

The road to recovery - a history of mental health services in Queensland 1859-2009

From institution to community

In the early days of Queensland's history, it was assumed that people with mental illness had no capacity to look after themselves and should be separated from the rest of society.

In the 1950s, new ideas about the organisation of psychiatric care shifted the emphasis from custodial care in large, closed institutions to supporting patients to live in the community. Increasing numbers of patients were discharged and fewer admitted, and allied health professionals became involved in preparing patients for life beyond the walls of the institution.

Today, it is recognised that many risk factors for mental illness lie beyond the health system, and relate to aspects of our everyday lives. These aspects include material well-being, housing, education, community inclusion and acceptance and employment. There is growing recognition that a whole-of-government, whole-of-community approach is necessary to reduce the prevalence and impact on the mental health of individuals, their families, carers and communities.

In response, Queensland Health, as part of the [*Queensland Plan for Mental Health 2007-2017*](#), committed \$4.77 million over the four years to 2011 to strengthen the capacity to coordinate care for consumers with complex needs living in the community.

Changing community attitudes

Community attitudes towards mental illness in Queensland have been complex and contradictory over the past 150 years, with public discourse demonstrating a mixture of both fear and concern.

Widespread social attitudes and values of colonial Australians influenced how people suffering from mental health issues were perceived by the community. Hard work, individual effort and virtuous living promised to bring success and security to individuals able to live up to these ideals. People who did not, particularly those considered 'insane', were seen to be responsible for their illness due to moral weakness and personal deficiency.

Mentally ill people were popularly considered 'dangerous' and were confined and separated from the broader society. The location of asylums away from large population centres reflected this principle. Mental illness was out of sight, and mostly out of mind.

Psychiatrists and other health professionals tried to influence the public perception of mental illness so it was regarded as an illness like any other. Recommendations for changes including those relating to opening mental health units in general hospitals and introducing the concept of voluntary admissions were specifically directed at reducing the stigma attached to individuals with mental illness. When the first ward of this type was opened in at the Brisbane General Hospital in Queensland in 1918, Dr Henry Byam Ellerton commented:

'This ward was built to meet a long-felt need – namely, to supply suitable accommodation where patients with impending mental breakdown, or even acute mental cases in their initial stages, might receive all the advantages of medical treatment and skilled nursing without the stigma of certification as insane.'

People who live with mental illness still experience stigma and discrimination. The results of stigma can often be worse than the illness itself, particularly when people face discrimination finding employment, a place to live, satisfactory health care and connections to other people. This stigma has tragic consequences. Many people with mental health problems fail to seek treatment because of the shame associated with their illness.

Advocacy and consumer participation

While there have always been critics of asylums and institutions, advocacy for patients with mental health issues was formalised in Queensland in the 1940s with the formation of the Relatives of the Mentally Ill Association. The Association made frequent approaches to government over conditions at the Goodna Mental Hospital and raised issues such as increasing the quality of meals and clothing for patients, improving recreation facilities and establishing an 'after-care home' for patients who resided in the institution because they had nowhere else to go.

The civil rights movement of the 1960s and 1970s raised awareness of the rights of minority groups, including people with mental illness. In 1977, the Queensland Department of Health established the Office of the Patients' Friend to advocate for individual rights including the right to be consulted about treatment, the right to be protected from abuse, and the right to be free from unnecessary controls.

Various non-government organisations have also been established to advocate and support people with mental illness and their families and carers. [The Mental Health Association \(Queensland\)](#) was established in 1961 in response Goodna, and the Association of Relatives and Friends of the Mentally Ill (ARAFMI) was formed in 1977. Both of these organisations continue to provide services in the present day to the conditions at

As the human rights movement gained momentum, the voices of patients themselves emerged as a force for change. One objective was to shift the balance of power to place mental health service users on an equal footing with professionals. In recognition of the expertise that mental health consumers have in their knowledge of mental illness, current health policy in Queensland supports the active participation of consumers, families and carers in all aspects of policy, planning and services.

