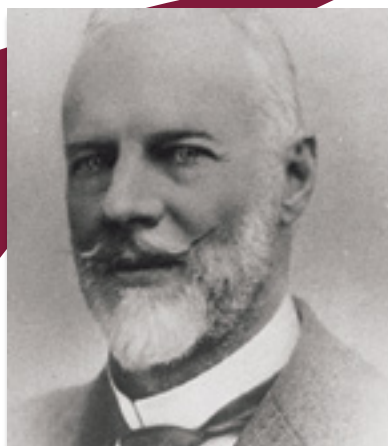


# Aftercare

*Our Journey*  
1907-2017





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To reference this publication please use the following protocol:  
Aftercare 2017, *Aftercare: Our Journey 1907-2017*, Sydney, Australia. [date viewed dd/mm/yyyy]  
www.aftercare.com.au

Design - Lenny Pelling/Burger with the lot, Sydney.

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# Foreword

Aftercare is celebrating 110 years of continuous service to the community, supporting those with mental illness, and their families.

From our beginning as an outreach service for those leaving Gladesville mental hospital in 1907, Aftercare has provided inclusive support services, based on the idea that each individual is a valuable member of the community. Our role remains, as it always has been, to facilitate those with a mental illness to find a pathway to wellness.

Over the past 110 years, we have grown to become a national leader in the provision of non-government mental health services and now offer over 54 programs in 3 States. We also conduct cutting edge research and forge new and transformative partnerships across corporate, government and social services. Because of our reputation as well as our inclusive culture we continue to attract diverse staff, volunteers and students who are highly skilled, passionate and talented – and who want to help make a difference.

This has been our journey from the beginning, when Emily Paterson, her mother and aunt started inviting the inmates of Gladesville Mental Hospital, across the way from their home at *Rockend*, to attend musical afternoons. Emily's long-standing friendship with Hester McDougall and her husband, Dr Herbert McDougall, led to the creation of Aftercare, with a mission to assist discharged patients to get a fresh start in life.

While the recent introduction of the National Disability Insurance Scheme and changes to the funding and delivery of mental health support services, has created a rapidly shifting service environment, Aftercare has continued to expand and diversify our services, consolidating our established reputation for excellence. We remain committed to supporting people with mental illness and their carers to live meaningful and productive lives, free from discrimination, in their chosen communities.

In the following pages, Aftercare's journey unfolds. The organisation continues to change and innovate, as it has done since the very beginning. Our vision, values and mission remain focused on the road ahead and on helping others on the journey to mental wellness, as we have done, since 1907.

John (JT) Thomas  
Chairman

## Abbreviations

ADB	Australian Dictionary of Biography
Aftercare	Aftercare Association of New South Wales
ALI	Active Linkages Initiative
AR	Annual Report
BDM	NSW Registry of Births, Deaths and Marriages
c.	Circa (re approximate date)
EC	Executive Committee of Aftercare, Minutes
FC	Finance Committee
Hon.	Honorary
Minutes	Aftercare Committee/Council minutes
MHCC	Mental Health Co-ordinating Council
ML	Mitchell Library, State Library of NSW
n.d.	no date
NDIS	National Disability Insurance Scheme
NGO	Non-government organisation
NSW	New South Wales
Pers. comm.	Personal communication
RPAH	Royal Prince Alfred Hospital, Sydney
SLNSW	State Library of NSW
SMH	Sydney Morning Herald
SR	Secretary's Report to Aftercare's Executive Committee

## Important notes:

- The meanings and connotations of words have changed since 1907, and some historical words used may cause offence.
- For reasons of privacy, unless permission has been given or the information is already in the public domain, all references to people with mental illness or disability have been de-identified including by use of pseudonyms (with the substitute name given in adverted commas) or initials.
- The people Aftercare has helped for the last 110 years are central to its history. While every effort has been made to represent their viewpoint, only snippets of their voices have survived in the historical record.
- Unless otherwise stated, all photos are courtesy of Aftercare.
- Over the past century, the Aftercare name has variously been presented as two words, one word, with variations in upper and lower case. In the following pages, we have simplified things by using our contemporary presentation – Aftercare.



# Chapter 1

## Aftercare Association: The journey begins

**1864**

Emily Darvall Paterson born on her parents' property near Yass. She was either born blind or with very poor eyesight that eventually led to blindness.

**1871**

Emily Paterson's father dies. Emily and her family move to live with her grandmother and other relatives at Rockend, next door to Gladesville Hospital.

It now houses the Banjo Paterson Restaurant.

Image Right: Rockend in 1986, courtesy RDHS.

Image Bottom Right: This sketch of Rockend by Colin Dewhurst was on the front cover of Aftercare's Annual Reports during 1993-97



**1900**

Susan Schardt, who had also lived in the Ryde district and was blind, founds the Commonwealth Home for Destitute Invalids. Today it is Royal Rehab, a Rehabilitation & Disability Support Network based at Ryde. A co-incidence or did her example inspire Emily Paterson?



**1902**

NSW women gained the vote in State and Federal elections.

Image: NSW suffragists, *Australian Town and Country Journal*, 1902. Courtesy SLNSW.

**1907**

Around 600,000 people then lived in Sydney plus an unknown number of Aboriginal people.

Image: King Street, Sydney, about 1907. Courtesy SLNSW.

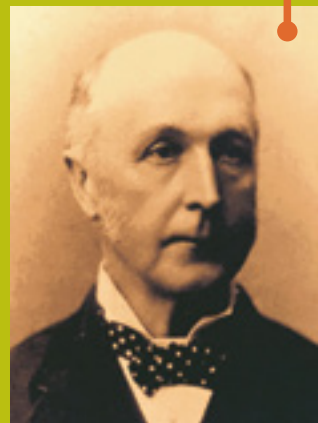


Image: Dr Manning, Wikimedia Commons. Courtesy Shelbypark.

**1868**

Colonial Secretary Henry Parkes' determination to improve public hospitals includes employing Dr Frederic Manning as Medical Superintendent of the Tarban Creek Lunatic Asylum (soon renamed Hospital for the Insane, Gladesville) to reform the treatment of patients.

**1876**

Dr Manning appointed Inspector (from 1879, Inspector-General) of the Insane with aim of reforming hospital conditions and reducing the stigma of mental illness.

**c.1880**

Around this time, Emily Paterson travels to England with her uncle. According to her niece Suzette Paterson, it was hoped that English doctors could improve her sight. Did despair at the failure of a cure for her blindness give her an insight into depression?



**1901**

Commonwealth of Australia formed. NSW's population less than 2 million (excluding Aboriginal population who were not officially counted).

Image: Tom Roberts' *The Big Picture* of the opening of first Parliament, courtesy Federal Parliament.



**1905**

Emily Paterson begins visiting patients at Gladesville Mental Hospital, and invites them to Rockend.

Image: Flickr Creative Commons. Courtesy of UBC Library Digitization Centre.

1907

18 June

Emily Paterson calls meeting at Rockend to found The Aftercare Association.

31 July

Aftercare's first public meeting.

23 October

Aftercare adopts its first constitution outlining how it will help discharged patients.

1910

NSW elects first Labor Government, one with a strong social welfare agenda.

Aftercare appoints first Honorary auditor (James Shute of the Bank of NSW) serves until 1926<sup>1</sup>.



1912

Eliza Hall establishes the Walter & Eliza Hall Trust.

Image: Walter and Eliza Hall, courtesy Walter & Eliza Hall Institute.

Lady Cullen becomes President (until 1924). First NSW Government grant (£100). Walter Hall's (£100) bequest.

<sup>1</sup> Other Honorary Auditors were: 1915-16, Edward P. Pearson Meldrum; 1926-68, Ian Brownrigg (Kalamazoo (Aust) Ltd); 1969-78, E. Blundell/ Blundell, Blizard & Co.; and 1979-2007, P. F. McGivern & Associates/Peter McGivern & Co./Peter F. McGivern/ Pritchard Adams Incorporating Peter F. McGivern & Co/ Pritchard Adams.



1915

Aim becomes 'To Assist Persons who have been Discharged Recovered from Mental Hospitals'. First of the Walter & Eliza Hall Trust's regular annual donations (£25).

Photo: Australian wounded on ANZAC Beach Courtesy ML.

1915-16

Annual NSW Government subsidies, matching the amount of private donations received.



Image: Photo: Jack Herring, one of the many young men killed at Gallipoli – he was a family connection of Emily Paterson and members of his family attended the initial meeting to form Aftercare. Author's collection.

1918

World War I ends. Around 17 per cent of Australian males had enlisted (416,809 men) and of these, over 60,000 were killed and 156,000 wounded, gassed, or taken prisoner. The grief and trauma caused multi-generational mental health problems.

1908

*Invalid and Old-Aged Pensions Act* (C/wth) provides citizens who could not work with pensions. The White Australia policy meant that Aboriginal and overseas-born Asian Australians were ineligible.

Aftercare's first *Annual Report* published in January. Sir William Owen elected first President. Laura Richardson employed as Assistant Secretary (Emily Paterson is Honorary Secretary). Governor of NSW, Admiral Sir Harry Rawson, becomes patron.

1911

Laura Richardson's position as Assistant Secretary ended as Aftercare could no longer afford her 'small' salary. She then joined the Committee as a volunteer.

1913

Garden Fête and Bazaar. Aftercare opens office in George Street, central Sydney and employs Caroline Baly as its Organising Secretary and Visitor (until 1921). Emily Paterson moves out of Rockend to nearby Drummoyne.

1914

World War I begins. 'Insane' removed from government terminology, including in hospital titles. The Gladesville Hospital for the Insane, for example, becomes Gladesville Mental Hospital.<sup>2</sup>

Another Government grant, nearly £100. United Charities Fund includes Aftercare in its distribution of money collected by all major charities.

<sup>2</sup> To avoid confusion, I generally refer to Gladesville Mental Hospital or (as it was known from the mid-1960s) Gladesville Hospital.

1917

First mention in Annual Reports of helping soldiers with 'shell-shock'. Following death of her mother, Emily Paterson joins the Church of Christ Scientist and moves to Sydney's eastern suburbs.

1918

Influenza pandemic reaches Australia.

Image: Nurses leaving Blackfriars Depot, Chippendale NSW during the flu pandemic. Courtesy State Archives NSW/Flickr.

1921

Broughton Hall becomes first psychiatric clinic for voluntary patients in NSW.

1921

Miss L. Moses, appointed Organising Secretary and Visitor ('Visitor' dropped in 1926) until 1927.





## Emily Darvall Paterson (1864-1945)



Few would have predicted that the near-sighted girl from country New South Wales, clever pianist though she came to be, would become, in middle age, the instrument by which a major revolution in the care and treatment of the mentally ill in Australia would be achieved.

The product of a loving, extended family, Emily Darvall Paterson (pictured left with her sister Hester) would become a passionate advocate for the wellbeing of the mentally ill and spend the second half of her life advocating for community based support. So deep was her commitment that she founded Aftercare, an organisation to assist those who had been receiving treatment in the Gladesville Mental Hospital to transition back into the community and find employment, a place to live and ongoing support. She was blind and 43 when she began her campaign to found an association that she hoped would be around to assist those in need for as long as possible and 110 years on, her vision of an organisation that provides support for those with mental illness to remain in the community not only remains but continues to grow from strength to strength.

Even today, it is not a commonplace thing for middle-aged women with a disability to found a national health care organisation – for Emily to have done this in 1907 was extraordinary indeed. Emily's interest in the plight of those with mental illness was no doubt borne of her experiences as an adolescent and young woman, and her life-long tenacity in support of the association she founded may well have been the product of her membership of a talented and supportive family.

As a young girl with little to no eyesight, Emily Paterson moved with her widowed mother and siblings into *Rockend*, next door to the Gladesville Hospital for the Insane. *Rockend* was her grandmother Emily Barton's home and dominated by artistic, forward-thinking women. Her grandmother was a poet, her mother (also called Emily Paterson) an artist of note, her aunt Nora Barton (who had also lived at *Rockend*) a pioneering nurse at Sydney Hospital. Emily herself was a pianist and composer, good enough to feature in local concerts and, later, fund-raising concerts for Aftercare. The family was financially secure and frequently pooled their resources to support each other. *Rockend* was a large and accommodating home to the extended family; various cousins also lived at *Rockend* for periods, including 'Barty', better known now as Australia's iconic poet 'Banjo' Paterson. Emily shared his talent for storytelling, with a Goulburn paper describing her in 1912 as having a '*conversational style that went straight to the heart of her hearers*'.

Rockend's close proximity to the Gladesville Hospital meant that the family including Emily, had a greater exposure than most to the life and plight of the inmates. It is perhaps no wonder then that Emily was interested in assisting those who were in fact her neighbours. Her concerns were shared by her family. Another relative, Mrs Darvall who lived nearby at Ryde, had been noted in Parliament in 1881 for her concern for patients at Gladesville Hospital. This was a family of people who sought to participate in the world around them; both to entertain and to make a contribution.

With such role models, Emily Paterson not likely to hide away, even though her eye sight had steadily deteriorated over her lifetime. She was a highly sociable woman, with no known romantic attachments, and as an adult continued the tradition established by her mother and the other women of her family and visited the women patients. Emily also befriended the staff at the hospital and sought to understand more about the treatment and post treatment experiences of the patients.

### Why found Aftercare?

This was an era when psychiatric treatment was largely ineffective and mental illness little understood. Many people were deemed mentally ill and incarcerated, sometimes for life, for all sorts of behaviours that were perceived as 'abnormal'. These behaviours included psychotic and other behaviours that would today be recognised as a consequence or manifestation of mental illness, but also included epilepsy, alcoholism, intellectual disabilities, promiscuity and rebellious behaviour (especially by women) and homosexuality. In the 19th century historian Stephen Garton, found most patients involuntarily admitted to institutions were working class men and usually admitted by the police after a disturbance. In the 20th century, he discovered, the patients were increasingly women. Emily Paterson became concerned about the many patients discharged, either permanently or on leave, with nowhere to go. They had no family or friends who would or could help, and little money to support them while they looked for a home and work. The government was just beginning to offer very limited social welfare payments to the few, and mostly there was no help. For many leaving institutions the stress and pressure of trying to function without any assistance could precipitate a return to the behaviours that saw them admitted in the first place, and some found the outside world so forbidding they sought to return to the safety of the institution.

Emily, her family and friends saw a need to provide assistance to the patients leaving hospital, and recognised that there were no other services, Government or private, providing this assistance. For Emily, the need was too great to ignore – and she herself needed to do something to fill the gap. If no organisation existed, she would establish one. On 3 July 1907, she did. At a small meeting attended by 15 people in a bookshop on York St, the Aftercare Association was formed.



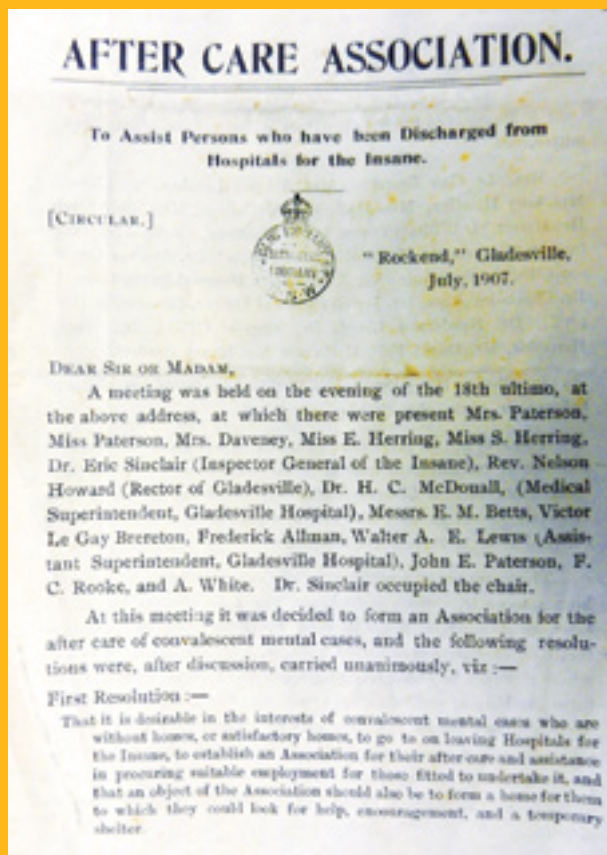
*Black Swans* and *Lullaby*, composed by Emily Darvall Paterson. Courtesy SLNSW.

Below: Emily's piano was recently re-discovered in an Aftercare store room and has now been dusted off, tuned and given pride of place at Lilyfield head office.



Aftercare adopted its first constitution at its second public meeting in October 1907. A copy has not survived but in 1912 it was summarised in the Goulburn newspaper as having the following aims:

- To assist persons ... discharged cured, and those on leave, from hospitals for the insane to find employment, or means of earning their own living ...;
- To afford them other assistance, such as clothing, food, tools, material, etc., as ... advisable;
- To provide temporary ... board and lodging when advisable;
- To exercise a friendly supervision over those assisted, and to endeavour to aid them with moral support and advice;
- To co-operate with other associations, homes, or societies having similar or somewhat similar aims and objects, ...;
- To enlist the sympathy and help of employers ... and others in finding employment suitable for persons discharged cured from hospitals ...;
- To educate public opinion [about] ... the Association ... and [help people] ... to resume their places in the community....



First page of Emily Paterson's 1907 letter, ML361/A

In its 1907 circular (pictured left) and as seen in the above summary, Aftercare's primary aim was ensuring 'suitable employment' for those able to work. At this stage it was only able to find work for no more than nine people a year. Mostly the work identified was as servants or manual labourers. Live-in work was valued as it solved the problem of accommodation. There was a ready demand for such workers and this was also work that in which many patients had prior experience. Historian Stephen Garton established that, in this period, patients in the government mental hospitals were often listed as having been employed as labourers or servants. Beyond assistance to find a job and a place to live, Aftercare also gave people small grants of money for essential expenses. One example was in 1913 when a dentist was given money to regain his instruments so he could work again. Other times, it gave out work tools. The emphasis on finding employment was because it was crucial for physical survival and, then and now, social acceptance. As well, holding down a job was considered therapeutic and a sign of sanity.

Emily Paterson shared her era's belief that women were more sensitive than men, but also knew that they had much more restricted opportunities. In the 1907 circular, she wrote that the difficulties facing patients leaving hospital 'are sometimes insurmountable'. In 1909, the SMH reported Dr Herbert McDouall's claim that discharged patients found life so lonely and difficult, that they were 'anxious to get back to the hospital again'. The 1912 Goulburn newspaper reported Emily Paterson saying that it was harder for a woman and, if unsupported, she 'probably returns to the Hospital to end her days there'.

From the outset, Emily's ambitions for her new organisation were focussed on changing not just the lives of the patients but the very process by which their discharge was managed. Accordingly, Aftercare aimed to raise £1,000 to establish a hostel for women to provide temporary accommodation while they adjusted to life back in the community. While the immediate aim was to provide shelter for women, the further plan was to subsequently open a hostel for men. It was a significant ambition, not just because of the money required but also because this approach would expedite many patients leaving institutional care.

In 1907, Patients needed to provide evidence that they had somewhere to live after they were discharged. Aftercare supported patients by providing them with the necessary letter (in Emily Paterson's name) saying it would provide the necessary accommodation. Such guarantees would be a more straightforward process if the person could be admitted to an Aftercare hostel<sup>6</sup>.

## Why did she succeed?

As seen from Emily Paterson's July 1907 circular, the initial meeting involved just 15 people, including herself, mother, brother and two family connections (the Misses Herring). Two other attendees were a more promising indication for the future. One was Dr Eric Sinclair, the Inspector-General of the Insane, who chaired the meeting. While he appears not to have any further role in Aftercare, his presence at this first meeting conferred official blessing. The other significant attendee was Dr Herbert McDouall, Gladesville Hospital's Medical Superintendent during 1905-25. The Medical Superintendent had a house in the Hospital grounds and so he and his family were Emily Paterson's neighbours.

Hester McDouall followed this pattern in that she joined the Aftercare Executive in 1921-26. On her death in 1942, the *Annual Report* credited her with having 'worked indefatigably' with Emily Paterson to establish Aftercare. Dr McDouall's approval allowed support from other senior staff at Gladesville Hospital. It also meant that, while Aftercare aimed to assist ex-patients from all mental hospitals, it initially focused on Gladesville. The Hospital had been the centre of reform efforts to improve mental hospitals in NSW. Those efforts were influenced by the English 'moral treatment' movement that emphasised the shared humanity of patients and staff. Adherents of moral reform

<sup>3</sup> As these letters are attached to individual patient files, they are generally inaccessible. Information Isabelle Meyer, pers. comm. 2017.



Cover of the first Annual Report.



insisted that pleasant surroundings and contact with the wider community helped people regain mental health. For humane administrators like Dr McDouall, Aftercare offered respite from seeing their hospital deteriorate due to over-crowding and the public's lack of interest. There is no doubt that Hester and Herbert's influence on Emily helped shape the vision for Aftercare, and that Herbert's administration at the Hospital created the opportunity for what became one of the very first examples of Government and NGO collaboration in the Australian Health Care Sector.

The strength of the vision and the innovative approach did not make for sustainability however. Little documentation about Aftercare's first years survive but it all indicates, as the *SMH* stated in April 1911, it was 'a struggling society'. By 1910, the *Annual Report* indicated it had less than £5 in the bank and could no longer afford to pay its one staff member (Laura Richardson the Assistant Secretary)<sup>7</sup>.

