients are locked in and the smell of human ordure when the wards are opened in the morning is sickening.

The more disturbed patients sleep in single rooms, the doors of which are made of heavy wood with iron fittings. Each such door has two peepholes, one at eye-level, the other about two feet from the ground. This lower aperture was not for the convenience of dwarf nurses but for the provision of light from a kerosine lamp shone into the darkened and unlit room. Many of the faecally stained patients are literally hosed down to clean them. Their nightshirts and bedding are taken by a middle aged feeble minded patient for removal of the solid matter and a preliminary soaking before being bagged for the hospital laundry's foul wash system.

This patient soaks the heavily contaminated sheets and nightwear in an old household bath in the open air behind the middle of the three "cottages". When the water is sufficiently turbid the bath and its contents are tipped into an adjoining open drain which eventually finds its way into a creek which then runs near to the starting posts of the Victoria Park Race Course in Adelaide's East Parklands.

The year is 1961. The nurse attendants as they are called have a three years training course to register as Mental Nurses with the Nursing Board of South Australia. The course consists of twelve one

hour lectures in Medicine in year one, Anatomy and Psychiatry in years two and three respectively. Somewhere along the way there are another twelve lectures on nursing procedures. The male nurse attendants are dressed in a smart greenish coloured uniform topped with a peaked hat showing the insignia of the Crown. It is not unknown for nurse attendants who have incurred the wrath of the Chief Male Nurse to be sent for a shorter or longer spell of duty to Ward K1, K2 and K3. It is not unknown for young medical officers called to see a physically ill patient in these "cottages" to cope with the situation with the aid of a stiff brandy or whisky either before or following the visit.

This description is not exaggerated in any respect and is a factual account of the situation as it was then. The scene on the female wards which were a counterpart to these male wards was rather better in that they reflected the mothering, nurturing and housewifely skills of the female attendant nurses. But even here the large coloured cut-outs of Disneyland characters seemed out of place in that they enhanced the awfulness of the "cottages" rather than making them bright and cheerful. Mickey Mouse and Donald Duck struck a somewhat sombre and sad note rather than one of joy and child-like happiness.

Little consideration was given to the preservation of any dignity for the patients. In one female ward it was common practice to assign an elderly passive patient to hold the door to the bathroom open to make it simpler for the nurses to carry non-ambulant patients through from the dormitory area to the bathroom. The method adopted was that after the elderly patient had herself been bathed, she was propped against the open door in a crouched position, being used as a human door stop. In another ward, one patient was noted by the senior

staff to be the official "de-bugger", her routine task being to pick the bed-lice from the blankets.

Kindnesses to patients there undoubtedly were, but against a background of insensitivity. The nursing staff at that time were inadequately trained and supervised. They fell into two broad groups. Those with considerable personality problems who were relegated to the "back wards" because their behaviour would have been an embarrassment to the service had they been rostered to the more public acute wards. The second group was composed of what could be termed "good people" lacking in training and limited in vision because of their experience; but none the less they were highly committed and attempted in their own way to do something better for the patients against nearly impossible odds.

EXISTING SERVICE PROVISIONS

In 1961 in South Australia the intellectually retarded or mentally deficient as they were still called, who required institutional care were looked after either in a private hospital, Minda Home or in the State Mental Health Service Hospitals in Parkside and Northfield, now Glenside and Hillcrest. Minda was then, as now funded by private and voluntary support aided by Government subsidies and because the authorities could adopt a careful and limited policy of admission the Minda patients tended to be those who were seen as trainable and educable and who were now aged twelve. Certainly the State services of the time felt that they were left to care for the retarded for whom, given the insights available at the time, nothing could be done.

As a result of this division of patients between the private and

public sectors, Minda was establishing progressive teaching and training programmes for all its several hundred patients under the enthusiastic leadership of Mr Don Crawford, the then Superintendent, and Mrs Pat Kaufman a teacher of great skills and perception and encouraged by a forward looking Board of Management chaired firstly by Mr David Waterhouse and followed by Mr Justice, later Sir Charles Bright.

