

AUSTRALIAN & NEW ZEALAND COLLEGE OF MENTAL HEALTH NURSES INC.

Setting the Standard

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A History of the Australian & New Zealand College
of Mental Health Nurses Inc.



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Australian College of Mental Health Nurses Inc

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Preface

This work was commissioned by the College in late 1998, to be produced for the 25th Conference in Launceston in 1999. I could not have completed it on schedule without the help of a great many people.

First of all, I must thank the College Council, who commissioned me in the first place, and gave me the wonderful opportunity to chart the rise of an organisation that has faced so much and has overcome so many obstacles in its twenty-five years of existence.

I have made extensive use of the College archives, which are excellent beyond 1978. The years from 1972–1977 had to be pieced together from other primary and secondary sources, many of which were in the archives, and I must extend my thanks to Fay Franks and Meryl Caldwell-Smith for originally collecting these. The draft manuscript was sent to longstanding members of the College for their comment and consideration, and I am very grateful for the feedback received on this.

My warmest thanks must also go to Sandra Hoot, who not only dug out all the archives for me, but actually went through them and listed the contents of each box, which made my task immeasurably easier. Sandra read and commented on the draft manuscript, as did Scott Fanker, who also rolled out the red carpet at Bankstown Hospital and the University of Western Sydney Macarthur for me, arranging office space and access to a steady supply of coffee. Bob Weaver represented the College in generously paying for everything, which was greatly appreciated.

And finally, Gerry Farrell, my ever-patient Head of School at the Tasmanian School of Nursing, was his usual self in allowing me free time and the full resources of the School, both of which were needed to complete this work.

Philippa Martyr

Launceston, July 1999

Background to the Congress

The Australian and New Zealand College of Mental Health Nurses Inc. today has over 1400 members. It occupies a senior position in mental health nursing consultancy and policy development in Australia and New Zealand. This is no mean achievement for an organisation which began inauspiciously in the mid-1970s at a time of radical healthcare changes, industrial strife and a major identity crisis in nursing in Australia.

Mental health nursing history in Australia is for the most part inglorious. Unlike the romantic Nightingales of general nursing history, mental health nurses' predecessors were gaolers. Nurses were generally male, and were chosen more for their ability to handle themselves in a fight than for their interpersonal skills.¹ Nor was mental health nursing exclusively concerned with nursing those deemed 'mentally unstable' and accordingly institutionalised. There was also the task of caring for those people with developmental and mental disabilities – the 'mentally retarded'.

Mental health care in twentieth-century Australia was almost exclusively the provenance of the state governments, as a part of the hospital system. Nursing education in the 1970s was also based in the hospital system, and so came under the authority of the state or territory rather than the Federal government. Individual states and territories passed their own registration acts and made their own arrangements for training. For example, psychiatric nursing training at the Royal Derwent Hospital, Tasmania, began in 1935, and in 1936 a separate register was opened for psychiatric nurses in Tasmania. In Western Australia, however, mental health nurses were not registered with the Nursing Board until 1944.²

The focus of mental health policy – such as it was – was firmly on institutionalisation. So when did mental health nurses in Australia stop being gaolers and start being 'tools of recovery'? Major changes began to take place in some echelons of mental health nursing in Australia during the 1960s and 1970s, under the impact of the civil rights movement and burgeoning social theories of 'normalisation' and 'deinstitutionalisation'. The Henderson Report, first released in 1975–1976, helped in part to reveal the often dire poverty and rejection with which many Australians with chronic mental illness had to live³ – a fact of which mental health nurses were already well aware. Psychiatric nurses, however, still had little or no voice in the organisation of their own profession. Nor was their chance of

creating and maintaining a professional image helped by the 1975 release of *One Flew Over the Cuckoo's Nest*, a film which contains one of the most immortal and yet repellent portrayals of a psychiatric nurse that anyone could hope to see.

The 1970s was also a time of some of the most violent industrial unrest in Australia's history. This unrest had extended to nursing, which was not only undergoing a major internal crisis, but was also facing industrial changes which threatened to penalise nurses, keeping them the poor relation of health care service providers. Women's liberation in Australia had changed the career paths of thousands of young women, and the impact on nursing was tremendous: nurses' homes emptied, and admission requirements had to be lowered to fill courses of training at hospitals. The right to strike had only recently been won by nurses themselves, previously barred from strike action by their own professional organisations. Even so, it was not until 1981 that the first major Australian nurses' strike took place, in New South Wales.

The National Mental Health Nurses' Congress

It was in this climate of turmoil that a group of mental health nurses based in Victoria began to plan, from around 1973, the First National Mental Health Nurses Congress.⁴ The organising committee consisted of Joanna Gonella, Laurice Wakefield, Joan Christie, Mildred Lucas, Alma Bartlett, James Burr, Julius Medenicks, Dot Egge, Jenny Grant, Maja Hrudka, Bob Price, and Verna Rodda. Their plans finally came to fruition in 1975, when over two hundred delegates gathered in Melbourne for a conference, with the financial support of the Victorian government and the Mental Health Authority of Victoria.⁵

The first day of the Congress was given over to representatives from the states presenting their local models of mental health nursing. James Burr (Director of Nursing, Royal Derwent Hospital, and President of the Royal Australian Nursing Federation in Tasmania) opened with the Tasmanian model, followed by Bob Price (Principal Nurse Educator, Parramatta Psychiatric Centre) with the New South Wales model. Other speakers included Irene Munninger (Principal Nurse Educator, Graylands Hospital), Mercia Birch (Nursing Superintendent, Glenside Hospital), Ronald Broad (Principal Nurse, Baillie Henderson Hospital, Toowoomba) and Dot Egge (Assistant to the Nursing Advisor to Victorian's Mental Health Authority).

What emerged from these presentations was both enchanting and alarming. Mental health nurses at the Congress discovered that while each state had its own unique organisation and problems, the similarities tended to outweigh the differences. The papers from the state representatives did not call for a national organisation, but rather focussed on the need for individual state governments to take more responsibility for mental health nursing and patient care. It was an encouraging consensus of opinion, with due regard for regional differences.

This was not lost on Joan Christie, at the time the Nursing Advisor to the Mental Health Authority of Victoria, Chair of the Mental Health Section of the RANF in Victoria, and Associate Lecturer in the Department of Psychiatry at the University of Melbourne. Christie had originally trained as a general nurse before undertaking specialist training as a psychiatric nurse, which, she later said, “allowed me access to a richness and diversity of nursing that I had not previously imagined.”⁶ Christie chose in her paper to describe her perceptions of the overall Australian model:

As colleagues, we are parochial. Our perception is confined to narrow boundaries. Our feeling behaviour is confined to local cultural norms and to orientation of a particular institution. The Australian model represented professionally is a jigsaw – fragmented, abrasive, hostile, abrupt – but complete. The Australian model – representation to the community – a blurred outline – a fantasy of keys and authority... How can this figure become definite? We have no voice. Why?⁷

Given the state-based orientation of most of the first day’s papers, it is not surprising that the Congress was a source of abrasion as well as excitement: delegates would have been understandably dismayed to be told, upon presentation of what they saw as quite real problems in their own areas, that they were being parochial.

Dr Anne Davis, Associate Professor in the Department of Psychiatric and Community Nursing, University of California, attended the Congress as a guest speaker, her paper provocatively entitled ‘Is mental health nursing really necessary?’ Other papers were similarly focused around the search for identity – professional and personal – that was besetting mental health nursing in Australia. The atmosphere was emotional and exhilarating, and out of the last day’s sessions came the recommendation from delegates: “That an Australian Mental Health Nurses’ Association be formed, and that a national steering committee be formed to discuss the feasibility of, and make recommendations about, the formation of such an Association to the next National Mental Health Nursing Congress”.

It is important here to make a fine distinction; namely, that the first Congress was not called with the express purpose of forming a national association. It appears to have happened almost accidentally, although there is no doubt that there were delegates at the first Congress who enthusiastically supported the idea and urged its consideration. Subsequent developments at the Second National Mental Health Nursing Congress, held in Hobart in 1976, make the picture a little clearer: Bill Hills, in his report from the steering committee, actually describes the committee as being “born out of an emotionally charged last few hours of what is now an historical event”.⁸

The national congress organising committee was not the *de facto* national organisation, nor was it expected to be. In 1976, it was made up of John Lambley (Victoria), Bob Price (New South Wales), Judy Boyd (Queensland), Waltraud Riedel (NT) Bruce Tunks (ACT), Phyllis Wilson (SA), and Irene Munninger (Western Australia). This body operated in conjunction with the state host planning committee. Only one member of the national planning committee – Waltraud Riedel – was included on the steering committee in 1976.

Despite the ‘emotionally charged’ atmosphere, a steering committee was nominated, consisting of Bill Hills as convenor; Joan Christie, Fay Franks (Nursing Staff Development Officer, Health Commission of New South Wales), Ron Broad, Betty Munroe (Superintendent of Nursing, Graylands Hospital), Laurie Rosenberg (Chief Tutor, Mental Health Services of SA) and Waltraud Riedel (Charge Sister, Psychiatric Unit, Darwin Hospital). The wide range of representation from the states and Northern Territory indicates that the national basis of the organisation was taken seriously. The Congress had already moved away from its Victorian origins, and planning for the future association was well under way even before the second Congress in Hobart.

James Burr convened the second Congress, and instead of compiling proceedings, the organising committee instead put together a volume of pre-circulated papers. This included Burr’s own analysis of what had taken place at the first Congress, and the report to be presented from the steering committee.

Burr began by noting that criticisms had emerged of the first Congress, and so his convening committee had tried to overcome the problem areas. Instead of basing the program around models, roles and concepts applying to the nurse

(which delegates felt had been perhaps overexposed at the first Congress), the 1976 convenors had emphasised systems and methods of treatment and care of the patient. Unfortunately, this now made the program appear doctor-loaded, mental-deficiency loaded, male-loaded, and generally overloaded. Burr also noted that a key concern expressed by delegates was the issue of mental health nursing training and education in the future – a very important issue, given the whole question of the transfer of nursing education from hospitals to colleges of advanced education, which had been discussed since the late 1960s.⁹ Guest speakers at the Second Convention included Mr Tony Lloyd, Area Health Nursing Officer with the Hereford and Worcester Health Authority, England, and Dr George Pate, who spoke on the issue of whether nurses or ‘social trainers’ should care for the mentally retarded.¹⁰

The First and Second Steering Committees, 1975–1977

The steering committee also reported to the second Congress, and the report was unenthusiastic. Bill Hills, as convenor, did not see the idea of a national association as a predetermined conclusion, but as an idea which was formed in the heat of the moment, and one which should now be carefully tested and examined from all perspectives. Hills reiterated the terms of reference of the steering committee, and noted that several points were clearly beyond the terms of reference.

It was not the task of the steering committee, for example, to decide whether or not a majority of mental health nurses in Australia wanted a national association. It was also beyond its capabilities to determine overarching philosophies of mental health nursing. It could not consider the issue of amalgamation with existing nursing bodies, nor could it draw up any rules or constitutions. Its sole purpose was to examine the feasibility of a national association, and its responsibilities for doing so ended with the Second Congress.¹¹

That Hills saw fit to reiterate these issues reveals a great deal about clashes of vision within the first steering committee. Then there were other more mundane problems – Hills acknowledged that the bulk of the meeting had to be carried out by correspondence, which was limiting and frustrating. Only two actual meetings had taken place since the previous September – one in Hobart on 13 March 1976 with Joan Christie, Fay Franks, and Hills, and one in Melbourne on 26 June 1976, with Joan Christie, Fay Franks, Betty Munroe and Hills.

Hills outlined two major issues to be considered in making any progress towards a national organisation: the need for finance and resources; and the competing visions of those who had input into its formation. The latter proved as difficult and frustrating as the former. To some, a national association was seen as professionally-based, to others educationally-based, and to a third group industrially-based. “This caused confusion among the steering committee members”, reported Hills in a generous understatement, “as we each read into the resolution our own feelings and thoughts prompted by what we thought was conveyed during the making of the resolution at the first congress.”

Was a national association even remotely feasible? Hills described a minefield: industrial registration, Federal registration, arbitration and conciliation registration; legal advice, travel costs, the financial viability of the future organisation, and the clarification of the decision-making process. Then there was the thorny question of union representation, which varied from state to state. A mental health nurse in Western Australia, for example, could be represented by both the Psychiatric Nurses Association and the Royal Australian Nurses Federation. In Victoria, however, the same nurse would be represented by the RANF and the Hospital Employees Federation, and if that same nurse moved to New South Wales, representation would be by the Health and Research Employees Association and the New South Wales Nurses Association. Hills was shrewd enough to foresee trouble with the unions over ‘body-snatching’: “Our purpose will be to prove that we as a new Federal Association can better represent Mental Health Nurses in Australia than what is offered to them at present.”¹²

Hills supported the idea of a national association: a unified voice could help mental health nurses, and could become powerful. Wisely, he acknowledged that there was still a long way to go, and go carefully: “We cannot afford to allow splinter groups to form comprising over zealous individuals – we must ‘hasten slowly’ – and become unmoveable. We must recognise State to State rivalry and re-channel this to the good of the association. We must recognise the differences in demographic structures and plan accordingly.”¹³ The final meeting of the first steering committee, however, basically concluded that it was far more important not to jeopardise the formation of future associations by allowing anger and division at such an early stage. Hills was even prepared to concede that perhaps the best thing would be to let the concept of a national association subside before it caused any more damage.