The struggle to obtain donations and grants from the Government was a hard one, perhaps most particularly because the mentally ill were not regarded as "deserving" or significant enough to warrant support. In 1912, Emily Paterson told the Goulburn newspaper that 'she got a very cold welcome at first, but gradually interested people in the work'. David Fell, a founding vice-President and local Member of Parliament, urged that it obtain Government help, but it was unsuccessful when it did apply. In July 1910, Laura Richardson complained to the *SMH* that Aftercare met 'with opposition – passive, if not active – on the part of the Government'. For much of the twentieth century, governments preferred the mentally ill to be, in writer Sue Zelinka's pun, 'out of mind, out of sight', and Aftercare too had to battle to be recognised as a legitimate service provider.

## Extended family and local community

Emily Paterson's extended family and Gladesville-Hunters Hill-Ryde community networks were also crucial in Aftercare's early years. Some instances of this support is indicated in the timeline, but also includes her mother and brother taking on executive positions as needed. One example of how the local network operated involves her Uncle Frank: Henry Francis Barton. Only eight years older than Emily, he was yet another family member who at one stage lived at Rockend, then later lived nearby. One of Frank's mentors was Sir William Owen, a judge who lived in nearby Hunters Hill. As Banjo's biographer Colin Roderick outlines, Justice Owen encouraged Frank to apply to be Master in Equity, a legal position that later meant he also became Master in Lunacy (responsible for administering the property of patients in the State's mental hospitals). In 1908, Sir William Owen became Aftercare's first President.

Another important family connection was Dr C. Oliver Latham, described by his biographer as 'the doyen of neuropathology in Australia'. Dr Latham joined the Executive in 1923, became Deputy Chairman 1932-61 and Vice-

<sup>4</sup> Laura Richardson was probably Emily Paterson's scribe for her music and personal assistant as her address was also Rockend. In the 1910 *Annual Report*, she was described as not only Assistant Secretary but the 'Executive Officer, Assistant Visitor, and Collector [of donations]'.

President 1946-52. In 1949, when Aftercare opened its second hostel, he guaranteed its overdraft of £1,000. He died in 1973, leaving \$600 to Aftercare to buy Christmas gifts for Aboriginal patients in NSW mental hospitals. The gifts were distributed until the money ran out in 1980.

## Beyond the wall

The support Emily Paterson received was vital, but so too were her courage and her values. It took courage to make the journey from her family cottage, through the high walls that surrounded Gladesville Hospital and step into the hospital that, despite efforts to beautify its surrounding, carried so much stigma and fear.

## The benefits of blindness

Emily Paterson's degree of blindness meant, family recalled, that she had little or no sight. Emily refused to allow that her disability would prevent her from doing what she believed was her life's work – establishing Aftercare. She was clear about the benefits of her blindness and her appreciation of being useful when talking to the Goulburn newspaper in 1912. She said that the women patients at Gladesville Hospital told her 'that she could not see and criticise them helped them to realise she was desirous of helping them ...she had never found any charitable work so interesting and absorbing as this work. It was a joy beyond any earthly pleasure'.

## Friendship and egalitarianism

In the words of Brendan Kavanagh, a later Aftercare co-ordinator, Emily Paterson 'humanized relationships' with people who had a mental illness. Her approach was consistent from the time she first began visiting patients in Gladesville Hospital. According to her niece Judith Halliday, Emily invited Gladesville patients to her home at Rockend 'for croquet and tea on the lawn'. Philanthropic women frequently visited institutions and hospitals in

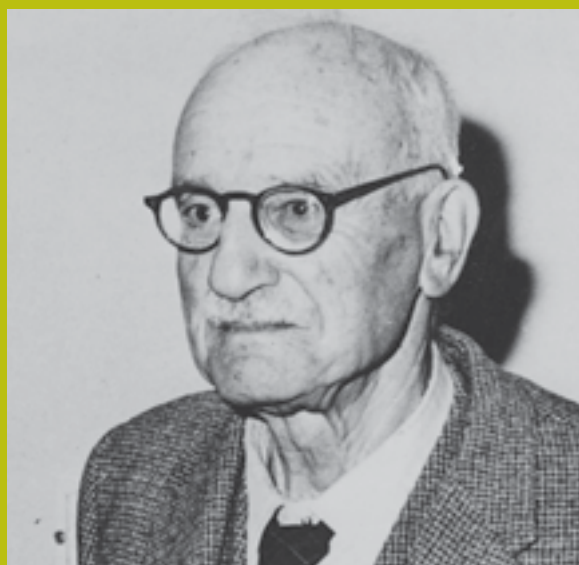


Image: Dr C. Oliver Latham (1877-1973).



Top: Rockend circa 1890 with Barton family members outside. Rockend now houses the Banjo Paterson Restaurant. Courtesy Ryde Library original from National Trust of Australia.

Centre: Gladesville Hospital's Female Convalescent Ward as it looks today – it was where Emily Paterson encountered women ready for discharge. Courtesy of Lenny Pelling.

Bottom: The wall surrounding Gladesville Hospital. Courtesy Lenny Pelling.



the early part of the century, but they did not invite those visited back to their homes. Emily's egalitarian approach to the patients demonstrated a degree of radicalism that not even the most sympathetic of practitioners or gracious of philanthropists demonstrated at the time.

Emily Paterson's approach was highly unusual and had a lasting impact on Aftercare. Whenever Aftercare organised a social event in these years, she was invariably involved. There was an annual 'Christmas picnic' and frequent entertainments at her home for patients from Gladesville, Callan Park and Rydalmere mental hospitals – people she called 'our friends'. In the 1920s, when living in the eastern suburbs, she organised 'At Homes' for patients – afternoon teas at her home, often with a musical performance. Given the grim routine of mental hospital life, there is little reason to doubt Aftercare's report that patients looked 'forward to them months beforehand'. Emily Paterson maintained friendly relations with those Aftercare helped throughout her life. When she became President in 1940, the Report noted that many people Aftercare helped visited her in the eastern suburbs, 'and found the same friendly welcome and understanding' as always.

As historian Dolly MacKinnon found, the therapeutic value of music and other recreational activities had been widely appreciated within mental hospitals for several decades prior to this, yet it was rarely available in public institutions of the time. For Emily, these activities were about establishing positive social interactions with people no matter what their past experience. In its early decades Aftercare promoted, as the 1921 *Annual Report* put it, 'the strengthening power of the personal friendliness between Aftercare and its beneficiaries'. It also emphasised Australian egalitarianism, repeatedly stating in its *Annual Reports*: 'As mental sickness is no respecter of persons [so] there can be no social barrier. Loving sympathy for the mentally afflicted being the basis of this work, the false pride of class distinction can have no place.' Dr Oliver Latham responded by emphasising that: 'it was owing to the loving sympathy and interest in individual patients shown by Miss Paterson that the Association was so firmly established'.

The way Aftercare helped people when it had little funds also reflects Emily Paterson's ideals. Charities at the time generally co-operated to prevent 'double dipping'. In contrast, Aftercare co-operated to maximise the help people received. Its 1910 *Annual Report*, for instance, shows that it worked with at least eight different charities, plus the State government, to supplement the help it gave discharged patients.



This faded photo is one of the few existing of Emily Paterson (far left, middle row). She is with family members on Rockend's croquet lawn. Courtesy of City of Ryde Library.

## Stigma

A key problem then and now for people with mental illness was/is stigma. As the *SMH* reported in June 1910, 'the fear and prejudice of the public ... renders it almost impossible for the [psychiatric] patient to make a fresh start'. It is probable that stigma also deterred some potential supporters – due to the assumption that only those with experience of mental illness would be interested. Apart from Emily Paterson and her family, doctors and health administrators (with their wives) dominated Aftercare: they could all demonstrate a professional interest.

Blind people like Emily were not as heavily stigmatised, but they did experience its sting. That stigma was partly due to the association of blindness with syphilis and partly due to the rise of eugenics, with its aim of breeding a fitter human race<sup>5</sup>.

Emily Paterson campaigned hard to get people to look beyond stereotypes. As she told the *Evening News* in 1907: 'People would find their prejudices break down if they could realise how sensible and interesting these patients were'. Another way Emily Paterson and Aftercare attempted to reduce stigma was in their regular description of the people they helped as 'convalescents', that is, people recovering from mental illness similarly to those recovering from physical illness.

## A new language

As indicated in the first circular (see page 10), Aftercare's aim was: 'To Assist Persons who have been Discharged from Hospitals for the Insane'. It was an aim repeated in its first constitution, adopted at the second public meeting in October 1907. By January 1908 when it published its first *Annual Report*, it had inserted 'recovered', making its aim, 'To Assist Persons who have been Discharged Recovered from Hospitals for the Insane'. The addition may have reassured a fearful public, but the notion of recovery as a one-off event caused problems. By 1909, the Aftercare reported Aftercare as helping people 'indefinitely' cured, accepting that some would have repeated episodes of illness. Psychiatrists at the time believed that, as the 1907 *Evening News* stated, 'a second attack of insanity is much worse than the first, and more likely to prove permanent'. It made Emily Paterson determined, she told the AGM 1923, 'to help prevent the recurrence of mental troubles'.

<sup>5</sup> Eugenics involved the hope of improving humanity by breeding for desirable traits, and discouraging people with perceived defects from having children. It fostered a strongly negative attitude towards disabilities. It was discredited by the Nazi's mass murder of people they deemed 'unfit', including those with mental illness and disability.



An idealised sketch of Emily Paterson when young by her mother reproduced in Aftercare's *Annual Reports* from 1992.

*"the fear and prejudice of the public ... renders it almost impossible for the [psychiatric] patient to make a fresh start"*

*SMH* - June 1910



*“People would find their prejudices break down if they could realise how sensible and interesting these patients were”*

Emily Paterson - 1907

The concern to prevent further hospital admissions was expressed repeatedly in the minutes and remains a (but far from the only) benchmark of success. Today, our understanding is that recovery is a journey; hospital readmission can be a necessary part of the process. The word ‘recovered’ was deleted in 1928 when, as Garton (2009) outlined, there were increasing rates of readmissions to mental hospitals.

The aim changed in 1915 when the phrase ‘Hospitals for the Insane’ was replaced by ‘Mental Hospitals’. The word ‘insane’ had become increasingly pejorative, and Aftercare strongly supported the Government’s decision in 1914 to eliminate it from its terminology. The word had become, it stated in the *Annual Report*, ‘obnoxious’, a ‘bugbear’ and ‘an undeserved slur’ on mental patients.

## Delicate ground

During the nineteenth and twentieth centuries, Australian governments feared the political and social consequences of the fierce religious rivalry between Protestants and Catholics. One measure it took was to stipulate that any charity subsidised by the government had to be non-sectarian, assisting all regardless of religious affiliation. The *Evening News* in 1907 reported Emily Paterson, calling religion ‘delicate ground, that should not be touched on’. Aftercare would always be strictly non-sectarian, helping all regardless of their religion.

## People’s stories, 1910

The first information in the surviving records about the experiences of the people Aftercare helped is in the 1910 *Annual Report*. It gives bare details of eight people (until 1912, it could only assist around eight to nine people a year). Six of those helped in 1910 were women and four were described as “young”. There is no information about their illness, though some spent just ‘a few weeks’ in Gladesville Hospital while another spent ‘nearly a year’ there. Most had no family support or family who opposed them leaving hospital. With an eye to demonstrating its value for money, Aftercare reported all had benefited from its help and remained well. The recipients were encouraged to repay any small grants they received because, the 1913 *Annual Report* explained, it was a ‘sign of the awakening self-respect and loving gratitude on the part of our friends’. This argument was a conventional one, but remained Aftercare’s policy for some years.

Two examples cited in the early reports show the impact of mental illness at a time when there was little government welfare. The first reveals the plight of women breadwinners when sick, especially given they were paid significantly less than men. An unnamed widow left hospital faced with trying to keep her children from the dreaded fate of an institution for destitute children. Aftercare gave her £1 [around \$131 in current value], spread over a month, helped her to access temporary government assistance and to apply to a women’s charity, the Queen’s Jubilee Fund. The Fund gave her clothes for her children and ‘a new treadle sewing machine to enable her to earn a livelihood’. She would join the many women attempting to support themselves and their children by poorly paid piecework sewing. Aftercare optimistically reported that she was ‘getting on fairly comfortably’. A second example was that of a ‘young married man’ who was in Gladesville Hospital for ‘a few weeks’. During that time, his sick wife had a baby and their four

other children were admitted to the NSW Benevolent Asylum. On his discharge, Aftercare and three other charities helped him with money, food and furniture so that ‘he was able to take his children home’. He then found work, ‘earning sufficient to keep himself, wife and five children’. It was unlikely he could have united his family so quickly without Aftercare’s support.

## Funding and support

In 1912, the NSW Labor Government committed to state welfare provided its first government grant to Aftercare and it was matched by a bequest for the same amount (£100) from mining magnate Walter Hall. The £200 provided was highly significant given that year’s *Annual Report* shows that all its other income was just over £71. Perhaps even more significant was that both sources promised more. The Walter and Eliza Hall Trust, with its emphasis on medical charities, provided regular donations. The NSW Government also provided follow-up grants, then in 1915-16, subsidies. It meant, as Aftercare’s *Annual Report* stated, it entered the 1914 financial year ‘aglow with hope’. However, funding for Aftercare’s operations, and the ways in which it allocated its resources was to be an ongoing source of tension within the organisation and without, for the next several decades.

Aftercare opened an office in George Street in central Sydney, and employed Caroline Baly as its Organising Secretary. She remained in the role until 1921. Like her predecessors and successors, she had an extraordinary range of duties. She not only managed the office, but distributed grants of money and any goods donated to Aftercare; helped people apply for invalid and old-aged pensions; assessed their mental health needs; managed family conflicts; and arranged travel to interstate and overseas destinations. She also found employment for discharged patients, careful considering, as the 1913 *Annual Report* put it, the ‘placing of our friends, in gauging the idiosyncrasies of both employee and employer’. When she resigned, she was praised for 16 years of ‘faithful service’, during which ‘many lives were brightened and many ways made straight by her council and judgment’.

The 1914 *Annual Report* argued that the office ‘adds little to the expense and much to our convenience’. Even so, it and the Secretary’s salary of around £100 per year were the key expense. Around a third to a quarter of its costs were grants to ex-patients. Considerable effort went into ensuring the most appropriate aid and employment for each recipient, then following up to ensure all was well. Yet critics argued that the office and Secretary were too expensive; a report in the 1923 *Aftercare* claimed that their cost was the reason the government refused to continue its subsidy.

The lack of Government support was serious and reflected the public’s



Was this Aftercare’s 1913 fete? Alas, no more details are known than that written on the photo. Courtesy SLNSW.



## Emily Paterson in later life

Elsie Lawson knew her from the 1930s and described her to Peggy Mitchell as:

*“a small person ... always bright, friendly & happy with a lovely rosy complexion”*

Emily Paterson had a long record of service to the Association she founded culminating in her election as President in 1940 until her death in February 1945 aged 82. She was cremated at the Northern Suburbs Crematorium, Ryde. There is no known memorial to her other than the Association she founded.



Image: Emily's former home, Rockend as it looks today. It stands as a testament to the strong foundations it was built upon, just like Aftercare. Courtesy Lenny Pelling.

preference to ignore mental illness. Aftercare's main private support was from two organisations. In 1914 the majority of New South Wales charities combined to form the United Charities' Fund. The Fund organised one day to collect donations then distributed the money proportionally to the charities involved, including Aftercare (later Ernest Marks, the Fund's chairman and Sydney's first Jewish Lord Mayor, joined Aftercare's committee). Gladesville Hospital staff (and their wives) remained important, especially in their support for the fund-raising fete in 1913. Bessie Pocock, Gladesville's Matron during 1911-14 and 1919-24, was another important supporter. When she retired as Matron, she joined Aftercare Committee. After the success of the 1913 fete, staff within various mental hospitals organised fund-raising events. Yet in general, as Dr Donald Fraser (when he was Inspector-General of Mental Hospitals) recalled, hospital staff regarded Aftercare with suspicion. Such attitude was most likely due to the fear of outsiders that characterises closed, inwardly looking cultures. One response by Aftercare was to invite medical superintendents to join its Executive as their presence legitimised support for it by staff. The drawback was that it also suggested that the work of Aftercare was an extension of the hospitals' work and thus best funded by governments.

Financial and other support also came from feminists in this period, a logical outcome given Aftercare was founded by a woman and emphasised helping women.

From the beginning, the women's suffrage leader Rose Scott gave an annual donation (as she did with so many women's organisations). Another feminist supporter who took an active role was Dr Mary Booth, a Committee member during 1914-21. Described as an 'incurably active' physician and welfare worker, her many roles included being Vice-President of the National Council of Women of NSW. Aftercare was affiliated with this Council during 1911-16. Prominent feminist and public health campaigner, Frances Holden, donated her crochet work. She had been a controversial matron of the Children's Hospital in the 1880s, but by 1914 was an invalid. Her crochet was a way she could still contribute.

While it is not known if she was motivated by feminism, another important supporter was Mrs H. Daveney. She attended the first meeting in June 1907, and was on the General Committee until 1914. She then regularly donated 'home made sweets' for mental patients. Miss Daveney's Sweets and Chocolates became a thriving business, and by 1920 it donated good quality 'seconds' to Aftercare. The Secretary and a volunteer visited the factory twice a week to pack the sweets into bags to give to patients. Mrs Daveney helped in other ways including with a fete in 1934, held in the grounds of the women's hostel at Five Dock.

The money received in 1912 more than doubled the annual number of people helped, from eight to nine to around 22 to 23 per year. Before World War I, Aftercare assisted men and women roughly equally. After that war, more women than men were admitted to mental hospitals, so more women were helped. Accordingly, during 1914-22, Aftercare helped over twice as many women than men (61 men and 129 women). What did not change was that most helped were young adults: during 1910-22, only 27 of the 192 people helped were described as old or elderly. Sydney's population was overwhelmingly British in origin and so too were the people helped, although other nationalities were regularly mentioned. Aboriginal and Asian Australians also featured in the lists, and especially needed help because they were ineligible for government pensions.

In 1914 Australia entered the First World War. Those at home waited in increasing fear as the casualty list grew. Emily Paterson's sister Hester MAftercare wrote: 'Such a number of families we know on the [Parramatta] River are in mourning for sons killed in the war ... no one attempts to look anything but gloomy, it is a sad time for the young people.' The war staggered on until November 1918, with many soldiers returning with mental scars. The 1913 *Annual Report* had stated that 'people begin to realise how slight a barrier divides the sane from the insane'.

For years afterwards, Aftercare's records refer to ex-soldiers, some of whom lived in cottages at Callan Park Hospital or in the adjacent Broughton Hall Psychiatric Clinic. By the 1930s, Aftercare worked closely with the organisation now known as the RSL, particularly to help servicemen obtain pensions. Those with mental illnesses linked to wartime experiences continued to be among those that Aftercare assisted for some time to come, and the collaborative way in which Aftercare established relationships with other organisations for the benefit of clients has become the hallmark of the way in which Aftercare works, even today.

*“Our clients ... bring their strengths and abilities with them and share these with us, adding richness and uniqueness to the organisation and in turn strengthening us all within the Aftercare community”*

Aftercare - 2006

# Chapter 2 Expansion



Image: By Sam Hood, courtesy SLNSW.

## 1920s

Partly reacting to past horrors, many (especially youth) embrace modernity, cars, electricity, labour-saving appliances and radio; women's lives especially change as their hemlines go up, they cut their long hair, and it becomes acceptable for middle class women to be employed, at least before marriage. Periodic exposes of abuses in mental hospitals.

Short-lived Ladies Auxiliary and local fund-raising 'Centres' formed.

Photo Above Right: Author's. Australia was intensely British and royalist. Note the Duchess's dress - women's clothes are much more comfortable than pre-War ones.



## 1926

Canteen opened at Gladesville Mental Hospital. Aim includes helping patients from 'psychiatric clinics' as well as hospitals. Inspector-General of Mental Hospitals Dr Charles Hogg elected President.

## 1927

Women's hostel moved to Brent Street, Five Dock. Dr Hogg resigns as 'because he thought it would be better for the Association to have a President who was not connected with the Mental Hospitals'.



## 1934

NSW Government resumes subsidy. Voluntary admissions to mental hospitals legalised. *Charitable Collections Act (NSW)*.

Aftercare registers as charity with contributions over £1 tax deductible.

Image: Children lining up for free soup and bread. By Sam Hood courtesy SLNSW.

## 1940

Patriotic gesture to forego NSW Government subsidy until 'the country's finances were in a happier state' results in no subsidy for 9 years; founder Emily Paterson elected President.

## 1941

Following attack on Pearl Harbour, Australia also at war with Japan.

## 1944

Federal Government introduces unemployment/sickness benefits.

## 1945

End of World War II. Many families welcomed back service personnel with obvious injuries – such as this Australian Flying Officer. Others returned with injuries just as permanent but unrecognised.

Image: Author's collection.



## 1922

Royal Commission on Lunacy Law and Administration (NSW) reports.

## 1923

Mrs Patrick Honorary Assistant Visitor. Women sent to boarding house in Dee Why (until 1925).

## 1924

NSW Government grants annual subsidy. Constitution updated so power with new position of Chairman and Deputy Chairman. President becomes the figurehead. Secretary seconded from Department of Health (until 1980). Mrs Patrick's position retitled to Honorary Social Worker but she resigns in April.

## 1925

Opens first hostel – for women and at western suburb of Pendle Hill; Justice Alexander Ralston elected President. Dr Herbert McDouall elected Chairman (until 1945, then is President 1945-47). President 1945-47).



