The predisposition theory, human rights and Australian psychiatric casualties of war

Kristy Muir*

Almost one million Australians served in conflicts between the First World War and the Gulf War. With post-traumatic stress disorder alone estimated to have affected one in five veterans, the psychological legacy of war on Australian veterans, their families, governments and communities is profound. Reverent public commemorations for Australians who fought in war commonly acknowledge the 'debt' Australia owes to their commitment and sacrifice. But has this debt been paid to veterans affected by mental illness? Using archival documents, the Geneva Conventions and the Universal Declaration of Human Rights, this article examines the history of psychiatric casualties throughout Australia's wars from a human rights perspective. It argues that the rights of psychiatric casualties were at times contravened during and after the Second World War. Soldiers were blamed for their psychological problems; terminology labelling mental disorders could be degrading and defamatory; and conditions at some mental institutions were adverse. While post-traumatic stress disorder legitimised mental illness as a war-caused condition in 1980, the belief in predisposition has prevailed to an extent and may continue to undermine the rights of veterans.

Introduction

The psychological legacy of war on Australian veterans, their families, governments and communities is profound. This legacy has left widespread social, domestic and relationship problems and an economic burden, in terms of mental health-care costs, hospitalisations and lost working days. With Australia's acceptance of treaties such as the Geneva Conventions and the United Nations Universal Declaration of Human Rights, coupled with public reverence for war veterans, it would seem reasonable to assume that the Australian military and governments upheld the human rights of our psychiatric casualties of war. But did they?

Using archival evidence, this research examines the history of psychological casualties of war from a human rights perspective. It questions whether the human rights of Australian service personnel and veterans have been upheld throughout Australia's military history and argues that the preoccupation with the belief that

* Kristy Muir is a Research Fellow at the Social Policy Research Centre.

psychiatric casualties were not a result of war service, but were predisposed in individuals, meant that the human rights of these casualties were at times contravened. This article explores the scale of psychological problems among Australian veterans and their families between the First World War and the Vietnam War; the changing understanding of what caused psychiatric casualties; how Australian governments and society responded; and whether the rights of soldiers or veterans with poor mental health were upheld. Understanding the history of how Australian service personnel and veterans with mental illness have been treated and perceived is important because of the lingering implications for current veterans and defence personnel.

Scale and scope of the problem

Almost one million Australians served in conflicts between the First World War and the Vietnam War (AWM 2006; DVA 2006). Of these personnel, 31,503 were officially recorded as psychiatric casualties. Hospital records and field notes suggest that many more returned with undiagnosed psychological problems (Muir 2007) and, with post-traumatic stress disorder (PTSD) estimated to affect approximately one in five veterans (Dobson and Marshall 1996, 220), the psychological casualties of war are considerable. Up to 200,000 Australian war veterans may have had PTSD; may still have the disorder; or could develop it in the future. This figure does not account for veterans who returned with other types of mental illness, such as other anxiety disorders, depression and/or substance use disorders. Further, it does not include peacekeepers who also experience high levels of post-war mental health problems (National Centre for War-Related Post-traumatic Stress Disorder 1999, 4; Ward 1997, 184). According to the Department of Veterans Affairs (DVA) statistics, 26 per cent of its treatment population experience mental health problems (DVA 2000a). This figure continues to increase and it excludes those with poor mental health who have never sought compensation or who have not had a mental or physical disability accepted as war caused (DVA 2000a).

The individual, social and economic burden of mental health problems among service personnel and veterans is significant. Mental illness symptoms can shape the affected veterans' behaviours, emotions and overall well-being and affect their ability to function effectively in their working, home and social lives (Muir 2007). The social and economic implications of poor mental health transcend the individual to affect families, communities and the nation (LaCapra 2001). Secondary traumatisation, for example, can leave some family members of people with mental illness with similar symptoms (Solomon et al 1992), and mental health problems are the leading cause of working days lost to hospitalisation among

Australian Defence Force (ADF) personnel and are also one of the leading causes of suicide (ADF 2005).

The literature demonstrates the scale and scope of psychiatric casualties of war and of psychological problems among war veterans. The consequences of war and the subsequent governmental responses have also been covered by the existing literature. The official medical histories document the treatment of wounded and sick Australians at war (Butler 1939–43; Walker 1952–61; O'Keefe 1994). Lloyd and Rees (1994) provide a detailed history of the repatriation system and Garton (1996) further adds to this history by exploring the repatriation of Australian world war and Vietnam veterans who returned with physical and mental health problems. A number of Australian historians have acknowledged and discussed psychiatric casualties of war and veterans living with poor mental health (First World War: Tyquin 2006 and Lindstrom 1997; Second World War: Raftery 2003, McKernan 2001 and Conde 1997; Vietnam War: Maddock 1991 and Burstall 1990; First World War to Vietnam War: Muir 2003 and Garton 1996).[1] However, none of this research examines psychiatric casualties from a human rights perspective.

The literature on human rights and war covers predominantly issues relating to prisoners of war and treating the physically wounded and physically sick (Roberts 2002; Silove 1999; Twomey 1999). There is also detailed research on the history of human rights within Australia, such as that by Kildea (2003), Marks and Clapham (2005) and Bailey (1990). While the Second World War is mentioned in regard to the development and adoption of the Universal Declaration of Human Rights, psychological casualties of war are beyond the scope of the general research on this area. There are some Australian articles on mental health and human rights (Human Rights and Equal Opportunity Commission 1993; Zifcak 1997), but there is a paucity of research on the mental health of service personnel, veterans and human rights (Camp 1993).

Human rights and moral debts

Since 1864 it has been humanitarian law that 'wounded and sick' soldiers be treated by medical personnel during war. This Geneva Convention for the Amelioration of the Condition of the Wounded in Armies in the Field was the first international treaty of human rights. It was followed by updated conventions in 1906, 1907 and 1929 (International Red Cross 2005 and 2007). As these conventions

1 In addition, Damousi 2006 examined psychiatry and service personnel in *Freud in the Antipodes:* A *Cultural History of Psychoanalysis in Australia.*

were adopted by Australia (Department of Defence 2006), service personnel could have expected to be cared for if they were wounded or sick.