He was too late. The report was received with outrage: as Hills remarked a year later, "I'm sure all of those people who were present at that congress will have indelibly etched on their minds the fiasco which ensued from that point onward." The report had set forth the procedures by which an association with all three emphases – educational, industrial and professional – could be formed. But the industrial element "seemed to be threatening to a lot of delegates present... and whether the reaction was spontaneous or cleverly engineered by a few key people is also open to speculation". Nonetheless, the confusion was real, and the recommendations and report were completely rejected.¹⁴

Hills recommended that a last-ditch effort be made to save the concept of a national association, with a motion that interested members of the original steering committee could form a second committee. This eventually consisted of Hills, Malcolm Stoner from South Australia, and Doug Penman from the Northern Territory. Later additions were Joan Christie, Laurice Wakefield, Alma Bartlett, and Mr P. Cunningham.

The new steering committee now had to work fast. Between the end of 1976 and the next Congress in Sydney in September 1977, they had to convince mental health nurses and Congress delegates that a national association was worth the effort. The first meeting was inauspicious: the original meeting had to be rescheduled because of an airline strike, which made Penman's observations about the fears of industrial action by a new national association very pertinent.¹⁵

Penman wanted a non-partisan congress: an association with any kind of industrial representation would immediately draw the fire of existing nursing associations. Barrister Margaret Mandelert had been invited to the meeting to advise on constitutions and charters, and the steering committee settled, with her advice, on a constitution.

But what was the organisation to be called? Something along the lines of the 'National Mental Health Nursing Congress (Society)' was mooted, although this eventually became, at the Third Congress, the 'Australian Congress of Mental Health Nurses'. The executive structure was to consist of a national council made up of one representative from each state, with sub-branches in each state.¹⁶ To be selected for the council, a person was to be a qualified and registered psychiatric and/or mental deficiency nurse. Associate members were welcome – such as student nurses, general nurses, and those from other health disciplines – but they would

have no voting rights. There was to be a President, Secretary, and Treasurer. Using this as a basis, Mandelert was asked to prepare a draft constitution before the next meeting of the steering committee in late July 1977.¹⁷

The Third Congress was held in Sydney in September 1978 at the Hilton Hotel, with papers on mental retardation, civil rights, community mental health services, and nurse education. Key speakers included Dr Sidney Sax, then the Chairman of the Hospital and Health Services Commission, and Frank Walker, the New South Wales Attorney-General. One of the final sessions at the Congress, on 8 September, was given over to the discussion of an 'Australian Mental Health Nurses Association'. At that session, Bob Price (convenor of the Congress) and Fay Franks (secretary of the Congress committee) reported that those present had agreed to the following: that the National Mental Health Congress was to be formalised into a non-industrial, non-sectarian and non-politically aligned organisation, and that this organisation was to be called the Australian Congress of Mental Health Nurses.

A further galvanising factor behind the formation of a national body was that the Congresses were proving financially successful. Notes for an early council meeting from the New South Wales committee have as their top priority "each convention shall not make a deficit".¹⁸ Yet, without a national body, it was impossible to amalgamate funds from the first, second and third congresses.¹⁹ The Third Congress, for example, made a profit of \$4500, no mean feat in 1977. A system had emerged for running conventions: at the close of one convention, the governing council of the Congress would then wind up the state-level organisation and hand over to the next organising state – for example, at the final meeting of the Third Congress on 1 October 1977 at Rozelle, there was an advance payment of \$2000 made to the Queensland organisers for the next Congress. The first thing the new Congress had to ensure was the continuation of the national meetings of mental health nurses, now labelled 'Conventions' to avoid confusion.

No Fourth Convention?

The inaugural meeting of the Australian Congress of Mental Health Nurses was held on 12 November 1977, at St Nicholas, Melbourne.²⁰ A number of important issues were on the agenda, chiefly the draft constitution and the upcoming Fourth National Convention in Brisbane. The constitution was hotly debated, especially the clause which stated that the Congress would be 'non-political'. How,

argued those at the meeting, could a national mental health nurses' organisation be non-political? This was amended to "non-industrial, non-sectarian and not aligned with any political party", which took care of most of the objections raised.²¹ Structurally, a caretaker executive was elected, consisting of Joan Christie (Chairman), Bill Hills (Vice Chairman), Fay Franks (Secretary), Rex Gallagher (Assistant Secretary), Malcolm Stoner (Treasurer), and Gerry Ashton (Assistant Treasurer). This executive formed a working party to keep the momentum of the Congress flowing right up to the Fourth Convention.

Unfortunately, some doubts were beginning to arise as to whether there would be a Fourth Convention. The working party met on 4 March 1978, only to be faced with expressions of dismay about the lack of communication coming from the Queensland convenors.²² Subsequent meetings gave no satisfaction, although the problems emerging were caused by lack of communication in both directions. Although the Queensland convenors essentially communicated with one person in each other state, it was difficult, expensive and time-consuming to mail effectively so that all interested parties were in constant contact. This did not reassure the Dean of Preston Institute Nursing College, who had expressed disappointment over the lack of publicity, and above all there were fears that there would be a lack of interest in the convention and thus a drop in attendance.²³

In the meantime, mental health nurses all over the country were arguing their cases with their employers for time off work and for sponsorship to attend the Convention. Some of these deals were very generous: Gladesville Hospital was able to sponsor 17 delegates to the Convention;²⁴ the RANF Mental Health Section in Victoria had already raised \$400 to help send delegates, while Hillcrest Hospital in South Australia had raised \$1700 for the same purpose.²⁵ Ten delegates were being sponsored from Tasmania by Royal Derwent Hospital and the RANF.²⁶ But what if there were no convention to attend?

There was a further reason for the Fourth Convention looming large for the Congress Council, as Council had decided it would be the ideal opportunity to present the draft constitution for ratification in October 1978. This led to fears that the lack of publicity and activity would affect the very viability of the Congress: if there were hardly any delegates, how could the constitution be considered ratified? How could the Congress act with any authority as a voice for mental health nurses?

Finally, the working party took the bull by the horns, and flew to Queensland. Headed by Joan Christie, they met with Dennis Cowell and seven members of the state planning committee for the Fourth Convention. The meeting was tape-recorded, which suggests that there may already have been some acrimonious exchanges between the two organising bodies. The clashes, on the surface, were over minor issues such as the amount of time allowed for sessions at the convention, and the more pressing issue of the lack of communication between the national body and the planning committee. Publicity material was not reaching its sources. The executive also did not like the advertising material. Although the meeting ended cordially enough, the executive received a clear message from the Queensland convenors: draw up rules and guidelines for future convention organisation, or face the inevitable consequences.²⁷

The pressure was mounting on the council as the convention drew nearer. It is not for nothing that the agenda for the next meeting of the working party has on its list of tasks “Decision on salaries for all executive members, expense account and a private jet (just in case something comes up) and one executive grog cabinet (stocked)”.²⁸ Somehow this item was overlooked in the subsequent meeting, as the Congress continued to have no paid employees at all, at Federal or state level. Finance was dependent on three major sources: the Convention, membership subscriptions, and sponsorship.

The pharmaceutical company E.R. Squibb & Sons had enjoyed a good sponsorship relationship with the Congress since the second National Mental Health Nurses Convention in 1976. Accordingly, the Sydney convening committee turned to the company for help in setting up a scholarship fund for the new Congress. Squibb were enthusiastic about the prospect, and provided a \$2000 award, which increased over the years until in 1986 it had doubled to \$4000. The Squibb Scholarship (also known as the Squibb Modocate Scholarship) also included the Squibb Oration, a paper given at the annual Convention by the previous year’s scholarship winner.

The purposes of the Squibb Scholarship were threefold: to provide a mental health nurse with the opportunity to investigate a particular project relating to mental health which would increase their professional experience; to enable them to share this experience with other nurses through the Oration; and to broaden the total experience of all Australian mental health nurses by allowing the winner to travel overseas and interstate to pursue their project. Squibb also provided other practical means of support for the infant Congress: the company provided

convention satchels and stationery, and helped subsidise the early Congress journal by donations and purchase of advertising space.²⁹

The journal itself was first discussed at the Congress working party meeting in July 1978. The most pressing issue was how to pay for it, and the second most pressing issue was the question of whether it might be more effective to introduce a newsletter first. Given the recent communication breakdown with Queensland, this was a priority for the working party.³⁰ The trip to Queensland was proving expensive in other ways: it had enormously depleted the funds raised by the Third Convention, and had also caused division among the new Federal council. Members of the new Queensland branch of the Congress had lodged a complaint with the Council, claiming that Council had exceeded its brief in flying to Queensland and intervening in the convention planning process.³¹

Nonetheless, there were positive signs of life in the new Congress. The ACT quickly formed a branch,³² and planning was already under way for the next convention, to be held in 1979 in Western Australia, coinciding with the state's 150th anniversary of settlement. The Swan River Colony, founded in 1829, had had an inauspicious founding and several false starts with little hope for its future, and ultimately it only survived through dogged persistence and good luck. It was an appropriate metaphor for the Congress itself.³³

Despite the fears for its failure, the Fourth Convention was a success. The constitution was finally ratified in October 1978, but not before it had been challenged at the Convention, where some delegates asked that it be reworked and presented at the Fifth Convention. Even though the document was eventually ratified, eight delegates wished to make it clear that they voted against the constitution as it currently stood.³⁴

Chris Hyde and Elly Buchanan moved for an amendment to the constitution (Section 6.12) which, under 'Objects of the Congress', included representing resolutions about issues of concern arising from the Annual Conventions to appropriate authorities for consideration and possible action. This arose from the recommendations made by work groups at the convention, which were among some of the most radical to emerge from the Congress, even in the 1970s: the inclusion of students as full members, abortion rights, support for homosexual marriages and adoption of children, the integration of sexuality studies into the nursing curriculum, and a broad women's liberation agenda. Among these were aims more recognisable as consistent with the Congress' basic charter: restructuring syllabi to help nurses improve skills with clients, especially the unemployed;

working hours to be reduced instead of increasing wages; research into the future demand for mental health nurses; the need to publicise the psychological problems of the unemployed; and hospital visits for delegates at future conventions.³⁵ The first council was also elected.³⁶ Joan Christie was elected the first president, with Bill Hills as vice-president, Rex Gallagher as treasurer, David Claxton as assistant treasurer, and Fay Franks as secretary.

Early Branches

At the conclusion of the successful Fourth Convention, Queensland councillor Ron Sharkey noted that the Queensland convening committee would retain part of the profits of the Convention to help set up their branch. The Council also made grants of \$100 each to Victoria, Tasmania, and New South Wales to help them set up branches of the Congress, each of which would be responsible for producing its own constitution – public acknowledgement of the widely differing conditions affecting Australian mental health nurses from state to state. \$2000 of the convention profits of \$3000 was also to be forwarded to the Western Australia convening committee to help organise the Fifth Convention.³⁷ These small injections of funds seemed to help: Victoria was forming a branch, as was South Australia (with six financial members) and New South Wales. Despite its tiny membership, the South Australian branch soon proved to be a dynamo – it secured \$100 from Hillcrest Hospital to help run the day-to-day business of the Congress branch,³⁸ incorporated the branch under South Australian law, and registered itself as a non-profit organisation, all by February 1980.³⁹

In Western Australia, a professional society for mental health nurses had been formed some three years earlier, in 1975, and now became part of the Congress. The membership of the Western Australian branch was very small, and so the convention was a godsend for recruitment and publicity.⁴⁰ Tasmania had not yet managed to organise a branch, but Queensland was benefitting from the recent Convention, and had held study days on comprehensive nursing, gestalt therapy, and sexuality and family therapy, raising \$162. Other fundraising had raised over \$1500 to subsidise attendance at the Fifth Convention.⁴¹ In Queensland, the membership by 1979 totalled 19, with a further 20 general nurses working in psychiatric units who might join if they were allowed to hold full membership.

This was a difficult issue, and one which was to plague the Congress for years to come. It was broached at the October 1979 Annual General Meeting, but the request for full membership to be extended to non-specialist nurses was defeated, on the grounds that the Congress had been formed purely for mental health

trained nurses. The issue was further complicated by the existence of separate state and territory registers for nurses, and individual training programs, all of which contributed to a lack of uniformity across the country. Non-specialist nurses could, however, become associate members. It was an understandable conclusion to reach at the time, especially given the trend among mental health employers towards filling mental health positions using generalist nursing staff.

The first branch – that formed in the ACT in 1978 – had died on its feet. Syd Bryant wrote to Fay Franks to explain why: the RANF was running a counteraction to discourage membership of the Congress on the grounds that it was non-industrial, and that as such membership fees were “money down the drain”; the belief among potential ACT members that there would be no more conventions after 1979; the small number of registered psychiatric nurses in Canberra; and finally, the pressures of staffing shortages and job insecurity, which were producing a “marked apathy” among nurses because of the non-industrial nature of the Congress.⁴² This is borne out in the 1979 applications for Congress membership – the ACT could produce only one applicant, while New South Wales produced 38 and Victoria 51. Nationally, there were 150 applications, all of which were accepted.⁴³

The Congress’ finances continued basically to be sound, although with quite large fluctuations in the credit balance based around the Convention. Other problems could not be solved with money, but with time. The theme of the 1979 convention was ‘Progress’, but the large number of papers meant that it was impossible to get them all typed, printed and distributed in the three months allowed for this.⁴⁴ There had been 245 registrations, however, which made up for much. With a steady trickle of applications for membership coming in, the Federal Council had every reason to be optimistic about the Congress’ survival.