## 1928

Aftercare buys house at Queens Road, Five Dock and moves women's hostel there. Deletes 'recovered' from aims. Justice (from 1933, Sir) John Harvey, President 1928-35. Thelma More seconded from Department of Health as Secretary/ General Secretary 1928-52. Incorporated as 'not for gain' company.

Image: Five Dock hostel in 1986.

## 1929

Worldwide Great Depression, with Australia particularly hard hit.

Second canteen opens at Callan Park Mental Hospital. Aims again include patients on leave from hospital.

## 1930

NSW Government stops subsidy due to Depression.

Staff from seven mental institutions raise just over £275 for hostel. Pays off mortgage on hostel.

## 1931

Government Saving Bank fails.

Aftercare unable to access its money for 9 months.

## 1936

Jewish businessman and philanthropist Louis Phillips elected President.

## 1937

Prominent feminist and left-wing activist Jessie Street elected President.

## 1939

World War II begins.

Louis Phillips dies leaving a £50 legacy to help establish a men's hostel.



## 1942

Federal Government introduces widows' pensions with women whose husbands were in a mental hospital also eligible.

Air-raid precautions at hostel and throughout Sydney. Aftercare cares for patients evacuated from Kenmore Psychiatric Hospital (Goulburn).

Image: Soldier tending a war grave in Kokoda, New Guinea, Courtesy Australian War Memorial.



Between the wars, as its finances prevaricated but overall slowly improved, Aftercare focussed its activities on three main areas, with the aim of creating sustainability for its work. In keeping with Emily's original vision, the focus was on housing, employment and providing other immediate needs.

## Women's Hostel, Five Dock

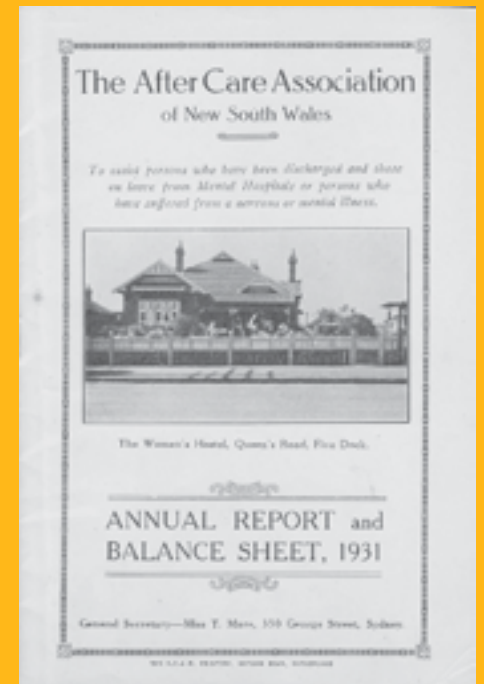
The big change for the Aftercare in this era was achieving its founders' aim of opening a hostel so newly discharged female psychiatric patients had somewhere to go. From 1923 Aftercare sent women to a Dee Why (and later, other) boarding houses. While this arrangement was satisfactory, Aftercare wanted to control its own hostel. It achieved this aim in 1925 by opening a hostel on a 'farmlet' in the outer suburb of Pendle Hill. Its supervisor Miss Stark was described in the Executive minutes as an 'agriculturalist' who would train the residents 'in growing flowers, fruit, vegetables, domestic duties, jam making etc'. This concept reflected the widespread belief that rural life was mentally and physically healthier than urban life. It was an ideal promoted by Emily Paterson's cousin Banjo, but always more appealing to actual or aspiring landowners. It was not a dream generally shared by the hostel residents, and their lack of interest in farm work contributed to the hostel soon moving to the inner western suburb of Five Dock. When Aftercare could afford to buy a house, the hostel moved to Queen Street, also in Five Dock. Miss Stark remained supervisor until 1935 although the hostel was on a suburban block and she had little chance to teach agricultural skills.

The hostel was partly funded by the Department of Health. Residents were asked to make a contribution; this was limited to approximately two-thirds of their pension or wage and less when the person had financial difficulties. These contributions were significant but generally did not cover costs. The concept was that of a half-way house, preparing residents to live in the community, therefore they were expected to move out within two years. The limitation was that the hostel was in a suburban house so, even with shared rooms, the number of women helped in this way was small. The first year (1928), was typical with the *Annual Report* noting that 32 women had lived there during the year. The numbers helped was further reduced because residents were encouraged to see

the hostel as their home and one they could return to should their employment 'prove unsuitable or too hard', or for other reasons. Accordingly, the *Annual Report* stated, 'many' of the 32 women had been admitted to the hostel two or three times.

Aftercare was quite clear why there was a need for its hostels: as Emily Paterson had observed, many patients left hospital with nowhere to live. They also had to relearn how to live, both with others and by themselves. Importantly while the provision of accommodation was seen important, it was also seen by Aftercare as part of a recovery journey, so the hostel allowed discharged patients to regain their sense of self. The damage to individuality of prolonged institutionalisation was understood well before the ground-breaking books on the subject were published in the 1950s and 1960s. Even in 1910, the *SMH* reported that patients 'necessarily lose' their self-reliance while in a mental hospital. By the 1920s, the experience of being institutionalised became worse. As Australia's population grew, so too did the numbers of people needing care. This increase in demand combined with a growing lack of funding, meant that mental hospitals were increasingly over-crowded. Historian Stephen Garton notes that from the 1880s to the 1930s, the rate of patients discharged "cured" declined, readmissions rates rose, and the use of restraints (straightjackets and the like) rose from less than one per cent to 20 per cent. As conditions deteriorated, a later Aftercare President (psychiatrist Maurice Sainsbury) wrote in his memoirs, the hospitals 'depended upon the submission of the patients to authority with a minimum of resistance ... [patients] lost their initiative and sense of responsibility'. While there were exceptions, Aftercare's records describe many former psychiatric patients with shattered confidence and an inability to cope in a freer environment. Miss G. was one of the many such people. Reportedly 'middle-aged' when she went to the Five Dock hostel in 1942 after 'many years' in hospital. She had lost touch with the outside and her self-confidence had been 'reduced almost to nil'. She 'would not accept any responsibility, even for the lightest and easiest of duties ... [for a long while] she was fully convinced that she still could not even wash dishes'. She had no interest in her personal appearance as she had no money for clothes or grooming. For months, the hostel supervisor worked 'to help her regain some measure of interest and confidence'. Miss G. was 'bewildered and afraid to accept a paid position', but eventually accepted one. As she succeeded in her work, she 'brightened up considerably and developed a certain amount of poise. She is quite happy and thoroughly enjoys the work'.

Given the aim was to counter the impact of institutionalisation; Aftercare expected its hostels to have a home-like environment. As Dr McDouall told the 1929 AGM, a 'homely atmosphere' would enable residents to 'gradually acquire an independent spirit ... and ... renewed interest in general



Above: During 1929-49, the Five Dock hostel proudly featured on the cover of the *Annual Report*.

Below: A crowded ward at Liverpool Asylum. Courtesy State Archives NSW/Flickr.



The Women's Hostel opened at Queen's Street, Five Dock in 1928 (pictured as it appeared in later years).

conditions'. It was a sentiment repeatedly expressed. Later the term 'normalisation' was used, but this named an ideal that had always been there: that hostel residents would again experience, as put in the 1949 Annual Report, the 'pleasure of living a normal life'. The supervisors had the major responsibility for establishing the homelike tone of the hostel. This proved a difficult task for many, as they tended to be former staff of psychiatric hospitals because there was no other training available to prepare them for their role. Their position was more arduous as they lived in the hostel with little privacy, sharing facilities and having to vacate their rooms on their days off for the relieving supervisor.

The seriousness of Aftercare's intent to make the hostel homely was reflected in its language. In March 1938, the Executive minuted that the title Matron should not be used for hostel supervisors because it wanted to remove any 'reference to hospital'. It also minuted that the hostel occupants be called 'guests' or 'residents'. That the Executive even considered calling the residents 'guests' is striking. It was a term used in alternative therapeutic communities in the 1980s – and seen then as denoting a major power shift towards the residents. The term was used by Aftercare irregularly: in 1944 the Annual Report referred to 'the guests at our Hostel'. When sub-committees were formed in 1968 to manage each hostel, with representatives of Aftercare and the local psychiatric hospital, it again referred to the hostel 'guests'.

E. G. Lone Nowland, was the supervisor during 1942-44. She was qualified in mental health nursing and was an ex-military nurse who had been invalided at home with 'nervous debility'. At a time when nurses' trade unions were widely condemned for subverting nursing ideals, in 1931 Lone Nowland had become the founding President of the nurses' union, the NSW Nurses Association. However, within a year of commencing at the hostel, the Secretary reported conflict with the residents. After less than two years, Lone Nowland resigned.

Aftercare had difficulty finding a new supervisor but, when it did, she proved ideal. Hilda King, a nurse who had been in charge of a refractory ward at Callan Park, was described by the Secretary Miss More as a 'pleasing ... genial personality' who was 'liked by the patients'. That and her understanding of mental nursing made, Miss More reported, for a happy hostel – always an important consideration. Miss More's monthly reports repeatedly praised Hilda King for making the hostel homelike. A typical comment is as follows:

“So many of them return for a day or few hours on their day off from work and they have taken great interest in the comfort of the house. Miss King has been excellent in her homely manner of encouraging their efforts and many more patients are visiting the hostel, which they regard as their only contact with home life”.

Hilda King was so highly regarded that, when she retired in 1953, she was elected to Aftercare's general committee.

## Finding employment

While Aftercare had moved into providing supported accommodation, its chief means of help was to find people suitable employment – for women, after a period in the hostel; for men after discharge from hospital. Its Secretaries needed enormous patience in this task as the discharged patients were frequently demoralised and/or significantly disabled and invariably stigmatised. The poor physical health of many meant that, Thelma More reported in 1933, they were incapable of anything 'but very light work'. Others found it hard to settle. Some of the people Aftercare helped had been institutionalised even before being admitted to hospital: they were commonly found live-in employment in institutions. Susan M. is one of numerous examples: as minuted in July 1924, she had been reared in a convent and was 'impossible to place' anywhere else. Other discharged patients had to contend with the effect of treatment. In 1944, one woman was described in the *Annual Report* as having had 'a long illness, and ... extensive hospital treatment'. She suffered from loss of memory, a common side-effect of the newly introduced electroconvulsive therapy (ECT). She was found work in a children's institution.

A controversial aspect to finding employment for hostel residents was that it allowed them to apply for work from a private address. There was an ongoing debate within Aftercare whether to disclose a history of mental illness to a potential employer. Successive Secretaries, when it was part of their duties to find the jobs, firmly argued for non-disclosure. They complained that stigma meant that employers would not employ anyone with a history of mental illness and sometimes sacked employees if they discovered such a history. In 1941, for example, the Secretary Thelma More reported that Gwen W. had been accepted as a trainee nurse. It was necessary, she added, that the hospital had not been told of Gwen W's psychiatric history. While there were exceptions, in general in this period Aftercare did not tell employers of the history of their guests.

Finding employment was incredibly difficult during the Depression, which peaked with nearly one third of the workforce unemployed while many more were under-employed. Minimal social welfare meant that the unemployed were desperate for any kind of paid work. Many of the unemployed were in a similar position to Miss K. who, Thelma More reported in 1929, was 'starving' and 'willing to take any employment'. As a discharged mental health patient with no recent work experience or references, she had virtually no chance of finding work without help – and only a slim chance even with help.

While still hard, it was easier for the women than the men. Aftercare's Treasurer Elizabeth Justelius told the 1924 AGM, 'It is simple enough to place the women in domestic service, but there is a certain amount of diffidence about taking a man into employment, after his discharge from a mental asylum'. The Justelius family, like other Committee members and local doctors, employed some of the women themselves. At a time of acute shortage of domestic workers, there were



Image: Gang of men on relief work during the Depression. Not many discharged patients were fit enough for such work, even when it was available. Photo by Sam Hood, courtesy SLNSW.





Mr H. was one discharged patient who found his own way in life, at least while clubs flourished in the 1920s. In July 1924, Mr H. left the job Aftercare had found him to play in a jazz band.

Image: Jazz band circa 1930 from the Tom Lennon collection, courtesy of Powerhouse Museum/ Wikimedia Commons.

mutual benefits in this arrangement. The key problems were that conditions were highly variable and there was no incentive to encourage a newly trained, more confident servant to move to a better position. While jobs involving domestic service and manual labour were easier to find, ambition was encouraged. The 1923 *Annual Report*, for instance, reported that a young woman who wanted to be a dressmaker was found work where she could have time off to attend classes. Even in 1926, the Secretary Miss Moses complained that it was hard to find work for the men because *'the last Industrial Act seems to have made a reference necessary for even the smallest position and very few of our men can produce same'*. Other men could not compete in the labour market because they could only find manual labour.

One problem with not having a men's hostel was that contact with the men was

fleeting, making it difficult to recommend them to employers or gauge what work suited them. Men continued to leave hospital with, as the Secretary reported in July 1944, no money for *'lodgings, food, blankets and clothing'*; they needed help until they received a pension, found work or were provided with a swag to tramp the countryside looking for work. Mr S., for instance, had to be given food to sustain him until he joined the American merchant navy. During the war, some of the men enlisted. Mr B. had spent 17 years in hospital before enlisting in the army in 1941. Thelma More reported that since Mr B. had joined the army, he *'looks very much better. His demeanour has changed marvellously'*. While army discipline was unlikely to be a problem after a mental hospital, some on the Executive questioned the army's therapeutic role.

## Canteens

Aftercare opened its first canteen at Gladesville Mental Hospital on 4 October 1926, encouraged by Dr Charles Hogg its President and the Inspector-General of Mental Hospitals. The Gladesville canteen, and future ones, sold refreshments and, at least until the 1980s, some articles made by patients. Partly because the canteens' space and utilities were usually provided without charge, they needed the Department of Health's approval and were reliant on support from the hospital administration. They also heavily depended on the nurses in charge of the wards, responsible for (sometimes very large) orders of goods for the ward – or not, if so inclined.

Aftercare had three aims in running its canteens: to raise money for its hostels; to improve its profile within the hospitals; and, as specified by its constitution, to benefit people who had experienced mental illness. One of the key ways patients benefited revealed just how soul-destroying were the mental hospitals. At the 1946 AGM, Dr Alfred Edwards, Callan Park's

Medical Superintendent and Aftercare's President, stated that buying a cup of tea or other items at the canteen was important as it allowed patients an (their only?) opportunity *'of exercising their individuality'*. The financial impact of the canteens was soon clear. By 1931, as the Treasurer Samuel Ebsworth told the Executive, Aftercare *'was now quite dependent on the Canteens for its revenue'*, particularly in running its hostels. The canteens' importance increased during the Depression and World War II as other sources of income declined.

The canteen workers were all women and initially all were volunteers. Gladesville canteen's first manager, Mrs Bond was Aftercare's Honorary Secretary and married to psychiatrist and fellow Committee member, Dr Lionel (Lyle) Bond. In 1928, Linda Ebsworth jointly managed the canteen with her before taking over sole management the next year. Mrs Ebsworth then managed the Gladesville, and later also the Callan Park, canteen on an honorary basis for an amazing 43 years (until 1965). She was awarded an MBE in 1963; resigned from the Executive in 1966 after 39 years; and died three years later. Linda Ebsworth's husband Samuel was a member of the Executive from 1925 until his death in 1951. He was a lawyer and senior public servant, working for a time in the Department of Mental Hospitals, directly under Aftercare's President Dr Hogg. During 1935-37, Samuel Ebsworth was Aftercare's Honorary Secretary and Treasurer, remaining in the latter position for 24 years. As was often the case, helping Aftercare was a family affair, and their daughters, Gwen Ebsworth and Adele Searley, were both supporters. Samuel and Linda Ebsworth were conscientious supporters in other ways: despite the distance from their Hunters Hill home, the Secretary reported in 1950 that they were the only Executive members who visited The Homestead (Aftercare's hostel at Bankstown) *'regularly'*. It was fitting that Aftercare's first men's hostel, Ebsworth House, was named in honour of the couple.



Image: Samuel and Linda Ebsworth, circa 1938.

## People helped

There is no consistent reporting of the number of people helped in this period, but up until 1927, the *Annual Report* stated, a total of 838 people were helped. The annual numbers peaked during the more prosperous 1920s to a high of 147 in 1926. During the 1930s Depression, a lack of money meant that numbers fell despite the greater need: by 1938, only 64 people were helped that year. Apart from the Depression, another factor was that the women's hostel gave more sustained help to a smaller number of people. No figures have been found for the war years.

In this period, like in previous years, the *Annual Reports* and Secretary's Reports only give glimpses of the people helped. We know that, with the opening of the hostel, around two-thirds were women. There are only rare references to a person's age. Nor was ethnicity normally specified other than the occasional mention of someone being foreign or Aboriginal. The responses of those helped varied. Aftercare reported many successes although long-term follow-

up was difficult. Some of those helped had to contend with so many difficulties, including family issues and physical disabilities, that the addition of a mental illness was utterly crushing. Miss Y. had a different problem. In mid-1940, the Secretary reported that, because Miss Y. had been a patient for 'a short period at a Mental Hospital' and was English, the authorities insisted on deporting her.

The 1933 Executive minutes noted that Aftercare was able to offer a new service to some of its guests. A lack of teeth was common because many psychiatrists still believed in focal sepsis – a theory that localised infection caused mental illness. Grace N. had been discharged from Bloomfield Mental Hospital (in the western town of Orange) with no teeth, and Aftercare arranged for her to be fitted with dentures at the Sydney Dental Hospital. Her plight so touched dentist Austin Cleary that he treated her for free, and subsequently became Aftercare's Honorary Dentist. Cleary's motivation appears to be that of social justice with Watson describing him 'by nature the traditionally hot-headed Irishman, rebellious and easily stirred to violent reaction against any suggestion of privilege or status distinction'. After his death in 1935, no other honorary dentist came forward, though the problem persisted. Secretary Thelma More report about Miss S. in February 1950 was not unusual: 'like many of the patients we have had lately [she] needed ... new dentures, and spectacles'.

Others needed help because they left hospital with no suitable clothes. Most patients wore uniforms. Dr Edwards described the men's uniform as 'shapeless tweed suits' and the women's uniform as 'dull blue voluminous formless dresses' and usually no underwear except flannelette petticoats. In September 1938, Thelma More reported women like Miss L. 'had no clothing but the garments she left hospital in'. She collected second hand clothes for her and others in the same plight. During the war, providing clothes became more difficult due to strict rationing. Without decent clothing, as Thelma More reported in 1942, discharged patients had 'no hope' of finding work; with 'clean clothing ... [there was] a better chance'.

World War II, like all wars, resulted in people dealing with life-long trauma. Mr D. was one example. He was a resident of Ebsworth House in 1961 with the *Annual Report* that year describing him as a migrant without friends or family in Australia. He carried the added burden of having been 'a prisoner of war at an early age, with consequent privations'. Though Ebsworth House was designed for short-term stays, it was judged that he should stay for as long as needed, as he was unable to live alone.

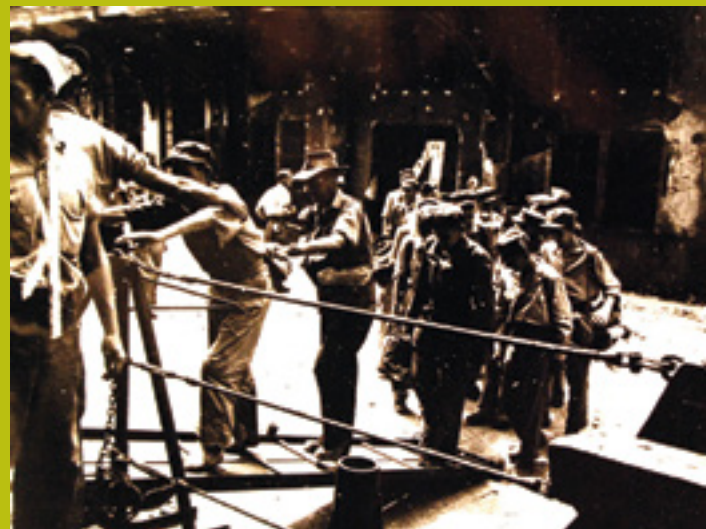
## Eugenics and disabilities

Eugenics remained a major influence in this period and a prominent eugenicist, Lillie Goodisson, was an Executive member during 1936-39. She was a founder of the Racial Hygiene Society that promoted 'sex education, the prevention and eradication of venereal disease and the education of the public in eugenics'. She had a personal spur to her crusading as her second husband had suffered from 'general paralysis' and insanity, most likely due to syphilis. While she was on the Executive, the Racial Hygiene Society gave Aftercare an annual donation. However, eugenicists influence on Aftercare's practices was limited. In the 1930s, Aftercare was only involved with people with intellectual disabilities when they had been living in a mental hospital and no consideration of treating them any differently to other clients. One example was the case of Edna A. around 20 years old, described as a 'girl of uncertain temperament, with retarded mentality'. She had lived in a mental hospital since she was four years old and, Thelma More wrote, was 'very difficult to understand, and I am finding it very hard to place her'. She eventually found Edna A. work despite her reportedly being 'a very difficult girl at times, bad tempered and sullen'. Edna A. gained confidence but had 'no interests outside her work and the [weekly] trips to the office'. She could not shop without help and liked to go with Thelma More on her weekly visits to the Callan Park canteen. Thelma More consequently tried to 'interest her in knitting and reading'. In October 1937, Edna A. decided to live closer to relatives. Thelma More was 'not very hopeful of the result' but, she reported, Edna had 'been 8 years in her present position and perhaps feels the need of a change'. In December 1939, Edna A. was reported as needing only occasional help.