Recovery

The concept of 'recovery' is an emerging paradigm in mental health services that focuses not on a patient being 'cured', but of individuals living meaningful lives with mental illness. Recovery acknowledges that having a mental illness does not necessarily mean life long deterioration, but focuses on an individual's journey toward a sense of identity, role and purpose beyond the boundaries of mental illness. The recovery approach focuses on the person experiencing improved quality of life and higher

levels of functioning despite their illness, rather than solely on reduced symptoms or the need for treatment.

To read more about recovery-oriented service provision click on the link below:

[Sharing Responsibility for Recovery: creating and sustaining recovery oriented systems of care for mental health](#) (PDF, 505KB)

Patient rights

The Queensland mental health system is based on a framework which encompasses fundamental rights and responsibilities for all people who have a mental illness, including the following:

People with a mental illness are entitled to respect for their basic human rights, confidentiality, and must be able to participate in decisions made about them.

The specific cultural, religious and language needs of individuals must be respected.

Treatment should only be provided where it promotes or maintains the person's mental health, and should impose the least restriction on their rights possible with due regard for the safety of the person and others.

More information about patient rights is available from the following sources:

[Patient Rights](#) (PDF, 64KB)

[Statement of Rights for Involuntary Patients](#) (PDF, 472 KB)

Heritage

The Environmental Protection Agency (EPA) has included two major Queensland mental health institutions in its list of Heritage Places. Click the links below to explore the cultural significance and history of these sites.

[Baillie Henderson Hospital](#) (Toowoomba)

[The Park - Centre for Mental Health](#) (Goodna)

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Timeline 1859-1900

- 1859** Queensland was granted the status of a colony by Queen Victoria, proclaimed on 10 December 1859. The established practice of transferring patients to Tarban Creek Asylum in New South Wales was no longer acceptable, and as a result patients were sent to Brisbane Gaol where they mixed freely in 'overcrowded wards with common felons'.
- 1865** The Woogaroo Lunatic Asylum opened at Wacol with 57 males and 12 females escorted from Brisbane Gaol to the new site. The asylum housed not only people with mental illness but also those who were destitute, ill, or old and without family or other means of support.
- Dr Kearsey Cannan appointed first superintendent for Woogaroo.
- 1866** First inquiry into the Woogaroo Lunatic Asylum took place as part of a general inquiry into hospitals in the colony. The committee was favourably impressed with Dr Cannan's efficiency and running of the institution.
- 1867** The second investigation into affairs at the Woogaroo Lunatic Asylum took place to inquire into the general management and working of the asylum, as well as several officers connected with the institution and the treatment of patients. The inquiry found the management to be satisfactory.
- 1868-69** A third inquiry into the administration at Woogaroo Lunatic Asylum was commissioned. Following receipt of the report, the government proposed a joint select committee of parliament to again investigate affairs at the asylum.
- 1869** Dr Kearsey Cannan was dismissed from his position as Superintendent of Woogaroo Lunatic Asylum. He was replaced by Henry Challinor who introduced recreation for patients, a proper system of record-keeping and improved sanitation.
- Lunacy Act of 1869 passed. Its main provision was the establishment of 'reception houses', to which magistrates could commit 'disturbed' patients for one month instead of admitting them to the asylum.
- Reception houses were subsequently opened in Brisbane, Townsville, Rockhampton and Maryborough.
- 1872** Henry Challinor resigned from Woogaroo after an attack of typhoid fever. He was replaced by John Jaap after Charles Prentice filled in for a few months.
- Jaap employed patient labour to establish a piggery and farm pursuits, which were a feature of the asylum for many years. Jaap drew attention to the overcrowded conditions at the asylum, a perennial problem which plagued the institution for most of its existence.
- 1877** Jaap was succeeded by Patrick Smith as Superintendent, who in his first report expressed concern for the fate of inmates on their discharge. Smith recommended a public organisation be set up to assist those with no relatives and no work awaiting them.
- Smith also recommended new asylums be established in Brisbane and Toowoomba to relieve overcrowding among the 400 patients at Woogaroo.
- A Royal Commission chaired by William Graham, MLA, was set up to examine the affairs of Woogaroo Lunatic Asylum and the reception houses, and report on the best ways to improve them.