Those who served in and after the Second World War fell under the 1929 Convention. This Convention ensured that the rights of the soldier went beyond offering treatment. It stipulated: 'Officers and soldiers and other persons officially attached to the armed forces who are wounded or sick shall be *respected* and *protected* in all circumstances; they shall be treated with *humanity* and cared for medically' (emphasis added; International Red Cross 2005). The Geneva Convention only covered periods of conflict, but the UN's 1948 Universal Declaration of Human Rights (adopted after the end of the Second World War) should have ensured that the rights of veterans who returned to Australia with mental health problems were upheld. This was reinforced by the reverent public commemorations and government commitment to the sound repatriation of service personnel.

Less than a month after Armistice Day, Lieutenant-General Sir John Monash (1918) confirmed the army's intention of rehabilitating servicemen in his address to Divisional and Brigade Commanders. He pointed out the importance of sending servicemen 'home in a condition — physically, mentally and morally — to take up their duties of citizenship with a minimum of delay, a minimum of difficulty and a minimum of hardship on the community and on the individual'.

Similar promises were made during, and after, the Second World War. In April 1941 an Army minute paper expressed the intention to treat mentally ill veterans with as much seriousness as they treated other casualties: 'These patients deserve the same generous and sympathetic treatment that is readily given to the blinded, maimed or otherwise seriously disabled individuals.' On 9 May 1944 Prime Minister John Curtin also promised, on his government's behalf and on behalf of all politicians who were to follow him, that all war veterans would be looked after:

> Our first task the day this struggle ends will be to do justice to the valour and devotion of you lads. This will not be a matter of politics. I feel able to give the pledge on behalf of any post-war Australian government whatever its party that our responsibilities to you and your dependants will not be forgotten.

Curtin did not survive to see the war end or to carry out his promise, but the Chairman of the Repatriation Commission reiterated this guarantee by assuring service personnel with mental illness that they would have the 'benefit of the best treatment available' (*Sydney Morning Herald* 1945).

Understanding psychiatric casualties and the effect of the predisposition theory throughout Australia's military history

From 'shell shock' to predisposition

Early in the First World War, battle conditions were accepted as the cause of psychiatric casualties. Most psychiatrists and psychologists believed that the stimuli experienced in active service triggered a physiological change in some soldiers' central nervous systems. In 1915 Dr Myers, a psychologist from Cambridge University, coined the term 'shell shock' to refer to the servicemen who developed a psychological reaction to battle conditions (Schwarz 1984). As the war went on, however, professional opinion regarding the cause of psychiatric casualties changed dramatically. Psychiatrists and psychologists decided that physical external stimuli were not the cause but the trigger of psychiatric conditions in predisposed individuals. By mid 1916 Myers had rejected his initial theory and embraced predisposition as the primary cause (Shephard 2000).

The idea that some people were predisposed to mental illness was nothing new in the early 20th century. It fitted in with eugenics, which primarily supported the idea that some people were genetically flawed and it was this, rather than the environment, that could result in problems such as mental illness (Shephard 2000). In the inter-war years, Australia joined international psychiatrists in adopting the view that psychiatric problems were not caused by war, but were inherent in some individuals.

The predisposition theory was widely embraced by Australian medical and military personnel in the Second World War. Experts in the field reinforced that service personnel experiencing psychological problems were predisposed. In 1941 an Australian Infantry Force (AIF) adviser in psychiatry wrote to the Director General of Medical Services: 'The vast majority of [psychiatric casualties] are not caused by war service and would have become insane in civil life.' David Ross (undated), a captain of the Australian Army Medical Corp, was convinced that only weak susceptible servicemen suffered from psychiatric problems and he claimed that the army actually psychologically benefited some men: 'Army life has served in many cases to save men from breakdown.' This idea was still popular after the war. In 1946 Sinclair, an Australian Army Medical Corp psychiatrist, claimed that the war had 'little, if any, effect on the incidence of Schizophrenia … psychosis, anxiety hysteria and neurosis' (Sinclair 1946, 21–22).

These predisposing characteristics were believed to stem from a range of issues, which related to childhood, family life, physical traits, femininity, homosexuality,

cowardice and fundamental personality flaws (Clark 1945-46, 423–24; Gillespie 1942, 172; Bourke 1999, 115; Murphy 1947, 205). Sinclair (1946, 21–26) also blamed psychiatric casualties on low intelligence and 'manifestations of weakness and failure of morale'. If a person's condition could not be tied to their character traits or history, they were not granted the status of having a war-caused illness; instead, it was assumed that they were fabricating their symptoms to get out of active service. As Second World War Australian psychiatrists Cooper and Sinclair (1941) recorded in their report on casualties at the War Neurosis Clinic in Tobruk: 'In both the fear states and the anxiety states the soldier often overstated his case … to sway the medical officer's opinion so that the patient could be evacuated to base.' The psychiatrists were working within a medical model that placed the strength of the military before the rights of the soldier.

Treatment of psychiatric casualties and veterans

During the First and Second World Wars, psychiatric casualties were treated in field hospitals and specialist clinics (Fowke 1917; Department of Defence 1941; Smith 1942). Therefore, these casualties were 'cared for medically', as the Geneva Convention specifies. Psychiatrists treated casualties with methods that they believed were in the patients' best interest for recovery. This included treating patients close to the frontline so they could quickly be returned to active service (O'Keefe 1994; Gossop 1981).[2] However, psychiatrists were also working for the military, where there was an emphasis to maintain military strength. Therefore, the majority of psychiatric casualties had to be returned to active service to demonstrate that 'evacuation to England or transfer to a Base will not be considered' as a treatment for shell shock (Carmalt Jones 1917).

Once the First World War was over, psychiatric casualties were afforded the same rights as veterans with physical injuries or illnesses. The Repatriation Commission paid medical costs; psychiatric casualties received equal pay; and, once they were discharged, pensions were provided. In fact, £5 million of the £9 million granted in pensions to First World War veterans were for mental illness 'definitely due to or aggravated by war service' (Chairman of the Repatriation Commission 1924; *Smith's Weekly* 1948). Equal rights were granted to psychiatric casualties because war was considered responsible for their conditions.

However, once predisposition was accepted as the most likely cause of psychiatric casualties, the financial expense of shell-shock cases was considered an important

2 The psychiatrists followed the traditional medical model of disability; psychiatric casualties were perceived to be an individual problem that could be fixed (Oliver 1990).

lesson for subsequent governments. A G Butler, the official historian of the Australian Army Medical Services, emphasised that 'one of the most definite "lessons" of this war is the importance of the family and personal history in determining moral and mental breakdown in war' (Butler 1943, 77). To the detriment of soldiers' rights, these lessons were remembered in the Second World War.

