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# I Had No Way of Processing What Was Going On: The Nurse

I was born in Brisbane in 1962. At the age of 10, I was sent to an all-girls Catholic boarding school in Toowoomba, Queensland. For the last two years of school, all the girls at my school went to a boys' school—a really weird dumping of two busloads of girls into this school for what was called 'co-education'. It was an intimidating environment to learn in but not intimidating to socialise in. On Wednesdays, you could choose from various activities. One of them was to go to the Baillie Henderson psychiatric hospital in Toowoomba. It was interesting that they even offered it to someone as young as 16. I would go there on Wednesdays and they would put me in the ward where there were severely brain damaged children. I was never given any information as to why they were there. I was just there to spend time with them. It sparked an interest in me to learn more about what situations resulted in people being put in such large institutions. There was always something I could be doing for those children and it was something I wanted to learn more about. I decided that when I left school I wanted to learn more about psychiatry.

The only place where you could study to be a psychiatric nurse was Wolston Park Hospital. I wrote to the hospital and was bussed down for an interview in the nursing school when I was in Year 12. I was accepted. I finished Year 12 knowing that I had a job to go to. When I started at the nursing school, on site at Wolston Park Hospital, I found it to be a positive learning experience. The calibre of teaching was quite high.

Some of the teachers were lecturers in psychology and strong advocates for patients. We were given this mandate that hospitals were changing and that we were expected to be on the front line of that change. We were warned that the changes would not always be accepted and that we would be given a hard time. I was rotated between a four-week block in the school and a four-week block on the ward. The nursing school was not all that far from the main hospital, but it felt like 5 million years apart in terms of what was going on in the wards. Over the three-year training we had to spend at least three to four weeks in each ward of the hospital and so I spent time in every ward. McDonald House remains in my memory and I remember the horrors of Noble and Ellerton houses. They were open wards but people were still restrained and tied to chairs.

Ellerton House was a large, geriatric ward with various wings and very few registered nurses. It was run according to a paternalistic view of care—that all the patients needed was to be got out of bed, fed, sat down all day and made sure that they were quiet. Patients were taken outside wearing hospital gowns and sat on a towel on a chair and their arms were tied to the chairs with sheets.

My attempts at undoing those sheets and walking those patients to the toilet were physically stopped by staff, ‘These people are OK. Put them back in the chair.’ I would use medical reasons, ‘They’ll end up with bed sores and end up in the medical ward.’ The reply would be, ‘You don’t need to be doing that. What do you know? We’ve been working here for years.’

Many of the patients had advanced dementia, Alzheimer’s or Korsakoff psychosis, and so they didn’t speak or they muttered. As a nurse I always assumed that if you spoke to a patient with some level of dignity and respect you may actually be heard or at least felt. I would just continue to practise doing this and doing this and doing this. For that I was given all the shit jobs—literally—attending to people with impacted bowels. I will never forget talking to his man, explaining to him that it would be very uncomfortable. I remember going through the whole thing and telling him that I would ensure his privacy. I remember saying to him, ‘Please, please squeeze on my hand if this is hurting you.’

These were the kind of jobs that I was given because I released patients from the restraining sheets and walked them around. This behaviour didn’t change. No one spoke to me in the staff room. Those patients had

no voice. The way they were fed was revolting. They had food pushed down their throats. They had no say. That place was so abusive. Wolston Park was a traumatic place and so isolated. It's in the same district as the prison. Some of the men who worked there were ex-screws. They employed thugs. A new wave of educated students was threatening to staff at the time. I reported the abuse to my teachers at the nursing school and said that the physical and mental health of patients were suffering because of the treatment by staff. They listened and supported me saying, 'These are the kind of practices that we have been encouraging people to air but with a system like this, there is so little that we can do.' They behaved like their hands were tied but they supported me in what I was saying. They didn't give any indication that they were going back to Ellerton House to address it but I was very young, only 17, and I didn't pursue it. I do know that the Richmond Report, which came out near the end of my training, meant that the bells were ringing for the end of places like Wolston Park. I think that the school of nursing did too little, too late. The Richmond Report triggered all sorts of industrial disputes. Nurses went on strike when there were calls for the end of institutionalisation because they feared that there wouldn't be any more jobs for them.