In the public sector the retarded patients were scattered between the two main psychiatric hospitals of Northfield and Parkside.

At that time no attempt had been made to group these patients in any coherent manner so that the psychotic and the developmentally disabled shared the same accommodation. Nor was age any barrier so that quite young children were in the same ward as disturbed adults.

An attempt had been made to set up some school provisions at Parkside where one teacher, Mrs Porter, without any support taught about nine retarded children in a small building which had begun its life as a store room. No provision existed for occupational or industrial therapy. It is true to state that at the beginning of the decade under review no-one in the State Mental Hospital system knew the size of the problem of training and rehabilitating the developmentally disabled.

The first moves came when a census of the entire patient population was held in September 1961. There were at that time in the State system 2,500 beds for the care of the mentally ill including an unknown number of the developmentally disabled. For the purposes of the census each Ward Charge Nurse had to fill in on the specified day a simple form for each patient. This form was known as the MEDIA form, the letters being an acronym for Mental State, Eating, Dressing,

Intelligence and Ambulant. Each heading was scored from zero to five so that a score of 25 meant that a patient was convalescent and ready for discharge. A score of 5 would mean that a patient was bedfast, and required twenty four hour nursing care. Given the patient's age and sex, broad categories of patients could be identified and arrangements made for certain wards to assume certain functions in patient care e.g. elderly frail or bedridden psychotic patients would be nursed in a ground floor ward; young, active, psychotic patients whose illness was well controlled could be cared for in the third storey of a building with minimal supervision.

By the latter part of 1961 it was found that of a total patient population of 2,500, some 600 were developmentally disabled and of these 142 were under the age of 12. Since the majority of Parkside's buildings dated from the late nineteenth century it was put to the State Government that the way ahead would require a massive rebuilding programme so that proper educational and training facilities for the developmentally disabled and for the staff could be brought about.

It had to be made clear to the appropriate authorities that the needs of the retarded were of a totally different order to those of the psychotic and that the merging of the two disparate streams of disabled people was the result of a historical accident based on limited knowledge and on even more limited public funding in a small pioneering colony.

Given the size and scale of the problem it was decided that the children must have first priority and that every effort must be made to prevent their regressing to the state of inchoate purposeless subhumanity described at the beginning of this article. It takes

something like seven years in peacetime to produce a new large public institution from early planning to final commissioning and staffing. So while long term solutions were being considered and developed, short and medium term responses to urgent needs had to be devised and funded.

THE LEADERSHIP RESPONSE

It was in 1963 that a number of remarkable people began to interest themselves in the problem of the intellectually retarded in South Australia. Dr John Covernton, a much respected senior paediatrician at the Adelaide Children's Hospital had been invited to become Parkside's visiting Honorary Paediatrician. His task was to supervise the general health of the infants and children suffering from developmental disabilities of all kinds. What he saw in the appalling environment of the time, so upset him that he began to resolve to join the emerging forces that were "to do something about it".

Then in his early fifties, he gave up a busy private practice to become a public servant and the first Assistant Director of Intellectually Retarded Services. His warmth, kindness and generosity of spirit, allied to his wealth of knowledge made him an ideal leader for the time.

Equally important was the contribution made by the then Chief Psychologist in the State's Education Department, Mr L S Piddington. In this role he was already involved in providing psychological services to the less severe forms of developmental disability in the State's educational system. He now persuaded the Education Department to divert resources of temporary buildings and teachers to set up viable teaching programmes for the children at Parkside. These

teachers, for whom no praise can be too high, began from scratch as it were and engaged in such basic activities as toilet training, dressing and so forth.

Another key member of the group was an administrator Mr Howard Lloyd who had been appointed by the Health Department to work with the Director of Mental Health. Mr Lloyd was a career public servant who quickly became identified with the problems of the mentally ill and the retarded, and who, by reason of his unfailingly optimistic energy and knowledge of the ways of the service was able to organise the measures required to meet the needs of the growing number of workers who were now beginning to help with the training, education and socialisation of this large group of previously neglected people. He was later to be joined by Mr John Barnett and Mr Colin Haynes who were both cast in a similar pragmatic mould.