Five Years

It may have been this confidence which assisted the development of Congress institutions such as Foundation Membership and Life Membership. A certificate of foundation membership had been drawn up by 1979,⁴⁵ and in 1980 Joan Christie was nominated for life membership. This was deferred on the grounds that the Congress had no criteria for granting life membership to any member.⁴⁶ The criteria for life membership were set later that year: a minimum period of 10 years’ continuous membership; an active and continuous involvement in Congress objectives; meritorious work and achievement on behalf of the Congress; nomination by a branch, complete with supportive documentation; and finally, that each and every one of the above criteria must be met.

As the Congress had only been operational for five years, it was clear that no-one was going to be eligible for life membership until at least 1985. Nonetheless, the Federal Council did vote on whether to give Christie special recognition at the 1980 Sixth Convention in Adelaide. The decision that she be acknowledged publicly as founder of the Congress scraped in at 6 votes to 5 with one abstention, and the move to have her acknowledged at the opening address was defeated. Without disparaging Christie's vision of a national body which had been integral to the establishment of the Congress, some on Council clearly felt that the actual process was more lengthy and more collaborative.⁴⁷

Branch reports presented at the Federal Council meetings tended to be uneven, sometimes quite sketchy and occasionally nonexistent. It was quickly resolved that branch reports always be submitted in writing at each Federal Council and executive meeting. The issue of the Congress journal, which was proceeding with painful slowness, was also delegated to the branches. The Federal Council sought a branch which was willing to make up an editorial committee to publish a journal. Any branch wishing to do this was asked to research the format and printing procedure, and to prepare a proposal for the next Federal Council meeting.⁴⁸

The 1980 Convention departed from the custom of obtaining one overseas speaker, and opted instead to provide several Australian guest speakers, as the convenors "felt there was a tendency for nurses to assume that all the 'best people' were overseas".⁴⁹ A further departure was the recognition for the first time of a 'special interest group' – the Victorian Child Psychiatric Nurses group were interested in forming a national group under the auspices of the Congress, and the Federal Council discussed holding concurrent sessions for these groups at the Convention.⁵⁰

Membership was steadily growing: as of May 1980, there were 230 memberships issued, of which 188 (81%) were still active. The balance was made up of 1 resignation, 10 defaulters (those who had not renewed their membership either by the due date or within the three-month window allowed), and 31 unfinancial members (who were still within the three month window period). By 1981 the total number had almost doubled to 414 members – but only 278 (67%) were financial members.⁵¹ A persistent problem for the Congress in future years would be not so much recruiting new members as retaining existing memberships.

According to the 1980 treasurer's report, income would largely be determined by membership numbers. Rex Gallagher was concerned that present membership levels would not sustain the current level of Federal Council meetings currently being held – as these involved travel, they were proving considerably expensive – and the only other source of income was the Annual Convention. Therefore, the conventions had to be a financial success, which would help ensure a regular flow of income to continue both Federal Council meetings and the smooth running of the organisation.

Further problems were around the corner for the Sixth Convention, as the South Australian convenors had to admit that they had not costed the Convention appropriately, and the numbers attending the Convention did not reach the forecasted 'break even' point. Convention treasurer Rob Iversen argued to the Federal Council that as making a profit was integral to the Convention process, it should be factored in as a fixed element into the costings. As it was, the South Australian convenors had to base their estimates on out-of-date figures, and this, combined with the fear that too-high prices would deter delegates, left them in a serious financial state. There was very little profit from the venture overall.⁵²

The plea for centralised convention planning guidelines was echoed by Jo Martin, the convenor of the Seventh Convention in Melbourne in 1981. Registrations had come to only 252 in total, and only half of these were for full-time delegates. The Convention still made a profit, despite the absence of convention planning guidelines, but Martin asked the Federal Council once again to consider drawing these up, to save future convenors from reinventing the wheel.⁵³

Gallagher had also suggested reconsidering what members were getting for their money – the ACT nurses were perhaps not the only ones who thought that joining the Congress might be money down the drain. But how could the Congress expand its manifesto without incurring the wrath of either its members or the nursing unions? The Congress brief was to be non-industrial and non-political, but nursing in Australia was industrial and political. The Congress recognised this, and had to find a middle way to work with other organisations without compromising its integrity as a non-partisan body. One way was to build better relationships at state level with other nursing organisations. The Queensland branch provided an example of this, with its goodwill meeting held with the

Queensland branch of the RANF. The outcome of this introductory meeting was an agenda for continued cooperation, especially given the difficult industrial situation for nurses in Queensland.⁵⁴

Meanwhile, the Victorian branch, another casualty of nursing politics, was struggling to stay afloat. Just under half of the branch's basic membership was due to expire in 1980, there were no representatives from the Victorian branch at the May 1980 Federal Council meeting, and no branch report had been received from them. This was a serious concern, as Victoria was hosting the 1981 convention.⁵⁵ Only two branches had put themselves forward to produce a Congress journal – Queensland and SA – and so the idea had to be abandoned temporarily, in favour of a newsletter with one editor, and a contact person in each state. The state hosting the convention would be responsible for the newsletter in that year.⁵⁶

The Sax Report and the Pilowski Report

By June, however, the Federal Council had changed its mind over the need for a journal. Two external events may have stimulated this: the Federal government's rejection of the findings of the Sax Report into nursing education, and the New South Wales Pilowski Report.

Between 1964 and 1969, no less than six government reports had supported the idea of nursing training taking place in colleges of advanced education in Australia.⁵⁷ These were supported from 1970 onwards by state government reports, all of which lamented the lack of nursing programs in educational institutions.⁵⁸ In 1977, the then-Minister for Education, Senator J.L. Carrick, commissioned a further enquiry into the subject, to be chaired by Dr Sidney Sax. Sax's findings, presented in August 1978,⁵⁹ were, in hindsight, conservative. Rather than recommending the mass transfer of nursing education to the higher education sector, the Sax Report instead urged the upgrading and rationalisation of existing hospital-based schools of nursing, and some expansion of nursing education into selected colleges of advanced education.

Despite this conservative approach, the findings were rejected by the Federal Government. This rejection proved critical for the Congress, the New South Wales branch of which had only one month earlier hosted a seminar on 'Nursing education after the Sax Report' at Rozelle Hospital, with Sax as the guest speaker.⁶⁰ More unwisely still, nursing education authorities in New South Wales had

already made changes based on the report's recommendations being accepted. The Congress wrote to the Federal Minister for Health, expressing its disappointment at the rejection of the findings.⁶¹

The report by Professor Izzy Pilowski, chairman of the Australian National Association for Mental Health (ANAMH), set out to examine the quality of life in psychiatric treatment settings. The ANAMH had been established in New South Wales in July 1968, and had since then embraced other member organisations in different states. Its brief was wider and more general than that of the Congress, and included among its membership consumer groups as well as health professionals. In particular, its objectives were to promote mental health and to assist in the prevention of mental disorders and handicaps; to further cooperation on a national basis between statutory, governmental and other bodies and voluntary associations; to promote cooperation between state-level associations, and to represent these groups at national and international levels; and to organise conventions and other activities that furthered the Association's interests.

The Pilowski investigation was the first major national study to which the Congress had been invited as an active participant, and as such it provided recognition of the new Congress as a legitimate representative body. The Congress was approached by the ANAMH in November 1978 to provide two representatives for a workshop planned for February 1979. Betty Munroe and Bill Hills attended, and Hills later reported to the Congress.

The basic document around which the February workshop was structured was a study carried out by Allyson Young, social work student at the University of Sydney. Four main categories were discussed: physical environment, treatment, cure and rehabilitation; administration/facilitation, and social conscience. Hills was in the physical environment group, and reported:

I gained the impression that the ACMHN organisation is looked upon as a credible and professional body of people... I was ever conscious of the importance of the representation from our organisation seeing it was the first time we had participated in such an event... It is indeed rare when nurses can associate with other health care disciplines in a situation of mutual respect and understanding and be treated as colleagues with professional status.⁶²

Pilowski sent Fay Franks a copy of the draft paper for feedback and discussion by 20 December 1979, but the response from the Congress was poor. Franks complained:

I am concerned that we have treated this issue from another National group so lightly, when it was them who showed the initiative to include a new and untried supposedly professional group of nurses in a Seminar that has wide ranging implications for future government policy in relation to the mentally ill and handicapped in Australia... The Australian National Association of Mental Health is widely respected as an honest consumer representative group who [is] genuinely concerned for the welfare of any person who needs mental health care.”⁶³

The Journal

Two major weaknesses had been exposed in the Congress. One was its lack of lobbying power, revealed in its inability to do anything about the rejection of the Sax Report. The other was the lack of cohesion between the branches and the Federal Council, embodied in Franks' disappointment at the poor response to the Pilowski Report. The creation of a national journal could possibly help to overcome both of these weaknesses.

Of the two branches which offered to coordinate the journal, the Queensland proposal was more thorough. The branch's journal committee met in April 1980 and came up with a proposal for a 32-page format, initially a quarterly, with advertising and a run of 2000 copies subject to review. Philosophically, the committee questioned whether the Congress, and more generally, mental health nurses, would ever receive full recognition as a profession until they produced a journal.⁶⁴ Several titles were suggested, including 'The Australian Journal for Mental Health Nurses', 'Psynpost', and 'Horizons'. Financially, the branch offered to find sponsorship to produce at least two issues, but they also sought a guarantee that the Federal Council would make up any shortfall.⁶⁵

Whatever the motivation, two days after the rejection of the Sax Report by the Federal Government, the Congress accepted the Queensland branch's brief for the production of a journal, and advanced it \$1000 to produce the first issues.⁶⁶ The *Journal of the Australian Congress of Mental Health Nurses* first appeared in September 1980, with two original articles, an editorial, and branch news.⁶⁷

National Issues

In 1981, key issues for the Congress involved galvanising the branches into action. With the rejection of the Sax Report, the first issue on the agenda were the views of state branches on the future of nursing education. The Victorian branch had already lodged a protest with the Working Party on Nurse Education (who had authored the plan for proposed nursing courses in Victorian Colleges of Advanced Education) because no specialist nurses were involved in the formulation of the plan. The Queensland branch stated that it would accept college-based nursing courses only if the content was sufficient to meet psychiatric nursing training needs. At the same time, if training remained in the hospitals, the branch would accept this if it were upgraded through the Queensland Department of Education. In Tasmania and Western Australia, no official discussions had yet taken place.⁶⁸

Nationally, mental health services were the subject of more and more criticism. Representatives from the Congress were invited to participate in the Victorian consultative workshop run by the Australian National Association for Mental Health, as part of the push towards the creation of the National Institute for Mental Health.⁶⁹ According to the ANAMH's 1984 consultation documents, four priority areas had to be targeted: the responsibility of the Federal Government in matters of mental health; financial and administrative arrangements affecting mental health across Australia; the current state of the institutional and community-based systems of mental health care; and the long term mentally ill.⁷⁰

The state branches were also asked in 1981 to put forward issues which they saw as being of national importance for the Congress. This time, only two branches – South Australia and New South Wales – responded, and the list, after deliberation, consisted of the following issues: standards of practice; a quality assurance program for the implementation of nursing processes; the issue of occupational stress and mental health nursing; raising funds to send delegates from the Congress to the International Council of Nurses (ICN) conferences;⁷¹ a membership drive; and the standardisation of nursing education towards the creation of a national register of mental health nurses.⁷²

The drive for increased and more stable membership was, as usual, a source of frustration. There seemed to be no difficulty in attracting new members, but keeping them in the Congress was quite another matter. Part of the problem was caused by the backlog of membership processing at the branch level, an

inevitable consequence of branches being managed on a day-to-day basis by voluntary secretaries and treasurers who also had full-time workloads outside the Congress.⁷³

In 1982 the Congress also first recorded its receipt of applications from New Zealand nurses. The decision taken at the time was that these nurses would be offered associate membership – the same as was granted student nurses – but not ordinary membership.⁷⁴ In 1987 New Zealand delegates wrote to the Congress, via the 13th Convention, to ask for the formation of a New Zealand sub-branch.⁷⁵ The following year, New Zealand held its first psychiatric nursing conference in October 1988, where the Congress was represented by the President, Linda Salomons.⁷⁶

A New Zealand local group for mental health nurses, Te Ao Maramatanga,⁷⁷ was headed by Rita McEwan, and had hosted a very successful conference in Dunedin. Again, as with the Australian experience, the conferences were a highlight, but the organisation itself had some struggles. One such area was the question of who would be eligible for membership of the organisation. In the North Island there were many Maoris who were employed as hospital aides and senior assistant nurses; although not registered nurses, they formed a significant part of the psychiatric work force. This was not the case in the South Island, where most of the psychiatric nursing staff were registered. One group argued for opening the organisation to all those who worked in the mental health nursing area; others argued for an organisation which would advance the interests of registered psychiatric nurses.⁷⁸

The administration of membership also had its problems. The Congress was not taxed on monies raised from full membership subscriptions, but only on the funds that came from associate memberships. Given this, questions were asked about the New Zealand venture. Was now a good time to increase the number of associate members?