The belief that psychiatric casualties were predisposed in individuals during the Second World War had considerable implications for the rights of psychiatric casualties. The military and government response was threefold: first, there was an attempt to minimise psychiatric casualties through tightened enlistment procedures; second, terminology was changed to ensure that the label reflected the cause; and third, the repatriation system was adjusted. While the first response served to protect both the military and its soldiers, the second and third consequences were potentially damaging to the rights of the individual.

Under the 1929 Geneva Convention, treatment should have 'respected and protected' psychiatric casualties 'in all circumstances' (International Red Cross 2005). Therefore, whether conditions were believed to be caused by individuals or by war, psychiatric casualties should have been treated with respect, or as defined by the *Oxford English Dictionary* with 'due regard for the[ir] feelings or rights' and kept 'safe from harm of injury' (Soanes and Hawker 2005).

Removing the predisposed at the enlistment and training stages

The introduction of enlistment tests in the Second World War served to uphold the rights of potentially vulnerable recruits by protecting them from exposure to military service. The Australian Infantry Force's enlistment process aimed to remove individuals who were likely to have psychological problems.[3] Psychological testing screened out large numbers of men and women: 13,152 applicants (3.94 per cent of rejections) were officially rejected on the basis of psychological problems (McKernan in Vamplew 1988, 414). As psychiatric casualties continued to occur throughout the war years, the number of people rejected on the basis of psychological problems steadily increased (Department of Defence 1939–46).[4] This was a simple solution: if

3 The other services were far less thorough in their enlistment procedures. The Royal Australian Air Force did not administer any psychology tests throughout the Second World War, but by April 1940 they had incorporated questions relating to mental health into their entry examination (Department of Air 1941). The Royal Australian Navy did not carry out any psychology tests during the Second World War, but recruits were rejected on the suspicion of a psychological problem. In one year, over a quarter of the men who attempted to enlist were rejected for this reason (Director of Naval Medical Service 1944).

4 Rejections only decreased in 1942, presumably because Australia was under threat from Japan and enlistment procedures were relaxed.

psychiatric casualties were predisposed to their conditions, these people could be identified and eliminated at the recruitment and training stages before they were sent to war.

For the psychologically unstable recruits who 'slipped through' the enlistment system, a further culling process was to occur during training exercises. The Department of Defence's (1941) *Summary of Prevention and Treatment of War Neuroses* advised officers and non-commissioned officers to be wary of individual men with certain traits or behaviours: those who were 'slovenly or dirty', 'slow', 'subnormal' or 'over-keen', or whose 'actions are unusual'. Removing potential enlistees and recruits prior to engaging them in active service may have aided those rejected; but the enlistment testing did not protect people sent to war, who developed psychiatric problems, from shouldering the blame for their conditions. Heavy psychiatric casualties were blamed on 'inadequate' tests, not exposure to war conditions. In 1949 Stoller, a Second World War psychiatrist, was still blaming the enlistment process: 'As a result of poor selection, then, the country has had to accept the responsibility of treating and protecting a number of individuals who would probably have been chronic psychoneurotics anyway' (Stoller 1949, 640).[5] Yet, at a national level, these psychiatric casualties were not necessarily protected, especially from having a demeaning label stamped on their discharge papers.

Changing the terminology

The term 'shell shock' had left a lingering perception since the First World War that psychiatric casualties were battle related. In the Second World War, psychiatrists, the military and governments were quick to change the terminology to reflect current beliefs. 'Shell shock' was the first label to go. It was prohibited in Britain in 1940 and Australia quickly followed suit (Lindstrom 1997, 90; Holden 1998, 77). Although used in the field, 'war neuroses' was also discouraged because it carried an assumption that the war had caused the mental illness (Walker 1952, 674–75), thereby removing all notions of responsibility.

By 1944, 65 different labels were used for hospitalised Australian Military Force psychiatric casualties. These labels did not provide any indication that the casualties had served at war. Conversely, many diagnoses suggested that people were predisposed: 'anxiety with personality defect', 'constitutional inferiority', 'mental

5 There were, of course, a minority of psychiatrists who questioned predisposition. Melbourne-based psychiatrist Reg Ellery (1945, 116), for example, implied that all service personnel may eventually succumb to mental health problems: 'There is a stage for everybody at which breaking point is reached.'

deficiency' and 'personality schizoid inferiority and inadequate' (Australian Military Forces 1945). This changing terminology was advantageous to the military because it reinforced the orthodoxy of predisposition and discouraged malingerers from feigning a psychiatric condition. However, because labels could be demoralising and self-deprecating, the changing terminology contravened the right of soldiers to be treated with respect and compassion.

The focus on terminology that both personalised conditions (to ensure war was not considered the cause) and stigmatised mental health problems (to discourage malingerers from feigning illness) was perhaps best exemplified by the Royal Australian Air Force's 'lacking moral fibre' policy. As of September 1941, aircrew 'unable to stand up to the strain of flying' who either were medically fit but unable to fly or were suffering from nervous symptoms were labelled 'lacking moral fibre' and dishonourably discharged (Royal Australian Air Force 1941, 2). This contravened the rights bestowed to these soldiers under the Geneva Convention. They were not treated with respect or compassion, and once discharged such terminology also contravened the Universal Declaration of Human Rights. Being labelled 'lacking moral fibre' and dishonourably discharged breached Art 5, 'No one shall be subjected to … degrading treatment or punishment', and Art 12, 'No one shall be subjected to … attacks upon his honour and reputation' (United Nations 1948). While the labelling and blaming may have been disrespectful, a more considerable violation of psychiatric casualties' rights occurred after they returned to Australia.

Adjusting the repatriation system

Governments went to great expenditure to repatriate Second World War service personnel. Training, employment, financial and other support was offered to all veterans, including those with mental health problems (Lloyd and Rees 1994, 290–94; Garton 1996, 74–117). Veterans with psychological problems, however, required far more support than was provided and they were not granted the same rights to compensation or hospital treatment as were their counterparts with physical injuries and wounds. This was despite the fact that at the end of the war, promises were made to protect and rehabilitate these veterans and, in the immediate post-war years, Australia had been involved in the development of the Universal Declaration of Human Rights (Morsink 2000).