I remember years later running into a nurse from my class and I mentioned Ellerton House. She said, 'What do you mean Ellerton House? There has never been an Ellerton House!' It distressed me so much that someone my age had actually wiped out Ellerton House from their corporate memory. I went straight to a psychiatrist after that, 'You worked there. Tell me there was a geriatric ward.' He said, 'Yes. It was Ellerton House.' That nurse had never worked anywhere else except Wolston Park. She must have witnessed so much when she was a student and was prepared to forget.

Noble House was another ward at Wolston Park for people with mixed diagnoses. I remember once when we had to arrange the chairs in a theatre-like setting, semi-circles, so that they could watch Princess Di get married on TV. It was a square room. Usually, the chairs were positioned so that everyone sat side-by-side along the wall in these huge rooms. The idea that you could reorganise the chairs, in a theatre style where people could sit and talk to each other led me to suggest, 'Why don't we kind of try and do this a little bit more often?' 'No', was the answer I got, 'It works perfectly well the way it was.' I was just the fucking student nurse. What would I know?

There was a beautiful older patient in Noble House named Mabel who was put in a single room with white walls. She only was ever given a flimsy gown to wear. Every morning when I arrived for my shift, Mabel would have her shit plastered all over herself and the walls. An Ipswich winter could be as cold as  $-4^{\circ}\text{C}$ . Noble House had a registered nurse named Jeff whose surname I've forgotten, probably in the interests of my mental health. Jeff's way of waking Mabel up was to bring in the fire hose and spray it all over her and the room. She would huddle in the corner and scream in pain because of the force of the cold water. He would do this repeatedly. I came in one morning much earlier and got Mabel out of bed and I gave her a hot shower and I also ran her a bubble bath. I washed everything out of her hair. Jeff arrived. I said to him, 'You can't do that anymore. I will bath Mabel.' 'That's not going to happen', he replied. I tried another couple of times but Jeff ripped into me, 'You're not interfering with the way I run this ward.'

I was close to registration and so, on one occasion, they gave me the keys to the drug room to get something for a patient. I opened the door and saw Jeff raping a patient who was in her seventies. I left the door open and stood there and he stopped. I took the woman away. The next morning, I reported him to the nursing school. The following day all my tyres were slashed. I went to the school and said that I needed to be removed from that ward. They agreed that it wasn't safe for me to be there and they moved me.

I also worked in Barrett Centre, which was a whizz-bang new admissions unit for those who required more acute care. Most people were admitted through Barrett A, which was a locked ward. It was a new setting and all about modern psychiatry. It was run by a nurse named Larry. He did things that charge nurses should do, which was hold a staff meeting every morning and allocate patients to nurses, instruct us to write up notes after every session and speak to our patients' doctors, make sure we spent time every day speaking to patients to see how they're travelling, and so on. It was not an easy place to work because it was a closed ward with acutely psychotic people. No one could be in bed after seven o'clock in the morning. I never understood this. Everyone has to be up at seven and out at breakfast and then the bedrooms get shut off. Social workers, physiotherapists and occupational therapists would spend time there and so there was a lot more external transparency.

I came in one day to find a five-year-old sitting in the library. He was hurling books at the window. Then he went for the furniture. He just wanted to get out of the place. I tried to sit with him but he was very angry. His notes were off limits so I couldn't read about his case. All I thought was, 'What the hell is a five-year-old doing in a ward like this with all of these adults?!' He didn't stay there very long and so it must have been a holding place for him, but the fact he was there made my eyes boggle. There was something really, very wrong. It shouldn't have happened.