There was a way around this. The other chief source of funds for the Congress came from the annual Convention. So if convention delegates were charged, as part of their registration fee, a month's full membership of the Congress, the funds would be classed as full membership, and therefore not to be taxed. Beyond that one month's membership, it was up to the state branches to take any further action, such as renewing that individual's membership.⁷⁹ The plan worked, and spared the Congress financial embarrassment, as well as expanding the membership lists.

Education and Standards of Practice

The development of an appropriate set of standards of practice for mental health nurses in Australia was a foundation issue for the Congress. In 1982, the decision was made to use the American Nurses' Association Standards of Practice as a template from which to develop the Congress' own national standards of practice.⁸⁰ At the same time, state branches were asked to prepare individual position statements on mental health nursing education. The results, as could be expected, were diverse: "the Position statements submitted by the branches took considerably divergent views and doubt was expressed as to whether agreement across the nation could ever be reached. It was pointed out that a philosophical position statement is a statement of the ideal which may not be attainable in the foreseeable future."

The question of nursing education's future was not going to go away, and the Congress set up a sub-committee to develop a national philosophy of nurse education.⁸¹ This was coupled with the resolution to request that the RANF in future consult with the Congress on any issues of mental health nursing and mental health nursing education.⁸² In recognition of its increasing role in representing the needs of mental health nurses, the Congress was also represented at the National Workshop on Medical Education and Medical Workforce in Canberra in July 1986.

Nursing education continued to prove controversial. Fay Franks – also the Congress representative on the National Nursing Consultative Committee – and Bob Price attended a meeting at which nursing organisations addressed the Interdepartmental Committee on Nurse Education, established by Ministers Susan Ryan (Education) and Neal Blewett (Health). The ultimate report and recommendation of the Committee was the transfer of nurse education to the advanced education sector by 1993.⁸³ The Congress was less concerned about where mental health nurses were taught, but what they were taught: the Congress' chief demand was for "equitable access to the mainstream of education."⁸⁴ Further attempts to formulate a national policy were hindered by the differences already existing in state-level training of nurses, which in turn influenced the opinions of the branches. By 1986, it was too late for Victoria, as the Ministers of Health, Education and Welfare had already decided that mental retardation and psychiatric nursing would become diploma courses in colleges, with their first intake in 1988.⁸⁵

Research and Scholarship

By the time the next Convention drew near – to be held in Hobart in 1982, it was the Congress' first and last officially-entitled Pan-Pacific Convention⁸⁶ – the Congress membership stood at 508, of which only 342 were current.⁸⁷ The bulk of the inactive memberships were unfinancial and lapsed members, and although on a state-by-state level the attrition rate was not significant, nationally it came close to 30%.⁸⁸ If the Congress was to survive beyond a subsistence income, it would have to be promoted more vigorously. To this end, Rob Iversen was appointed National Promotions Officer in October 1982.⁸⁹ One of his first actions was to seek more lively promotion of the Squibb Modocate Scholarship (now worth \$4000) via the state branches.⁹⁰

There had been an ongoing problem in attracting mental health nurses who were suitable for the Scholarship – a Catch-22 situation in that the Congress was dealing with a discipline that was relatively new to research. Joy Cruickshank, chair of the 1985 selection committee, expressed concerns about the future directions of the Scholarship.⁹¹ There were also concerns expressed about the value for money gained by participants in the Scholarship, the declining numbers of candidates, the requirement that applicants be members of the Congress, and the lack of visibility of the Scholarship.⁹²

The Congress' scholarly output was, however, beginning to achieve recognition outside the annual Convention. Publishing company Churchill Livingstone offered to publish the proceedings of the 1983 Convention, a deal which subsequently fell through, only to be replaced in 1984 by a request from the editor of *Nursing in Australia*, Beth Walker, that the journal be allowed to publish convention papers. *Nursing in Australia* was also interested in running a regular mental health nursing feature.⁹³ A formalised contract with *Nursing in Australia* in early 1985 provided free advertising for the Congress and forthcoming conventions in each issue.⁹⁴

The *Journal of the Australian Congress of Mental Health Nurses* was also experiencing further troubles. Ron Dee had resigned as editor in December 1985, and was replaced by Owen Sollis.⁹⁵ Sollis retired from this position at the end of 1987, at which stage the Council considered asking *Nursing in Australia* to take on publication of the entire journal for the Congress.⁹⁶ Matters did not improve in 1988, as the *Journal's* production costs had risen to approximately \$2000 per issue. This, and the overall financial situation, initiated a search for more sponsorship for the Congress, and a more vigorous membership drive.⁹⁷ At the end of 1988,

however, things had come to a grinding halt: the most recent issue of the *Journal* had not been produced, and the next issue consisted mostly of student papers.⁹⁸ One persistent barrier to more scholarly submissions was that the *Journal* was still not refereed, an issue which would have to be addressed in the near future if it was to continue in production.⁹⁹

Despite its efforts to promote research and scholarship – or possibly because of them – the Federal Council was criticised sharply at the 9th Convention by outgoing Victorian councillor Helen Kelly. The Council was described as elitist, doing little for ordinary members, and out of contact with the membership, as individual members were sitting too long on the Federal Council. Kelly drew a direct link between this state of affairs and the reduced number of delegates at the Convention.¹⁰⁰

Increasing Recognition

Kelly may have been right about ordinary members feeling that the Congress did little for them. By January 1983, a total of 645 memberships had been issued, of which there had been 69 actual resignations, but a far more ominous 270 lapsed memberships. This represented 46.5% of the total membership, well up from the 37% in 1981 and 36% in 1982.¹⁰¹ By April of the same year, the rate had fallen to 42%, still too high for a viable organisation.¹⁰² Further pressure was applied by the formation of the Federated Psychiatric and Mental Retardation Nurses' Union (16 August 1983). Its intentions were apparently to oppose the Congress and the RANF, and by its very existence it posed a competitive threat to the Congress membership base.¹⁰³ The persistent image of the Council as 'elitist' resurfaced in November 1988, when the South Australian branch suggested that council meetings be rotated through the states and held in conjunction with a state branch activity – a move abandoned due to expense.¹⁰⁴ The Victorian branch also expressed concerns, raised by members of that branch, that the President of the Congress was elected by Council rather than by all members, and thus was not representative of anything but the Council. The Council responded by arguing that as the Council was the governing body of the Congress, responses and policy directions should flow from that point, based on input from the branches.

A complex system of branch reimbursement had been undertaken as an incentive towards good management. For 1985/86, membership fees were \$36, of which \$6 went back to the branch responsible for the membership, payable every quarter. Associate membership was \$26, of which \$6 again went to the branch.

This worked out over just one six-month period as: Queensland \$186, New South Wales \$408, Western Australia \$216, Victoria \$714, and South Australia \$288.¹⁰⁵ But despite this, further troubles were ahead for individual branches – in 1985 Bill Hills reported that the Tasmanian branch was no longer operational. If Tasmania could not produce members, its funds would naturally dwindle to almost zero, leaving it non-operational. Cecily Soffe was asked to meet with Hills and to try to sort out the Tasmanian branch's affairs, and at the same time a general round-up of branch affairs was ordered, each branch being asked to send outstanding past minutes to the national branch to be archived.¹⁰⁶ In 1987, the Council also voted to do away with associate membership for nurses who were not specifically trained as mental health nurses, thus making them eligible for full membership of the Congress.¹⁰⁷

Problems at the branch level, however, were offset by the increasing Federal Government recognition of the Congress as a useful representative of mental health nursing interests. The Congress was invited in 1984 to send mental health nursing advisors to the Nursing Branch of the Federal Department of Health.¹⁰⁸ In November of the same year, Linda Salomons became the Congress' representative to the Australian Council of Health Services (ACOHS) sub-committee on accreditation of psychiatric facilities.¹⁰⁹ Salomons was also invited to the Clinical Practice Meeting in Canberra by the Acting Senior Nurse Adviser, Department of Health, as a representative mental health practitioner.¹¹⁰ In addition to this, From March 1985, Bob Price became the nurse representative on the National Health and Medical Research Council (NHMRC) Mental Health Committee.¹¹¹

As a mark of further influence, the Congress' *Standards of Practice* were proving very popular, and a print run of 5000 was called for, representing a vast increase on earlier printings.¹¹² Acting on this success, the Council held a brainstorming session to produce a list of topics for future policy statements or position papers, including topics as diverse as ECT, sexual harassment and quality assurance.¹¹³ From this, a list of priority areas for position statements was drawn up in 1985: tertiary nurse education for mental health nurses; clinical career pathways; the National Institute of Mental Health; nursing research; deinstitutionalisation; the role of Independent Nurse Practitioners; patient advocacy; accreditation; quality assurance; and the role and function of the mental health nurse.¹¹⁴ Four years later, the Psychiatric Nursing Advisory Committee in South Australia developed their own standards of practice based on the Congress document.¹¹⁵

Ten Years

The first ten years of the Congress' existence had proved a vigorous blend of mishap and success. The next ten began with the promising resuscitation of the ACT branch, in 1988. The Tasmanian branch, however, had to wait until 1992 to re-form, and was reestablished in 1993, 'reopened' by the then Minister of Health and Community Services, Roger Groom.¹¹⁶ And although the Northern Territory was represented at the very earliest meetings of the Congress, there was still no viable branch there until 1993.¹¹⁷

The battle to retain membership continued. In 1989, Council launched the 'Every member get a member' project – each membership renewal form was sent out with two new membership forms. If the renewal form was returned with a completed new membership form and membership fee of \$55, the recruiter would receive a \$100 discount on their membership renewal fee, essentially making renewal an affordable \$45.¹¹⁸ Sandra Hoot, the New South Wales representative on Council, argued that the Congress was losing potential members through not making the most of mental health nursing's specialties, an echo of the claim in the 1970s that nurses who worked with the 'mentally deficient' (developmentally disabled) were being overlooked as potential members.¹¹⁹

The branches began to flex their individual muscle more strongly in the late 1980s. The challenges from South Australia and Victoria on the 'elitism' of the Council had developed into a review of election procedures. A new procedure was drafted: the President was to be elected by postal ballot of all members, with a first-past-the-post result, and with nominations acceptable from any member. Each nominee was to present a 100-word resume with their nomination. This was to be approved by the branches and made part of the constitution. The vice-president, however, was still to be elected by Council.¹²⁰ It took two years for the branches to respond to this proposal; ultimately, the response was inconclusive.¹²¹ Since 1994, the President has been first selected by Council from the entire membership, when constitutional changes were passed at the Annual General Meeting in Brisbane that year. At the same time, the term of councillors was limited to four years.

The Western Australian branch had concerns of its own. Yvonne Pinch, the branch representative on Council, argued for biennial rather than annual conventions, and presented a submission to Council to that effect in June 1989, which had been endorsed by a majority of Western Australian members. There were five major

points. The Congress was too small an organisation for annual meetings; the Convention should not be treated as a fund-raising exercise for the national body, but should instead have clear professional and educational objectives, and be used as a platform for developing policies; conventions themselves were becoming too expensive; state branches could hold intrastate conferences in the non-convention year as a positive alternative to the annual convention. Finally, if Council would act upon these suggestions, it would help to “change the ongoing perception of the Congress being an elitist organisation as nurses will appreciate that the Congress is responsive and working in their best interests.”¹²²

There was clearly a perceived need for some major changes, which the Congress began to undergo from September 1989. First, the *Journal* crisis had to be solved, and with eighteen nominations for the planned editorial board, an interim editor (Andrew King) and a new title – *The Australian Journal of Mental Health Nursing* – it was well on its way to repair. The second point on the Western Australian agenda – the need for clear professional and educational objectives at the Convention – was addressed in the plans for a technical program, including targetting special interest groups, emphasising the need for clinical papers, and encouraging first-time presenters and student participation.¹²³

Membership continued to be problematic. Pierre Baume, incoming President, argued that one way of increasing membership would be to return a larger portion of the fees to the state branches as an incentive. Unfortunately, the Council could only afford to do that if it were working in the first place from a larger membership base.¹²⁴ One suggested means of making membership more attractive was the introduction of a system of fellowships. Life memberships already existed, and had already been given to long-time active members such as Albert Hiep. The concept of a Fellowship, however, seems to have been partially influenced by the inclusion of general nurses in full membership. This created a need to recognise those with specific mental health qualifications, especially higher degrees. But to have a fellowship, it was necessary to have something to be a Fellow of – namely, a College.¹²⁵

Two other committees were working on the future structure of the Congress – one the formation of an ethics committee, and a second on the formation of a research committee. With increasing interest in the production of position papers on topics such as HIV/AIDS, physical restraint, ECT, and addiction behaviour in nurses,

a research committee would have an active role in developing and presenting these. In the climate of the Chelmsford enquiry and the Burdekin Report – both of which were noted by Council at the same meeting – this had public as well as professional implications.¹²⁶

Establishing a research fund was a major step in this direction, but no applications could be processed until the seeding fund had reached \$70 000 and an infrastructure was in place to process them.¹²⁷ In early 1991, the New South Wales government made the Congress a grant of \$25 000 for the fund, which (in addition to the already-existing \$9136) placed the Congress almost half-way to its desired target.¹²⁸ Despite this promising start, the new *Journal* was now struggling, with a lack of articles proving to be the main concern. Andrew King was not seeking reappointment as editor, and future issues would possibly have to be non-refereed.¹²⁹

Rapid change ensued at the Federal level. By September 1990, branches were to receive 20% of their membership fees back as an incentive refund. At Council level, the positions of secretary and treasurer were redefined, and application for either of these positions – which carried a two-year term and an honorarium – was made open to all members.¹³⁰ This was followed up in April 1991 with an action plan for the next two years of the Congress' existence. On the list of tasks were the development of a philosophical statement, and a more effective demonstration of the work of the Federal Council. The Congress was to move to a College structure in 1991, with five levels of membership – fellowship, membership, associate membership, life membership, and honorary membership.¹³¹

The *Australian Journal of Mental Health Nursing* was also significantly upgraded, with a new editor, Michael Clinton, and a team of associate editors which eventually evolved into deputy editorship. Under this new regime, the *Journal* experienced a sea change. Although it had undergone three name changes, and had been launched and re-launched three times in its short career – in 1980, 1990, and 1992 – it was no longer primarily the journal of the College, but instead began to transform itself, as its name suggested, into a journal of mental health nursing. Regular editorials, a board of referees, high-level political comment on mental health issues, and a more professional layout all helped to give the *Journal* (produced after 1995 by Blackwell Science) increased scholarly and professional credibility.