While veterans with visible war injuries were financially compensated, those with psychological problems had to prove that their condition was war related in an environment where the belief in predisposition dominated. Consequently, many ex-service personnel with psychological problems were left without a war pension

(Muir 2002, 45–47). According to Stoller (1949, 640), 90 per cent of psychiatric casualties who applied for compensation during the war were rejected. It is difficult to ascertain the number of rejections in the post-war years because of contradictory reports. In 1953 Stoller, then a consultant in psychological medicine for the Repatriation Department, maintained that the acceptance rate had increased to two out of three (34,000 of 51,000) applications. Yet in the post-war years, the number of veterans who applied for pensions for psychological problems was large.[6] This was coupled with perceptions that discouraged the awarding of pensions: the belief in predisposition; the suspicion that some veterans feigned mental illness for financial gain; and the idea that pensions hindered recovery for people who were legitimately unwell (Muir 2002, 41–48).[7] Thus, it is difficult to believe that two-thirds of applicants were provided with pensions, especially because Stoller continued to be part of the predisposition chorus. In 1953 in his consultant role, he reassured the Repatriation Department's Principal Medical Officer, A H Melville, that prominent psychiatrists were still of the opinion that psychological problems in veterans were predisposed rather than war caused: 'I cannot recall any authorities who aver that battle experience is a factor in causing mental illness' (Stoller in Repatriation Department 1952–70).

Other trends also contradict the claim that two in three pension applications were accepted. In 1948 the Repatriation Commission was financially supporting only 15 per cent of veterans institutionalised in state mental asylums (the other 85 per cent were considered to have predisposed conditions; Repatriation Commission 1948). Even in recent years, with professional acceptance that mental illness can be caused by war conditions, veterans' pension applications for psychiatric disability were more likely to be rejected than approved (DVA 2000a, 9).[8] Thus, after the Second World War, veterans were unlikely to be granted a war pension for a psychiatric condition.

Further to not receiving a war pension, veterans with mental illness who required professional treatment were not adequately provided for. If psychiatric casualties were predisposed to their conditions, the number of casualties should have roughly reflected the prevalence of mental illness within Australian society. It was with this in mind that the Repatriation Commission began planning for the post-war hospitalisation of psychiatric casualties early in the war (Wilson 1941).

6 In 1948, for example, *Smith's Weekly* reported 100,000 applications.

7 For further detail regarding pensions and service personnel/veterans with mental illness, see Muir 2002.

8 Between 1995 and 2000, 46 per cent of veterans with a mental health disability who applied for a pension were approved.

The Commission members estimated that the number of ex-service personnel requiring hospital treatment for psychological problems after the war would 'not be large'. They believed 'approximately [0].5 per thousand or less' personnel serving overseas would require such treatment and, therefore, concluded that 'it should be practicable to allot at least one ward in each large hospital for this purpose' (Department of the Army 1941). At the time, this equated to an extra 160 hospital beds.

At the end of the war, the Repatriation Commission's estimation of required hospital beds trebled; by 1946 it had increased sevenfold to 1120 beds (Australian Military Forces 1945).[9] Officially, 26,000 service personnel were discharged from the Australian armed services with psychological problems (Archer 1946). Therefore, if these figures are accurate and capacity reflected the Commission's estimates, Australian hospitals only had the space to admit 4.3 per cent of all 'official' psychiatric casualties. And these 'official' casualties do not include those who developed psychological problems after they returned to Australia, or the 'unofficial' casualties who remained undiagnosed during the war because of limited medical staff, poor training and a general neglect of psychiatric casualties when physical wounds needed to be prioritised (Bourke 1999, 244–45).

Before the war ended, the number of hospital beds required for psychiatric casualties was already much greater than Repatriation Commission estimates. State mental institutions throughout Australia, for example, accommodated 4500 service personnel during the war (Repatriation Commission 1948). It was not until early 1946 that Repatriation General Hospitals could prioritise psychiatric casualties (because of the demand for beds from the physically sick and wounded). Even then, there were only 1490 beds available (500 of which were deemed inadequate by the Repatriation Commission). But by March 1946, an extra 2856 beds were required (Australian Military Forces 1945). Repatriation General Hospitals in New South Wales, Victoria, South Australia, Western Australia and Tasmania could not cope with the number of veterans with mental illness needing treatment (Carswell 1951). Consequently, the military used state-run mental institutions.

The underestimation of the number of psychiatric hospital beds that would be required left not only Repatriation General Hospitals unprepared and ill equipped, but also state mental asylums. Mental institutions were already overcrowded and struggling to cope with First World War veterans. In the 1920s and 1930s, the quality of care in these institutions declined — government funding, as a proportion of all

9 This was based on 394,172 personnel in the Australian Military Forces on 30 September 1945.

government expenditure, decreased; staff turnover was high; wards were overcrowded; and patients were dying from dysentery (Garton 1988). Adding ex-servicemen to these already overcrowded, understaffed, poorly funded and ill-equipped institutions intensified the adverse conditions (Lindstrom 1997; Lewis 1988) and further compromised veterans' right to adequate, respectful treatment.

In the public forum, newspapers were quick to point out the inadequacies of psychiatric institutions to the general public. The *Sydney Morning Herald* (1946) described Australia's treatment facilities for veterans with mental illness as 'grossly inadequate'. *The Sun* (1945) claimed that conditions in mental institutions were 'demoralising'; the *Victorian Herald* (1945) headlined 'NEUROTICS LACK TREATMENT' [sic] and *Tomorrow* (1946) described institutions as 'grim, unpleasant asylums' with a 'prison' atmosphere. *Smith's Weekly* (1945) believed that conditions were so poor that there was 'nothing more inhumane … than the incarceration in lunatic asylums of war neurosis cases'.[10] The media especially condemned Callan Park Mental Hospital in New South Wales. *Tomorrow* (1946) reported that 400 diggers wore 'cheap, crude and unshapely' clothing, ate 'monotonous' food and shared a minimal number of toilets.

Despite Australia's involvement and acceptance of the Universal Declaration of Human Rights, which espoused 'Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services' (United Nations 1948, Art 25), little changed in mental institutions in 1948. *The Sun* (1948) accused Callan Park of going 'Back into the Dark Ages'. After spending a week in Callan Park, one of *The Sun*'s reporters declared that he was 'shocked' by the conditions:

> The rooms were in semi-darkness. To save electricity, only the lowest powered electric light bulbs are used. The dormitories were filled with an overpowering stench coming from cement lavatories jutting out from the wall between beds. Lavatories had no protection or covering around them. Some patients slept 18 inches away from them. Beds are 18 inches apart and bedclothes, especially blankets are threadbare. [*The Sun* 1948.]