Within months a solid start had been made with training and teaching the children's groups. In all these human affairs it is essential where public support and funding is required that informed pressure is put on informed politicians. At the end of the day in a democratic society it is the Government in power that has to be persuaded that there are votes in any public outlay of the taxpayer's money.

In the early years of the decade under review the Liberal and Country Party Government under Sir Thomas Playford was nearing the end of its twenty seven years in office. Up to the time of the Second World War the South Australian economy had been based on primary industry, chiefly wheat, sheep, fruit and wine-making. During and following the War great efforts were made to widen the base of the

economy with secondary industry notably ship building at Whyalla, car manufacture, electrical, electronic and light engineering projects in Adelaide. An active programme of assisted migration was mounted and developed. At that time the growing community's needs in a harsh environment were power, water, roads, houses and schools. Social welfare needs could not rate high in the list of political priorities.

A political change was occurring, however, and Playford's administration was in office by the narrowest of margins, with the result that it became, or so it seemed, more responsive to social welfare issues for long promoted by the opposition Labor party. It became a matter of intensive briefing of the then Minister of Health, Sir Lyell MacEwin and at a little later time the briefing of groups of concerned citizens. Representative of such people can be cited the late Mrs Julie Mussared, a petite, trim woman of tremendous tenacity. She had a daughter who was severely retarded so that she could, and did say in public what the public servant could not say. She could heckle politicians at public meetings and had been known to telephone the Premier himself, late at night to draw his attention to outstanding deficiencies in the care of the retarded.

With such as her to prompt them, parental groups became very active not only as allies to the professionals in the field but also as stern critics. One such parental group was early associated with Ward 12 at Northfield Hospital. This ward was in charge of Sister Carmichael who, at the first hint of encouragement organised a Parents and Friends' group, raised funds for her "children" and so had equipment installed ahead of public administration arrangements. The senior author well remembers watching a blind, retarded and very

disturbed boy bouncing happily on a trampoline bought from Sister Carmichael's ward fund.

To mount a comprehensive programme of diagnosis, treatment, training and education meant the mobilisation of community resources, medical, social, educational and parental. It meant the provision of nursing and medical retraining as well as public educational programmes to deal with prejudice and to alter attitudes. It meant new buildings and the provision not only of beds, but of schools, workshops and recreational areas for an unknown number of people. This was the first major planning problem confronting the Director of Mental Health in 1961. It was now known following the census how many developmentally disabled were already in the system but the incidence and prevalence of disability in the community was uncertain. There were no figures available for the various degrees of developmental disability in South Australia to allow sensible planning. At that time epidemiological expertise was not available to the Mental Health Services and even had it been so it is unlikely that there would have been time to mount a really worth while case finding study; once the sad conditions of the retarded had been identified remedial action had to be taken quickly.

FORWARD PLANNING

A search of the literature brought to light E O Lewis's 1929 report for the United Kingdom. He had investigated the prevalence of mental retardation in six areas of England and Wales, each with a population of 100,000 people; this provided the first measure of severe retardation in Britain. His figures of 3% retarded and one in a thousand totally dependent had some support from a small study carried out by Dr Alan Jennings in New South Wales in 1960, and the

assumption that the South Australian picture would not be too different was made. At this time in 1961 the British surveys of Kushlick and of Goodman and Tizard had yet to appear.

It was eventually decided that with the population projections supplied by the Bureau of Census and Statistics about 1,000 beds would be required by the middle 1980's. These would include the 460 beds already in the mental hospitals which were substandard and which would require replacement. It was suggested to the Minister of Health that, instead of one hospital of 1,000 beds, two hospital training centres of 500 beds in each should be developed. This recommendation, which was accepted by the Parliamentary Works Committee, was coloured by the fact that the W.H.O. had recently produced a public health paper suggesting that the most economical size in financial and in human terms of scale for hospitals for the mentally ill and retarded was of the order of 400 beds.

It was also necessary to regionalise services in metropolitan Adelaide with its population of three quarters of a million so that those in day training programmes did not have to travel too far and to ensure that there were pockets of population from which nurses and future staff could be locally recruited.