Federal Council had been warned in 1989 that the Squibb Modocate Scholarship would probably soon come to an end, as the Squibb Company was to be purchased by the English pharmaceutical firm Bristol Meyer.¹³² Now, in 1991, the Congress was approached by Gary Rowley, Director of Nursing at Rozelle Hospital, with an offer of a perpetual trophy and prize of \$250 in recognition of the retiring Principal Director of Nursing of the Rozelle complex, Stan Alchin. The Congress accepted, and matched the offer dollar for dollar to produce a \$500 award.¹³³

What should the Stan Alchin Award actually recognise? The Squibb Scholarship had paid several thousand dollars to a new mental health nurse researcher to assist with research and travel for a particular project. After some debate, it was settled that the Stan Alchin Award would be presented to the best clinical paper given at the annual Convention, in recognition of which Rozelle Hospital increased the amount of the award to \$1000.¹³⁴ Dianne Russell, the first winner, donated a quarter of the award to the Congress Research Fund.¹³⁵

From Congress to College

Why change from Congress to College? There were a number of reasons. Firstly, there was the simple semantic confusion between the 'Congress' as a body and the 'congress' which was the annual convention. A College, instead, meant an organised association of professionals, clinicians and scholars, having certain powers and rights, performing certain duties, and engaged in professional pursuits. According to the discussion document prepared by Council, "It will empower mental health nurses with a professional identity and afford us a proper recognition among our peers, other health professionals and state as well as national and international organisations."¹³⁶ Changes to the membership structure were also important, in that they would allow more flexibility without detracting from the main objectives of the organisation, or from individuals who were already members.

The transition from the Congress to the new College structure was completed by September 1991.¹³⁷ It could not have come at a more auspicious time in the history of mental health services in Australia. In 1990, the Mental Health Consumer Outcomes Task Force reported to Australia's Ministry of Health on the rights and responsibilities of consumers, carers, advocates, service providers and the community in mental health issues. Following its endorsement, the Statement of Rights and Responsibilities became the foundation document for the 1992 launch of the National Mental Health Strategy. Two major trends in

mental health policy and service delivery influenced the development of the Strategy: the integration of mental health services into general health services, and the promotion of community-based treatment and support to overcome the neglect often experienced by the deinstitutionalised.

The annual conference was also due for an organisational overhaul, which was discussed in 1993. For many years, branches and individuals had complained about the rising costs of registration, the small proportional attendance of the actual College membership, the high cost of running the conference (which eroded the profits), and the perceived limited impact of the conference on the nursing profession in general. Part of these problems seemed to stem from the limited programme, the changing guidelines for conference organisation from state to state, and the burden this placed upon state branches who had limited active members and other calls upon their time and resources. Suggestions on how the conference could be run more effectively were to be put to the branches for discussion and feedback, and the 1995 ACT conference seems to have been run along the lines suggested – two days with streamed concurrent sessions, and a third day reserved for workshops and poster sessions.¹³⁸

Despite these changes, many of the usual problems had accompanied the organisation into its new phase, including the low levels of membership in some states. The planned appointment of a registrar at the national level was part of the solution to the administration of membership, and would also help to track lapsing members and keep them in the College.¹³⁹ The Board of Censors was also brought into being to audit the admission of Fellows to the College, with an inaugural twelve members admitted at the 19th Conference in 1993.¹⁴⁰

With the new Federal structure, some devolution of tasks to the state branches took place, including the ‘rotating’ newsletter and annual report, which was assigned to the state branch hosting the annual convention (now generally referred to as ‘conference’).¹⁴¹ Council also asked the branches for feedback on the action plan, which involved state refunds and a clarification of the financial relationship between the national and state branches. With the plan to appoint a paid executive officer for the College, funds would have to be reassigned, and it was important that the branches contribute to this discussion. Should the position be funded, and if so, how?

The responses, typically, were mixed: South Australia accepted the idea of appointing an executive officer in principle, and while the branch did not want

the state refunds withdrawn, it would agree to a reduction in them. The ACT said no to any reduction. The Victorian branch required more time to consider the issue, while the Western Australian branch agreed to develop alternative funding methods if the national body would still pay basic expenses. The Queensland branch was anxious about where the cutbacks would be felt, and the New South Wales branch agreed to a reduction of state refunds in return for the publication of a regular newsletter.¹⁴²

If the branches asked much, then much was then expected of them – in October 1992, all branches were set targets for membership.¹⁴³ Other concerns raised by the branches ranged included queries over any possible election of an executive officer. Council was anxious not to be seen as overriding branch opinions – as Gina Gregory, national secretary, pointed out, “members have previously reacted to discord and perceived power seeking within Council”.¹⁴⁴ She also noted that ignoring grass roots members now could lead to irreparable damage.

The branches were having their own problems, in particular in Victoria. Although initially one of the most important and enthusiastic branches of the Congress, the branch had experienced continual problems since 1980, including substantial membership losses. The Australian College of Psychiatric Nurses was a rival group of mental health professionals which, while having a limited membership, proved to be a thorn in the side of the Victorian branch of the Congress. Above all, the reported problems from the Victorian branch included pessimism, low morale and a concern that the highly politicised nursing union movement was monopolising the voice of mental health nurses. These tensions were not helped by substantial structural changes taking place in psychiatric services in Victoria¹⁴⁵ – Ann Benson, incoming Victorian branch president in 1998, claimed that Victoria had since 1993 experienced the most rapidly changing psychiatric service in Australia.¹⁴⁶

The differing views of the branches were also one of the reasons why the College was shrewd enough not to try to pursue a unified national line on undergraduate mental health nurse education. In 1985, the Congress had drafted a position paper on this issue which indicated that:

...mental health nursing is a specialist field of nursing requiring specialised education. The College is committed to advancement of mental health nursing education and practice thus promoting professional status/identity of Mental Health Nurses.

The Congress recognises there is more than one way to achieve this. Options are:

1. Comprehensive nurse preparation followed by specialist programme;
2. Basic mental health nursing preparation in hospital/tertiary or combined setting;
3. Post graduate specialist programmes.¹⁴⁷

This did not differ substantially from the 1991 statement of the College's position:

In each state, each branch makes its own decision with regard to which path undergraduate nursing ought to follow. At present, only Victoria and Western Australia have the view that a separate undergraduate award should be made available for nurses wishing to study mental health nursing. Queensland, New South Wales, South Australia, Tasmania and Northern Territory have a firm view that such an education should be incorporated into a comprehensive curriculum, which would prepare nurses for both medical and surgical and mental health nursing at the first level of practice. This position is also the view of the Royal College of Nursing Australia and the Australian Nursing Federation.¹⁴⁸

Neither of these statements indicates that the College washed its hands of the issue: in New South Wales, the overwhelming majority of the accreditation committee examining the new three-phase mental health nursing course (developed by the New South Wales College of Nursing) were College members.¹⁴⁹

As the largest branch, New South Wales was also the most active. In 1994, the branch held three meetings with senior nursing administrators from specialist psychiatric hospitals, to foster relationships and to provide a forum for issues of common interest. The branch also held a meeting with clinical nurse consultants and clinical nurse specialists to identify any special needs, and established guidelines for annual performance review of CNCs in mental health services. Persistent pressure on the New South Wales Minister for Health also earned the College a representative on the Mental Health Act Monitoring Committee in 1994.¹⁵⁰ Two sub-branches were eventually also formed in New South Wales; Hunter for the north, and Southern NSW for the south.

The Western Australian branch had always had a smaller membership base upon which to draw, but made up for this with vigorous activity. The tyranny of distance made itself felt more there than perhaps anywhere else, as it was this branch that

most often perceived the tug-of-war between branch self-determination and the powers of the national body:

While the Western Australian branch accepts and supports the changes that are occurring, there is also recognition that the State has the right to make decisions that effect [sic] it and that the Federal body should not impose its will. This tension was highlighted when we were asked to comment on the proposed changes to the constitution.¹⁵¹

The branch had experienced a recent setback with the closure of the Western Australian School of Nursing, which meant that there would be no more graduates emerging from separate mental health courses – the chief source of branch membership.¹⁵²

In Queensland, with its two sub-branches in Townsville and Toowoomba, there were similar concerns with the future of postgraduate and continuing education in mental health nursing. To this end, the branch had participated in the review of the Blueprint for Nurse Education 1992–2002, undertaken by the Queensland Nursing Council, and were also participating in the review of the Queensland Mental Health Act.¹⁵³

The South Australian branch came close to rivalling Victoria as the state with the most changes to the mental health sector. On 5 February 1991, the South Australian Minister for Health announced that major changes would be taking place in mental health services in the state, focussing on deinstitutionalisation and rationalisation of services into six metropolitan and four rural community mental health services. The branch immediately asked if the new units were to be staffed appropriately, and if, upon the closure of Hillcrest Hospital (scheduled for the end of 1991), the new units would actually be ready for their new clients.¹⁵⁴ A further concern was the proposed South Australian Psychologists Act of 1990, which had serious implications for mental health nursing, such as the use of hypnosis and the overall definition of ‘psychotherapy’. The branch argued that under the definition offered in the Act, a mental health nurse who used any technique from simple touch to structured relaxation procedures would be in breach of the Act. Furthermore, the proposed clauses on psychological tests and procedures could jeopardise nurses’ mental health assessment tasks.¹⁵⁵

The national research fund was now ready to be launched, preferably in the context of a National Summit on Mental Health Nursing, the first of its kind in Australia. The College *Standards of Practice* were also due for redrafting, and were to include

nurses who worked with the developmentally disabled and in the drug and alcohol area. Working definitions of terms such as 'mental health' and 'psychiatric' were also needed if the standards were to reflect current practice.¹⁵⁶ And two new positions were being created at the national level – those of director of research and development, and director of education and professional standards.¹⁵⁷

Another major constitutional redrafting was planned for the College in early 1993, based on reports from a working group appointed by Council for that purpose. This review covered most of the administrative aspects of what was becoming an increasingly important national organisation. Capitation fees were reconsidered, with a proposal for a 100% retention by the national body, with 30% of the conference net profit to go to the host branch. All national council and administrative costs were to be met by the national funds, including stationery for branches.

Under this plan, the secretary was to be replaced by an executive officer, a one-year part-time position which would involve all secretarial duties as well as newsletter coordination, drafting of policy documents, and liaison. The positions of treasurer and editor were to be reviewed, and then to be advertised as three-year appointments.¹⁵⁸ The 100% retention of fees was likely to be unpopular with the branches, so Council reconsidered the former 10% return to states as an alternative.¹⁵⁹ One change which was asked for, and made, was the separation of the role of president from that of censor-in-chief, so that the Board of Censors would be separate, impartial and not involved in political aspects of college management.¹⁶⁰ And finally in 1995, after years of discussion, a major change to the constitution made all registered nurses eligible for membership of the College. Associate membership was now open to all persons or who were not eligible for ordinary membership.¹⁶¹

The Australian & New Zealand College of Mental Health Nurses

New Zealand mental health nurses continued to question their role in the College. The New Zealand Health Services were then undergoing a substantial shake-up, which had commenced with the disbanding of Hospital Boards, and led to the increasing influence of economic rationalism and privatisation, all of which resulted in job cuts and professional insecurity. In 1992, Dunedin mental health nurses had met to discuss the formation of a professional group, and early in 1993, twenty nurses formed the Otago Association of Nurses Working in Mental Health. They did not seek to form a national body, but instead wanted

to focus on developing strong local groups of which a national body would be an outgrowth.¹⁶² By the early 1990s, still no branch had been formed, but New Zealanders were invited (if they wished) to join one of the smaller Australian branches, such as the ACT, as individuals.¹⁶³

At the first Porirua conference in 1993, Frances Hughes called for nominations from the various regions to meet together in the middle of the year to decide where to from here. This meeting of elected delegates from the regions was chaired by Mike Consedine and held at Porirua in July 1993. Hughes had also invited Baume to be present at this meeting. Major concerns from the New Zealand group included, understandably, the concern that New Zealand would simply be swallowed up by the much bigger Australian organization. The meeting finally decided that delegates should return to their regions and recommend that nurses join the College and at the next Conference – to be held in Porirua early the following year – a New Zealand branch should be formed.¹⁶⁴

The New Zealand issue was to be resolved through the formation of a branch, which required a constitutional amendment passed at the annual general meeting in 1993 in Sydney. At the 1993 Psychiatric Nurses Conference in Porirua, the New Zealand group was invited to join the College, which would change its name to recognise their affiliation. As of February 1994, the College accepted the formation of the New Zealand branch, and made its official name change to the 'Australian and New Zealand College of Mental Health Nurses Inc.', welcoming to Council its first New Zealand representative, Frances Hughes, the New Zealand Branch President.¹⁶⁵ Two years later, the College honoured Rita McEwan, the founder of Te Ao Maramatanga, with life membership at the Investiture ceremony in Tamaki Makaurau/Auckland in 1996.