## Evolving aims

In its 1923 *Annual Report*, Aftercare described its role as visiting patients 'when they are reported by the doctors as being well enough to leave the Hospitals' and then finding 'suitable homes or occupations for persons who have recovered but who would experience great difficulty in re-starting in life. Clothes and tools are supplied if necessary. Advice is freely given, and information found and supplied on many subjects.'

The 1920s saw an increase in psychiatrists treating people at clinics. Consequently, in 1926-28 (and again from 1952), Aftercare's aim was: 'To assist persons who have been discharged, recovered, from Mental Hospitals **and Psychiatric Clinics**' (my emphasis). Another trend was the recognition of 'nervous illness' (neurosis). With 'recovered' deleted in 1928, and neurosis added, Aftercare's aim became: 'To assist persons who have suffered from a mental or nervous illness and those who have been discharged from Mental Hospitals and Psychiatric Clinics'. This wider aim acknowledged it helped people avoid admission to hospital, as in the following example taken from the 1937 *Annual Report* and Secretary's Reports that year. Royal Prince Alfred Hospital's psychiatric clinic asked the Secretary Thelma More to visit Mrs H., a 'young woman, very depressed, suffering also from malnutrition'. She found Mrs H. living in one room with 'no winter comforts, [and] little clothing'; consequently Mrs H. was given blankets, food and clothing, and visited 'frequently'. Mrs H. had suffered 'domestic upheavals' – usually a code for domestic violence – and her husband had thrown her out of their home and declared he would rather go to jail than pay maintenance. Given warmth and food, and supported by the Secretary when applying for a divorce and in the Children's Court, Mrs H. obtained daily jobs and sewing commissions. She was unlikely to earn much but, with 'a little outside relief', it was enough. Her physical and mental health improved and she avoided hospital admission.



*World War II, like all wars, resulted in people dealing with life-long trauma.*

Image: Freed British and Australian prisoners of war go aboard USS Thomas E. Gary (DE 326) after liberation by U.S. Marines on Formosa. Men are weak from malnutrition and must be helped on board, 1945. Courtesy of the National Museum of the US Navy/Wikimedia Commons.



In 1931, Aftercare again expanded its aims: *'To assist persons who have been discharged and those on leave from Mental Hospitals or persons who have suffered from a nervous or mental illness'*. Adding patients *'on leave'* considerably increased Aftercare's scope. At the 1928 AGM, its President stated that around 1,300 patients were on leave from NSW mental hospitals, compared with 780 discharged. Of all these patients, approximately 1,200 left hospital *'without means'* of support. Without help, many ended up unemployed, homeless and destitute; some were jailed, others readmitted to hospital utterly demoralised.

## Friendship and hope

One of the many indicators of Aftercare's approach is the huge effort by different Secretaries to find, as the 1934 Annual Report put it, *'just the right environment'* for the people helped. The Annual Reports repeatedly stated that finding suitable employment could take time - in 1937 it specified that *'it may take five or six positions'* before the right job was found. If anyone was blamed, it was usually the employer for expecting too much.

## Governance changes

Aftercare updated its constitution in 1924 to reflect its shift away from control by amateur philanthropists to mental health professionals. This shift to control by doctors had occurred in most medical charities by this time. At Aftercare, the President and Vice-President remained, but they were figureheads – now not even members of the Executive. The power was decisively with the new positions of Chairman and Deputy Chairman. The first Chairman was one of the founders of Aftercare and the recently retired Medical Superintendent of Gladesville Hospital, Dr Herbert McDouall – he remained Chairman for 20 years. Dr Ralph Noble, a neurologist/psychiatrist at RPAH, was the founding Deputy Chairman. His successor was Dr Oliver Latham (mentioned in the previous Chapter). Combined, they served as Deputy Chairman for 36 years.

Notwithstanding that the organisation had been founded by a woman, women were not considered for the powerful Executive positions.

This was not surprising given the casual misogyny of their era. Dr Charles Hogg, the Inspector-General of Mental Hospitals and Aftercare President 1927-27 and later Vice-President, was quoted in his colleague Dr Edwards' memoir. Dr Hogg was saying nothing unusual when stating his belief that *'women generally are incapable of self-discipline and need the iron hand in the velvet glove'*.

While the constitutional change meant increased domination by the men of the Department of Health, the Inspector-General of Mental Hospitals Dr Eric Sinclair had proposed a more drastic change. As minuted in July 1924, he suggested that the Department of Public Health *'should take over officially the work of the Association'*. When this did not happen *'officially'*, he arranged for Aftercare's Secretary Miss L. M. Moses to be appointed to the Department, then seconded to Aftercare. Secretaries were employed

by the Department, then seconded while still being paid by the Department, until 1980, a factor that immensely solidified the Department's grip on Aftercare, but also provided for paid resources that Aftercare would not otherwise have been able to afford.

## Incorporation

On 20 September 1928, Aftercare became an incorporated not-for-gain company. This was necessary before it purchased its first property for its hostel. The signatories to the incorporation indicate the extent to which it was by then dominated by psychiatrists and mental health bureaucrats. The exception was Linda Ebsworth whose husband Samuel was also a signatory. Three other signatories also mentioned above were Drs Herbert McDouall, Oliver Latham and Lyle Bond. The other two signatories were Dr John Wallace, Medical Superintendent of Callan Park and Professor William Dawson, the second Professor of Psychiatry at the University of Sydney.

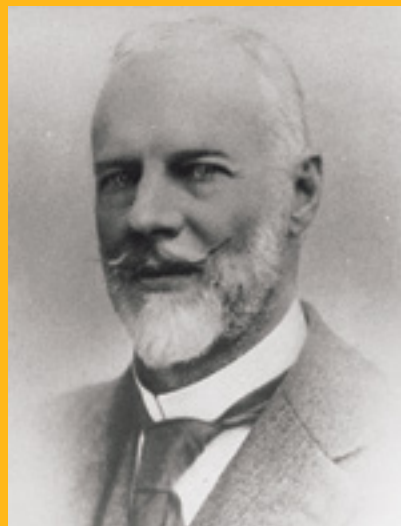
## Secretary

The Secretary continued to undertake wide-ranging, onerous duties with little public recognition. From 1921, Miss Moses ran the office, regularly visited patients in Sydney's mental hospitals and, after the women's hostel opened, helped to manage it and decide who would be admitted. Additionally, as she reported to the Executive in 1925:

*I have persuaded wives to return to their husbands for another trial, promising to help to another position if impossible to stay. Found markets for the goods they make at home, sent them to convalescent homes or hospitals, bought them clothing, sent materials to them in the country, retrieved their possessions, [sewing] machines, jewellery from pawn shops and irate relations, demanded their just wages from Mistresses who didn't [sic] want to pay, forwarded letters, banked money, paid their debts, introduced them to other girls for chums, let their houses for them, and dozens of other things necessary for their wellbeing.*

Her report was defensive in tone because, for now unknown reasons, the Executive was dissatisfied. She resigned the following year.

Her successor Thelma More was initially seconded from the Department of Health to be Secretary in 1928, then was given the more indicative title of General Secretary the following year. She essentially ran Aftercare until 1952, working with a high level of expertise as office administrator, social worker, mental health worker, travel agent and agony aunt. In 1937 she described her work as office duties; visiting the hostel, hospitals and canteens; interviewing patients (or communicating with their hospital if in the country) to gauge their suitability for the hostel; and with *'the usual business of rehabilitating patients'*. She also negotiated with families, reporting



Herbert McDouall's obituary praised his consideration for patients, and mourned him as a committed Anglican, ardent golfer, life governor of the anti-socialist and patriotic British Empire Union, and loving family man. Aftercare's Executive praised similar qualities, including his *'kindliness'*, describing him as its *'loved'* Chairman/ President.

Image: Dr Herbert McDouall.



Image: Prominent feminist Jessie Street.  
Courtesy SLNSW.

in 1936 that *'in many cases' they cause 'more problems than the patients'*. Her habitual use of the word *'patient'* about the people she helped, when such terminology was discouraged by Aftercare, suggests a hospital background. Perhaps, like her successor Margaret Dwyer, she had been a psychiatric nurse. Thelma Moses also had to negotiate with the government bureaucracy. Eighty-four year old Elizabeth D., for example, was refused a pension until Thelma More could *'satisfy them that the woman is being cared for and has someone to take charge of her pension'*. Elizabeth D. got her pension on the condition that Thelma More found her a home *'where I can watch her continually and report to the Pensions office at intervals'*. In 1936, Aftercare had stated that *'the success of the Association's operations during the past year has in a large measure been due to her'*. That statement equally applied to all her 24 years as Secretary and was recognised by her election as an Honorary Life Member. When she retired, the loss of her expertise was a blow to Aftercare – and also to its history. No longer did the Secretary's Report include a personal description of each hostel resident: her successors simply outlined key details and the vivid human factor is lost.

### ***'Only an illness' – stigma, finances and conflict***

Aftercare tried to eliminate the stigma of mental illness, and continues to do so today. The 1926 Annual Report, for example, complained that it was *'most unjust'* that anyone who had experienced mental illness became *'an object of life-long suspicion'*. It pointed out that *'mental disorder is, after all, only an illness, and an illness even more deserving of sympathy and forbearance than a mere bodily ailment'*. One significant move by the government in 1934 was to legalise voluntary admissions to public mental hospitals. Such admissions had occurred at least since 1915, and it was hoped that legalising the practice would encourage people to get psychiatric help earlier, and reduce the stigma of mental hospital admission. While it was likely to have helped, stigma remained a significant problem. Samuel Ebsworth articulated the problem at the 1937 AGM, saying there was *'abysmal ignorance on the part of the public so far as mental patients were concerned. Opposition and superstition militated against placing of patients by the secretary in positions or suitable home surroundings'*. He complained about sensational media reports (Dr Edwards recalled that newspaper articles about Callan Park were mainly centred on the fear of sexual impropriety), again insisting *'There is little difference between bodily and mental disease'*.

### **Controversy**

From the beginning, many feminists supported Aftercare, encouraged by the election of prominent women to the committee. Such women included an activist for British immigration, Mabelle Grant Cooper OBE who was the Honorary Secretary in 1938-53. In 1937, the leading feminist of this period, Jessie Street, became President. Her election appears due to Emily Paterson calling on her family network (Jessie Street's brother-in-law was Banjo Paterson's partner in his legal practice)

The problem for Aftercare was that feminists and others were increasingly concerned that the male psychiatric establishment had become preoccupied with neurosis, Freud and new ideals of feminine *'normality'*. All of these concerns resulted in more women diagnosed as mentally ill. Aftercare's President Dr Edwards' memoir provides evidence that psychiatrists tended to view women not just as easily led, but as inherently neurotic, with him describing women as *'the narcissistic sex'*. All these attitudes enhanced long-held fears that inconvenient wives and daughters were being unjustly committed to mental hospitals. One notorious case in 1921, described by historian Milton Lewis, was the alleged *'wrongful detention'* at Gladesville Hospital of Mrs Farr – she appears to have suffered from episodic mental illness. The committal of (later well-known) disruptive eccentric, Bea Miles, at Gladesville Hospital in 1923-25 also caused controversy and, in this case, her ultimate release. In 1940, Jessie Street suspected another Gladesville patient, Mrs H., was being *'unnecessarily detained'*.

While this debate was one rightly gaining more attention in the broader community, for the Aftercare executive, the activism of Jessie Street and others was a distraction from its mission. Aftercare faced a real dilemma—while participation in the debate about unjust admissions would undoubtedly increase the organisation's public profile, it also had the potential to jeopardise its close relationship with the Department of Health. Given that Aftercare needed hospital's cooperation to see patients, taking on such a role could prevent its core business – that of finding patients a place to go to so they could be discharged. As Jessie Street was unlikely to want to cease any public crusade about wrongful detentions, two months later *'It was suggested that another nomination for the office of President'* be made. That nomination was Emily Paterson and she was duly elected.

Emily Paterson was by now 77, but she was needed as President. It was important to focus public attention on Aftercare's enduring aims under its constitution. To be diverted to campaigning about

Image: Beatrice Miles, c. 1940s, in one of her many encounters with officialdom. Courtesy Wikimedia Commons.







admission policies was to risk being unable to continue to help patients leave hospital. A number of fringe groups had become very active in the admission issue. One group of particular concern was the Citizens Liberty League. Historian Stephen Garton has described how its members visited mental hospitals to secure the release of people they considered sane. The League, the SMH reported, testified to the Royal Commission on Lunacy Law and Administration in 1922 that 'hundreds' of patients were unjustly detained. Aftercare's Secretary responded by pointing out to the Royal Commissioners that there were many 'sane' patients left in hospital because they had no place to live. It helped them to leave by finding these patients work and accommodation. Perhaps because of Aftercare's close relationship with the Department of Health, the League actively opposed Aftercare. In November 1936 the Executive minuted an extraordinary instruction to the Secretary that: *'Re previous disturbances caused by members of the Citizens Liberty League, ... that the police department be advised that this committee would appreciate the presence of a plain clothes officer [at the AGM] such as had been arranged for last year'*. No disturbances were reported, so the measure was either effective or unnecessary.

Although she was frail, and the role of President since 1924 had largely been a figurehead position, Emily was nonetheless a powerful galvanising force in her last years. She was a symbol still of what Aftercare was meant to do. While the organisation had been subject to many challenges and there had been both internal and external controversy about its reputation and visibility, Aftercare had survived and remained focussed on helping those with a mental illness to find greater inclusion and a supported pathway to recovery.

### Aftercare by 1945

When Emily Paterson died in 1945 it was with the knowledge that, despite controversy and difficulties, Aftercare was firmly sticking to its aims and meeting a great need. Its women's hostel at Five Dock was successful in rehabilitating women, and two canteens provided regular profits to help meet its cost. The next part of its journey was in a world once again radically altered by war, with medicine transformed by more effective therapies. Aftercare remained focused on its aims, but in a greatly altered context.



# Chapter 3

## In the shadow of the Health Department<sup>6</sup>

1946

Medical Superintendent Dr Alfred Edwards, elected Chairman (until 1949). Dr Minogue, Medical Superintendent of Rydalmere Mental Hospital, joins Executive (until 1947). He had helped found Alcoholics Anonymous in Australia in 1945, although it appears that Aftercare did not implement this new approach to alcoholism in its hostels



Image: Dr Minogue, courtesy Alcoholics Anonymous.

1948

Federal Government's Pharmaceutical Benefits Scheme (key drugs provided free (from 1960 small charge introduced).

1952

Part-time book-keeper appointed (Mrs E. Brennan). Gladesville Hospital trained psychiatric nurse Margaret Dwyer seconded from Department of Health to be Acting Secretary (confirmed Secretary in 1959. Aftercare stays until 1966). Four social workers employed by Sydney mental hospitals invited to inspect the hostels - all subsequently joined Aftercare.

1953

National Health Act (Cwlth) legislates for medical benefits.

1954

Introduction into Australia of anti-psychotic drug Chlorpromazine (Largactil).

1956

Becomes member of new Mental Health Association.

1957

GROW founded to provide mutual help for mental health.

Parramatta Mental Hospital canteen opened (until 1998); Medical Superintendent Dr Eric Hilliard OBE, President/Chairman (until 1978).

1961

Royal Commission into Callan Park Mental Hospital report reveals that, like other mental hospitals, its conditions were scandalous, with many long-term ('back ward') patients enduring degrading conditions. Erving Goffman's influential book Asylums further discredits 'total institutions' such as mental hospitals. Key text of anti-psychiatry movement, Thomas Szasz's The Myth of Mental Illness, condemns concept of mental illness as '*scientifically worthless and socially harmful*'.

Canteen opens at Broughton Hall Psychiatric Clinic. Ebsworth House men's hostel (pictured below) opened.



1949

After years of intense political conflict, a conservative Federal Government elected with (later Sir) Robert Menzies Prime Minister until 1966.

NSW Government subsidy restored. The Homestead for aged women opens at Bankstown.



1950

Basic wage for women increased to 75 per cent of male wage.

Director-General of Health and Aftercare President 1948-57, Dr E. Sydney Morris, elected Chairman.

1951

Office moves in with Department of Public Health.

1955

Psychiatric Rehabilitation Club for patients and ex-patients at Callan Park Mental Hospital becomes the PRA. Stoller Report on Mental Health Faculties and Needs of Australia exposes shocking problems within mental hospitals, including gross overcrowding. States Grants (Mental Institutions) Act (Cwlth) provides (limited) funding to improve buildings.

1958

Mental Health Act (NSW) replaces 1898 Lunacy Act; Inspector-General of Mental Hospitals renamed Director of Psychiatric Services.

1959

Publication of Russell Barton's *Institutional Neurosis* helps discredit large mental hospitals as iatrogenic and incidentally demonstrates why hostels were needed for long-term patients.

1962

Constitution revised with Executive enlarged from a maximum of 13 members to a maximum of 20. 28 staff.

1963

Disabled Persons Accommodation Act (Cwlth) benefited people 'disabled' by mental illness.

Ashfield Hostel (pictured below) opens, offering supported long-term accommodation for women in employment.



1964

Department of Public Health divides Sydney into four 'psychiatric areas' with aim to have a hostel servicing each metropolitan mental hospital. Australian governments remained conservative, but cannot halt the tide of social change in this decade of 'the pill, pop [music], and protest'.

1965

Election of conservative NSW government under Premier (later Sir) Robert Askin (until 1975).

Aftercare opens canteen at Rydalmere Psychiatric Hospital; 44 staff.

<sup>6</sup> For convenience, I refer to the NSW Department of Health or Health Department although it went under various titles in this period. It was the Department of Public Health until 1970, then the Department of Health. In 1973, it became part of the Health Commission of NSW. In 1982 it again became the Department of Health.



1966

Jean Bagnall appointed (to 1980), the last Secretary to be seconded from the Department of Health. Greenwich hostel opens for young women discharged from North Ryde Psychiatric Centre.

1968

Richmond Fellowship begins in Sydney and proposes amalgamation – Aftercare’s Executive minutes that it ‘would prefer to retain its own identity’. The Fellowship later amalgamates with the PRA, to become the RichmondPRA (now Flourish Australia).

1969

Office moves with Department of Health to Young Street, Sydney.

1970

Canteen at Marsden Hospital opens. Mrs E. Vardy (manager Rydalmere canteen) appointed to also oversee the canteens at Parramatta and Marsden Hospitals.

1971

Canteen at Coroners Court, Glebe opens (closes 1972).

1973

Homosexuality removed as mental disorder in the *Diagnostic and Statistical Manual of Mental Disorders*.

Parramatta Support Service begins. Development of ‘satellite homes’. Aftercare opens canteen at Stockton Hospital with Hospital’s Welfare Association and Fletcher House, in former nurses’ home, for discharged patients of Newcastle Psychiatric Centre and Morisset Psychiatric Hospital.



1974

NSW divided into regional health areas.

First car bought for staff use. Canteen opens at Marsden Training/Rehabilitation Centre. Aftercare employs first social worker (Margaret Lumb who stays until 1981). Clovelly units open with funding from the Federal Government’s Community Mental Health Program.

Image: Clovelly units. Edward Rushton Valuations, 2001.

1978

Five Dock hostel becomes a self-care hostel for men and women. NSW Government budget crisis means end of Secretary being seconded after Jean Bagnall reaches compulsory retirement age (in 1980). Assistant Medical Superintendent Dr Dougald McLean elected President/ Chairman. Canteen at Marsden Hospital closes.

1979

Office moves with Department of Health to McKell Building, Rawson Place, Sydney. The Homestead and Ebsworth House integrated and offers short-term accommodation for men and women discharged from a psychiatric hospital. Aftercare opens Nangare House in Wahroonga, a joint venture with Richmond Fellowship of NSW in association with Hornsby Ku-ring-gai Hospital.



1967

*Sheltered Employment (Assistance) Act (C/with)* provides more funding. Referendum with overwhelming vote primarily to allow indigenous people to be counted in the census.

Men also admitted to Ashfield hostel, for short-term stays. Group therapy begins at the Five Dock hostel, later extended to other hostels.

1972

Reform-orientated Federal Government under Prime Minister Gough Whitlam (until 1975) funds community health and responds to banked-up demand for change.

Aftercare opens canteen at Garrawarra Hospital at Waterfall (from 1981, with Hospital Welfare Auxiliary). Following Mrs Vardy’s retirement, Mrs E. Clark, manager of Callan Park canteen, appointed first full-time Supervisor of all the canteens (she retires 1975).

1975

Association of Relatives and Friends of the Mentally Ill (Arafmi) formed (now Mental Health Carers Arafmi Australia). Fictional movie *One Flew Over the Cuckoo’s Nest* adds to fear of psychiatric hospitals.

Paterson House opens, beginning of residential service for people with intellectual disabilities. Finance Committee formed. Brighton-le-Sands units open for adults with ‘a high potential for self-care’ (closed 1981). Jean Brown appointed canteen overseer (until 1993). Greenwich hostel closes mostly due to staffing difficulties and lack of good public transport.



1976

Election of Premier Neville Wran with mandate for reform; Broughton Hall Clinic and Callan Park Hospital amalgamate as Rozelle Hospital.

Image: Callan Park Hospital by J.W.C. Adams, 2008.