I finished my training, became a registered nurse and worked at the Barrett Centre. Even though it was more modern there, I felt the need to get away from Wolston Park altogether. It was a creepy place. It was full of creepy people. I worked with someone in the Barrett Centre who had a masters in philosophy and had developed schizophrenia. He recovered and was doing psychiatric nursing. He was a very interesting person to work with and I remember him very well. I remember one night there was an incident during our night rounds. We pointed our torches up to the ceiling or onto the floor, not in patients' faces, so we could see that patients were OK. We found someone who had managed to cut their throat. We called emergency and a whole team of people arrived and rushed them to the Royal Brisbane Hospital. That person died. The mounting trauma was enough for me to think about how I could work in psychiatry elsewhere. I was out of there. Once I registered as a nurse, I got out of Wolston Park as fast as I could.

My role now, at a not-for-profit, is to liaise with people who have been sexually abused and the Royal Commission. I write submissions and I run forums for these people. I think the avenue of there being a public hearing for former child patients of Wolston Park at the Royal Commission has been closed off. They've repeatedly said 'no'. I think the Royal Commission tried hard to engage with these women and to work hard for a public hearing. This didn't happen and now it's just too hard for them. They probably assume that there aren't enough witnesses for a public case study on Wolston Park. If there was a bigger group of survivors, then I think it would be more on their radar.

I think the survivors are right when they say, 'There's a small group of us. They're waiting for us to die off.' The answer from the Royal Commission was, 'We are not doing any more historical case studies.' But the fact is, every case study is historical. It is really about the commission's view of

the reliability of witnesses. Also, the Queensland Government has got off so lightly in the couple of case studies that have been done on institutions in Queensland. Instead, there's this focus on elite boys schools, when they should be showing that abuse happens to children from a range of class backgrounds. There's a lost opportunity for the commissioners to recognise and understand someone with a different upbringing. Also it's a 4:2 ratio of commissioners—four men and two women. Because the statistics show one in four girls and one in six boys are sexually abused, I think that there is room to question the 'maleness' of the Royal Commission and its elitism. Yes, they've proven that child sexual abuse is still happening today, but that is not an excuse to not go back and look at historical cases.

The former child patients from Wolston Park received an apology from the state government. That is something that we can go back to and use as leverage. We're hoping that the government has good intentions to take this further. This group of people deserves this redress.

My work connected with the Royal Commission has helped me focus on my experience at Wolston Park. I was working at Wolston Park at a time that coincided with the end of the institution in terms of the idea of asylum. Seeking asylum is something that can be very positive but it also has negative connotations. Setting up a bucolic world of retreat where people are able to take leave from their lives and be treated worked for a period of history, but only for short time. I was there at a time when institutions systematically failed individuals in many ways—in their treatment, the level of oversight, the lack of independence, the lack of transparency, and the lack of places for people to go to afterwards to recount their experiences and get redress.

The issue of children being placed in Wolston Park hasn't gone away. Children who were under care and protection orders were unjustifiably placed in a situation where they were open to any kind of abuse. There was nothing, nothing about their mental health that was pertinent to their placement. It was all about how you construe 'mad and bad' children. This has happened throughout history, particularly to women and children. Within the model of mental health, they are a particularly vulnerable group within the population.

I also think about my reading Hannah Arendt's work when I studied philosophy and the amount of writing she did on violence. 'The banality of evil' is one of her more famous quotes and it fits so well with those

who are perpetrators of all kinds of abuse. Evil occurs, for her, when there is a failure to think, to enact the basic principles of a larger humanity. I think this comes as close as possible to what I witnessed at Wolston Park Hospital—an utter failure to think. People went through their lives not thinking.

Back then, when I was a student nurse, I was pretty out of touch with understanding the cause and effect on me personally. I was so young. I had no way of processing what was going on. I didn't know what the word 'advocate' meant. I'd gone from a boarding school to another institution. Former colleagues say to me, 'You were far too young to be in that kind of environment. That was too much to be exposed to for a person of your age.' I say, 'It was too much for anybody.'

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