New Zealand's branch brought with it special concerns: under New Zealand law, Maoris must be involved in decision-making processes such as those undertaken by the College; all documents would have to be translated into Maori; there was the issue of the different exchange rate, and the question of payment of a GST on membership fees.¹⁶⁶ The creation of the position of Kai Whakahaere on Council allowed for advice and consultation on mental health issues affecting Maori peoples. Subsequently, the post of assistant treasurer was revived, and was filled by Chris Hattan.¹⁶⁷ The integration of New Zealand was soon its own reward: within four years, the New Zealand branch had the second-largest branch membership

in the College, maintaining a constant membership of between two and three hundred individuals.¹⁶⁸

Research was going from strength to strength. The College research fund was duly launched in July 1994, at the successful National Summit. The Summit also heard presentations from the National Health and Medical Research Council, which, although it had released thirteen statements on mental health between 1976 and 1984, had historically been influenced by the Royal Australian and New Zealand College of Psychiatrists, rather than any nursing-related bodies. There were also presentations from the five Australian Research Centres in mental health nursing – the Centre for Mental Health Nursing, QUT; the Australian Centre for the Development of Psychiatric Nursing Excellence, Victoria; the Institute of Cultural Studies in Psychiatric Nursing Care, Victoria (also known as the Psychiatric Nursing Research Institute); the Nursing Research Unit, New South Wales; and the Western Regional Research Enterprise in Nursing, Ballarat.

Not surprisingly, the outcome of the Summit was the development of an action plan for mental health nursing research. Research objectives were also established: to foster research culture as a foundation for mental health nursing practice; to promote research initiatives into mental health nursing; to advance nursing knowledge and ethics in clinical practice, education and administration; to promote positive changes and quality care in mental health; to enhance client-centred care through the application of professional standards of practice; to develop resource networks and information systems; and to generate ideas and facilitate the sharing of the exchange of mental health research findings.¹⁶⁹ The College's own research monographs series was launched in 1997, with the publication of *Getting Up to Speed With Evidence-Based Practice*, a handbook for beginning researchers in mental health who were seeking the best and most current methods of practice. This was followed in 1998 by the monograph *Evaluating the Outcomes of Mental Health Care: An Introduction*.¹⁷⁰

Outside the College, mental health continued to figure on the Australian and New Zealand national health agendas, with the College having an increasing voice in policy formation. In 1996, the College commented on the National Mental Health Strategy's project on national standards for mental health services, and was also invited to identify relevant issues for mental health nurses in Australia.¹⁷¹

Chief among these were concerns about the shortages of specialist mental health nurses in the workforce, which:

...have been heightened by the promotion of an 'anti-nursing culture' within mental health services. Nurses have been inappropriately held accountable for all things 'undesirable' in mental health services... nurses [are] never mentioned as providers of professional support for people with mental illness, even though nurses constitute the largest portion of the mental health workforce.¹⁷²

The Australian Nursing Federation also invited the College to participate in a Commonwealth-funded project to develop standards for advanced nurse practitioners.¹⁷³

The National Mental Health Working Group reported to the Australian health ministers on mental health policy, including three submissions from the College.¹⁷⁴ In fact, the development of a National Mental Health Policy and Plan drew criticism from the College, namely that such a plan "which is currently in a very active phase of policy and information development, is proceeding without any clear reference to the views of the largest single professional group in the national mental health workforce – mental health nurses."¹⁷⁵ Four key areas of the Plan were identified as significant for mental health nurses: mainstreaming of services; the implications of the changing definitions of 'acute' and 'rehabilitation' for clients' outcome; the composition and training of the mental health workforce; and the administrative structure of mental health services.

The College was also well-represented at the Commonwealth Government's workshop on attitudes of health professionals, held in May 1998.¹⁷⁶ In 1997, the College was included in the newly-formed Mental Health Council of Australia, which claimed to be the "first genuinely representative national body established to advise the Commonwealth on mental health issues".¹⁷⁷ At the state level, the College was also represented on the New South Wales Nurses' Registration Board professional practice committee.¹⁷⁸

In New Zealand, where the Minister of Health had initiated a national taskforce on nursing, the College branch presented a submission focussing on the marginalisation of mental health nursing and the need for credentialling specialist mental health nurses. At the same time, however, there was no professional representation of mental health nurses on the NZ Mental Health Workforce National Coordinating Committee.¹⁷⁹ By 1995, the New Zealand branch had representatives on the

NZ Qualifications Authority (mental health group), the National Workforce Planning Group, and the Mental Health Advocacy Coalition.¹⁸⁰ The College was also represented on the New Zealand Ministry of Health's 1996 national working party on mental health workforce development.¹⁸¹

Since the early 1990s, and the changeover in nursing education to the tertiary sector, many nursing registration boards in Australia discontinued registering mental health nurses as such, and instead created a single register for all registered nurses. Education and preparation for nurses for specialised mental health placements was inconsistent across all states, and there were neither statewide nor nationally acceptable standards in place.¹⁸² In a way, this indicates that the Congress' worst fears about the transfer of nursing education to the higher education sector – that mental health nurses would not be given a special pathway that recognised the skills needed for their work – had come true. This made the redrafting and republishing of the *Standards of Practice* imperative for the College, and the new *Standards* were launched in 1995.

In May 1998, two further documents were released: the *Clinical Indicators for Standards of Practice: Development and Validation* (research report), and the *Clinical Indicators Survey Manual*. Funded by the New South Wales Department of Health, and developed by a team of investigators from the College, Rozelle Hospital, the University of Sydney and Queensland University Technology, the clinical indicators form a national data set, which the College supports as a screening tool to inform nurses working in the mental health field of any variance in their clinical practice. They also form part of the College's Mental Health Nurses National Benchmarking Movement, administered by the National Thresholds Officer, Georgina Skews.

The Clinical Indicators team conducted a national survey to identify and rank-order key indicators that underpin best practice in mental health nursing. These were then tested in thirteen key health services, involving almost two thousand nurses working in mental health. The results showed a profession in transit from task-delegated nursing to individual nursing accountability. Despite the fact that nurses form the largest group of professional health care providers in mental health, much of their work still goes unrecognised. The survey also supported the development of a research centre for mental health nursing practice, a concept followed up by the College in a commissioned report on the viability of an institution focussed on research, best practice, credentialling and continuing education.¹⁸³

In an unprecedented acknowledgement of the College's role in fostering mental health research, the Australian Medical Association asked the College to send a representative to its meeting with the Commonwealth government and medical colleges to discuss research directions in private psychiatric services.¹⁸⁴ The College's representation of mental health nurses was also acknowledged by the Australian Nursing Council Inc., which invited the College in 1998 to contribute to the ANCI Strategic Plan.¹⁸⁵ By 1999, the College could record its high-level representation on the Australian Committee of Presidents of Nursing and Midwifery Colleges, the professional reference group of the ANCI, and the board of the New South Wales Institute of Psychiatry.

What Next?

In twenty-five years, the College has grown from a small group of Victorian mental health nurses to a bi-national organisation with widespread membership and increasing political influence. Yet at many points in that twenty-five year period, it – like the bumblebee – should theoretically have been unable to fly. Internal division, problems with maintaining membership, the costs of running a national organisation, the ceaseless and often fruitless battle for government recognition, and the ambitious plan to run a journal, should have caused the College to die a natural death any number of times, like so many other professional organisations before and after it.

So what factors made the College survive and grow? In hindsight, there are several. The first is the dedication of particular individuals to the ideal of a Congress and later a College, and dedication to making that ideal a reality. This requires a combination of different perspectives – too much vision, and there is no organisation; too much organisation conversely leads to a loss of direction. Each College member will have their own idea of who the 'key individuals' were; at the same time, they would be very surprised at some of their colleagues' choices, which is why these individuals remain largely unnamed in this account of the College's history. These key individuals did not always hold office in the College – instead, they made sure branch meetings were held regularly; they sat on national committees as individuals before the Congress was officially recognised; they drove for hours to attend seminars; they coaxed convention subsidies out of their employers; they gave conference papers; they spent hours typing, photocopying, on the phone, and in the air. Without them, the College would have foundered.

The second critical factor is the way in which the organisation has functioned federally, rather than nationally: that it works as a federation of branches with a national umbrella. Australian health care organisations founded at the time of the Congress, could not flourish outside state borders, given the individual state governments' control of the health care system in each state and territory. Because the Congress and College allowed branches to express their own unique needs in mental health nursing, whether it be in education, or funding, or lack of control, it was able to provide a truly Federal and representative voice for mental health nurses. The Congress achieved this at a time when more and more Federal funding and control was extending into the health care system. This left them poised for success at the introduction of a national initiative such as Medicare in 1984, and later with the National Mental Health Strategy – another Federal initiative which had to take into account differing state health care systems. The culture of Federalism also made it possible to accept the New Zealand branch with a minimum of disruption and an open spirit of acceptance of their unique cultural differences.

The third factor is the annual convention or conference. Without this annual event, the Congress would have died not only of financial starvation, but from a lack of social support for Australian mental health nurses. The discovery at the first such gathering in 1975, that mental health nurses from opposite sides of the country had so much in common in their frustrations and ambitions, came as a staggering revelation for many. The renewal of this experience on an annual basis helped strengthen the organisation, and keep it focussed.

The College has already achieved an influential position through its standards of practice, clinical indicators, and its commitment to improving Australian and New Zealand mental health nursing practice. Its plans for the future include the expansion of research, a timely initiative given the increasing recognition of nursing's need to develop its unique body of knowledge. With its track record of survival under difficult and adverse circumstances, there is every reason to suppose that it will be successful in this goal. As mental health issues gradually lose their social stigma, the College is well-placed to achieve anything it sets out to, as long as it recognises its strengths – the commitment of individual members, the work of the branches, and above all, its commitment to mental health nursing.

Appendix 1. National Office Holders

Australian Congress of Mental Health Nurses

1977 Caretaker/Working Party First Council	President	Joan Christie
	Vice President	Bill Hills
	Treasurer	Rex Gallagher
	Assistant Treasurer	Gerry Ashton
	Secretary	Fay Franks
	Assistant Secretary	Rex Gallagher
1978	President	Joan Christie
	Vice President	Bill Hills
	Treasurer	Rex Gallagher
	Assistant Treasurer	David Claxton
	Secretary	Fay Franks
1978/79	President	Bill Hills
	Vice President	Ron Sharkey
	Treasurer	Rex Gallagher
	Assistant Treasurer	David Claxton
	Secretary	Fay Franks
1979/80	President	Bill Hills
	Vice President	Judy Black
	Treasurer	Rex Gallagher
	Assistant Treasurer	David Claxton
	Secretary	Fay Franks
1980/81	President	Judy Black
	Vice President	Brian Ringelstein
	Treasurer	Rex Gallagher
	Secretary	Fay Franks
1981/82	President	Brian Ringelstein
	Vice President	Owen Sollis
	Treasurer	Rex Gallagher
	<i>(resigned February 1982)</i>	
	Honorary Treasurer	Rob Iversen
	<i>(from February 1982)</i>	
Secretary	Fay Franks	
1982/83	President	Albert Hiep
	Vice President	Brian Ringlestein
	Treasurer	Rob Iversen
	<i>(5 year appointment)</i>	
	Secretary	Fay Franks
	<i>(5 year appointment)</i>	

1983/84	Elizabeth (Betty) Munroe Vice President Treasurer Secretary	Albert Hiep Rob Iversen Fay Franks
1984/85	President Vice President Treasurer Secretary	Yvonne Pinch Bob Price Rob Iversen Fay Franks
1985/86	President Vice President Treasurer Secretary	Yvonne Pinch Linda Salomons Rob Iversen Fay Franks

Australian Congress of Mental Health Nurses Incorporated

1986/87	President Vice President Treasurer Secretary Public Officer	Linda Salomons Albert Hiep Rob Iversen Fay Franks Fay Franks
1987/88	President Vice President Treasurer Secretary Public Officer	Linda Salomons Albert Hiep Rob Iversen Andrew King Fay Franks
1988/89	President Vice President Treasurer Secretary Public Officer	Linda Salomons Albert Hiep Rob Iversen Andrew King Fay Franks
1989/90	President Vice President Treasurer Secretary Public Officer	Meryl Williams Gina Gregory Rob Iversen Andrew King Fay Franks
1990/91	President Vice President <i>(also secretary part 1990)</i> Treasurer Secretary Public Officer	Pierre Baume Gina Gregory Rob Iversen Andrew King Fay Franks

Australian College of Mental Health Nurses Incorporated

1991/92	President	Pierre Baume
	Vice President	Gina Gregory
	Treasurer	Bob Weaver
	Secretary	Gina Gregory
	Public Officer	Fay Franks
	Registrar	Deslee Jessie
	<i>(position created 1992)</i>	