1977

*Anti-Discrimination Act (NSW)*.

Broughton Hall canteen closed.





## 1980

Kathleen Hughes appointed Secretary. Aftercare takes over the 'well-structured' Exodus program. Opens canteen at Lidcombe Hospital. Newcastle service moves from Fletcher House to Bell Cottage, initially for mix of people with mental illness and intellectual disabilities.

Image: Bell Cottage as it looks today.



## 1981

International Year of Disabled Persons as shown by this stamp issue, focussed largely on physical disabilities.

Joyce (Joy) Said appointed Executive Secretary. Aftercare manages Ellamatta Lodge with the Mosman and District Community Hospital (it was in their grounds) and the Health Commission of NSW (until 1982) Aftercare opens canteen at Lidcombe Hospital.

Image: Designed by John Spatchurst, © Australian Postal Corporation 1981.

## 1982

Exodus program incorporated into the Parramatta Support Service. Bell Cottage restricted to people with intellectual disabilities. Susan Lister appointed social worker (until 1984). Former Liberal State Minister for Health, Harry Jago elected President/Chairman.

## Department of Health

During 1946 to 1982, the Department of Health provided resources and funding which contributed to Aftercare's sustainability and growth, yet it also meant that Aftercare struggled to retain an independent identity. Its mission was made more difficult by Sydney's severe post-war housing and real estate shortage, caused by the disruptions of war. From 1944 to 1949, the Secretary Thelma More reported her 'almost impossible' struggle to find affordable homes for discharged patients. In November 1945, the real estate shortage directly affected Aftercare: it was given notice to quit its office in central Sydney, but could find no other suitable rooms. Finally, in September 1946 a settlement was reached with the property owner, and Aftercare temporarily moved to a smaller office in the same building. It meant Thelma More, and from 1948 an assistant, working in cramped conditions with little privacy. No alternative office space could be found until finally the Department of Health invited Aftercare to move into its head office in Bridge Street, Sydney. When reporting the move in 1951, Thelma More was jubilant: 'for the first time [we] ... can actually walk around the office without collision'!

The move meant that Aftercare essentially became even more a de facto branch of the Department of Health's Division of Psychiatric Services. The Department provided the office rent free, helped pay clerical costs, subsidised Aftercare's hostel for elderly women, gave permission for Aftercare to run canteens within mental hospitals, sent working parties to help with hostel maintenance, and facilitated arrangements with the Public Works Department when building or repairing hostels. The Department also assumed oversight of Aftercare. When Maurice Sainsbury, a Departmental psychiatrist and later Aftercare President, recalled this period in his memoir, he wrote that 'traditionally the Minister for Health and the Under Secretary of the Department of Health took an active part in the administrative affairs of the Association'.

The problem for Aftercare was that in this era the Department, in the eyes of its many critics, was seen as backward. In his memoirs *Patients are People*, Dr Edwards (a former Callan Park Medical Superintendent and Aftercare Chairman 1946-49) condemned the Department's 'conservatism and rigidity', its opposition to reforms, and its prime concern of cutting costs. He was particularly critical of Dr Sydney Morris, Director-General of Health in 1934-52 and Aftercare President/Chairman in 1948-57. Dr Morris' 'main interest and first loyalty', Dr Edwards claimed, was to the Department and not to patients. While Dr Edwards is evidence that not all senior health bureaucrats were the same, and those belonging to Aftercare were more likely to be progressive, senior Departmental men dominated the Executive. They included: Dr John Wallace (Executive member 1922-57); Dr Donald Fraser (Executive member 1950-61); Dr William Barclay (Executive member 1922-57) and Dr Grey Ewan (Executive member 1943-58).

Two men were particularly powerful partly due to their long service. One was James Rimes, Under Secretary of the Department of Public Health 1961-72 and Aftercare Executive member for 25 years (1958-83, including Deputy Chairman from 1962)<sup>7</sup>. As Dr Sainsbury wrote in his memoirs, 'What Jimmy Rimes said went' within the Department. When Miss Nan Legh retired from the Executive in 1986, the minutes noted that, 'She had proved to be a lion when faced with Mr Rimes'! From the context, it is probable that the comment referred both to her work as Senior Social Worker at Callan Park and on Aftercare Executive. The second powerful man was Dr Eric Hilliard, Medical Superintendent of various mental hospitals until he retired in 1963 and Aftercare Executive member 1943-81, including 20 years as Chairman. The Honorary Treasurers

<sup>7</sup> As so often occurred, James Rimes' family also supported Aftercare. His son Rod Rimes was Honorary Solicitor from 1988; the firm, Kencalo & Rimes, and later Kencalo & Ritchie, were subsequent Honorary Solicitors.



during 1951-83 (accountants William Russell and Allan Ritchie) were also senior public servants. William Russell at least appeared to view work for Aftercare as part of his employment; when he resigned as Honorary Treasurer he stated it was because he was retiring from the Department of Health. The extent to which the Department dominated the Executive was such that in 1963, the Executive minuted James Rimes' suggestion that it should include more people 'whose normal work was not within the Health Department'.

The close ties were also due to Aftercare's General Secretary continuing to be a seconded employee of the Department. Budget pressures caused the arrangement to be ended in 1980 (although the Department continued to subsidise the Secretary's salary). The last two Departmental employees had been highly valued (Margret Dwyer and Jean Bagnall), but the benefit of ending the secondment was that Aftercare had more choice in who it could appoint. The next General Secretary, Kathleen Hughes, was a social worker. She had to dismiss one of her office staff and consequently deal with hostility from other staff within the Department of Health. She resigned in 1981, telling the Executive that, while she appreciated their support, she had lost 'the spirit to continue'. The next appointee, first termed the Executive Secretary and then Executive Director, was Joy Said.



**Rita Blanda** (1923-2007) joined the Executive in 1970. She was of Italian/Austrian heritage and migrated to Australia with her Czechoslovakian refugee husband. Her son Steve Blanda recalls that she had worked as an interpreter (speaking some half-dozen languages), was forthright, and an

'inveterate volunteer'. Along with Miss L. Cuthbertson, she also was a member of the Exodus committee, and contributed to the smooth transfer when Aftercare took over that program in 1980. Like other members, Rita Blanda's volunteer work involved her family. Steve Blanda recalls that his parents took patients from Parramatta Mental Hospital on weekend outings. In 1989, Steve (a prominent radio announcer) provided the voice-over for Aftercare's promotional video.

Image: Rita Blanda at her farewell, 2004.

## Gender and inclusiveness

While the Secretary in charge of administration continued to be female, men dominated the senior public service and therefore Aftercare's management. One change was that, as women's opportunities enlarged in this period, so the women on the executive were more likely to be professionals. A number of those who joined in the 1950s appear to be social workers, including M. Seaton (1956-69) and M. Coultas (1956-68). From 1959, Aftercare was keen to encourage the women volunteers who raised money and worked in the canteens. In particular, members of the one successful auxiliary, the Parramatta Women's Auxiliary, were elected to the Executive. They included Mrs M. Ward (an executive member for 23 years, over half of that time as Vice-President) and Rita Blanda (an Executive member for 34 years).

The constitution was amended in 1962 to allow a larger Executive Committee. The result of the first election indicates that Aftercare had been concerned about gender balance: an equal number of men and women were elected. One aspect that did

not change immediately was the powerful positions remained with the men, of least seven of whom were senior health administrators. In 1965, Dr Stephen Sandes (Clinical Director at Callan Park) asked that the committee not be voted for as a group as it 'rather stifled others present from making nominations'. His plea appears to have been unsuccessful. One result was that Aftercare's committee tended to consist of like-minded people. Like so many other organisations, at this stage it valued managerial harmony over diversity. It meant that Aftercare was slow to tap the potential of the changing ethnic background of Sydney's population – and to reach those migrants who needed support. It proved to be an on-going issue, with one commentator at 1982 AGM defensively stating that Aftercare, despite 'currently suffering from some hostility in certain areas ... [was] in fact was extremely democratic and solvent'. By then it had attracted a broader range of people to service on the Executive, as illustrated by one of the Parramatta Auxiliary members mentioned above, Rita Blanda.

## The hostels

From 1964, the Department of Health decided there should be at least one half-way house/hostel for each metropolitan mental hospital. The hostels were needed for two major reasons. One was that, as exposed by the 1955 Stoller Report and the 1961 Royal Commission into Callan Park, the hospitals were grossly overcrowded. Partly the overcrowding reflected a massive population increase due to the baby boom and European migration. Sydney, for instance, tipped the million mark around the late 1920s; reached two million in the late 1950s; and 2,876,508 in 1981. That population increase put huge pressure on all public hospitals, including psychiatric ones. It meant there was every incentive to discharge patients yet, as Emily Paterson recognised in 1907, not everyone had a place to go to when discharged.

Shockingly, the hostels were needed because some discharged patients in the 1960s were not much better off than those Emily Paterson helped around half a century before. In June 1961, Aftercare's Secretary had to write to the Department of Health requesting 'that men be provided with, at least, a change of under clothing and a suit of pyjamas before leaving Hospital'. In October 1969, the Executive heard that Mr Ka had returned to Ebsworth House after leaving six months before. He returned in 'poor physical health' and, in his wandering to find work, 'had spent time in several gaols throughout N.S.W. on vagrancy charges' ('vagrancy' was an offence until 1979, meaning homeless people without means of support could be gaoled). In 1993, Ray Brown recalled how, when he was 20 years old and had been discharged from Broughton Hall Psychiatric Clinic, he 'had to pull old vegetable scraps from the garbage bin to eat'. His fortunes changed only when he entered a half-way house.

A second reason for hostels was that therapeutic breakthroughs had made care in the community easier. While drugs were not the only effective new treatments, and could have serious side-effects, they transformed lives. Although many could not afford the new drugs, they meant that overall people did not stay so long in mental hospitals, so the problem of becoming institutionalised declined. In September 1974, the Executive noted a consequent decline in

*Shockingly, the hostels were needed because some discharged patients in the 1960s were not much better off than those Emily Paterson helped around half a century before.*

applications from long-term patients. On the other hand, short-term accommodation was also less needed, the 1965 *Annual Report* explained, because psychiatric hospitals had opened night hostels to provide *'the short term care which was once the function of this Association'*.

With the exception of one in Newcastle, all the hostels were in Sydney. The two Bankstown (later classified as Georges Hall) hostels were on seven acres and reflected the older rural ideal. They were The Homestead for elderly women and the adjacent Ebsworth House for men. As before, the reaction of residents to a rural life was mixed. The 1951 *Annual Report* described one unnamed *'elderly lady'* as blossoming at The Homestead, living *'a normal useful life, with freedom from outside worries'* while displaying *'a serenity so necessary to one in the declining years of life'*. Others were having none of this; for example, a Mrs B. was adamant that she liked crowds and *'hated the country solitude'*.

Like all Aftercare's services, the hostels were designed to plug gaps in service provision. In the beginning, women's needs were most urgent – hence the Five Dock hostel for women was the first to open. Then plans for a men's hostel were delayed because of the plight of aged women. Secretary Thelma More highlighted the number of older women unable to find work or accommodation, reporting in March 1946 that, of the last 50 admissions to the Five Dock hostel, 34 were over 52 years old. The Homestead for elderly women consequently opened before Ebsworth House, the men's hostel. That decision was helped when the NSW Government provided a grant for the older women's hostel as well as a 15 shillings weekly subsidy for each resident. Other hostels targeted adults of working age, providing accommodation as they were eased back into the workforce. From the 1980s, hostels for adolescents opened, the first of which was Nangare House in Wahroonga. As seen in the accompanying photo, it was located in a house with a modernist design. Its approach was also modern with its aim to create a community appealing to young adults recovering from psychiatric illness and who had *'the potential or motivation for change'*. Its family-centre philosophy was along the lines advocated by Aftercare's partner in the venture, the Richmond Fellowship, with support from Hornsby Ku-ring-gai Hospital.

In 1975, after much debate, Aftercare opened its first hostel (initially called Paterson House) for people with an intellectual disability. It was a difficult decision because Aftercare did not want the public to confuse intellectual disability and mental illness, nor for the two groups to compete for funds. There was also the vulnerability of people with disabilities to abuse. On the other hand, Paterson House met a great need for more services for intellectually disabled people, with those with a dual diagnosis (intellectual disability and mental illness) especially liable to slip between the cracks of service provision.

The majority of the hostels, as shown by the following photographs, were in existing suburban houses or units; a key consideration was that they looked like any other home in the street. The two at Condell Park, allowed residents to progress from a house providing high support needs, to providing more independent living for residents.

The network of hostels expanded from 1973 with the development of 'satellite' homes. These were houses and units leased by Aftercare for the hostel residents to move into when they needed less support. The new approach began in 1973 with *'a pilot project based on Ashfield Hostel'*. It was successful especially in helping many more people: the *Annual Report* estimated that it helped around 50 people that year in Ashfield compared with approximately 15 residents annually in the hostel previously. In 1975 the AGM heard that 197 people were helped during the year, almost a 50 per cent increase *'due mainly'* to leased accommodation. By 1978, the *Annual Report* records that there were 12 leased premises in Sydney and Newcastle with 87 residents during the year.

Leasing also helped to overcome a major problem for hostels: hostile community attitudes. Home owners, defensive of their property values and fearful of mental illness, ensured that local councils scuppered or modified many plans for Aftercare to buy a house and convert it to a hostel, often despite lengthy periods of negotiation. One hostel had to close: Aftercare sold its hostel in Redfern after it had only housed a handful of people during 1975-76. The reason given was *'unreasonable'* conditions imposed by the council. Fortunately, some local communities and councils were supportive. The Five Dock hostel had its share of disturbances, but in the 1950s it reported being *'blessed with kind neighbours'* (Mr and Mrs O'Brien and Mr Clark). For years, their *'kindly actions'* improved the residents' quality of life. The hostels at Bankstown appear the most fortunate with its local community. In the 1950s, a neighbour and member of a prominent local family, Mr N. Eldridge, was a consistent help. Churches and service groups also provided prolonged, important support. Individual health professionals were also significant. Sister Lea Samuels of Banks House (the psychiatric unit at Bankstown Hospital) and later a member of Aftercare's Executive, for example, was described as the *'major driving force'* in the establishment of the Condell Park Residential Service. That service primarily housed former patients of Banks House.

Although the role of staff was important, so too was peer support. While not all residents got on with each other, peer support was encouraged. Two of the many examples in the *Annual Reports* give an idea of the support residents gave each other. Miss C. had been in a mental hospital *'for some years'* and had never been employed. After she was admitted to the Five Dock hostel in 1955, other residents *'took her out to Town, to the pictures and the beaches, so that she might accustom herself to life away from the confines of hospital'*. After six weeks she was employed by a psychiatric nurse who ran a convalescent hospital; later Miss C. was reported as doing well. The second example is of Mr B. who spent five months at Ebsworth House in 1962 before finding employment. He had *'limited English'* and lacked *'friends and relatives in this country'*. After a fortnight, he returned to



Top: Nangare House, Wahroonga circa 1986.

Centre: Paterson House, Seven Hills. Edward Rushton valuation, 2001.

Bottom: After years in an institution, Miss C needed help from other hostel residents to go to the beach. Photo taken by Frank Hurley, Manly beach circa 1950s. Courtesy of NLA.







the hostel – but only because he had found work for another resident who also had had difficulty finding employment. Peer support was also evident in the numerous cases where residents combined to complain that rules were implemented too strictly by the supervisor: in most cases, the supervisors were reprimanded or sometimes dismissed. The balance between supervision and maintaining a happy environment was particularly difficult in the 1960s to 1980s, as the younger generation (girls especially) experienced previously unimaginable freedoms, not the least due to the availability of the contraceptive pill. By 1982, the rules of each hostel were generally about courtesy and consideration for others, and determined *‘in conjunction with residents’*.

By the 1960s, partly because of its effectiveness rehabilitating people with war injuries, occupational therapy had come into its own. From 1969, various forms of occupational therapy were offered to hostel residents though not always by trained occupational therapists. The preference was, however, to ensure that people had an occupation outside the hostel. By September 1976 the Executive minuted that its policy (apart from the elderly women in The Homestead) was to restrict admissions to the hostels to people who had a *‘daily occupation’*. A key concern was that, if hostel life was too self-sufficient, it deterred residents from the ultimate aim of the hostel (again apart from aged care at The Homestead) which was community integration. As hostel supervisor Brendan Kavanagh reported in the 1983 *Annual Report*, one of his tasks was to ensure careful change rather than *‘illusory permanence, often created by over-reliance on institutional benevolence’*.

## An inclusive environment

While Aftercare – reflecting the governments which funded it – was generally conservative in this era, it was in favour of one major change. By the late 1960s, it tried to open its hostels to admitting both men and women; admitting only one gender was considered too institutional. More open attitudes towards sexuality, and increasing access to the contraceptive pill, made the idea of men and women living in the one hostel more acceptable. Maurice Sainsbury, a later Aftercare President, recalled in his memoirs that the ideal of a therapeutic community was increasingly accepted within psychiatry – and admitting both men and women was an essential part of such a community. For all these reasons, Aftercare progressively admitted both men and women, starting with its Ashfield hostel in 1967. At least one hostel did not change due to community attitudes. When Aftercare received Federal funds in 1971 to extend its Greenwich women’s hostel, it applied to the local council to admit men into the proposed extension. The council approved the extension on condition that the hostel remained for women only.

Poor conditions, low pay, isolation, conflict with residents over the strict implementation of rules, insufficient support and Aftercare’s reluctance to expel residents, were key issues for the supervisors, their assistants and relief staff. The result of all these issues was a high turnover of supervisors. The Ashfield hostel was not unusual in having 19 supervisors in 27 years (1963-90). Psychiatric nurses were often employed because no other training was available, yet the nurses often replicated the culture they had known in the hospitals. Others had virtually no preparation for their role. Brendan Kavanagh was a successful co-ordinator at the Bankstown hostels and later in the ALI program. He started working for Aftercare in 1980 as a support worker at the Bankstown hostels. Brendan and others succeeded in their roles, and were able to adapt their skills to the mental health context. One improvement was that, from June 1976, there were regular meetings of the supervisors and Aftercare hostel sub-committee.

These challenges increased awareness of the residents’ capabilities. Greenwich hostel illustrates this trend when the supervisor reported to the Executive in September 1973 that the residents successfully looked after themselves on the weekends. It was only the requirement of the local Council that necessitated the employment of a relief supervisor. At the Newcastle hostel the same year, residents were in charge during the supervisors’ absence. Similarly, in October 1974 the Executive approved the appointment of a resident as relief supervisor at the Five Dock hostel.



Image: Graded accommodation, Kardella Court (left) and Hill Top (below), Condell Park. Edward Rushton Valuations, 2001.

*...a key consideration was that hostels look like any other home in the street.*

Top: This photo of the Five Dock house is from a later period but indicates how the hostels blended in with other homes in the street.

Centre: Graded accommodation, Kardella Court and Hill Top, Condell Park. Photos: Edward Rushton Valuations, 2001.

Bottom: Loftus Street, Ashfield hostel reflected the general trend for more Sydneysiders to live in flats.





## Canteens

From 1949, Aftercare's finances improved. The Government restored its annual subsidy and annual donations from the Walter and Eliza Hall Trust remained a dependable income stream. In the immediate post-war years, the two canteens remained highly profitable despite industrial turmoil, threats to open rival canteens, periodic burglaries and staffing problems. By 1954, their annual profit was just over £3,000. From 1957 to 1982, eight new canteens opened to support the increasing number of hostels. With one short-term exception (at the Coroners Court, Glebe) the canteens were located at a hospital or training facility. By 1972, the canteens had a combined profit of \$32,881. Problems with staff became more evident with the introduction of more sophisticated cash registers. Consequently Mrs M. Vardy, the manager of the Rydalmere canteen, was appointed to also supervise two other canteens. How much she was needed, and other measures to improve management, was shown by the canteens' net profit increasing the next year by almost \$9,000.

By 1982, costs had substantially risen. In 1975, employees were covered by industrial awards and had to be paid more. Additionally, with women moving more into the paid workforce, the supply of volunteers to serve in the canteens largely dried up. Demand for the canteen's services substantially declined with the increasing trend to community care and the increased freedom of movement allowed patients – many could walk to the local shop rather than use the canteen. By 1982, then there were seven canteens with a combined profit, the *Annual Report* stated, of \$47,121. In real terms, that was approximately half the profit the canteens earned a decade previously.

Patients also worked in the canteens, reflecting the common view that work was a means of rehabilitation. Historian Milton Lewis points out, however, they tended to do only menial work. At the canteens, they mostly did the washing-up and were paid token amounts, though there were exceptions. Patients staffed the Broughton Hall canteen under a paid manager until 1964; the arrangement ceased when there were no longer enough suitable people. In the 1960s, as the concept of rehabilitation developed, patients working in other canteens undertook more skilled tasks. Most notably, when a sub-canteen opened at Gladesville Hospital in 1968, the Executive minuted that a patient was appointed its manager. One problem with the use of volunteer patients in 1969 gives an insight into the culture of mental hospitals at the time – one with similarities to racial segregation. The Executive minuted that an employee at the Parramatta canteen '*voiced strong objections*' to a patient volunteer using the staff toilets. The employee's husband was a senior nurse at Parramatta Hospital and she argued that there were '*strict rules within the hospital disallowing patients the use of any staff toilet*'. Aftercare supported the patient, insisting she have the same conditions as any other volunteer.

Image: Gladesville Hospital canteen, 1957, Courtesy SLNSW.



