

The article you are about to read, won't I assure you contain anything new-fangled in the way of psychiatric nursing. It will however relate now common sense and the basic principles of nursing have rescued ten boys from obscurity of an inadequate custodial nursing system to an environment based on group nursing principles, which I hope and, I'm sure will be able to make these boys self-sufficient and be capable of independent in the new therapeutic environment envisaged at Lachlan Park.

First of all in order to compile an article of this nature one should make some sort of comparison between the two systems. I will try therefore to bring to light just a few of the numerous disadvantages the nursing staff had to face under the then custodial system. Firstly, at the inception of the pre-therapeutic environment discussion and conferences it was with great reluctance that group nursing was allowed to proceed at all in this ward. The reason being that it was the general consensus of opinion that the problem as was in G ward was of too great a magnitude to be tackled in this way, however after a lot of discussions it was decided to go ahead.

These "Special" nurses were duly assigned to the ward, first of all to make observations and to pull into practice any measures we saw fit. I must be quite frank and say that the environmental disadvantages against us were almost overwhelming. The main one being that the ward was entirely unsuitable for such a project. In as much as:-

1. the external and internal appearance of the ward, left much to be desired.
2. very inadequate toilet facilities available which made it virtually impossible to implement any toilet habituation.
3. gross overcrowding.
4. a definite lack of heating.
5. unsuitable, arriving, preparing and serving of meals.
6. improper usage and exploitation of nursing staff whose time was taken up by daily ward cleaning tasks which led to the next two.
7. inadequate supervision of dayroom.
8. inadequate supervision of play yard.
9. improper segregation of boys i.e. here we had a situation that in one dayroom which could barely allow 15 boys reasonable freedom, about forty boys were expected to make use of same. Also the fact that there were so many different classifications of boys in one room i.e.
 - 1) severe behavioural disorders
 - 2) active and inactive totally dependables
 - 3) spastics
 - 4) epileptics
 - 5) autistics
 - 6) mildly and grossly retarded
 - 7) extremely aggressive sociopathic disorders.

Collectively all of these disadvantages were intolerable to us, and with co-operation of Mr Crosswell, whose help was invaluable at this time we obtained permission from hospital authorities to remove all the boys from this grossly retarding environment.

We transferred to one of the vacant wards much brighter in appearance and which contained more facilities. It however was still far short of what we would have liked but it was at last a step in the right direction.

One other factor I think hindered progress in this ward and all other mental subnormality wards was the decided lack of psychiatrist attention. At that time the hospital had very few psychiatrists

and they unfortunately had to concentrate on administration and the intensive investigation of the mentally ill at the expense of the mentally subnormal.

Before I begin to explain how we went about our project I would like to make a few points clear the main one being that of the three nurses assigned to ward none of us had any previous experience of nursing:-

- a) children
- b) sub-normal children.

So I am sure one could imagine how we felt about this venture. Everything we did was to be purely off the cuff and we were to in the words of one of our advisors "simply play it by ear".

Our first task now was to select our group. This we did in cooperation again with Mr Crosswell and Dr Harris. It was decided that we should take about eight boys to begin with, these being a mixture:-

1. aggressive behaviour disorder.
2. malsy agitated depression.
3. mania depressive
4. extremely hyperkinetic
5. mental subnormal.

After selection we managed to obtain an adjacent side room into which we moved with our boys. This transitory period was one filled by many headaches and problems. All of our boys were incontinent, noise and extremely destructive. they ripped their clothing off tore them into strips, pulled down curtains, broke windows, destroyed everything, in fact, they got their hands on. Through time however we managed to make some break throughs, the boys were beginning to keep clothes and shoes and socks on for longer periods when we finally, after about 4-8 weeks solved the incontinence problem. this was as the saying goes "the straw that broke the camel's back". from then on things become much easier for us. We now had to try and concentrate on their behaviour problems.

To do this we had to try and establish a set routine for the boys to follow. The following is an account of such a routine.

1. Dressing:- When the boys got up in the morning they went into the special unit, where we endeavoured to try and encourage and teach the boys to dress themselves. This was quite difficult and took some time but in this respect we did manage some degree of success, in fact with one boy who was a catatonic schizophrenic and who wouldn't attempt anything, one for the lads completely dressed, washed, combed hair etc.
2. Meals:- As I said in the introduction, the meals were improperly prepared, served and eaten. We had to arrange for set meal times and to have them properly served up. Normally the boys had been used to eating all their food with their fingers and it took quite a bit of persuading to get them out of the habit. To this day we haven't got them using knife and fork but we have made tremendous improvements in their eating habits.
3. Toilet:- After meals all boys had their own toilet to attend to, each had their own toilet bag with requisites and towel. Each had their own peg as an exercise the boys learned to recognise their particular peg and take their own bag. Getting them to do their toilet was an extremely harassing experience indeed, as they seemed devoid of any ability to hold the toothbrush, face cloth etc., as well as holding a normal boyish dislike for soap and water, but I'm glad to say that now, this part of the daily routine is one which they all look forward to quite eagerly.
4. Morning period:- In this period we tried to unite the boys with the rest of the hospital and outside township :- at every opportunity, weather permitting we would don all our boys in their

best clothes and take them out for walks, first of all around the hospital grounds, then as the boys became more confident we began to venture outside into the local township. It was quite remarkable to see the interest shown by the public to the boys when we went up the main street.

5. Afternoon period:- In this period we tried to organise games and activities in the ward, this was when all three of us felt so inadequate, here our lack of experience with retarded children began to manifest itself. How does one teach a retarded child to play but again as I said before, we played it by ear and it was quite stimulating to learn just what we could do with the boys.
6. Evening:- this was taken up with meals, after toilet, watching TV and preparing for bed, ensuring that the boys put things away, ready for the morning again.

Gradually things were beginning to run fairly well and a good routine was established and we were now faced with the problem of having to provide some form of education for our boys. We had to pool all our own ideas and resources together and in doing so we managed to produce quite a number of things which were of great benefit, educationally to our boys. Our aim now was to be, that while we as nurses were providing a form of education of our own for the boys, we shouldn't lose sight of the fact that our object was to resocialise the boys behaviour to such an extent that they would be able to participate in special school in the hospital.

During the months that followed the boys and ourselves enjoyed a very good rapport with each other. We took advantage of this and the boys increasing confidence and ventured further afield with our daily outings. We had trips to the beach where all the boys had a marvellous time in the water. I must add so did we. We also had picnics by the river, trips to the salmon pods, the fisheries trading grounds, Woodsville Zoo etc. The boys happiness during those trips was an absolute joy to see.

As a summary to this article I would like to make a few observations.

1. The group is still functioning admirably and all boys are participating favourably at special school.
2. The new outlook in group nursing has enkindled a better rapport between relations of boys and staff. Visits are more frequent now and holidays at home much more likely.
3. This project would never have succeeded in any way without the full cooperation of Mr Crosswell, who allowed me to raid his stores on many occasions at inception and who has maintained my stock throughout the year. Also I would like to mention his sincere willingness to adapt to the new system and I honestly feel that because of the good relationship between us, we managed the degree of success we did.