In addition to this, the journalist believed, hygiene was not a priority in psychiatric hospitals. The article claimed that 90 patients did not use soap while showering and they all 'dried themselves on the one ragged sheet'. Eating utensils were allegedly

10 *Smith's Weekly* was known to sometimes sensationalise stories, but Joynton Smith (who financed the paper) treated shell shock 'as a serious war wound'. He converted his mansion in Coogee Bay into a hospital and provided an additional £15,000 to care for shell-shocked cases. Lloyd and Rees maintain that many of *Smith's Weekly*'s complaints were 'accurate' (Lloyd and Rees 1994, 201).

washed without detergent, as was the floor and 'up to 60 men … shaved with one razor blade'. The journalist also failed to see any toothbrushes or pyjamas, and tobacco was apparently issued without paper to roll it in. The next day, *The Sun* (1948) alleged that Callan Park patients were suffering from physical symptoms because of maltreatment: 'Many of the patients had sores and skin rashes on them' and some had 'minor forms of scurvy because of inadequate diet'.

Alongside the media reporting, photographs of Callan Park confirm newspaper reports of overcrowding and dilapidation (New South Wales Government Printing Office 1870–1988). There were also letters of complaint from veteran organisations, individuals and political bodies (Repatriation Commission 1929–52). The Returned Sailors and Soldiers' Imperial League of Australia (RSSILA, renamed the Returned Services League — RSL — in 1965) was the most persistent of all ex-service organisations in its appeals to the Commonwealth governments. From 1946 to 1970, the RSSILA/RSL continually sent letters to the Repatriation Commission demanding that the treatment of veterans with mental illness be improved (Repatriation Department 1952–70).[11]

Given that mental institutions were already struggling prior to the Second World War, poor conditions would have been exacerbated because the increased demand for beds was not coupled with a large injection of funds. The right of veterans to have access to appropriate medical care of 'a standard … adequate for … health and well-being' (United Nations 1948) was largely denied because neither the federal nor the state governments wanted to take financial responsibility for veterans with mental illness (Muir 2002).

The state governments maintained that these casualties were the Commonwealth's responsibility because the veterans had served at war; yet the federal government would not accept financial responsibility for veterans whom it believed would have developed a mental illness in civilian life despite active service. Only those with 'war-caused' conditions were federally funded, while the states were left to look after the majority of 'predisposed' casualties. As noted above, the Repatriation Commission (1948) revealed that it was only funding 15 per cent of hospitalised psychiatric casualties (those believed to have 'war-caused' conditions) and therefore

11 The organisation also demanded that all veterans with mental illness be declared as having 'war-caused' problems, which would have entitled these veterans to the same rights and conditions as veterans with physical wounds and illnesses. Other ex-service organisations (such as the Limbless Soldiers' Association of Australia, Ex-Naval Men's Association of Australia, Thirtyniners' Association of Australia and Ex-POW Association of Australia) similarly requested that all veterans with mental illness be classified as having 'war-caused' conditions.

the state governments supported the hospitalisation of the other 85 per cent (who were allegedly predisposed to their illness).

The preoccupation with predisposition meant that the post-war governments failed to live up to the Chairman of the Repatriation Commission's 1945 promise that veterans with mental health problems would have the 'benefit of the best treatment available' (*Sydney Morning Herald* 1945) and, consequently, some veterans' rights were breached. Demoralising labels, difficulties obtaining pensions and poor conditions in mental institutions meant that some veterans with mental illness were neither respected nor protected; they were subjected to 'degrading treatment' and had their 'honour and reputation' attacked (United Nations 1948, Arts 5 and 12).

Discussion and contemporary implications of a lingering predisposition theory

It is likely that if the rights of veterans in psychiatric institutions were not upheld, then the rights of civilians in state mental institutions were also contravened. Furthermore, the right of civilians with mental illness to an adequate standard of professional treatment was compromised by adding ex-servicemen to civilian mental institutions without also adding significant funding and other resources.

Australia's history of implementing human rights treaties is known to be largely one of rhetoric (Quinn and Degener 2002). Australia was involved in the international development of the Universal Declaration of Human Rights, yet domestically policies did not change to significantly address human right issues (Kildea 2003). In addition, debates suggest that people with a disability were marginalised within the UN rights system (Meekosha 2000). Therefore, veterans with a mental illness were probably being treated similarly to civilians (non-veterans) with a disability.

But should veterans with a mental illness have expected better treatment than that afforded to civilians? Due to public acknowledgment and reverence of veterans as 'heroes', it could be expected that for this group in particular there would have been a greater commitment to rights and justice. Australian military personnel and government representatives repeatedly acknowledged the nation's commitment to ensuring that veterans successfully readjusted. This was not merely rhetoric, because post-war governments committed millions of pounds to repatriation (Garton 1996). Thus, it is not unrealistic for veterans with mental illness and their families to have expected the same rights and conditions rendered to physically injured veterans (that is, access to appropriate medical care and a pension).

The reason some veterans with mental health problems were left without pensions in run-down institutions or hospitals was largely attributed to psychiatry's belief in predisposition. The Commonwealth government followed the advice of expert psychiatrists and, as far as the majority of these experts were concerned, people were predisposed to developing mental health problems; war had little or nothing to do with it. Therefore, while this attitude persisted, the fact that some veterans had mental health problems was inconsequential when it came to providing repatriation support. This is evident when the treatment of veterans from different eras is compared. Immediately after the First World War, psychological problems were still believed to be war-related and many veterans with psychological problems received pensions and Commonwealth governments paid for their health care. Similarly, once post-traumatic stress disorder was included in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders III,* war was suddenly a legitimate cause of mental health problems and the government invested in providing supports. The Vietnam Veterans Counselling Service was established (1982); the National Centre for War-Related Post-traumatic Stress Disorder was set up (1995) and later expanded into the Australian Centre for Posttraumatic Mental Health (2000); and, more recently, the Australian Defence Force Mental Health Strategy was launched (2002). By the late 1990s, PTSD had become the most common mental illness diagnosed in Australian war veterans (DVA 2000b). And veterans with mental health problems have also been increasingly recognised and compensated for having 'war-related' diagnoses. Compensation is now seen by the DVA (2000a, 20) as important for veterans with mental illness, not only for 'the economic well being of veterans and their families', but also because compensation is 'tangible evidence of recognition and acknowledgment'. In economic terms, in the 1997–98 financial year, the DVA spent almost $200 million on mental health care (DVA 2000a).