## The challenge of an independent identity and seeking donations

The public saw Aftercare as a service funded by the Department of Health and Aftercare canteens. Of the few individuals who donated money, most did so in small amounts. In 1949, for instance, the *Annual Report* recorded past Executive member Miss Fowler donating £115, but the other 30 donations from individuals averaged under £2 each – above the £1 tax deductible limit, but mostly just enough to qualify for membership. Things looked up when the media took an interest – not the usual sensational exposés, but a constructive coverage. Radio was highly popular (commercial television did not come to Sydney until 1956) and Aftercare was fortunate when, in September 1950, radio 2SM reporter Tom Jacobs launched a public appeal for £5,000 to fund the long-proposed men's hostel. The NSW Government agreed to match the amount and, in the end, Tom Jacobs raised just over £4,400. With a top-up of £300, the appeal reached its target and the government gave a matching £5,000. There was still a hitch: £10,000 was enough to build a hostel but not enough to pay for its annual upkeep. The lack of on-going funds meant the hostel (Ebsworth House at Bankstown) did not open until 1961.

Another balance to the general lack of public support came from the 1950s being very much an era of voluntary work. In 1950, for instance, the Boy Scouts of Balgowlah cleared the grounds of the property Aftercare owned in that suburb. Aftercare also benefited from philanthropic women's clubs. One of these was Mrs Stelzer's Happiness Club organised around announcer Eunice Stelzer on radio 2GB. The Club regularly donated goods to the hostels, notably in 1953 when it gave each one a new radio. Later it donated a piano in memory of Aftercare's Honorary Secretary Mabelle Grant Cooper.

In May 1952, the Executive discovered that some hostel residents were eligible for social welfare benefits. The Secretary Thelma More confessed that she knew such help was available, but had not applied for any because she thought government help *'tended to reduce initiative on the part of residents in searching for employment'*. It was a common attitude, but the Executive decided that such assistance was justified, especially for people with *'very poor employment prospects'*. It also resolved that, as a general rule, anyone in the hostel for more than two months should contribute towards their maintenance, including those receiving a pension. By 1956, there had been a complete shift to accepting government assistance. By then, most hostel residents received government support and the *Annual Reports* regularly thanked government departments for their aid.

## Complementary organisations

Some 50 years following the founding of the Aftercare Association, other organisations were founded to assist people with mental illness. Aftercare subsequently co-operated with many of these, though it generally resisted amalgamation overtures. One of the first of these new organisations, in November 1955, was the Psychiatric Rehabilitation Association (PRA). One of its founders, Richard Hauser, joined Aftercare so the two organisations could work together. Hauser's biographer Jacqueline Kent, aptly described him as *'autocratic'*: working together meant working his way. He pressured the Executive to open a men's hostel immediately. He had the visionary concept that the hostel, as he emphasised to the Executive, *'should be run by the ex-patients'*. He brushed aside concerns about the practicality of this concept: it would work, he believed,

because *'in mental hospitals, great store is set by the readiness of all patients to look after any one patient going "off"'*. Aftercare could not afford the hostel's upkeep, nor was it convinced that such degree of self-management would work. Richard Hauser and his wife (and PRA Chair) Hephzibah Menuhin moved permanently to London in 1957.

In the 1960s, when Aftercare focused on providing accommodation, many of its hostel residents worked in the PRA's sheltered workshops. Co-operation became more pressing from 1967. The Federal Government passed its 1967 *Sheltered Employment (Assistance) Act*: it meant that only hostels (like those Aftercare ran) that offered its residents workshop facilities (like those run by PRA) would be funded. PRA's published history indicates that it subsequently began to open its own residences. Given the need, this move was likely to be as much complementary as competitive particularly as at least four prominent members of Aftercare's Board were also members of the PRA Board: Deputy Chairman James Rimes; future President Stan Alchin, and Directors K. (Nan) Legh and Dr Stephen Sandes. A further change came in the 1970s with greater consumer power throughout the healthcare system. Mental health consumers too formed associations to increase their power over their own healthcare. Aftercare cooperated with these organisations but did not develop formal ties.

## An unchanging 'heart-beat'

By 1982, Aftercare's funding was coming from the Federal as well as the NSW Governments. Aftercare had stayed true to the person-centred vision of its founders. Assisting individuals, the 1958 *Annual Report* stated, was *'the real work of the Association, its heart-beat as it were. This individual assistance to those who have found life too difficult when alone far transcends [all administrative details]'*. In its 1982 *Annual Report*, Aftercare summarised the year as one *'of many changes for the Association'*, especially regarding staff and properties. From 1983, Aftercare faced even more challenges as the ground-breaking Richmond Report accelerated the move to community care. Finally it seemed as if the core values that Aftercare had espoused since 1907 were becoming mainstream and accepted as best practice.

*In 1955 Richard Hauser had the visionary concept that the hostel - 'should be run by the ex-patients'. He brushed aside concerns about the practicality of this concept: it would work, he believed...*

# Chapter 4

## The evolution of community care

1983

*Inquiry into Health Services for the Psychiatrically Ill and Developmentally Disabled* (Richmond Report). *Mental Health Act (NSW)*. Mental Health Coordinating Council formed.

Parramatta Mental Hospital renamed Cumberland Hospital. Dr Maurice Sainsbury elected Chairman. Part of Ashfield hostel's land sold to help pay for renovations.

1985

Foundation of two other mental health charities - Schizophrenia Fellowship of NSW (now One Door Mental Health) and SANE. Social worker Therese Healy and Hostel Co-ordinator Brendan Kavanagh produce *Gazette* (later called *Quarterly Newsletter* and from 1986, *Re-entry*). The Homestead and Ebsworth House close. Condell Park Residential Service opens two group homes for young adults, partly financed by Richmond Report implementation funds. Aftercare helps Australian Jewish Welfare Association run hostel 'Rainbow House'.

1987

Review of Standards of Patient Care in Fifth Schedule [psychiatric] Hospitals in NSW recommended closures due to poor conditions; Department of Health establishes Health Forum to represent consumers and community groups.



*A Place to Go. The Story of the Aftercare Association of N.S.W.* by Peggy Mitchell – as described by President/Chairman Maurice Sainsbury,

this 'excellent little publication highlights many different aspects of the Association's activities since 1907'.

1989

First Consumer Forum. *Annual Report* notes 'almost a total complement of new staff'. Martin Pearce, the Co-ordinator of Intellectual Disabilities Services, begins three-year 'computerisation' of services – one outcome is that it's easier to chart outcomes and facilitate evidence-based practice. Auburn Residential Services opens. Five Dock hostel (pictured) closed to become staff facility. Ashfield hostel sold.



1991

Annual 'satisfaction' surveys begin. Canterbury Residential Service opens. Stockton canteen closes.

1993

*Human Rights and Mental Illness: Report of the National Inquiry into the Human Rights of People with Mental Illness* (Burdekin Report). *Community Services (Complaints, Appeals and Monitoring) Act (NSW)* and *Disability Services Act (NSW)* both aim to increase client rights. First National Mental Health Plan begins.

Formation of Grievance (later Complaints) Committee and Consumer Representative Committees. Canteen at Garrawarra Hospital closes; Aftercare Foundation registered. Canteens renamed Emily's Cafes.

1984

Under Premier Neville Wran, *Crimes (Amendment) Act (NSW)* decriminalises homosexual acts in NSW.

Office moves to Rozelle Hospital. Training for canteen managers begins. Title of hostel supervisor changed to co-ordinator. Bell Cottage hostel closed and used by Health Department as training unit for developmentally disabled people.

Image Right: One result of decades of lobbying and public education, an Aftercare group at the 2017 Sydney Gay and Lesbian Mardi Gras. Their t-shirts and banners read: 'Mental illness doesn't discriminate. Neither do we. Aftercare'.

1986

*Disability Services Act (Cwlth)* includes psychiatric disability and supports trend towards more 'normal' living by people with disabilities. Australian Human Rights and Equal Opportunities Commission founded.

Rydalmere Hospital canteen closes. Department of Health gives grant to employ a media consultant, Peggy Mitchell.



1988

Barclay Report on Mental Health and Developmental Disability results in more support for community based care.

Aftercare purchases first computer. When Therese Healey resigns, position of social worker replaced by new positions, Co-ordinator of Psychiatric Services and Co-ordinator of Intellectual Disabilities Services. Mobile canteen at Rozelle Hospital.

1990

*Mental Health Act (NSW)* updates mental health law and introduces community orders for outpatient care. Report of the Royal Commission into Deep Sleep Therapy further discredits psychiatry.

Aftercare restructured into six divisions (psychiatry, intellectual disability, canteens, administration, maintenance and stock control, public relations). Consumer Forum held. New Kurinda Adolescent Service initially in Paterson House. Block of units bought in Ashfield (pictured right) to provide stable housing for people with high support needs.



1992

*Disability Discrimination Act (Cwlth)* prohibits discrimination against people with disabilities. World Mental Health Day first celebrated - founded by Rosalynn Carter, former USA First Lady

Image Left: courtesy U.S. National Archives and Records Administration.

Consumer Forum held. New motto, 'Support without Compromise'. Executive Secretary retitled Executive Director. Lidcombe Hospital canteen closed.





1994

Coopers & Lybrand, a business consultancy firm, assesses Aftercare and commends its Consumer Committee as exemplary model. Consumer Forum held.

1996

Telemarketers employed. Aftercare purchases GAL Outfitters. Board enlarged by five, including two consumer representatives. Intellectual Disability Support Services Committee begins. Kurinda Adolescent Service moves to new building. Closure of Gladesville Hospital with consequent closure of canteen there.

1997

Mental Health Australia formed (peak, national NGO for mental health sector).

'Emily's Party' organised by Aftercare Foundation to celebrate 90 years of Aftercare.



1999

Aftercare Association renamed Aftercare with new motto, 'Building independent lives' and constitution updated.

*'That services be delivered primarily on the basis of a system of integrated community based networks, backed up by specialist hospital or other services as required'.*

## Key changes

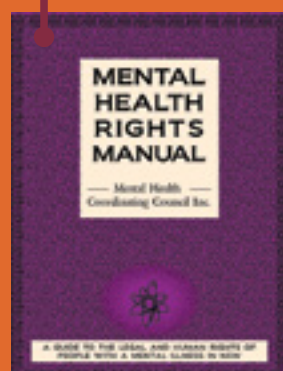
In 1983, the Inquiry into Health Services for the Psychiatrically Ill and Developmentally Disabled (the Richmond Report) made the above key recommendation. Aftercare strongly supported the accelerated move to community care, noting in its 1983 *Annual Report* that it looked forward to the implementation of the Richmond Report. By the following year, however, Aftercare's comments reflected its frustration as *'the reality of the... Richmond Implementation funding'* was revealed. The funding proved inadequate and the process highly flawed, partly because it occurred at a time when the healthcare system struggled to catch up with decades of Sydney's increasing population and the need to provide better health facilities in its spreading western suburbs. Even in 1982, before the Richmond Report was released, Aftercare's Executive Secretary Joy Said described a situation reminiscent of 1907: *'people were in a state of shock on their release and couldn't communicate, use public transport, wash, dress, boil water etc'*. Too many discharged patients ended up living in terrible conditions in boarding houses, with frequent readmissions to hospital. Yet Aftercare recognised that community-based models of care offered immense hope. Many people, as Joy Said stated in the 1985 *Annual Report*, *'blossomed ... [as] rent, work, budgeting and planned social activity'* became *'a fact of life'* for the first time.

For Aftercare, the huge challenges of managing de-institutionalisation occurred just when its relationship with the Department of Health was changing and it faced the challenge of renewal as an independent, client-centred organisation. In 1984, Aftercare moved to its current location in the grounds of Rozelle Hospital. By then, as the Executive minuted in 1985, *'most of the older members of the Health Department had retired and the new members did not have the same feel'* for Aftercare's work. The ongoing relationship with the Department became challenging, with controversy regarding administrative contributions that was eventually resolved.

More than ever Aftercare needed a higher public profile. It decided that its name, the Aftercare Association of NSW, was part of the problem as it confused the public. In 1999, after an extensive process, the Board decided on a minimal change to the name and moved to a single word - Aftercare: a name that was more modern, but conserved the organisation's traditional identity. It symbolised its commitment to its core values and renewed optimism about its future.

## Renewal

The person largely responsible for implementing the renewal of Aftercare in this period was the administrative head, Joyce (Joy) Said AM. In 1981, Aftercare had taken a risk in appointing her as Executive Secretary (from 1992, Executive Director) as she had a varied background in business and travel, but no experience in mental health. It was a risk that paid off magnificently for Aftercare as it faced profound challenges to its previous business model. From Joy Said's



1995

MHCC (Aftercare one of 33 member organisations) publishes first edition of its *Mental Health Rights Manual* (pictured).

Stan Alchin OAM, elected Chairman. Exodus/Parramatta Service combines with Ashfield service to become Ashfield/Parramatta Support Service.

1998

NSW Boarding House Reform Strategy addresses abuses. Caring for Mental Health. A Framework for Mental Health Care in NSW (Department of Health) released.

Closure of remaining Emily's cafes and later the Aftercare Foundation and Clothes-4-U. Nangare House (pictured) closed, replaced by group homes. Biala Accommodation and Support Service opens. Paterson Service and Whitlam Accommodation Support Service (for people with intellectual disability) combine. Works with the Richmond Fellowship *'to produce a consumer generated survey ... based on the principles of the Disability Services Act'*.





Top: Joy Said at her farewell 2008, courtesy B. Kavanagh.

Centre: Dr Sainsbury, 1983.

Bottom: Stan Alchin with (from left), Aftercare Chair Dr Petah Martin, NSW Governor and Aftercare Patron Professor The Honourable Marie Bashir AC and Jean Alchin, 2007.

point of view, she accepted a pay cut to work for Aftercare and stayed because of her commitment to seeing that its clients had more control over their own lives. She soon formed a highly effective team, working with successive social workers and accomplished Boards. Chairman Maurice Sainsbury was not indulging in hyperbole when he wrote in the 1988 *Annual Report* that Joy Said was *'the backbone of our Association'*. Stan Alchin agreed, stating in his first President's report that her *'capacity for work is extraordinary as is her devotion to the affairs of the Association'*. One of her major contributions was to improve housing options for Aftercare's clients by forging close links with the Department of Housing. These links were strengthened in 1990 when she was appointed to an Inter-Departmental Task Force of the Departments of Health and Housing, with the aim of increasing co-operation by the Departments when housing people with mental illness. Her contributions to the mental health sector includes as a long-term chair of the MHCC; Secretary of the Australian Psychiatric Disability Coalition; member of the Mental Health Council of Australia; and member of the Mental Health Review Tribunal.

The two Chairmen<sup>8</sup> during this period strongly supported Aftercare's renewal. The first, during 1983-95, was psychiatrist Dr Maurice Sainsbury AO. In the early 1960s, as the Deputy Medical Superintendent of the North Ryde Psychiatric Centre (from 1990, Macquarie Hospital) he had developed the first Admission Centre in Australia run on therapeutic community principles. By the time the previous Chairman, Harry Jago, asked him to join Aftercare as Chairman, Dr Sainsbury had written a psychiatry textbook that was to run into four editions, and had been an official assessor of the Richmond Report. Shortly after his election as Chairman, he moved to the head office of the Department of Health as a Senior Specialist in its Mental Health Services.

His successor Stanley (Stan) Alchin OAM, the first nurse to head Aftercare, was Chairman in 1995-2003. During his time as Director of Nursing at Rozelle Hospital, Stan Alchin had prided himself on championing patient rights and improving hospital conditions. Board members at the time also supported Aftercare's drive for renewal and continuing relevance.

<sup>8</sup> From this period, the Chairs were also President as well.

## Hostels

In 1984, Dr Sainsbury told the AGM that Aftercare was *'mainly in the business of accommodation'*. By then it ran eight hostels for people with experience of mental illness (at Five Dock, Ashfield, Clovelly, Wahroonga and two each at Blacktown and Condell Park) as well as Paterson House (Seven Hills) and Bell Cottage (Newcastle) for people with an intellectual disability. It also leased 19 places around Sydney for people with experience of mental illness. The number of people in its rented premises peaked in the 1985-86 year with up to 65 people; the peak in the number of rented premises was 25 in 1986-87. Even with this expansion into leased accommodation, Aftercare could only support a comparatively small number of people – in 1983, the Annual Report records, a maximum of 162 people at a time. Aftercare could do no more because it lacked the funds, as did similar organisations in this period. In 1989, for example, the Richmond Fellowship could no longer afford to run Nangare House. Rather than let it close, Aftercare bought out the Fellowship's half-share.

By 1999, Government cuts had curtailed further growth in supported leased accommodation; instead people were encouraged to rent in their own names, and receive support services from one of the 5 support or outreach services Aftercare offered. Biala was the newest service, opened in 1999 to support people moving from psychiatric acute care to independent community living.

The issues of how long to allow residents to remain in the hostel environment and what kinds of supports to offer to assist transition remained contentious, especially in an environment of continuing accommodation shortages. The Clovelly units illustrate these changes: initially its residents stayed a maximum of six months; by 1983 that time was doubled; in 1986 it was reduced to nine months; from 1990, for compliance with the *Disability Services Act*, it was funded to help its residents move into their own Department of Housing accommodation. Other hostels were sold because they were seen as no longer appropriate. In line with changing social norms, shared rooms were converted to single rooms, and relief supervisors given their own rooms. The result is illustrated by the Five Dock hostel: in 1988, it could only accommodate half the number of women (four) compared with 12 women when it first opened. The hostel closed the next year to become a staff outreach facility. At Bankstown, The Homestead, a convict-built historic home, became too expensive to maintain and, Joy Said reported to Executive, a hostel with 30 residents *'was excellent'* in the 1960s, but by 1985 was too *'institutional'*. It and the adjoining Ebsworth House closed in 1985. Bell House closed in 1984 after the long-term Supervisor, Gwen Fleming, retired. Other hostels had to change in response to various issues: from 1988, people in the Paterson Service for intellectually disabled were moved into their Department of Housing accommodation with outreach support from Aftercare. The next year, Paterson House was used for the new Kurinda Adolescent Service, established through funding transferred to Aftercare by the Department of Health from a previous service that had not met the necessary standards.

Most of the major changes within the hostels in this period were driven by funding changes and Joy Said's determination to improve conditions. One of the most important was the introduction of training programs. When Dr Sainsbury told the 1984 AGM that Aftercare's core business was providing accommodation, he added that the hostels were *'of little or no use'* without activities for the residents. Subsidies for activity programs for people with a psychiatric *'disability'* became available that year, following an amendment to the NSW Government's Services for Handicapped People. A training program was successfully trialled at the Ashfield hostel and a subsidy gained, allowing training to spread to the other hostels. By 1986, staff could acquire the necessary skills through the Staff Training section of the Richmond Implementation Unit. That year Individual Services Plans began in the hostels, covering self-care; domestic skills; social behaviour; city living skills; food preparation; and psychiatric symptoms. The importance of occupational skills





Image: Brendan Kavanagh with Bankstown hostel residents and the hostel's dog on a camping trip in the early 1980s. Photo: courtesy B. Kavanagh.

and recreation – something recognised by Emily Paterson – was rediscovered. Participants of Condell Park's living skills program, for example, went on beach holidays. At the Bankstown hostel, residents also had trips away – as shown in the accompanying photo. The Homestead staff also worked with the Bankstown Historical Society to organise historical events at the heritage home as well as other fund-raising activities.

There was renewed effort to ensure that the hostels, as Aftercare's founders intended, were not mini-institutions. Supervisor Brendan Kavanagh was typical in 1982 when he stated the 'basic theme' of the Bankstown hostels was providing 'a supportive, homelike environment where people can regain their self-respect and confidence in their ability to make their own decisions'. When the 1985 Annual Report reported that 'Exciting things have been happening in Aftercare', one of those things was that the hostel 'residents have benefitted enormously by being allowed to be in control of their lives'.

'Normalisation' became the watchword, and its logical consequence was people renting in their own names or living on their own, or family, home. It was a progression strongly encouraged by consumers. At Aftercare's Consumer Forum *Stigma & Mental Illness* in 1994, President Stan Alchin stated that 'consumers were telling us that ... hostel living in their eyes was a form of stigmatisation'.

## Consumer rights

The hostels were also strongly influenced by the increased emphasis on consumer rights, a trend following pressure from consumers throughout the healthcare system. In Aftercare newsletter *Re-Entry* in 1991, Executive Secretary Joy Said reminisced about her impressions when she first joined Aftercare ten years previously. Then, she wrote, there was not 'much empowerment' for the hostel residents. She was particularly 'saddened' by the elderly women at The Homestead, many of whom did not even have 'the opportunity to choose their own breakfast', and urged more consumer autonomy. In 1983, she tactfully recommended a review of hostel policies as 'perhaps we are over-protective in some cases'. More consumer input, she also reported in 1983, was 'a point we should look to for the future of Aftercare'. One outcome of the new emphasis on consumer rights meant that, from 1984, the hostel supervisors were re-titled Co-ordinators. The new title reflected the expectation that their primary task was to co-ordinate activities largely self-determined by the residents. As well, the hostels adopted the more democratic structure of group homes. The Clovelly units illustrate the changes: by 1993, it was described as 'a consumer-driven service' where residents 'develop their own Support Agreement or Contract with the staff, ensuring that they receive support in areas of their choice'. By 1996, the Annual Report

indicated, it employed two consumers to help implement its living skills program. The introduction of the modern form of cognitive behaviour therapy in the hostels in the early 1990s also contributed to resident self-autonomy as well as proving a highly effective additional therapy.