Finally by building one hospital training centre in advance of the other, the second could be held in reserve and modified should the social scene change and hostel provision, sheltered homes, fostering care and other unenvisaged types of service be developed in the years ahead. Such is the rate of change that planning has a very restricted horizon of some fifteen to twenty years at the maximum and, as noted, as major projects take seven years to open for active work, planning

schemes must be capable of rapid change so that wasteful expenditure is kept to a minimum. It is after all a gloomy but indisputable fact that when a major hospital building is eventually commissioned and open to the public it is already in some important respects out of date.

The fourth individual of significance in this historical review of the 1961-71 decade was the project and design architect Mr J Craig of the South Australian Public Work's Department. The Minister approved an amended and less ambitious plan to tour selected centres where advanced ideas might be considered for incorporation in plans to suit future local needs. In the event the attenuated plan only permitted visits to two centres in Australia and one in New Zealand. The places of particular help were Levin just north of Wellington in New Zealand then run by a Scotsman, the late Dr John Mouatt; a small unit at North Ryde (now the Macquarie Hospital) in Sydney run by Dr Alan Jennings and some new types of ward building devised by Drs Eric Cunningham Dax and David Pitt in Melbourne. This short tour was invaluable as it allowed the necessary time, uncomplicated by other demands, for the design architect and the senior psychiatrist to learn to work together. One of the early tasks of the psychiatrist was to help the architect to cope with his emotional reaction and his sense of helplessness when suddenly introduced for the first time in his life to large numbers of developmentally disabled people. Also met, were nurses, parents, administrators and educators and it became quickly obvious that many of their ideas, particularly those of the nurses, were limited and inhibited by the present conditions in which they had to work. It was difficult for many of them to envisage the

potential for improved social behaviour locked away in their patients. So the architect had to provide a setting for that future vision such as it was. Every encouragement was given to the design architect and his team to use their skills and insights to develop buildings that would shape and mould the behaviour patterns of both patients and staff. In the author's opinion it is true to say that under Craig's quiet and unassuming leadership the architects did more perhaps than any other group to think through the problems of the retarded of all ages and degrees of condition and how best their needs, present and future might be met within their buildings.

In the early discussions with the design architect and while doodling as he spoke, the senior psychiatrist drew two circles saying that he wanted the children's buildings grouped round their playgrounds and the adults' buildings grouped round their village green; that the administration, training and recreational areas, school, workshop and shops should be central and the hub of the village life and that there should be no identifiable "back" or "front" to the hospital; that traffic should be kept out of the hospital grounds and all supplies should be transported on a perimeter road represented in the original sketch by a kidney shaped outline. All were eventually translated in time into material fact.

Because the choices available to one's successors must not so far as possible be pre-empted, the buildings were arranged to be correspondingly flexible in design. Because it was essential in every way to have the retarded person living in homely surroundings and being part of society the hospital training centres had to be in the community; in order to be acceptable, facilities were to be made

available to the local community in return for their interest in the disabled.

From these early discussions there was formulated a number of design criteria. These were (1) to provide treatment on an individual basis whereby the developmentally disabled child or adult would receive according to his or her particular needs and condition such medical care, training, education, habilitation and guidance as required to develop his or her full potential as a member of the community: (2) to create an environment within the centre where the person no matter how severe the limitations could live a happy, contented and useful life and where his or her right to human dignity would be respected. By this time in 1963 the word "hospital" had been dropped and the words "training centre" emphasised. As time went on even the word "training" was omitted:

(3) to endeavour by a consistent and active public relations policy to encourage and educate the community at all levels towards acceptance of the developmentally disabled as people who, though in need of extra support and guidance were still entitled to take part in all aspects of community life according to their ability and who were entitled to the respect of their fellow man; (4) the centre to serve as a focus of education and training for nursing, teaching, medical and other professional personnel; (5) to assist and encourage research into all aspects of retardation including aetiology, training methods, nursing care and associated problems.