- 1878** Sandy Gallop Asylum opened at Ipswich - 50 patients from Woogaroo were transferred to relieve over-crowding.



Ipswich Hospital for the Insane, 1913
Image courtesy of the State Library of Queensland neg no. 177591

- 1880** The use of the name of Goodna for the asylum appeared in the Superintendent's report for the first time.
- 1881** Richard Scholes replaced Patrick Smith as Superintendent at Goodna Asylum. Scholes continues the practice of employing patients in farming activities and extends it to the wards, laundry and sewing room.
- 1884** The *Insanity Act of 1884* passed. This Act provided for the appointment of an Inspector of Asylums for the Insane who would inspect every part of every asylum and see all patients once every six months.

The legislation stipulated language changes: 'The Lunatic Asylums at Goodna and Sandy Gallop, near Ipswich, shall be deemed to be Hospitals for the Insane under this Act'.

- 1885** Richard Scholes was appointed the first inspector of Asylums for the Insane in 1885.

- 1890** A new asylum opened at Toowoomba in May with an initial capacity of 200 beds. James Hogg was first superintendent.



Toowoomba Hospital for the Insane, ca. 1902
Image courtesy of the State Library of Queensland, neg no. 172548

The first patients transferred to Toowoomba were those capable of work, with women labouring in the kitchen and laundry and men chopping and carting work, building paths and fences and working in wards. Most patients originally came from Ireland and England, while others were born in Queensland, Scotland, Germany, Switzerland, Norway, Poland, Sweden and China.

- 1898** James Hogg took over as Superintendent and Inspector of Asylums for the Insane, and the vacancy at Toowoomba was filled by James Nicoll.
- 1900** 1728 patients reside in the three Hospitals for the Insane at Goodna, Ipswich and Toowoomba.

James Hogg recommended the establishment of a Hospital for the Insane in the northern part of Queensland.

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Timeline 1901-1959

- 1908** Over 2000 patients were receiving mental health care in institutions in Queensland.
- 1909** Dr Henry Byam Ellerton was appointed to the dual post of Inspector of Asylums for the Insane and Medical Superintendent of Goodna Asylum, a post he held for 28 years. Ellerton retained a strong focus on farming activities.
- 1910** A strong advocate for raising the standards of nursing, Ellerton introduced a course of training for the attendants at Goodna. Ellerton also believed that the environment was a strong influence on the improvement of patients.

Meal times were used as opportunities for social improvement and rehabilitation of patients in dining rooms resembling Edwardian tea rooms.



Dr Henry Byam Ellerton
Photo courtesy of State Library of Queensland, neg no. 66971

- 1918** A new psychiatric ward opened at the Brisbane General Hospital. This development was a precursor to integration of mental health services into mainstream hospitals.
- 1928** James Nicoll retired from Toowoomba Mental Hospital, replaced by James MacDonald from Ipswich.
- Basil Stafford took up MacDonald's position at Ipswich.
- 1930** The name of Goodna Asylum changed to Goodna Mental Hospital.
- 1931** Over 80% of male and 65% of female nurses were registered mental nurses who had passed the mental nursing examination conducted by the State Nurses' Registration Board.
- 1937** Ellerton retired in June, leaving a 'heritage of good buildings, spacious grounds, well-equipped hospital wards, a training system for mental nurses and an atmosphere of tolerance (if not freedom)'.

Basil Stafford represented Australia at an international conference on mental hygiene held in Paris. In addition, Stafford undertook a study tour, visiting more than 60 hospitals and psychiatric clinics, as well as a large number of universities in the United States, Europe and the United Kingdom.

Stafford became Superintendent at Goodna upon his return from overseas.

- 1938** *Mental Hygiene Act of 1938* introduced as a result of Stafford's report of his findings. In an effort to remove the stigma attached to mental illness, the terms 'insane', 'insanity' and 'asylum' were abolished from legislation and replaced with 'mentally sick', 'mental illness' and 'mental hospital'.

Provision was made for voluntary admission for

the first time in an attempt to reduce the stigma associated with certification.