1992/93	President	Pierre Baume
	Vice President	Sandra Hoot
	Secretary	Gina Gregory
	Treasurer	Bob Weaver
	Secretary	Gina Gregory
	Public Officer	Fay Franks
	Registrar	Deslee Jessie

Australian and New Zealand College of Mental Health Nurses Incorporated

1993/94	President/Censor-in-Chief	Pierre Baume
	Vice President	Sandra Hoot
	Secretary	Gina Gregory
	Treasurer	Bob Weaver
	Assistant Treasurer	Chris Hattan
	<i>(position revived 1993)</i>	
	Public Officer	Fay Franks
	Registrar	Deslee Jessie
	Director of Education	Tony Welsh
<i>(position created 1993)</i>		

1994/95	President	Sandra Hoot
	Vice President	Steve Miller
	Treasurer	Bob Weaver
	Assistant Treasurer	Chris Hattan
	Registrar	Deslee Jessie
	Director of Education	Tony Welsh
	Public Officer	Fay Franks
	Executive Officer	Marlene Waters
	<i>(position created 1994)</i>	
	Censor-in-Chief	Pierre Baume
	Director of Research and Development	Paul Armitage
<i>(created 1993; first appointment 1994)</i>		

1995/96	President	Sandra Hoot
	Vice President	Steve Miller
	Treasurer	Bob Weaver
	Assistant Treasurer	Chris Hattan
	Public Officer	Fay Franks
	Registrar	Deslee Jessie
	Executive Officer	Marlene Waters
	Censor-in-Chief	Pierre Baume
1996/97	President	Sandra Hoot
	Vice President	Steve Miller
	Treasurer	Bob Weaver
	Assistant Treasurer	Chris Hattan
	Registrar	Allan Hall
	Director of Education	Brenda Happell
	Executive Officer	Rob Iversen
	Censor-in-Chief	Pierre Baume
	Director of Research	Gerry Farrell
	Public Officer	Pat Bradley
1997/98	President	Jon Chesterson
	Vice President	Jacky Talmet
	Treasurer	Bob Weaver
	Assistant Treasurer	Chris Hattan
	Registrar	Allan Hall
		Jan Properjohn & Associates
	Director of Education	Brenda Happell
	Executive Officer	Scott Fanker
	Censor-in-Chief	Geoff Dulhunty
	Director of Research	Gerry Farrell
Public Officer	Pat Bradley	

Appendix 2. Life Membership (alphabetical)

Margaret Asplin (dec)	Norman Gregory
Sydney Bryant	Rob Iversen
Meryl Caldwell-Smith	Yvonne Pinch (dec)
Joan Christie	Margery Hayward
Dennis Cowell	Albert Hiep (dec)
Ron Dee	Anne Martin
Raymond Dorn	Betty Munroe
Fay Franks	Rita McEwan
Gina Gregory	Owen Sollis

Appendix 3. Squibb Modecate Scholarship Winners, 1977–1988

1977	Malcolm McKissock	1983	Antoinette Rigley
1978	Dale Hassam	1984	Michael Schneider
1979	Leslie Meredith	1985	Ron Boon
1980	Morgan Williams	1986	Gavin Woodrow
1981	Jacqueline Ryjoch	1987	Loel Curry
1982	Jan Tinney	1988	Bernard McNair

From 1992, the College has also awarded the Stan Alchin Award for outstanding conference presentations at the Annual Conference.

Appendix 4. Journal Editors

Journal of the Australian Congress of Mental Health Nurses

1980–1982	Dennis Cowell
1982–1985	Ron Dee
1986–1987	Owen Sollis
1987–1988	Linda Salomons
1988–1990	Andrew King (interim editor)

Australian Journal of Mental Health Nursing

1990–1994	Michael Clinton
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Australian and New Zealand Journal of Mental Health Nursing

1994–1998	Michael Clinton
1999–	Mike Hazelton

Appendix 5. Conventions and Conferences

First	1975	Melbourne
Second	1976	Hobart
Third	1977	Sydney
Fourth	1978	Brisbane
Fifth	1979	Perth
Sixth	1980	Adelaide
Seventh	1981	Melbourne
Eighth	1982	Hobart (Pan-Pacific)
Ninth	1983	Sydney
Tenth	1984	Broadbeach, Queensland
Eleventh	1985	Perth

Twelfth	1986	Adelaide
Thirteenth	1987	Melbourne
Fourteenth	1988	Manly, New South Wales
Fifteenth	1989	Surfers' Paradise, Queensland
Sixteenth	1990	Perth
Seventeenth	1991	Adelaide
Eighteenth	1992	Ballarat, Victoria
Nineteenth	1993	Sydney
Twentieth	1994	Brisbane
Twenty-First	1995	Canberra (First International)
Twenty-Second	1996	Tamaki Makaurau, Aotearoa Auckland, New Zealand
Twenty-Third	1997	Glenelg, South Australia
Twenty-Fourth	1998	Fremantle, Western Australia
Twenty-Fifth	1999	Launceston, Tasmania

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Munninger, Irene. 1975. 'The West Australian model', in *Proceedings, First National Mental Health Nursing Congress*, Melbourne, Australia.

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End Notes

- 1 For example, see Nancy Hudson-Rodd, Gerry Farrell, 'The Round House Gaol: Western Australia's first lunatic asylum', *Australian and New Zealand Journal of Mental Health Nursing*, 7: 152–162. Interestingly, this trend seems to have persisted well into the twentieth century, with one nurse recollecting that the standard interview for male nurses in Western Australia in the 1960s consisted of asking name, age and "Can you use yourself in a brawl?" Norm Gregory, recollecting his early career in psychiatric nursing, in ANZCMHN Inc. Newsletter, November 1995, p.6.
- 2 Irene Munninger, 'The West Australian model', in *Proceedings, First National Mental Health Nursing Congress, Melbourne, Australia, 1975*, pp.21–28.
- 3 Australia. 1975. *Commission of Inquiry into Poverty. Poverty in Australia, First Main Report, April 1975*, Canberra: AGPS, 1976.
- 4 Membership brochure, *Australian Congress of Mental Health Nurses, c.1980*. This is also the consensus of other secondary sources.
- 5 *Proceedings of the First National Mental Health Nursing Congress, Melbourne, Australia, 1975*.
- 6 Joan Christie, reply to President's speech upon conferral of life membership, 21st Annual Conference, Canberra, reported in ANZCMHN Inc. Newsletter, November 1995, p.4.
- 7 Joan Christie, 'The Australian Model', *Proceedings of the First National Mental Health Nursing Congress, Melbourne, Australia, 1975*.
- 8 William Hills, *Report of the Steering Committee, Papers presented at the Second National Mental Health Nursing Congress, Hobart, 1976*, p.17.
- 9 *Papers presented at the Second National Mental Health Nursing Congress, Hobart, 1976*, p.3. See also Note 57.
- 10 *The Mercury* (Hobart), 29 September 1976.
- 11 William Hills, *Report of the Steering Committee, Papers presented at the Second National Mental Health Nursing Congress, Hobart, 1976*, pp.16–19.
- 12 William Hills, *Report of the Steering Committee, Papers presented at the Second National Mental Health Nursing Congress, Hobart, 1976*, p.19.
- 13 William Hills, *Report of the Steering Committee, Papers presented at the Second National Mental Health Nursing Congress, Hobart, 1976*, p.10.
- 14 William Hills, *Report of the steering committee investigating the formation of an Australian Mental Health Nurses Association, Proceedings of the Third National Mental Health Nursing Congress, Sydney 1977*.
- 15 *National Mental Health Nursing Congress, Steering Committee Extraordinary Meeting, 25th June 1977*.
- 16 'Sub-branches' here simply means actual state branches. This term was redefined when the modern sub-branches began to emerge within the states.
- 17 There are no minutes available for this meeting.
- 18 *Notes from New South Wales committee for inaugural Council Meeting, 12 November 1977*.

- 19 Fourth National Convention Meeting, 19 October 1978, p.1; National Mental Health Nursing Congress Steering Committee Extraordinary Meeting, 25th June 1977.
- 20 Australian Congress of Mental Health Nurses [hereafter ACMHN] Inaugural Meeting, 12 November 1977. The first ten members were, in membership number order: Alan Hall; Graeme Laugher; Bob Price; Meryl Caldwell-Smith; Joseph Mitchell; Mary Thompson; Owen Sollis; Gerry Ashton; Sydney Bryant; and Joan Christie.
- 21 Australian Congress of Mental Health Nurses Inaugural Meeting, 12 November 1977, p.4.
- 22 ACMHN Working Party Meeting, 4 March 1978.
- 23 ACMHN Working Party Meeting, 20–21 May 1978.
- 24 ACMHN Working Party Meeting, 20–21 May 1978.
- 25 ACMHN Working Party Meeting, 8–9 July 1978, pp.1–2.
- 26 ACMHN Working Party Meeting, 19–20 August 1978, p.12.
- 27 Report of executive meeting with Queensland planning committee, Belmont Hospital, Brisbane, 10 June 1978.
- 28 ACMHN Working Party Meeting, 8–9 July 1978.
- 29 ACMHN Federal Council Meeting, 22 September 1983, p.2.
- 30 ACMHN Working Party Meeting, 8–9 July 1978, p.2.
- 31 ACMHN executive report July 1978, p.4.
- 32 ACMHN executive report July 1978.
- 33 ACMHN executive report July 1978, p.2; ACMHN Federal Governing Council Meeting, 19–20 August 1978, p.11.
- 34 They were: R. Campbell, G. Chapman, L. Tonks, S. Moait, G. Rogers, R. Cody, O. Sollis, and D. Hassam. Fourth National Convention ACMHN Meeting, 19 October 1978.
- 35 ACMHN. 1978. Fourth National Convention: resolutions and recommendations from work groups.
- 36 Fourth National Convention ACMHN Meeting, 19 October 1978; ACMHN Federal Governing Council Meeting, 19 November 1978, p.3. The Council was: Queensland – Linda Salomons, Ron Sharkey; New South Wales – Fay Franks, Rex Gallagher; ACT – Yvonne Walter, Syd Bryant; Victoria – Joan Christie, Tibor Bakos; Tasmania – Bill Hills, David Claxton; SA – Malcolm Stoner, Gerald Ashton; Western Australia – Betty Munroe, Owen Sollis (who also convenor of the Fifth Convention in Perth); NT – TBA (Doug Penman was considered the obvious choice, but was out of the NT at the time).
- 37 Federal Governing Council Meeting, 19 November 1978, p.3.
- 38 SA Branch report for Council Meeting, 14–16 September 1979, September 1979 Council Meeting.
- 39 Federal Governing Council Meeting, 1–3 February 1980.
- 40 Federal Governing Council executive meeting, 25–25 March 1979, p.2.
- 41 Qld branch report, handwritten, undated, unsigned, September 1979 Council Meeting.

- 42 Syd Bryant to Fay Franks, autograph, 6 June 1979; copy in Council minutes, September 1979 Council Meeting.
- 43 Membership applications list, Council minutes, September 1979 Council Meeting.
- 44 Convenors Report, Fifth National Convention, 1979, Council Minutes.
- 45 Foundation Membership certificate, attached to minutes of Annual General Meeting, October 31 1979.
- 46 Federal Governing Council Meeting, 1–3 February 1980. Christie was awarded life membership in 1995; see the List of Life Members in the appendices.
- 47 Federal Governing Council Meeting, 27–29 June 1980, p.4.
- 48 Federal Governing Council Meeting, 1–3 February 1980, p.4.
- 49 SA Convention Planning Report, Council Minutes, February 1980.
- 50 Federal Governing Council Meeting, 2 October 1980, p.5.
- 51 Federal Governing Council Meeting, 6 September 1981.
- 52 Report from SA Convention treasurer Rob Iversen; 1980. Federal Council minutes.
- 53 Federal Governing Council Meeting, 9 and 11 September 1981, p.2.
- 54 Beth Johnstone, Secretary, RANF, to Brian Ringelstein, State president, ACMHN, Qld, 18 February 1980, Council minutes.
- 55 Federal Governing Council Executive Meeting, May 1980, p.2.
- 56 Federal Governing Council Executive Meeting, May 1980, p.3.
- 57 These were: Tertiary Education in Australia. Report of the Committee on the future of tertiary education in Australia to the Australian Universities Commission. August 1964. (Martin Report); College of Advanced Education. 1967–1969. First report of the Commonwealth Advisory Committee on Advanced Education, June 1966 (Wark Report); Report of the committee appointed by the Minister for Education and Science to investigate the proposal to establish a college of advanced education at Bathurst, Sydney, July 1967; Report of the committee appointed by the Minister for Education and Science to investigate the proposal to establish a college of advanced education at Wagga Wagga, Sydney, July 1968; Report of the committee appointed by the Minister for Education and Science to examine the field of paramedical education in New South Wales and report on its present provisions and future needs. Sydney, August 1967 (Heath Report); Committee of Inquiry to study education of nurses in New South Wales. Interim report and recommendations. Sydney, April 1969 (Truskett Report).
- 58 For example: Victoria. 1970. Committee of Enquiry into Nursing in Victoria. Nursing in Victoria: report of the Committee of Enquiry into Nursing in Victoria; Tasmania. 1970. Nursing in Tasmania: Report to the Honorable the Minister for Health; South Australia. 1973. Committee of Enquiry into Health Services in South Australia. Health Services in South Australia: report of the Committee of Enquiry into Health Services in South Australia.
- 59 Australia. 1978. Committee of Enquiry into Nurse Education and Training. Nurse Education and Training: Report of the Committee of Enquiry into Nurse Education and Training to the Tertiary Education Commission, August (Sax Report).