Aftercare's support for self-advocacy included its own governance. From 1989, two positions on its Committee were for user representatives. In 1993, a Consumer Representative Committee met for the first time: soon there were two committees, each assisted by an independent support worker. One Committee represented the Psychiatric Service; the other the Intellectual Disability Services. They reported to the Board, had their expenses paid, received all Board papers, and participated in interviews of new staff. In 1996, in an echo of Emily Paterson's insistence that the patients she visited were 'sensible and interesting', Stan Alchin praised the Committees for providing 'down to earth material for the Board'. That year the Board was increased, allowing two members from the Consumer Representative Committees to join. It was, Stan Alchin reported, 'a momentous moment in our history'. In 1999, Boris Gherisni from the Parramatta Service was elected consumer representative; he remained a member until 2004. In later years, the concern about conflict of interest resulted in consumers no longer being on the Board. Instead, a paid part-time position of Client Representative became a key means of feedback and consultation.

There were also many changes affecting staff throughout this period. By January 1982, Aftercare joined the Employers Federation so it could be represented in the Arbitration Commission. Consequently, all employees had to be 'brought into strict line with the Awards'. Among other things, duty statements were clarified with that of supervisors' being: 'The Supervisor is responsible for the general administration and day-to-day running of the Hostel, with the aim of providing a homelike and supportive atmosphere while encouraging the residents to achieve some measure of independence.' From 1984 there was a raft of changes to improve working conditions: recommendations that residential staff have self-contained accommodation; a change to supervisor-only staff meetings; handover periods; an orientation program for new staff; greater say in admissions by co-ordinators; and a manual for supervisors, outlining policies and procedures. As well, couples were encouraged to provide necessary emotional support – and, in a number of cases, volunteer help. More peer support was also offered to cope with the inevitable particularly when residents harmed themselves.



Above: Just one of the tools Aftercare is using to help break down stigma around mental illness.

Below: Consumers and carers bring their lived experience to many Aftercare events. Their valued input and voice is another outcome of the consumer rights movement.







## Hostel residents

The diversity and different contributions of the consumers made the group homes vibrant places. With 'normalisation' as the guiding concept, from the early 1980s the residents were increasingly involved in everyday management and decision-making. At least at Nangare House, this included helping select new staff and deciding who should be admitted.

'Kate' thought her time at Nangare was *'the most difficult thing she had ever done'*, but also that it had *'probably helped me more than anything'* else. She left to go to an associated group home, *'very, very happy at what she had achieved'*. Typically, residents benefited from what one person, who stayed 17 months at Nangare, described as the *'unending support'* of staff.

One group especially benefited from increased rights: in 1973 homosexuality was no longer classified as a mental disorder, then in 1984, homosexual acts were de-criminalised in NSW. The harm done by older attitudes could not be eliminated overnight. In 1988, 'Ken' was one of the numerous people Aftercare helped who struggled with their sexuality. He entered Nangare, he stated, because he wanted to have *'something to live for'*. The pain he had experienced came from various sources, including a Church-based treatment to *'cure'* his sexual orientation. Despite his internalised disquiet at his sexual identity, he was one of the lucky ones. He acquired household skills and greater confidence, leaving Nangare *'a happier person'*.

The people with an intellectual disability helped by Aftercare showed a similar diversity. The aim, as always, was greater independence – as shown in the accompanying 'consumer profile'. They too participated more in everyday management such as shopping and cooking. Greater involvement in the community included participation in the Special Olympics and disabled sport. By then, each resident at Paterson House had an individual program with the aim of providing *'opportunities ... to exercise a meaningful choice in regard to their lifestyle'*. The following year, the Hostel sub-committee minuted that the residents were *'quite pleased'* to be responsible for their own well-being at night – with a live-in staff member on call. As well, staff became known as *'social educators'*, emphasising their *'training & support role'*.

From 1991, the Paterson Residential Service produced a newsletter, *Voices of Choice*, consisting of consumer contributions. One of its resident profiles was of Steve, often described as a regular volunteer for the Wayside Chapel, the St Vincent de Paul Street Patrol, and the Sydney Children's Museum. Glenn Tyrrell, the Chair of the Consumer Committee who died aged 48 in 1994, provides another glimpse of what 'normalisation' could mean to individuals. During his five years with the Paterson Service, he achieved a number of personal firsts: living on his own; going on a holiday alone; becoming an active member of a lawn bowls club; and completing TAFE courses. As Co-ordinator Gwen Bonett stressed in her report to the Executive: Glenn had been supported to live *'the life he chose ... his courage in the face of many hardships is a fine example to us all'*.

Images Opposite: Nikki To [nikki.to.com](http://nikki.to.com)

*"My name is Sam and I used to live in a Boarding House where everything was done for me. I joined Paterson Support Service after I moved into my own place. I did not know how to do anything for myself. Now I know how to do shopping, cleaning, washing and paying the rent. I am really proud of myself. My brother is proud of me too. I am happy because I have my own place and my own furniture and a clothes dryer. I own it too."*

*I would not have tried these things if I was still in the Boarding House and did not have a place of my own."*

Sam  
Paterson Support Service Participant Profile





Image: Nikki To nikki.to.com

## Canteens

By 1983, Aftercare had canteens at Cumberland, Garrawarra, Gladesville, Lidcombe, Marsden, Rozelle, Rydalmere and Stockton Hospitals. Their profits were essential to cover the cost of the hostels because the money received from residents and in government grants was rarely sufficient. While Aftercare supported the Richmond Report, it knew, as it stated in the 1983 *Annual Report*, that its implementation meant an 'inevitable decline' in canteen profits. Their most profitable commodity was cigarettes, a product increasingly understood to be toxic. From the 1980s, smoking and cigarette sales within hospitals were progressively restricted, culminating in the *Smoke-free Environment Act 2000 (NSW)*. At the same time, with full employment, wage rates for canteen workers increased.

To maintain the canteens' profitability, Aftercare responded with a more professional approach. Canteen workers were given uniforms; canteens were refurbished; managers provided with training and quarterly meetings held. Then in 1989, their profits 'dropped dramatically' – to an all-time low of \$37,648. By 1991, the Executive 'recognised that [the] odds of succeeding with the Canteens were against us'. The Stockton, Lidcombe and Garrawarra Hospital canteens, closed. Then, in 1993, came a crushing blow. It was not just, as the President Maurice Sainsbury reported, a large 'misappropriation of funds' at two canteens, but a betrayal of trust by a long-term staff member. The money was later recovered, but the theft greatly distressed colleagues.

After that, John Fenn took over responsibility for the canteens. They were renamed Emily's Cafes in honour of Emily Paterson. In the spirit of their original purpose, John Fenn emphasised that they also enabled patients to make choices that 'though small ... can add some difference to their world' and assist 'in maintaining or re-establishing contact with the outside world'. But the Cafes were no longer sustainable and finally the Board, 'with enormous regret', announced that it would close the three remaining cafes by 30 June 1998. In next year's *Annual Report*, President Stan Alchin commented that the closures meant that 'an extraordinary era has passed.'

## Financial crisis

While the implementation of the Richmond Report contributed to the slow decline of the canteens' profitability, the changes to the system meant a lot more discharged patients needed supported accommodation. With the implementation drastically under-funded, many discharged patients ended up in appalling conditions in boarding homes that had little checks on the owner's determination to make as large a profit as possible. An example from Gabrielle Drake's research highlights the systemic problems for people with intellectual disabilities and mental illness who were discharged without sufficient support:

*Participant 2, Community Organisation: 'There have been boarding houses that have communal washing. They just hand out underpants. Here's a pair that will fit you. Can you imagine? I just think that that is the most degrading thing. It is just appalling. And there have been places where you didn't get your own clothes back...And towels. Wet towels. ... there are not enough clean towels or dry towels...'*

Faced with conditions that exploited and degraded so many people, Aftercare was desperate to support as many people as possible, but it too was also under-funded. State and Federal Government grants supplemented the income received from residents of its supported accommodation, but a significant portion of the costs had to come from other sources. In 1983, for example, while Aftercare received \$91,813 in grants and \$192,582 from consumers, its total expenditure was \$457,303, leaving it needing to find nearly a third of its income from other sources. As it reported that year, 'Any future expansion ... will depend on full Government support as the Association's funds are rapidly depleting'. That meant that it could not act on its concern that people from non-English speaking backgrounds needed more culturally specific support, such as its attempt in 1985 to set up a group home for Australians of Vietnamese origin.

Periodic sales of properties helped supplement funds – notably the Greenwich hostel in 1983; the Bankstown ones in 1989; and the Ashfield hostel in 1991 – but these were one-off asset sales and alternative accommodation needed to be found for the residents. Additionally, Aftercare had again slipped under the public radar, attracting only \$1,132 in subscriptions and donations. Consequently, during the 17 years of 1983-99, ten recorded a net loss. The dire financial situation was not just that it could not meet the huge needs of boarding house residents – it meant cuts in Aftercare's existing services. The 1993 *Annual Report* reported one of the most distressing instances: Kurinda cared for adolescents with high support needs, but limited Departmental funding meant that for six months it could not afford the wages necessary to open on the weekends. As Joy Said reported:

*It is very difficult for staff to tell a young person who is homeless because of family dynamics that the service may close on weekends due to lack of sufficient funds. The distress ... [causes] wide-ranging and sometimes damaging [responses]... Unless the NSW Government starts to address the holistic needs of adolescents who enter the health system, their future will remain bleak.*

Aftercare frantically searched for new funding, but with little success. In 1986, the Department of Health provided a grant to employ media consultant, Peggy Mitchell, to increase public support. The following year, she compiled a brief history of Aftercare, *A Place to Go*. While it remains a valuable record, it was not a fund-raising success. In 1993, when Aftercare reported its donations, they totalled \$10,810. However, \$10,000 of that was a bequest from the late Suzette Paterson (Emily Paterson's niece) and the rest was from three staff members including \$700 from Joy Said. At this low financial point, Aftercare suggested to the PRA (Psychiatric Rehabilitation Association) that the two societies, with their history of co-operation, amalgamate. Given Aftercare's grim financial outlook, it is perhaps not surprising that the PRA finally decided not to do so.

Also in 1993, Aftercare determined to tackle fund-raising more professionally and established a fund-raising Foundation. With expert input and seeding money, the Foundation embarked on a range of imaginative fund-raising initiatives. One was in 1996, when it celebrated World Mental Health Day by arranging for well-known radio compere, John Laws, on behalf of Aftercare to interview Roslyn Carter, former first lady in the US and founder of World Mental Health Day. Its Emily Party function to celebrate 90 years of Aftercare was similarly imaginative, offering a variety of attractions. Despite some significant successes, financially the Foundation had limited success. In 1998, Aftercare admitted defeat, wrote off \$54,753, and closed the Foundation.

In 1996, Aftercare tried another two other ways to raise money. One was to employ two telemarketers. This venture was initially successful but by 2002, costs outweighed receipts. The second venture reflected pressure within Aftercare to be more entrepreneurial. It purchased GAL Outfitters, a store that sold 'clothing and other small needs' to patients. It was soon renamed Clothes-4-U then moved (with the closure of Gladesville Hospital) to Macquarie Hospital. It also showed initial promise but a year later, its time too ran out: it closed with the remaining canteens and Foundation.

## Government support

In addition to reductions in Government funding, increasingly the grants offered were for specific expenses and in line with government – not Aftercare's – priorities. President Maurice Sainsbury stated in the 1983 *Annual Report* that such dependence meant that the key question was: 'What type of patients will Aftercare be asked to cater for?' With increased understanding of the typical age of onset of mental illness, as seen on the timeline, one trend was for the government to fund more services targeting adolescents. Despite changes like this being acceptable, as Aftercare reported in 1993, it longed to be 'more financially self-sufficient' so it could be more 'inventive and pro-active in the type of service offered and in the way they are delivered'. In the mid-1990s, the devolution of funding to the Area Health Services added further layers of difficulty especially as the different Area Health Services developed different guidelines.

In the 1990s, faced with the scandal of boarding house conditions, governments increased funding to this part of the sector. One issue was that it came with an increasing amount of regulation. Additionally, with burgeoning health costs and influenced by economic rationalisation, governments increasingly required organisations to tender for short-term service delivery. Aftercare was particularly distressed that tendering could mean competing with similar services rather than co-operating. President Stan Alchin lamented in the 1997 *Annual Report* that the days were over 'when we could approach the Department with innovative ideas for grants' ... we are left to compete ... for meagre hand-outs ... To go for the cheapest option is fraught with danger when you are dealing with vulnerable human beings.

## Spreading the word

In 1987 Aftercare presented the conference, *People, Employment and Mental Illness – A 'Confrontation'*. This was thanks to a bequest from Florence Smith in memory of her son who had lived at Ebsworth House. The conference aimed to explore ways to increase the employment rate of people with mental illness. One outcome was the formation of the Eastern Suburbs Work Options Team which involved mental health professionals promoting work opportunities for local people with a mental illness.

With the success of the conference, Aftercare launched its Consumer Forums. Their aim was to facilitate consumers discussing issues, accessing information, and increasing their independence. Wherever possible, the speakers had themselves experienced mental illness. Additionally, courses were run to assist people with public speaking. Consequently, the Forums attracted audiences of up to 110. Topics reflected the key issues facing consumers: housing; human rights; employment; medication; and sexual relationships. The last was the riskiest topic: Aftercare tried to challenge the taboo on discussing sex at a conference: as a result, 'ended up with a near empty auditorium'. The value of the Forums was enhanced by Aftercare publishing the proceedings. Another outcome was that some who completed the public speaking courses went on to give compelling evidence to the Burdekin Inquiry into the human rights of people with a mental illness. From the beginning, the consumers at the Forums voiced straight-forward concerns that helped Aftercare staff focus on the most relevant issues. The key need identified by consumers at the first Forum was simple but sadly elusive: as Joy Said reported, it was 'A full pay packet at the end of the week'.

## Aftercare at the end of the century

Chairman/President Stan Alchin summarised the last year of the twentieth century as 'one of re-settling and stability after some difficult years ... our financial position is sound, ... in stark contrast to our struggle over several years and our concern about our future.' Its finances had improved not just by shedding its loss-making ventures but because in 1999 its government funding increased from \$950,486 to \$1,223,073. These measures meant that Aftercare ended the 1999 financial year with a surplus (\$32,736). Of symbolic significance was the decision to modernise its name to Aftercare. It was as well Aftercare faced the twenty-first century with renewed confidence and sounder finances, because it was about to enter a period of relentless growth.



Above: Aftercare values and promotes opportunities for consumers and carers to share their lived experience.



Below: One result of the massive campaign to change attitudes was having fun at the 2017 Sydney Gay and Lesbian Mardi Gras. The t-shirts and banners read: 'Mental illness doesn't discriminate. Neither do we. Aftercare'.





# Chapter 5

## Aftercare in the 21st Century



**2000**

Smoke-free Environment Act 2000 (NSW); beyondblue founded. Celebrating Sydney Olympic games. Active Linking Initiative (ALI) Program begins in NSW.

Image: DOD via pingnews, courtesy Wikimedia Commons.

Aftercare wins ALI tender.

**2001**

Aftercare wins tender to provide supported accommodation: Tirrikee.

**2004**

Clovelly Units Supported Accommodation Service becomes Eastern Suburbs Aftercare Day Program. Staff and clients with Wollongong University start a 5-year national research project.

**2005**

Launch of NSW Aboriginal Mental Health and Well-Being Policy.

Psychiatrist Dr Petah Martin first woman elected Chair (cf the titular position of President). Aftercare wins tender for HASI Stage 2 programs in inner City and Sydney West. Involvement in HASI project to investigate models of supported accommodation for people with high needs.

**2006**

Federal Government establishes *headspace*, a youth mental health initiative.

Kurinda the first Aftercare service to be formally accredited by QMS Certification Services.

**2008**

Rozelle Hospital closes.

John Malone (pictured) appointed Executive Director. \$3.4 million NSW Government grant for PHaMs services at Blacktown and Penrith. Research grants for drug and alcohol/mental health issues and perceptions of Aftercare's services. Additional accreditation achieved. Board backs plans for growth.



**2010**

Family and Carer Education and Support (FACES) program begins in NSW. Prime Minister Julia Gillard appoints for first time a Minister for Mental Health (until 2013).

Aftercare opens office in Brisbane and establishes a partnership to run a 'Time Out' House in Cairns for supported short-term accommodation for adolescents in early stage of mental illness.

**2011**

Federal Government announces Partners in Recovery (PIR) program.

Aftercare as a whole, across its 40 locations, accredited; expands service to Western Australia.

**2012**

National Mental Health Commission established.

Chair Ivan Beale leads a research team including Executive Director (John Malone), Research Manager (Dr Grenville Rose) and USA partners, to create a web-based virtual world to help teach basic skills of independent living to people with disabilities; Establishes headspace in Brisbane; First Deputy CEO, Ivan Frkovic, employed.

**2002**

Housing and Accommodation Support Initiative (HASI) begins.

Aftercare closes telemarketing.

**2003**

First annual Ministers XI cricket match (with Schizophrenia Fellowship and the Client Advisory Group). John McAuliffe OAM, a senior finance officer, elected Chairman. Condell Park / Bankstown Accommodation Support Service closes. Participates in research into the needs of carers of people with a mental illness.



Image: Participants in an Aftercare cricket match at Bowral, 2002.

**2007**

Australia ratifies United Nations convention on rights of persons with disabilities. *Mental Health Act (NSW)*. Personal Helpers and Mentors (PHaMs) program.

Co-ordinator of Psychiatric Services, John Malone, appointed Acting Executive Director. Position of Research Co-ordinator created. Consumer (later Client) Advisory Committee provides training on Aftercare's services. Consumer rights and advocacy. HASI for Kooris begins. Emily's Party, celebrating Aftercare's 100 years of service.

Image: Celebrating Aftercare's 100th birthday.



**2009**

Biala Accommodation and Support Service combines to become Biala/Ashfield Outreach Accommodation Service. Aftercare replaces 'consumer' for 'client'. For first time offers services outside NSW (5 new PHaMs in Queensland). Division into 'outreach' and 'complex' services. Adjunct Associate Professor Ivan Beale, a psychologist, elected Chair. New tagline '*Together for social and emotional wellbeing*'. Sydney head office moves to current location within former Rozelle Hospital. (pictured).

**2013**

Federal Government passes legislation for the *National Disability Insurance Scheme (NDIS)*.

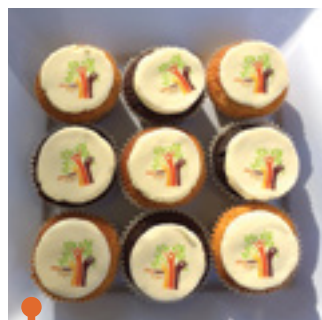
Margaret (Marg) Lennon, an Executive Coach and Leadership Development professional, elected Chair. Further expansion of Queensland services.

## 2014

Aftercare opens services in Victoria and Torres Strait. Becomes NDIS provider. New Chair of Board is Dr Dean Blomson who has consulting firm which provides business support for organisational transformation, skills he applies to Aftercare as it continues its 'stellar growth' and prepares for changes under NDIS. Further expansion of youth services in Queensland.

## 2016

NDIS begins national rollout with Aftercare offering NDIS packages in NSW, Western Australia and Queensland. John Thomas (pictured) elected Chair, bringing to Aftercare his skills in banking and finance including experience advising benevolent institutions. New Aftercare services in NSW and Queensland.



## 2017

Celebrating 110 years, a bright new look and the next steps on Aftercare's journey to emotional wellbeing.

## 2015

Aftercare delivers PIR and PHaMs services in the NDIS pilot site in the Hunter Region. Commences refurbishment of the long neglected Bell St site in Newcastle, with a view to establishing more residential accommodation. Opens first 'one-stop-shop', the Floresco Centre in Queensland.

Photo: Bell Cottage, 2014.



## 2017

In January, Executive Director John Malone retires. In June Dr Andrew Young commences as new CEO. Aftercare celebrates 110 years of achievement in July with a formal reception hosted by the Governor and Aftercare Patron, His Excellency General The Honourable David Hurley AC DSC (Ret'd) at Government House.



## A year of successful growth



Image: This 2014 map shows Aftercare's expansion to five states.

## Growth

At the dawn of a new millennium, social awareness of the impact of mental health and an increasing focus on the productivity implications of long term mental illness increased significantly. The rates of suicide, especially among youth and men living in regional Australia continued to climb, and it became clear that this was a problem that could not be ignored. As governments focused on a response to the concerns about mental health in the community, more funding was made available to support prevention, intervention and recovery programs. In this context, Aftercare and many other organisations were able to bid to provide services, and as social awareness grew, so too did the numbers of those seeking help. In 2000, its *Annual Report* recorded six psychiatric services and two intellectual disability services, just as it had in the 1980s. By 2015, Aftercare offered 'over 50 programs'. Since 2007, Aftercare changed from a 'boutique Sydney regional service to a recognised provider of mental health services in NSW, Western Australia, Victoria and Queensland'<sup>9</sup>. Another major change in this period was that Aftercare moved decisively to providing community-based care: by June 2016, the annual number of people helped was 6,645 – with only 61 in a residential program. As client numbers skyrocketed, so staff numbers increased. In June 2000, the *Annual Report* listed 38 employees; by June 2016, it reported 460 employees. Aftercare's operating revenue reflected its staggering growth: in the 1999-2000 financial year, it was \$1.8 million; by 2015-16, it was \$45.8 million. Further, Aftercare finally achieved its ambition to again have an independent income stream – its investment income in June 2016 accounted for just one per cent of income providing freedom to support clients in innovative ways.