There has been substantial investment by the ADF and DVA into the prevention, intervention and treatment of mental health problems. Of concern, however, is the lingering belief in predisposition and a renewed suspicion that veterans are feigning psychological problems for personal gain. In recent years, veterans' pension applications for psychiatric disability were still more likely to be rejected than approved. Between 1995 and 2000, only 46 per cent of veterans with a mental health disability who applied for a pension were approved (DVA 2000a, 12). More recent data indicates that this may have fallen to a 42 per cent acceptance rate (Australian Centre for Posttraumatic Mental Health 2002).[12]

12 It is beyond the scope of this paper to discuss the decline in the disability support pension, but it is important to acknowledge the tightening of pensions since 1996 (Carney 2006; Parker and Cass 2005).

There is also a growing chorus of dissent surrounding PTSD, which is potentially precarious in terms of the human rights of current and future veterans. In 2000 Shephard reported the growing belief in the US 'that the invention of PTSD had simply turned a generation of veterans into hopeless, dependant, welfare junkies' (393). He supported this theory by questioning the credibility of PTSD and accusing it of being a 'commercial commodity' (387). Shephard argued that PTSD is over-diagnosed and that men either are predisposed to such problems or fabricate their symptoms for financial or social gain. The only reason these veterans were not blamed for their PTSD conditions, Shephard claimed, was because such a stance was 'politically impossible in the climate of the times' (396).[13]

These sentiments were echoed in Australia. In the September 2000 edition of the conservative Australian journal *Quadrant*, Atrens, a psychology academic at the University of Sydney, stated: 'The fact that a veteran remains upset by his military experience is cause for sympathy, little else.' He maintained that PTSD is 'fictitious' and that claims of this disorder are motivated by financial gain (21–22). Atrens's opposition to financial compensation for veterans with mental illness was founded on a steady increase in pensions for 'war-related' claims, but between 1995 and 2001 the Department of Veterans Affairs (2000a, 12) still refused over half (54 per cent) of all applications. Finally, on 1 May 2007, the Australian Defence Association claimed that lawyers were teaching veterans how to apply for pensions for PTSD (ABC Online 2007b).

Further research needs to be undertaken before conclusions can be made about the current situation for veterans, but one can question whether the predisposition doctrine continued to play some role in these decisions. If this was the case, what effects could it have on the human rights of the 52 soldiers discharged between 2001 and 2006 with mental illness (ABC Online 2007a); current veterans with mental health problems; or the 3500 Australian defence force personnel currently on active service who may have or may develop poor mental health? Perhaps significant effects, since the notion of predisposition historically left many veterans with mental health problems without the respect, care and protection they were rendered under the rhetoric of the Geneva Conventions, the Universal Declaration of Human Rights and Australian governments.

References

ABC Online (2007a) 'AM — concerns raised over mental health of soldiers' 30 April 2007, reporter: Emily Bourke [Online] Available: <www.abc.net.au/am/content/2007/s1909677.htm> [2007, May 1]

13 For further examples of criticism of PTSD, see Summerfield 1997, 1568.

ABC Online (2007b) 'Lawyers coaching veterans on compensation payouts' 1 May 2007, 9:09 am [Online] Available: <www.abc.net.au/news/newsitems/200705/s1910728.htm> [2007, May 1]

Adviser in Psychiatry, Australian Infantry Force (1941) 'Report on cases of psychoneurosis in the Middle East' AWM54, item 804/1/4, part 1, Psychological warfare — general: psychiatry in the Australian army, case histories and reports, 1939–45

Archer R (1946) Letter for the Director General of Medical Services to the First Assistant Secretary, Defence Division, Treasury, 25 October, National Archives of Australia (NAA) A2421/T1, item G74, Mentals and nervous diseases — general, part 7

Atrens D (2000) 'Madness and neuromythology' 44(6) *Quadrant* pp 19–26

Australian Centre for Posttraumatic Mental Health (2002) 'Pathways to care in veterans recently compensated for a mental health condition' [Online] Available: <www.acpmh.unimelb.edu.au/research/current Projects/pathwaysToCare.html> [2006, January 10]

Australian Defence Force (ADF) (2005) 'ADF mental health strategy: background summary' [Online] Available: <www.defence.gov.au/dpe/dhs/mentalhealth/adfmhs/BackgroundADFMHS.pdf> [2005, October 3]

Australian Military Forces (1945) 'Analysis of hospitalisation Australia: discharges showing number of personnel by disease (EA or N) by primary diagnosis, by area or state for quarters ending 30 June 1945, 30 September 1945' AWM54, item 481/7/17

Australian War Memorial (AWM) (2006) 'At war: statistics' [Online] Available: <www.awm.gov.au/atwar/statistics/1885_1973.htm> [2006, January 4]

Bailey P (1990) *Human Rights: Australia in an International Context* Butterworth Publishing, Sydney

Bourke J (1999) *An Intimate History of Killing: Face-to-Face Killing in Twentieth-Century Warfare* London: Granta Publications

Burstall T (1990) *A Soldier Returns: A Long Tan Veteran Discovers the Other Side of Vietnam* University of Queensland Press

Butler A G (1939-43) *The Official History of the Australian Army Medical Services in the War of 1914–1918*, I–III, Melbourne: AWM

Butler A G (1943) *The Official History of the Australian Army Medical Services in the War of 1914–1918: Special Problems and Services*, III (1st edition) Australian War Memorial, Melbourne

Camp N M (1993) 'The Vietnam War and the ethics of combat psychiatry' 150(70) *American Journal of Psychiatry* pp 1000–10

Carmalt Jones D W, Medical Officer Royal Australian Army Corp (1917) 'Shell shock and neuroses: reports on functional nervous disturbances resulting from exposure to shell-fire: symptoms and remarks on diagnosis etc' AWM25, Department of Defence, written records, 1914–1918 War, 31 December 1913–31 December 1920, item 885/1

Carney T (2006) *Social Security Law and Policy* Federation Press, Sydney

Carswell R W (1951) Letter from the Deputy Commissioner to the General Secretary, the Country Women's Association of NSW, 16 March, Department of Health, correspondence files, multiple number series (first series) 1 January 1925–31 December 1949, A1928/1, item 362/9/5, section 1, NAA, Canberra