COMMUNITY INVOLVEMENT

The team of architects and the senior psychiatrist met at least fortnightly throughout 1962, 1963 and 1964 discussing ideas and translating

them into drawings and models for exhibition and criticism from interested parties leading to modification and refinement. Meanwhile the broad ranges of services for the retarded and their families was being organised and it became essential to co-ordinate community endeavour. Many small groups had attempted to deal with the local immediate problems of the disabled as they were understood in their own area or in their own age group without reference to wider needs or issues. Each little agency including Government institutions, had developed a proprietorial attitude towards their group of retarded people and at times became quite suspicious and hostile towards other groups and agencies working in the field. It became essential therefore, to make everyone feel part of, and an important part of a greater whole.

As a result it was suggested and later accepted that there be a joint standing committee to which all interested bodies, hospital, educational, voluntary, state and parental should send two representatives. This committee should be a standing sub-committee initially under the aegis of the South Australian Association for Mental Health which would be a neutral body to which all could belong without loss of face as it were. This original Co-ordinating Committee on Mental Retardation established in 1964 set itself the task of identifying resources and needs, outlining gaps and overlaps in the state wide service provision. Each member began to understand the points of view of the others and to communicate in a more realistic way. This original co-ordinating committee was fortunate in its choice of early Chairmen, firstly Mr David Waterhouse and following him, Mr Colin Watt, a concerned parent who was not overly

identified with any particular group. From these regular meetings there was less opportunity for fantasy and faulty assumptions of what other workers in the field were doing.

While the long term building programme was being initiated, approved, planned and costed the immediate problems were being dealt with under the day to day direction of Dr Covernton, Mr Piddington and their respective staffs. Two temporary wooden buildings were erected, one at each of the mental hospitals and teachers who had a crash course in remedial teaching were accommodated in them. Recognising that education could not begin soon enough and also with the idea of getting the youngsters out of substandard wards for at least part of the time, these teachers taught classes of children from the ages of 4 to 24. It was firmly believed that because of developmental delay that even up to the age of 24 it was still possible for the retarded person to profit from social habit training and learning and to be trained in workshop situations.

Some rapid improvement in behaviour led to a revival of nursing interest and encouragement so that morale began to improve with success feeding on success. People were encouraged under supervision to devise their own training programmes. Each child was equipped with fourteen changes of clothing so that they were never allowed to look untidy or unaesthetic and because of this adults could take to them more readily and comfortably. Dr Kent who was to succeed Dr Covernton as Associate Director of Intellectually Retarded Services remembers how when watching the work of the physical education teachers with some retarded children she recalled the observation attributed to Socrates, the Greek philosopher. "Did you notice" asks Socrates

"that, handsome as the boy is, he appears handsomer in the poses of the dance than when he is at rest". The appearance of retarded boys and girls, frequently far from handsome, is transformed when they are happily occupied.

By late 1963 the worst of the substandard wards and dormitories at Parkside in particular were partially upgraded with new toilet blocks so that good work could commence while the larger centre was being designed and built. One of the strategic problems was to prevent the upgrading of the old wards being of such a degree as to cause a political cooling towards the new centre. It was considered that there might be a danger in the Government being tempted to switch funds to some other more vote-catching purpose once the heat had been taken out of the Parkside situation in particular. In the event, this did not happen and the Government along with its successors of a different political persuasion continued to give very good financial backing to these new arrangements.

By mid 1963 Dr Covernton had been joined by three other medical staff. Dr Norma Kent had trained as a child psychiatrist and had also worked in New Zealand with the intellectually retarded at Nelson and at Templeton Farm School. Dr Frances Burness and Dr Lesley McLeay came from general practice and brought with them the wide experience associated with such a background. It is true to say that everyone including the Director of Mental Health, learned on the job and all varieties of in-service training were essayed. The need for a careful and thorough examination of each patient was required as an urgent priority so that a complete biopsychosocial diagnosis could be made for the first time ever in most cases. It was only when the

size of the problem and the resources to be mobilised could be envisioned that remedial action for the individual and for groups could be planned. Problems were solved as they arose. One memorable example occurred when it was realised that the children who had been reared in single-storey buildings had no knowledge of how to climb stairs. As a result they could not travel by public bus transport which required climbing steps into the vehicle. As a result a bank of wooden stairs was made to give these children climbing experience and practice.