Goodna Mental Hospital Dining Room
*Image courtesy of The State of Queensland,
Department of Primary Industries and
Fisheries, 2009*

1940 Stafford appointed Acting Director of Mental Hygiene in 1940, confirmed in December 1941.

1945 Toowoomba Mental Hospital (known as Willowburn) was at its peak as a working farm, with a large herd of Jersey cattle as well as pigs, poultry and a vegetable garden. Groups of patients worked in the gardens, at fencing, stacking hay, washing milk buckets and cans, feeding animals, collecting scraps and delivering milk and produce.

1948 The Diploma of Psychological Medicine was established at the University of Queensland to upgrade the standard of psychiatrists.

A repatriation pavilion for returned servicemen was opened at Wacol.

The Townsville Reception House became part of the Townsville General Hospital.

Patients from North Queensland were transported Goodna Mental Hospital via the 'leper van', a converted 2nd class rail van attached to the Townsville goods train.

1950 An Office of Mental Hygiene and a psychiatric clinic had been established in Brisbane to provide a follow-up centre for patients discharged from mental hospitals and services for new patients.

Dr John Baillie Henderson was appointed Superintendent at Toowoomba Mental Hospital. As a mark of his esteem, Henderson had the honour of having the hospital renamed after him while he was still in charge.

1954 Mossman Hall opened at Charters Towers in July, 54 years after James Hogg first recommended a hospital in North Queensland.

Commonwealth Department of Health commissioned an examination of the mental health facilities and needs of Australia which became known as the Stoller Report. Queensland mental health services fared favourably in this report in comparison with other states.

Despite this outcome, Stoller described the Goodna Mental Hospital as 'an admission institution, a chronic mental hospital, a centre for adult mental defectives, and an inebriate's institution'.

1955 Approximately 2500 people lived at Goodna Mental Hospital.

As a result of the Stoller report, the Commonwealth introduced the *States Grants (Mental Institutions) Act of 1955*, which provided a subsidy of one pound to every two provided by the states for capital works in mental institutions.

1959 Goodna Mental Hospital was renamed Brisbane Mental Hospital.

A psychiatric unit for intermediate patients built at Chermside West Hospital (now The Prince Charles Hospital).

A history of mental health services 1859-2009

Timeline 1960-2009

- 1961** Mental Health Association (Qld) Inc. was established in response to the conditions at Goodna Mental Hospital.
- 1962** *Mental Health Act 1962* introduced. This legislation placed a new emphasis on the integration of psychiatric services with other health services, and the treatment of mentally ill patients in general hospitals.
- 1963** Brisbane Mental Hospital renamed Brisbane Special Hospital.
- 1965-66** A psychiatric unit was opened at the Princess Alexandra Hospital.
- 1969** Brisbane Special Hospital renamed Wolston Park Hospital. By the early 1970s the number being cared for on a daily basis had halved from its peak in the 1950s.
- 1970** Baillie Henderson Hospital (formerly Toowoomba Mental Hospital) closed the dairy and vegetable gardens because they were considered to be no longer therapeutically valuable or justified economically.
- 1974** *Mental Health Act 1974* (Qld) was introduced.
- 1985** Mental Health Tribunal established as a system to determine whether mentally ill offenders were entitled to a mental health defence.
- 1987** Professor Harvey Whiteford established the Clinical Studies Unit at Wolston Park Hospital, now known as the Queensland Centre for Mental Health Research.
- 1989-96** Professor Whiteford appointed as the Director of Psychiatric Services, later renamed Director of Mental Health Queensland. He played a key role in the initial development of the [National Mental Health Policy](#) and of the [National Mental Health Strategy](#), and was Chair of the National Mental Health Working Group which laid the foundations of this initiative, as described below. He also led the development of the Queensland Mental Health Policy and the [Ten Year Mental Health Strategy for Queensland](#).
- 1991** The Queensland Government established a commission of inquiry into Ward 10B in Townsville.
- 1992** Australian Health Ministers agreed to a [National Mental Health Policy](#), implemented under a five-year National Mental Health Plan. This development represented the first attempt to coordinate mental health care reform through national activities.
- The Policy and Plan form the basis for the [National Mental Health Strategy](#), together with the [Mental Health statement of rights and responsibilities](#) and funding through the Australian Health Care Agreements.
- 1993** [National Inquiry into the Human Rights of People with Mental Illness](#) ('the Burdekin Report') completed.
- 1996** [Ten Year Mental Health Strategy for Queensland 1996-2006](#) released. This document provided an incremental framework for a ten year program of mental health service and reform in Queensland.
- 1998** The 1992 [National Mental Health Strategy](#) was reaffirmed with the [Second National Mental Health Plan](#) and again in 2003 with the endorsement of the [National Mental Health Plan 2003-2008](#).
- 1999** Professor Whiteford took up the first mental health position in the World Bank in Washington DC with the task of developing the Bank's capacity to respond to the rising global burden of neuropsychiatric disorders.
- 2000** Dr Peggy Brown appointed Director of Mental Health, Queensland. Dr Brown was instrumental in initiating a review of the *Mental Health Act 1974* and administered the