Chairman of the Repatriation Commission (1924) Memorandum to the Premier of NSW, NAA A458, Medical hospitals, maintenance of ex-soldiers treated in public institutions, 1923–24, item N368/5

Clark R (1945–46) 'Aggressiveness and military training' 51(5) *American Journal of Sociology* pp 423–32

Conde A (1997) 'The ordeal of adjustment: Australian psychiatric casualties of the Second World War' 15(2) *War & Society* pp 61–74

Cooper E L and Sinclair A J M (1941) 'War neurosis at Tobruk' September–December, AWM54, item 481/12/120

Curtin J (1944) *Sydney Morning Herald* 9 May

Damousi J (2006) *Freud in the Antipodes: A Cultural History of Psychoanalysis in Australia* University of New South Wales Press, Sydney

Department of Air (1941) NAA, A705 (A705/1), Medical

Department of Defence (2006) 'Law of armed conflict' [Online] Available: <www.defence.gov.au/RAAF/organisation/info_on/operations/law.htm> [2007, April 19]

Department of Defence (1941) *Summary of Prevention and Treatment of War Neuroses* (draft) 10/7/41, AWM54, item 804/1/4, parts 1 and 2, Psychological warfare — general: psychiatry in the Australian army, case histories and reports, 1939–45

Department of Defence (1939–46) Medical — statistics and graphs: medical examination of recruits for the services: rejection analysis of causes, AWM54, item 481/7/32

Department of the Army (1941) 'Member forces admitted to mental hospitals' (minute paper) NAA MP508/1, General correspondence, 1 January 1939–31 December 1942, item 211/706/141

Department of Veterans Affairs (DVA) (2006) 'Nominal roll: Gulf War' [Online] Available: <www.dva.gov.au/commem/nomroll/gulf/index.htm> [2006, January 4]

Department of Veterans Affairs (2000a) *Issues and Options for a Mental Health Policy: Towards a 'Whole Person' approach to Veteran Mental Health Care* DVA, Canberra, July

Department of Veterans Affairs (2000b) *Mental Health Disorders in the Veteran Community and Their Impact on DVA's Programs: An Analysis of Available Data* DVA, Canberra

Director General of Medical Services (1944) Letter to the Australian Army Staff 'Psychiatry in the Australian Army' 20 June, and Adjutant-General, Australian Military Forces 'Final medical boarding of neuro-psychiatric cases at 114 AGH' 6 March, AWM54, item 804/1/4, part 1

Director of Naval Medical Service (1944) NAA MP1049/7, Provision of psychology service in the Royal Australian Navy, 1943–49, item 720/201/319

Dobson M and Marshall R (1996) 'The stressor criterion and diagnosing post-traumatic stress disorder in a legal context' 31(3) *Australian Psychologist* pp 219–23

Ellery R (1945) *Psychiatric Aspects of Modern Warfare* Reed and Harris, Melbourne

Fowke G H, Adjutant General, British Armies in France (1917) Shell shock and neuroses: reports on functional nervous disturbances resulting from exposure to shell-fire: symptoms and remarks on diagnosis etc, 14 February, AWM25, item 885/1

Garton S (1996) *The Cost of War: Australians Return* Oxford University Press, Melbourne

Garton S (1988) *Medicine and Madness: A Social History of Insanity in New South Wales 1880–1940* University of New South Wales Press, Sydney

Gillespie R D (1942) *Psychological Effects of War on Citizen and Soldier* W W Norton and Co, New York

Gossop M (1981) *Theories of Neurosis* Springer-Verlag, Berlin

Holden W (1998) *Shell Shock* Channel 4 Books, London

Human Rights and Equal Opportunity Commission (1993) *Report of the National Inquiry into the Human Rights of People with Mental Illness* Australian Government Publishing Service, Canberra

International Red Cross (2007) 'International humanitarian law' [Online] Available: <www.redcross.1v/en/conventions.htm> [2007, April 12]

International Red Cross (2005) *Convention for the Amelioration of the Condition of the Wounded and Sick in Armies in the Field* Geneva, 27 July 1929 [Online] Available: <www.icrc.org/ihl.nsf/FULL/300?OpenDocument> [2007, April 24]

Kildea P (2003) 'The Bill of Rights debate in Australian political culture' 7 *Australian Journal of Human Rights* [Online] Available: <www.austlii.edu.au/au/journals/AJHR/2003/7.html> [2007, April 12]

LaCapra D (2001) *Writing History, Writing Trauma* John Hopkins University Press, Baltimore

Lewis M (1988) *Managing Madness: Psychiatry and Society in Australia 1788–1980* Australian Government Publishing Service, Canberra

Lindstrom R (1997) *The Australian Experience of Psychological Casualties in War 1915–1939* PhD thesis, Victorian University of Technology

Lloyd C and Rees J (1994) *The Last Shilling: A History of Repatriation in Australia* Melbourne University Press

Maddock K (ed) (1991) *Memories of Vietnam* Random House, Milsons Point, New South Wales

Marks S and Clapman A (2005) *Human Rights Lexicon* Oxford University Press, Oxford

McKernan M (2001) *This War Never Ends: The Pain of Separation and Return* Queensland University Press

Meekosha H (2000) 'Changing discourses of disability and human rights in Australia' Conference of the Asia Pacific Sociological Association, Kwansei Gakuin University, Japan, 14–16 September [Online] Available: <www.wda.org.au/discourse.htm> [2007, May 15]

Monash J (1918) Demobilisation: 7th Australian Infantry Brigade 'Scheme of repatriation', letter to the officers, NCOs and men of the 7th Australian Infantry Brigade, 3 December, AWM27, item 344/16–344/24

Morsink J (2000) *The Universal Declaration of Human Rights: Origins, Drafting and Intent* University of Pennsylvania Press, Philadelphia

Muir K (2007) 'Public peace, private wars: the psychological effects of war on Australian veterans' 26(1) *War & Society* pp 61–78

Muir K (2003) *The Hidden Cost of War: The Psychological Effects of the Second World War and Indonesian Confrontation on Australian Veterans and Their Families* PhD thesis, University of Wollongong

Muir K (2002) '"Idiots, imbeciles and moral defectives": military and government treatment of service personnel and veterans with psychiatric problems' 73 *Journal of Australian Studies* pp 41–48