Writing twenty five years later it seems naive to state that only in 1961 did the clear realisation come that psychiatry had really very little to offer the retarded child or adult unless they were also psychotic. It had been a historical accident based on ignorance in part and on economic necessity that had brought the mentally ill and the mentally retarded together in one lunatic asylum and in a closed institution. Suddenly it was appreciated that this state of affairs could not be allowed to continue and that after the pre-, peri-, and post-neonatal periods the problem of the developmentally disabled was one of education and of training in social skills so that a proper place in society could be found, modified or created for the individual, the family and the group.

There was then an immediate need to interest and to bring together experts and leaders from such differing specialties as genetics, biochemistry, obstetrics, paediatrics, orthopaedic surgery, physiotherapy, speech therapy and neurology, along with psychologists and educationists, family representatives and community leaders.

There was a need too to take the whole problem out of the mental

health and psychiatric field, burdened as it was at the time by its historical and social stigma and to give the intellectually retarded a new start. This meant creating a new public service and career structure. It was convenient in the early planning years to keep these new arrangements under the control of the Director of Mental Health but the aim was to establish as soon as possible an independent venture the Intellectually Retarded Services with its own identity, aims and goals, buildings and plant.

Dr Covernton who gave this service its initial detailed impetus resigned in 1965 on account of ill health. By reason of his status in the medical profession he had been able to bring together the various disparate strands and had begun to unite them in to the strong rope that would pull the new service into a modern era. His main contribution was in the setting up of the Diagnostic and Assessment Unit originally at Parkside Mental Hospital and later at Mitchell House Child Psychiatric Clinic. He also was closely identified with the early activity programmes. The detailed diagnosis and assessment now made available led to parents in many cases, understanding their child's condition and the reasons for it for the first time with consequent relief of guilt and shame. Dr Covernton was succeeded by Dr Kent whose lasting contributions to the State service were firstly in the establishment and in the direction of new training programmes and secondly her role as the first Superintendent of the new Training Centre then being fashioned and to be opened at Strathmont in 1971. She was ably assisted by Mr Percy McElwaine who was appointed in early 1965 as Senior Nursing Organiser. He came from Northern Ireland and had the experience of training programmes so badly required; he also

had the quiet persuasive and tactfully informed approach which enabled new nursing techniques to be carried through successfully.

The psychiatric nurses, whose limited training has been described were encouraged to volunteer for places in the new centre and to undergo new training experiences. It was also essential to recruit new types of personality to get away from the old closed institution trained nurse who often had difficulty in learning to be more adaptable and flexible.

By 1964 a new career structure and a new nursing certificate was recognised and eventually accepted by the Nurses Board of South Australia. This allowed the nurses at the private centre, Minda to be incorporated and for staff exchanges and mutual learning to take place.

While all this was in ferment, the parents' responded with enthusiasm and in practical and purposive ways. A separate Parents' Auxillary was set up at each of the major hospitals the key figures being Mr Ted Smith at Parkside and Mr Bill Middleton at Northfield. From 1965 until 1971 these groups were a major emotional support to the people who were attempting to overcome inertia and to institute far reaching change, raise expectations in an uncritical environment.

By 1966 the Standing Committee to co-ordinate all aspects of services for the intellectually retarded under the chairmanship of Mr Colin Watt and the aegis of the South Australian Mental Health Association was tackling the problems of after-care and hostel accommodation and the further provision and development of sheltered workshops.

The State Education Department took retarded students until the

age of 21 in their opportunity workshop but after that, there was a gap. The often spoken anxiety of parents as to what was to become of their child after they could no longer cope was being answered by various voluntary groups supported by Government subsidies.