<sup>9</sup> John Malone.





Top: Aftercare participates in Brisbane campaign for better support for carers. <https://www.aftercare.com.au/blog/news/brisbane-lights-carers/>

Bottom: Carers of Aftercare clients created and displayed these 'wellbeing tips' - applicable to all of us.

While Aftercare's stunning growth was enabled by better Government support, especially for community-based ('outreach') programs, the first decade of the new sector saw many short-term projects initiated by Government that were not sustainable. Aftercare was now operating as a contracted provider of services and subject to the vagaries of poorly designed and underfunded programs – the major difference now was the volume and diversity of programs that were available.

Over the last decade nearly all (in 2015-16, 94 per cent) of Aftercare's income had come from government sources, the majority of it awarded after competitive tendering. A fundamental shift in the public health sector towards community based and person-centred care refocused the Government's model for service delivery away from institutions including hospitals, towards service provision outside of Government. This approach provided real opportunity for Aftercare to expand and diversify, while maintaining its commitment to person-centred recovery; support for integration into the community and collaboration.

Accessing the new funding streams and implementation of a new service delivery model was enabled by a sea change in political engagement with the issues of mental health at both State and Federal level - a in 2005 the NSW Premier announced Mental Health was a priority for his Government and a few years later the incoming Prime Minister, Julia Gillard, the daughter of a psychiatric nurse,

elevated mental health to the status of a major social policy reform issue. She also continued the work of her predecessor Kevin Rudd and implemented far reaching health funding reform, including securing the passage of the legislation for the National Disability Insurance Scheme with bipartisan support. That in turn ensured, in the words of the 2012 Annual Report, 'a new era in the delivery of mental health care... unprecedented growth in the sector'.

Aftercare's expansion was further enabled by its continued collaborations with other organisations: each Service has some links and partnerships with other providers. Its growth interstate illustrates these links. Its expansion into Victoria to provide community mental health services was in partnership with Care Connect and Life Without Barriers. Its initial expansion into Western Australia, to offer the Individualised Community Living Strategies for people with a psychosocial disability, was in partnership with the Mental Illness Fellowship of Western Australia. Its extension into far north Queensland and the Torres Strait was with Life Without Barriers and the Mental Illness Fellowship of North Queensland.

Many of the additional programs Aftercare successfully tendered for represented new approaches for Aftercare and/or new target groups. Some programs offered support to families and carers. Two examples have self-explanatory titles: FACES (Family and Carers Education and Support);

and POPPY (Parents Opportunity to Participate in Play with their Young). The numerous other programs that targeted specific needs included: support for alcohol and other drug addictions; early psychosis prevention and intervention centres; a program to tackle suicide; and social recovery/vocational services. One significant innovation was the Floresco Wellbeing Centre in Ipswich which, as noted on the timeline, provides a full range of services for people with mental illness and their carers. These service models continue to evolve and have recently been extended to other locations.

In all programs, the key value remains self-advocacy. This value was reinforced by a change in terminology in 2009 from 'consumer' to 'client'. The former word was rejected as carrying connotations of passivity while 'client' was seen, the 2009 *Annual Report* explained, as better depicting 'active participants in their recovery journey'.

Some examples of the programs offered are given below, covering 'outreach' programs, support for people in public housing, and accommodation services for people with high support needs. They reflect the reality that some 80 per cent of Aftercare's services are directed to helping people with mental illness, with the rest servicing people with intellectual disability.

## Active Links Initiative (ALI)

Aftercare's growth was kicked off in the 2000 reporting year, when an extra 416 people were assisted, largely due to the NSW Government's long-needed Boarding House reforms and the associated Active Linkages Initiative (ALI) program. ALI aimed to assist people with a disability or mental illness who lived in a licensed boarding house. The majority were middle-aged men and their circumstance was very similar to that of the long-term patients Aftercare had helped for decades. In the 2000 *Annual Report*, President Stan Alchin pointed out the need to 'help in the resocialisation of this group of people, many of whom have been in Boarding Houses for a very long period of time. The majority would have no supports, no money and few opportunities to socialise in everyday settings and situations.'

ALI worked to facilitate 'meaningful community based activities ... based on a person's goals and that build individual skills to enhance their independence and integration within the community'. Sport, art, crafts and cooking were key offerings – the former including cricket, table tennis and swimming. Life skills were also taught, with ALI co-ordinator Brendan Kavanagh recalling that some participants needed training to use public transport. Tony Badry, previously manager of Aftercare's intellectual disability services, was appointed manager of the ALI program. He and his team of mainly casual support workers assisted 416 clients during the 2000-01 financial year, but client numbers gradually decreased due to boarding house closures. By 2004, Aftercare's ALI program assisted 269 people; by 2008, just 156.

*In all programs, the key value remains self-advocacy.*



Image: ALI staff circa 2005.



ALI's impact on Aftercare was equally far-reaching. As Aftercare reported, ALI revealed that overcoming social isolation 'may well prove far more beneficial than other forms of "therapy" or "treatment" for those whose illness leave them so socially isolated'. Repeatedly after that, Aftercare reported that 'social isolation' was a major factor for most clients and instituted programs to reduce that isolation. It was a lesson that took Aftercare back to its roots and Emily Paterson's regular organisation of social activities. Aftercare consequently organised numerous social activities, such as the popular Café Chat meetings. As an independent reviewer of the Biala Accommodation and Support Service concluded in 2001, 'leisure activities can be one of the most effective components of a complete rehabilitation program'.

ALI confirmed the importance of people determining their own priorities. As noted in the 2000 Annual Report, 'People who choose bits and pieces from programs that are on offer seem to gain the most from mental health services. They are creating their own rehabilitation program'. This realisation reinforced Aftercare's commitment to greater control by its clients. By 2006, the Annual Report described Aftercare as 'dedicated to ensuring that people using its services participate at all levels of service provision'.

## Personal Helpers and Mentors (PHaMs)

PHaMs is a program that takes a 'strengths-based recovery approach to supporting people with a severe functional limitation resulting from a mental disorder'. It provides short-term help for people over 16 to 'manage their daily activities, live independently in the community, and access complementary clinical and community services'. Those helped tend to be young adults and there is a fairly even gender balance. Aftercare was first involved with PHaMs in November 2007, then in 2009 it won a tender to provide seven new PHaMs services in NSW and five new PHaMs services Queensland. This win not only meant that, for the first time, Aftercare offered services outside NSW, but also that it was the largest provider of PHaMs in Australia. From 2013, PHaMs also provided employment support: a key service given an unemployment rate of up to 80 per cent among people with mental illness. Currently, PHaMs services are transiting to the NDIS.

The impact of PHaMs was not just in extending Aftercare beyond NSW, but also in the number of people helped. By 2010, Aftercare had 974 clients, of whom two-thirds (652) were in a PHaMs service. As well, there was a 20 per cent increase in Aftercare's staff - over 100 new employees with over 90 per cent directly supporting clients. The impact of PHaMs was also financial: in the 2009 financial year, Aftercare had an operating revenue of \$6.9 million; by the 2010 year, that figure had risen to \$12.6 million. PHaMs also had a dramatic impact on individuals. Take, for example, Gail's description in the 2009 Annual Report. She wrote that she had 'struggled with schizophrenia for 9 years; spending the greater part of my time in various mental health units'. Then she joined PHaMs which 'helped and motivated me to set and achieve goals'. That enabled her to stay out of hospital during the last year: 'the longest time I have spent out of hospital'. Because of PHaMs, she wrote, 'there is hope in my future yet'.



Image: This artwork 'Follow Your Heart', created by Angela in a PHaMs program, featured on the cover of the 2016 Annual Report.

## Partners in Recovery (PIR)

Another of Prime Minister Gillard's initiatives was a Federal Government allocation of \$549.8 million for the PIR program over 2011-16, the biggest investment in mental health in Australia. Its goal was to 'better coordinate and streamline access to mental health and other support services ... for the 24,000 people who have severe and persistent mental illness and require complex support from various services.' Aftercare became the largest provider of PIR services; by 2016, it had 12 teams in 11 sites delivering a range of programs. Additionally, the Paterson-Whitlam Support Service for intellectually disabled clients became part of the PIR program.



Image: The devastation after the Black Saturday Fires. Courtesy Nick Carson/Wikimedia Commons.

## Housing and Accommodation Support Initiative (HASI)

In 1998, Aftercare won a NSW Government tender 'for 5 houses and 14 consumers' in Central Sydney. After the success of this phase, in 2005 Aftercare won a tender for HASI Stage Two to provide 'disability support and psychosocial rehabilitation to people living in public housing who have a mental illness and/or other complex needs and who require low support to assist them in returning to greater independence in the community'. Under HASI 2, Aftercare helped 85 people living in public housing to set achievable goals for 'independence, sustainable autonomy and wellbeing'. The success of HASI 2 saw its expansion to different target groups.

An example of how HASI worked on an individual level was given in Aftercare's 2009 Annual Report. David was living in a boarding house when the Redfern Community Centre referred him to Aftercare's HASI program. As rapport slowly developed, he joined the Two Wheels program that restored bicycles to donate to families in need. After he made friends there, David's ability to cope with his anxiety improved and he is now committed to maintaining his mental health and wellbeing.

## Tirrikee Supported Accommodation

Tirrikee is an illustration of the continuing need for, and impact of, supported accommodation. Like ALI, this program was funded under the NSW Government's Boarding House Reform strategy. Tirrikee provides long-term accommodation for former boarding house residents with a primary diagnosis of mental illness. The program also offers living skills training and community linkages. With Tirrikee, Aftercare works with the St George Community Housing Co-op, the Central Sydney Boarding House Team, the Office of the Protective Commissioner, the Office of the Public Guardian, carers and the clients. It was the first program run by Aftercare with a large number of clients under Guardianship or Community Treatment Orders.





Image: Opening of Aftercare's service on Thursday Island. John Malone (centre back) and the team.

*"...everyone was given the opportunity to share their journeys ... it really helped .... The dreamtime stories and the visits to the sacred sites ... [made] me ... understand my culture more and feel ... more connected to country. I also really enjoyed making my first didgeridoo.... Aftercare's PIR service has been awesome and very supportive throughout my journey with mental illness and my epilepsy and brain surgery. I feel a lot better in every way and have been able find accommodation, get back into my culture and am more ... involved in the community".*

'Karl'

## Indigenous needs

Since the outset, Aftercare has sought to respond to the diverse needs of communities and considerable attention has been paid to ensuring that Aftercare's practices are culturally inclusive, with concern to better assist people from culturally diverse backgrounds. By 2011, Aftercare reported that it targeted 'youth, Aboriginal and culturally and linguistically diverse (CALD) communities', thus connecting with some of the most 'disadvantaged members of our community'. From the beginning, Aftercare aimed to plug the gaps in service provision and those gaps are particularly concerning for Australia's Indigenous population.

In 2005 Dr Petah Martin was elected as Aftercare's Chair. She was also the Director of the NSW Aboriginal Mental Health Services at the time when the NSW Government launched its Aboriginal Mental Health and Well-Being Policy. While she was Chair, Aftercare offered culturally sensitive services including the highly successful HASI for Kooris.

By 2010, Aftercare employed Aboriginal workers at most of its sites, and policies were in place to collaborate with Indigenous communities. In the following years, it expanded its services to include a community-managed mental health service on Thursday Island, the first of its kind in the Torres Strait region. Among Aftercare's initiatives to connect to Aboriginal clients, was a four-day PIR Aboriginal camp held in 2015. Organised with the Maitland Regional Art Gallery, Ability Links and Richmond PRA, it aimed to support 42 Aboriginal people's recovery journeys through storytelling and yarning, traditional dance workshops, and Aboriginal art and crafts. 'Karl' was one of the participants and described how, around the camp fire (left).

## Research to improve practice

One of the big changes in recent decades has been the insistence on evidence-based practice in healthcare. Aftercare has fully endorsed the change, along with the resulting need for research to provide the evidence. A dedicated research team was established in October 2007 'to coordinate Aftercare's tenders, grants, service evaluation tasks, and research programs'. Dr Grenville Rose was appointed as research manager. Since 2007, Aftercare won an impressive number of competitive tenders as well as research grants directed at improving practice. His successor in 2015 was Dr Alex Wilde. She maintains Aftercare's commitment to an evidence-based approach, with a focus on online interventions and community-based support for people with mental illness.

Research has been used to drive continuous improvement within Aftercare, especially research related to client feedback. Aftercare has an established practice of undertaking client surveys and using this information to inform service development. From early 2008, as a joint venture with New Horizons (an NGO offering similar services), Aftercare began to research client perceptions so it could provide more targeted staff training. For the staff, part of the value of the survey was that it helped, as one stated in the 2008 *Annual Report*, to remind them 'why we're doing the sort of work we do'. For clients, following up the findings has contributed to high levels of satisfaction: the 2015 *Annual Report* indicated that 91 per cent of clients surveyed would recommend Aftercare to their friends and family, and 78 per cent said the support helped them stay out of hospital. An anonymous phone-in feedback service is a more recent innovation to provide feedback.

Personal Goal achievement remains core to Aftercare's programs and new tools are continuing to improve the outcomes for clients. Research shows that on average, each client continues to achieve two or more personal goals a year. New tools have subsequently been developed than have refined the process of goal setting even further. This has become even more critical in an NDIS context, where client goals drive the planning process for NDIS assistance packages to be determined.

## National Disability Insurance Scheme (NDIS)

The NDIS, as the 2015 Annual Report recognised, is a 'complete industry and service model change'. The key change is that it directs funding to people with significant and permanent disabilities; each person then decides what services they need. It is planned that the complete rollout of the NDIS will take until 2020 to complete. Aftercare participated in the initial rollout, beginning its first program for NSW by re-occupying Bell Street Cottage in Newcastle for supported accommodation for people with mental illness and complex needs. Aftercare has again worked to develop new tools to assist clients with accessing the NDIS, with a high degree of success. There has also been a focus on assisting GPs and other health professionals to understand the impact of mental illness on a client's wellbeing.

While the implementation of the NDIS has been the subject of open criticism, Aftercare has continued to advocate for consideration of mental illness within the operation of the scheme, in parallel with its advocacy for other forms of assistance for those who will not be eligible. The advent of the NDIS provides for a revolution in the delivery of person-centred care, but if poorly implemented could disenfranchise many from care that is desperately needed, but not funded. Aftercare is a loud and respected voice in the call for a more considered approach for those with episodic illness and for those who may not fit within the configuration of the scheme.

110 years on, Aftercare continues to be inclusive of all those with a mental illness and to advocate for equity of treatment irrespective of what label is on the funding bucket. Its active participation to support inclusiveness extends to active participation in the annual Mardi Gras, with the message – "mental illness does not discriminate, and neither do we".

Aftercare is now the largest provider in Australia of integrated service delivery models for infants, children, adolescents, young people and adults through six headspace centres across QLD and NSW; a Young Person's Early Psychosis Program in Logan; a Floresco Centre in Ipswich, two LikeMind centres in Orange and Wagga, and a Poppy Centre in Ipswich. Additionally Aftercare has made a significant shift into the early intervention spectrum through services such as headspace, headspace Youth Early Psychosis Program and the Poppy Centre. Aftercare has also in the last few years prioritised service delivery to rural and regional Australia to ensure that people with mental illness in those areas receive the level of care, support and treatment they need.



## Clients

For clients, the hope and practical support first offered by Emily Paterson continues to transform lives. The measure of Aftercare's achievements is best expressed in the voices of its clients who work so hard with Aftercare to achieve positive outcomes. Some comments from recent Annual Reports are:

*"Being with Aftercare has been a wonderful journey for me and I can't believe how far I've come.... Without Aftercare, my recovery would have taken longer and maybe wouldn't have happened".*  
'Jane'

*"Aftercare has helped me find strategies to cope with my past, think about the future and connect me with the right services for the present. If it weren't for Aftercare, I wouldn't still be here".*  
'Leanne'

*"I decided to change my life and joined up with Aftercare.... I'm so glad I did.... At Aftercare I felt I could be myself, and not feel judged or criticised, only love, care, support, advice and encouragement.... Thank you Aftercare for believing in me".*  
'Lesley'

*"...ultimately, I went nuts... I've been in the Time Out house for 2 months now. It was hard at first, but I feel like I'm slowly getting there. Almost like I'm brand new... The workers here at the Time Out house are amazing to talk to ... I love it here. I feel like I've finally been given the chance to think clearly and to enjoy the meaning of my life".*  
'Sophie'

*"I am gaining more confidence and ... being more flexible and meeting people half way. Working with my support worker I've set goals ... I am currently pushing myself to get used to using my stumps to stand up rather than sitting in the wheelchair..."*  
'Tony'

*The biggest thing that has changed was realising how happy and more confident I could be around people... I'm now an involved member of the community".*  
'Jon'

As Aftercare continues to support clients to find their own voice, it also continues to reinvent itself and find a new way forward:

*"I don't know what my future looks like, but ... because of you, I will be ... much stronger ... to face it."*



## Conclusion: Our journey 1907-2017

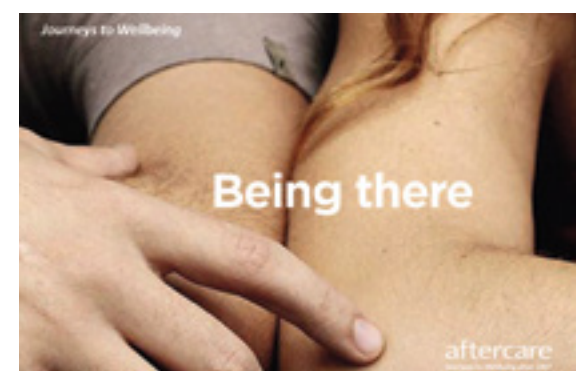
When Emily Paterson spoke about her hopes for the Association she founded, she frequently used the word 'friend'. Her vision of friendship entailed practical support, social activities and was due in part to her own refusal to be defined by her disability.

Aftercare's journey has been shaped by external events and decades of dependency on the NSW Department of Health. More recently, it has depended on funding from a range of government agencies as it responded to the challenges of de-institutionalisation. One of the biggest constraints on Aftercare's journey, and the individual recovery journeys of its clients, has been the stigma associated with mental illness. As Aftercare stated in its 2011 *Annual Report*, 'people identified as having mental health problems are one of the most marginalised groups in society, with stigma proving to be one of the most significant barriers to social inclusion.' Historically, stigma has also limited support for, and the visibility of, Aftercare.

The type of help Aftercare has provided has adapted to the profound social and economic changes of the last 110 years. The next 110 years will undoubtedly bring many new challenges as well as continuing the perennial one of how to fund the services that are so desperately needed to make a difference to people's lives.

The advent of health funding reforms and the roll-out of the NDIS have changed the environment in which Aftercare seeks funding for and delivers its services, and has also changed the way in which those services are delivered. When Emily walked through the gates of Gladesville Hospital to visit with the patients who were residing there it is unlikely that even a person of her imagination could have envisioned a world in which support for someone with suicidal thoughts could be delivered in the form of a phone app, rather than straps and cold baths.

The basic needs for housing, employment and social interaction remain however, and Aftercare's future includes new plans for extending these services as well as new ways to secure the organisation's future. Aftercare continues its journey expecting change to be a constant, but also knowing that its purpose and the commitment of all those involved is essentially the same as it was 110 years ago: to assist clients to find 'a safe place to live, a place to work, and friendship'.





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# Acknowledgements

A book is never a solo exercise, and I thank the following for their help.

John Malone, then Aftercare’s CEO, initiated this project, understanding how important it is to record Aftercare’s history when its service delivery is once again radically changing. He also read relevant draft chapters, and provided photos and other material.

In the final months, I had the good fortune of having a Steering Committee consisting of Isabelle Meyer, Stephanie Maraz and Rosemary Hotton. I am grateful for their help, knowledge and enthusiasm.

Other Aftercare staff assisted with information and in other ways, including Cassie Packer (including for collating client comments from the 2015-16 Board Meeting minutes), Natasha Potocki, Neil Jacobsen, Michelle Cini and Luke Carey – the latter also checked a chapter draft and provided much-appreciated input into other chapters.

When he was employed by Aftercare, Brendan Kavanagh had done much to record and celebrate Aftercare’s history. I am grateful that he shared material and memories as well as commenting on a draft. Another former staff member, Grenville Rose, also kindly checked sections for me while Associate Professor Lorraine Smith of the University of Sydney provided materials and contextual information. The Ryde District Historical Society always provides efficient friendly assistance and members Maureen Copley and Kim Phillips helped with a search of its impressive archives.

Dr Richard White shared his knowledge of the history of psychiatry, and Mary Grimmond provided access to the Mental Health Library, Macquarie Hospital. Gwen Wilson kindly let me use her fascinating family history story. Steve Blanda provided information about his mother, Board member Rita Blanda. Recent Board members also provided information about themselves: I thank Paul Farrugia, Petah Martin, Ivan Beale, Dean Blomson, Marg Lennon. Historian Roslyn Burge sacrificed a sunny Easter break to provide constructive and expert feedback on a draft.

Isabelle Meyer, Luke Carey and Joy Said also provided helpful feedback on drafts. John Cameron gave not gave insightful feedback on an entire draft, but gave consistent and vital support throughout the project. Finally, I’m grateful to all those people who post solutions to computer issues on the web: their help rescued me on numerous occasions and their altruism is heart-warming.

I thank you all.

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