- 60 ACMHN seminar 'Nursing education after the Sax report', 6 May 1980, Rozelle Hospital.
- 61 Federal Governing Council Meeting, 27–29 June 1980, p.3.
- 62 William Hills, representative to ANAMH workshop 22–23 February 1979, Report to ACMHN, 'Quality of life in psychiatric treatment settings', 15 September 1979, pp.5–6.
- 63 Fay Franks to Councillors, 21 February 1980, file 'Pilowski Report'.
- 64 Queensland branch, Journal committee Meeting, 28 April 1980, Federal Council Minutes.
- 65 Karen Cranwell, Publication Committee, Qld Branch ACMHN, to Fay Franks, Secretary, ACMHN, undated, Federal Council Minutes.
- 66 Federal Governing Council Meeting, 27–29 June 1980, p.3.
- 67 Federal Governing Council Meeting, 28 September 1980., Adelaide. The two articles were: Judy Boyd, 'Hospital Hegemony and suggestions for bending the rules of the doctor-nurse game', *Journal of the Australian Congress of Mental Health Nurses*, vol. 1, no. 1, September 1980, pp.3–6, and Doug Spearitt, 'A role model for the psychiatric nurse in state institutions and some implications for methodology and training', *Journal of the Australian Congress of Mental Health Nurses*, vol. 1, no. 1, September 1980, pp.7–11.
- 68 Federal Executive Meeting, 17–18 January 1981, pp.1–2.
- 69 Graeme Angus, research coordinator, ANAMH, to Fay Franks, 26 June 1984; Bernadette Keane to Fay Franks, 27 June 1984. Council Correspondence Inward, 7/82–7/84.
- 70 Australian National Association for Mental Health, Consultation Documents. 1984.
- 71 Rob Iversen notes that he was supported by the Congress to attend the 1981 ICN conference in Los Angeles and has been the only ACMHN member to ever attend as a Congress or College delegate. The RANF was the official Australian ICN nursing organisation, and to attend one had to be a dual member of both organisations. In later years the RANF (ANF) membership voted to cease its affiliation with ICN.
- 72 Federal Executive Meeting, 17–18 January 1981, p.9. It is interesting to note that one of the issues set aside by the Federal Council as not of national interest was that of continuing education for mental health nurses, an idea whose time was not yet ripe in 1981.
- 73 Federal Governing Council Meeting, 26–28 February 1982, p.2.
- 74 Federal Governing Council Meeting, 26–28 February 1982, p.2.
- 75 Federal Council Meeting, 18 September 1987.
- 76 Federal Council Meeting, 3 September 1988, p.3.
- 77 'Out of the darkness and into the light', a Maori name gifted to the organisation by the Maori people of Wellington. One source gives the founding of the organisation in 1985; other sources say 1989, as an outcome of the Wellington national conference of psychiatric nurses.

- 78 Michael Consedine, personal communication, 20 July 1999.
- 79 Federal Governing Council Meeting, 26–28 February 1982, p.2.
- 80 Federal Governing Council Meeting, 26–28 February 1982, p.6.
- 81 Federal Governing Council Meeting, 26–28 February 1982, p.6.
- 82 Federal Governing Council Meeting, 26–28 February 1982, p.9.
- 83 Annual Report, 6th annual general meeting, 1984, p.9.
- 84 Annual Report, 6th annual general meeting, 1984, p.9; submission attached to minutes.
- 85 8th annual general meeting, 1986. The diversity of views can be seen even in the 1978 Sax Report, *op cit*, p.103.
- 86 Federal Governing Council Meeting, 28 September–1st October 1982, Convention report, p.4.
- 87 Federal Executive Meeting, 28–30 May 1982, p.1.
- 88 Federal Executive Meeting, 28–30 May 1982, pp.2–3; Federal Executive Meeting, 26 September 1982, p.4.
- 89 Federal General Council Meeting, 28 September–1st October 1982, p.3.
- 90 Squibb Modecate Scholarship, Report from National Promotions Officer, 17 January 1983.
- 91 Report to the Council of the ACMHN 1985, 21 August 1985, Squibb Modecate Scholarships.
- 92 Memo from Rob Iversen to Federal Councillors R.E. Squibb Modecate Scholarship, continuance of–27 August 1984.
- 93 Federal Executive Meeting, 26–27 November 1983, p.3; Federal Executive Meeting, 25–26 February 1984; Federal Governing Council Meeting, 26–28 September 1984, p.2.
- 94 Federal Executive Meeting, 15–17 March 1985, p.1.
- 95 Federal Executive Meeting, 15–17 March 1985; Federal Council Meeting, 18 August 1985.
- 96 Federal Council Meeting, 18–19 June 1987, p.2.
- 97 Federal Council Meeting, 3 September 1988.
- 98 Federal Council Meeting, 25–26 November 1988.
- 99 Federal Council Meeting, 2–3 June 1989, p.2.
- 100 Federal Governing Council Meeting, 18 September 1983, p.5.
- 101 Federal Executive Meeting, 21–23 January 1983, p.1; Federal General Council Meeting, 26 September 1982.
- 102 Federal Governing Council Meeting, 15–17 April 1983, p.1.
- 103 Federal Executive Meeting, 26–27 November 1983, p.4.
- 104 Federal Council Meeting, 25–26 November 1988, p.5.

- 105 National Council Meeting, 20–22 February 1986. The figure rose to \$11 in 1988, Federal Council Meeting, 29 August 1988.
- 106 Federal Council Meeting, 24–26 May 1985, p.2.
- 107 Federal Council Meeting, 17/18 June 1988, p.2.
- 108 Federal Governing Council Meeting, 26–28 September 1984, p.2.
- 109 Federal Executive Meeting, 23–25 November 1984.
- 110 Federal Council Meeting, 24–26 May 1985, p.3. This meeting was less about clinical practice than about lobbying for the introduction of college-based nurse education in Australia by 1993 at the latest.
- 111 Federal Executive Meeting, 15–17 March 1985, p.2.
- 112 Federal Governing Council Meeting, 26–28 September 1984, p.5.
- 113 Federal Executive Meeting, 23–25 November 1984, p.5.
- 114 Federal Executive Meeting, 15–17 March 1985, p.3.
- 115 Federal Council Meeting, 25–26 November 1988, p.5.
- 116 Federal Council Meeting, 20 September 1991, p.1; Federal Council Meeting, 3–4 October 1992, p.4.
- 117 A basic measure of viability was the presence of thirty members, which the NT did not then have. Federal Council Meeting, 9 October 1992, p.3; Federal Council Meeting, 25 June 1993.
- 118 Federal Executive Meeting, 10 April 1989.
- 119 Federal Council Meeting, 2–3 June 1989, p.2.
- 120 Federal Council Meeting, 2–3 June 1989, p.4.
- 121 New South Wales was in favour, Western Australia agreed in principle, SA wanted no change, and the other branches did not respond. Special Meeting of Federal Council, 19 April 1993.
- 122 Federal Council Meeting, 2–3 June 1989, p.4; Western Australian submission dated 28 February 1989.
- 123 Federal Council Meeting, 29 September 1989.
- 124 Federal Council Meeting, 6–7 July 1990, p.1. Baume himself was found in April 1991 not to have renewed his membership, but Council ratified his decisions made as President while a non-financial member, and the balance was paid.
- 125 Federal Council Meeting, 6–7 July 1990, p.2.
- 126 Federal Council Meeting, 6–7 July 1990, pp.3–4.
- 127 Federal Council Meeting, 16 September 1990, p.3.
- 128 Federal Council Meeting, 5–7 April 1991.
- 129 Federal Council Meeting, 5–7 April 1991.
- 130 Federal Council Meeting, 16 September 1990, p.4.
- 131 Federal Council Meeting, 5–7 April 1991, p.4.
- 132 Federal Council Meeting, 24 September 1989, p.2.

- 133 Federal Council Meeting, 5–7 April 1991, p.4.
- 134 Federal Council Meeting, 10–12 July 1992, p.5; Federal Council Meeting, 9 October 1992, p.6.
- 135 Federal Council Meeting, 12–14 March 1993, p.7.
- 136 Discussion Document, c. September 1991: working group Pierre Baume, Sandra Hoot, Gina Gregory, for Federal Council Meeting September 1991.
- 137 Federal Council Meeting, 20 September 1991, p.1.
- 138 The Two Plus One Package: a review of the annual national convention: future directions, discussion paper June 1993.
- 139 Federal Council Meeting, 6–8 March 1992, p.2.
- 140 Federal Council Meeting, 10–12 July 1992, p.3.
- 141 Federal Council Meeting, 6–8 March 1992, p.8.
- 142 Federal Council Meeting, 3–4 October 1992, p.8.
- 143 Federal Council Meeting, 9 October 1992, p.2.
- 144 Special Meeting of Federal Council, 19 April 1993, p.2.
- 145 Federal Governing Council Meeting – Executive Meeting, May 1980, p.2; Federal Executive Meeting, 17–18 January 1981, pp.1–2; Federal Council Meeting, 10–12 July 1992, p.4; Federal Council Meeting, 10 September 1993, p.2; p.10.
- 146 Annual Report, July 1997–June 1998, p.23.
- 147 ACMHN, Inc. Position Paper, Mental Health Nurse Education, November 1985.
- 148 Pierre Baume to Justice R S French, Chancellor, Edith Cowan University, 21 May 1991.
- 149 New South Wales Branch report October 1991–March 1992.
- 150 ANZCMHN Inc.1994. Newsletter, November.
- 151 ANZCMHN Inc.1994. Newsletter, November.
- 152 ANZCMHN Inc.1994. Newsletter, November.
- 153 ANZCMHN Inc.1994. Newsletter, November.
- 154 SA Branch, Report to Council, April 1991.
- 155 Neville Phillips, on behalf of the joint nursing executive of Glenside and Hillcrest hospitals, to D.J. Hopgood, Minister of Health, SA, 27 March 1991.
- 156 Federal Council Meeting, 9 October 1992, p.9.
- 157 Federal Council Meeting, 9 October 1992, p.10.
- 158 Federal Council Meeting, 2/93 – working groups – notes pre-March 1993.
- 159 The figure was actually closer to 20% in reality. National Council Meeting, 12–14 March 1993, p.3.
- 160 National Council Meeting, 12–14 March 1993, p.4.
- 161 Council Bulletin, August 1996 – includes minutes of AGM, 30 September 1995, for 1995.

- 162 ANZCMHN Inc. New Zealand Branch Newsletter, vol. 1 no. 1. January 1994.
- 163 Federal Council Meeting, 3–4 October 1992, p.14; 9 October 1992, p.4.
- 164 Michael Consedine, personal communication 20 July 1999.
- 165 National Council Meeting, 10 September 1993.
- 166 National Council Meeting, 10 September 1993.
- 167 National Council Meeting, 28–29 March 1998, p.13.
- 168 Annual Report, July 1997–June 1998, p.4.
- 169 National Council Meeting, 10 September 1993, p.7.
- 170 Farrell, G. 1997. Getting Up to Speed With Evidence Based Practice, ANZCMHN, Inc. August; Hazelton, M and Farrell, G. 1998. Evaluating the Outcomes of Mental Health Care: an introduction, ANZCMHN, Inc. October.
- 171 National Mental Health Strategy. National standards for mental health services project. Standards for consultation, draft 1 February 1996; National Mental Health Strategy. National Mental Health Report 1995, p.114.
- 172 ANZCMHN, Inc. 1995. Mental Health Nursing Education and Workforce Issues. Position Paper: Shortage of Specialist Mental Health Nurses. 1995.
- 173 Letter, Marcia Gleeson, Acting Federal Nurse Advisor, to Sandra Hoot, Director, Mental Health Services, 19 January 1996.
- 174 Australia. Australian Health Ministers Advisory Council. National Mental Health Working Group. Model Mental health legislation: report to the Australian health ministers advisory council national working group on mental health policy. 14 March 1995. The College submissions were from Elizabeth Croke, Mike Hazelton and Sandra Hoot.
- 175 ANZCMHN Inc. Preliminary Position Paper: National Mental Health Policy and Plan. c.1994.
- 176 National Council Meeting, 2–5 May 1998, p.11.
- 177 Australia. Department of Health and Family Services. Dr Michael Wooldridge, 'First mental health sector peak body established', media release, 26 November, 1997.
- 178 New South Wales. Nurses Registration Board. Annual Report. 30 June 1995, p.13.
- 179 National Council Meeting, 2–5 May 1998, p.15.
- 180 ANZCMHN, Inc. Newsletter. May 1995, p.11.
- 181 New Zealand. 1996. Ministry of Health. Towards better mental health services: report of the national working party on mental health workforce development.
- 182 ANZCMHN, Inc. Newsletter, May 1995, p.7.
- 183 Annual Report, July 1997–June 1998, p.4.
- 184 National Council Meeting, post-conference, 24–25 October 1997, p.8.
- 185 National Council Meeting, 2–5 May 1998, p.27.



About the Author

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