introduction of the new [Mental Health Act 2000](#). She was awarded Queensland Telstra Business Woman of the Year for 2000, the first female public servant to win this award.

- 2002** [Mental Health Act 2000 \(Qld\)](#) commenced. The purpose of the Act is to provide for the involuntary assessment and treatment, and the protections, of persons (whether adults or minors) who have mental illnesses while at the same time safeguarding their rights and freedoms, and balancing their rights and freedoms with the rights and freedoms of other persons.

[Mental Health Court](#) established under the [Mental Health Act 2000](#) to replace the Mental Health Tribunal, with amendments to its jurisdiction and procedures to more closely align it to the broader court system. Queensland is the first state in Australia to introduce a court dedicated to determining matters of unsoundness of mind and fitness for trial.

[Mental Health Review Tribunal](#) established under the [Mental Health Act 2000](#) as an independent statutory authority to safeguard the rights of people receiving involuntary treatment for mental illness under the [Mental Health Act 2000](#).

Review of Queensland forensic mental health services by Professor Paul E Mullen and Ms Karlyn Chettleburgh completed, resulting in 39 recommendations to reform the forensic mental health system.

- 2006** The Council of Australian Governments (COAG) endorsed a [National Action Plan on Mental Health \(2006-2011\)](#). Under this Plan, the Commonwealth implemented 18 measures over five years to improve services for people with a mental illness, their families and carers.

The Queensland Government demonstrated its commitment to the Plan by committing \$366.2 million in funding to mental health services.

The Queensland Government appointed Brendan Butler AM SC to review aspects of the [Mental Health Act 2000](#) ('the Butler Review'). The review focused on the rights of victims of crime in matters where the offender had a mental illness. The review resulted in 106 recommendations for reform in [Promoting the balance in the forensic mental health system](#). [The Queensland Government Response to the Final Report - Review of the Queensland Mental Health Act 2000](#) was released in 2007.

- 2008** Establishment of the [Victim Support Service](#) in response to the Butler review of the [Mental Health Act 2000](#). This is a statewide service to assist and support victims of mentally ill offenders to navigate the forensic mental health system.

[Queensland Plan for Mental Health 2007-2017](#) launched. In the [2007-08 State Budget](#) a record \$528.8 million was allocated over four years to continue improve Queensland's mental health system. In 2008-09 a further \$88.63 million has been allocated over four years to continue implementation of this Plan bringing the total Government commitment since July 2007 to \$617.43 million.

This unprecedented level of funding, the largest investment in mental health in Queensland's history, reflects the Government's commitment to delivering a better quality of life for people who live with mental illness, their families and carers.



Australian Health Ministers' Council endorsed a revised National Mental Health Policy 2008.

- 2009** Work commenced on the fourth National Mental Health Plan.

Professor Whiteford appointed as a Member of the Order of Australia for service to medicine as a leader in mental health reform, the development of national standards of clinical care, professional competence and economic policy.

Into the future

It is widely acknowledged that the mental health of individuals lies beyond the domain of the mental health system alone, and includes peoples' ability to access opportunities including employment, housing, education, material well-being, and community inclusion to name a few. The challenge for mental health services into the future is to facilitate the linkage of a range of services to provide an integrated system of care to consumers, families and carers.