Slowly but with gathering momentum these various aspects of a total service began to take place. During the later years of the 1960's while the Strathmont Centre was being prepared all varieties of community schemes were being arranged. Considerable numbers of mildly retarded patients were placed in suitable hostels in metropolitan Adelaide. Many of these patients had formed an unpaid source of labour in the hospitals in the grounds and gardens, in the laundry and ward kitchens; with the withdrawal of their labour the hospital administrations were suddenly faced with funding problems as more paid staff were required. On the other hand, Dr Kent and her staff became involved in the development of pre-school centres in the community, of day relief and holiday relief schemes for families. Activity advisers and physiotherapists began to visit the patients in their homes and from these experiences there developed the Family Training Unit. Trips into the community such as outings to the local Ten-Pin Bowling Alley and to Summer Camps were begun.

Meanwhile a preliminary further sorting and classification of patients in the mental hospitals was carried out prior to the move to Strathmont. This required parents and staff to understand and to accept the need for these early changes of ward and sometimes even of hospital. It is of course invidious to mention only a few of the people who contributed so much in this decade of movement from darkness to light, but mention must be made of Mr John Morley, an Art

Teacher who became absorbed by the plight of the retarded person. He believed and was able to show, that by simple finger painting, the individual's feelings, locked away by reason of profound disability could be expressed and could form a communication link between the retarded person and the outer world. He produced an excellent training film "Every Sunday Morning" which showed his groups at work and how this interest led to improved behaviour. He also inspired two public exhibitions of the work which by its simplicity and directness was able to communicate beauty and feeling. John Morley has long since retired and these painful, early yet encouraging steps forward should not be allowed to be forgotten.

THE WAY AHEAD

The decade under review ends with the opening of the Strathmont Centre in March 1971. Conceived as a village, it was designed to give the people described at the beginning of this article and the staff a second chance. It was designed too, to make sure that new trainees would have a normal progression of training through pre-school, kindergarten, special school, occupational therapy centre, sheltered workshop to work in the outside community. The Centre was not considered as a long term residence except for the totally dependent. Even as the Strathmont Centre was being devised and built there was already a realisation that new approaches in community living would soon render the original concept outmoded, but it represented an essential stage of development. The second centre planned for a site in the south of metropolitan Adelaide was never required.

Looking back on those years the main impression is of the speed with which things were done. It was as if people had been waiting for

some catalyst that would allow a fundamental change in attitude and behaviour, in expectation and practice. Mention had been made in the Annual Reports of 1951 and of 1954 by the then Superintendent of Mental Institutions, Dr H M Birch of the need for separate provision for the mentally defective, but the political will and public and professional understanding was not apparently ready at those times.

The majority of the key figures in this story have been named but there remain unsung many more who responded to a challenge that has gone largely unrecorded and unnoticed by society. This paper has been written to try to amend this lack of recognition, although many of the key figures are already dead. For reasons of historical ignorance and economy, mental hospital psychiatrists looked after the intellectually retarded, many of them multiply disabled. As greater understanding and appreciation of the real needs of this group in society became clear and that these needs were educational, social and psychological to a much greater extent than simply medical, other professions have taken over the overall care of the retarded. It is, however, a matter of some pride that they took over a going concern and that the psychiatric establishment had made some amends for the squalor and deprivation that existed.

There is perhaps one final lesson. Much could be done at that time because of public will, political acceptance and relative economic affluence; when recession occurs it is the vulnerable in society who suffer most quickly. It is so easy to slip from high standards and dedicated commitment if it is left to the other person or to some fantasised perfect welfare state. The scenes described at the start of this article are only 25 years away. While it is

unlikely they will recur in just these forms, inattention, overly stringent economies imposed on a minority group without much political clout, thoughtlessness and prejudice can so easily bring about a harmful deterioration from the high levels and brave aspirations attempted by, and in large measure attained by the leaders and their staffs, the parents and families mentioned in this paper. The Duke of Edinburgh in his address at the opening of Strathmont in 1971 said "Civilisation is not a matter of wealth and statistics. Civilisation is a measure of what people do with their prosperity and the quality of life which they create for their whole community. If the buildings and the opening of Strathmont Centre is a true reflection of the attitude and outlook of people and Government of South Australia - and I have no reason to doubt that it is - then I believe that you can claim to have your priorities right and that you are using economic growth for the right ends."

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