Murphy G B (1947) 'The management of a patient with anxiety state' 1(7) *The Medical Journal of Australia* pp 202–06

National Centre for War-Related Post-traumatic Stress Disorder (1999) *Posttraumatic Stress Disorder (PTSD and War-Related Stress: Information for Veterans and their Families)* NCPTSD, West Heidelberg

New South Wales Government Printing Office (1870–1988) Collection of copy negatives 1870–1988, State Library of NSW [Online] Available: <www.sl.nsw.gov.au/picman/> [2006, July 28]

O'Keefe B (1994) *Medicine at War: Medical Aspects of Australia's Involvement in Southeast Asia 1950–1972* Allen & Unwin, North Sydney

Oliver M (1990) *The Politics of Disablement* MacMillan Press, London

Parker S and Cass B (2005) 'New paradigms of disability in social security law and policy in Australia: implications for participation' 25(4) *Disability Studies Quarterly*

Quinn G and Degener T (2002) 'The current use and future potential of United Nations human rights instruments in the context of disability' UN, New York

Raftery J (2003) *Marks of War: War Neurosis and the Legacy of Kokoda* Lythrum Press, Adelaide

Repatriation Commission (1929–1952)/Repatriation Department (1947–1952) Correspondence files, 'G' single number series, 1 January 1918–31 December 1974

Repatriation Commission (1948) Bed capacities, etc, for psychiatric patients in repatriation blocks at state mental institutions, 31/8/48, NAA A2421, item G74, part 9

Repatriation Department (1952–1970) Correspondence files, NAA A2422, item G5/4/5, Suggested amendments section 37(3) — mental illness (Acts and Regulations: Repatriation Act)

Roberts A (2002) 'Counter-terrorism, armed force and the laws of war' 44(1) *Survival* pp 7–32

Ross D (undated) 'Psychotic casualties in New Guinea, with special reference to the use of convulsive therapy in forward areas' AWM54, 804/1/4, part 1

Royal Australian Air Force Sept (1941) 'Memorandum on the disposal of members of air crews who forfeit the confidence of their commanding officers' NAA A2217/1, Disposal of aircrews who forfeit the confidence of their COs — lack of moral fibre cases — policy, 1941, item 1137/8/P1

Schwartz H (ed) (1984) *Psychotherapy of the Combat Veteran* MPT Press, England

Shephard B (2000) *A War of Nerves* Jonathan Cape, London

Silove D (1999) 'The psychosocial effects of torture, mass human rights violations, and refugee trauma: toward an integrated conceptual framework' 187(4) *Journal of Nervous & Mental Disease* pp 200–07

Sinclair A J M (1946) 'Psychotic states in soldiers' 1(1) *Proceedings of the Royal Australasian College of Physicians* pp 21–22

Smith K, Principal Medical Officer (1942) Letter to the Repatriation Chairman, 21/11/42, NAA A2421, Repatriation Commission (1929–52)/Repatriation Department (1947–52), Correspondence files, 'G' single number series, 1 January 1918–31 December 1974, item G74, part 5

Smith's Weekly (1948) 'Out of sight — into lunatic asylums' (June) NAA A2421/T1, Mentals and nervous diseases — general, 1942–44, item G74, part 9

Smith's Weekly (1945) 'War neurotics and returning POW's' (15 September) NAA A2421, item G74, part 6

Soanes C and Hawker S (eds) (2005) *Compact Oxford English Dictionary of Current English* (3rd edn) Oxford University Press, London

Solomon Z, Waysman M, Levy G, Fried B, Mikulincer M, Benbenishty R, Florian V and Bleich A (1992) 'From front line to home front: a study of secondary traumatization' 31 *Family Process* pp 289–302

Stoller A (1953) Consultant (Psychological Medicine), Repatriation Commission HQ to Principal Medical Officer, 4 November, NAA A2422, item G5/4/5

Stoller A (1949) 'Social work and the ex-serviceman: the psychiatric problems' *The Medical Journal of Australia* 14 May pp 639–47

Summerfield D A (1997) 'Legacy of war: beyond "trauma" to the social fabric' 349(9065) *The Lancet* p 1568

The Sun (1948) 'Callan Park — a glimpse back into the Dark Ages' 29 June, p 3, NAA A2421, item G74, part 9

The Sun (1945) 'Facilities needed for 4000 war nerve cases' 18 October, NAA A2421, item G74, part 6

Sydney Morning Herald (1946) 'Our treatment of neurotics is "unenlightened"' 23 December, NAA A2421, item G74, part 7

Sydney Morning Herald (1945) 'People asked to be natural with POW' 19 September, NAA A2421, item G74, part 6

Tomorrow (1946) 'Mental diggers: reform move needed' July, p 25, NAA A2421, item G74, part 7

Twomey C (1999) 'Captivity, human rights and World War II: Japanese captors and the military sexual slavery of Western women' in J Damousi and K Ellinghaus (eds) *Citizenship, Social Justice and Human Rights: International Historical Perspectives* University of Melbourne, Carlton pp 371–81

Tyquin M (2006) *Madness and the Military: The Australian Experience of the Great War* Army Military History Publications, Sydney

United Nations (1948) *Universal Declaration of Human Rights* [Online] Available: <www.un.org/Overview/rights/html> [2007, April 12]

Vamplew W (ed) (1988) *Australians Historical Statistics, Australians: A Historical Library* Fairfax, Syme and Weldon, Broadway, New South Wales

Victorian Herald (1945) 'Neurotics lack treatment: problem faces many discharged men' 4 September, NAA A2421, item G74, part 6

Walker A S (1952–61) *Australia in the War of 1939–1945* Series 5: medical, I–IV, AWM, Canberra

Walker A S (1952) *Australia in the War of 1939–1945: Clinical Problems of War*, I, AWM, Canberra

Ward W (1997) 'Psychiatric morbidity in Australian veterans of the United Nations peacekeeping force in Somalia' 31 *Australian and New Zealand Journal of Psychiatry* pp 184–93

Wilson (Capt) (1941) Psychological warfare — general: psychiatry in the Australian Army, case histories and reports, 1939–45, item 804/1/4, parts 1 and 2

Zifcak S (1997) 'Towards 2000: rights, responsibilities and process in the reform of mental health law' 4(1) *Australian Journal of Human Rights* pp 51–69