

Australian health workers denounce NSW Labor government's attacks on public hospital psychiatrists

Our reporters
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Mental healthcare workers and other medical practitioners have spoken with the *World Socialist Web Site* to voice their support for protesting public hospital psychiatrists in New South Wales (NSW).

Over 200 staff specialist psychiatrists in NSW public hospitals have tendered their resignations, effective tomorrow, in opposition to the NSW Labor government's refusal to increase its woeful pay offer or address the catastrophic conditions in the seriously under-resourced mental health services.

If the resignations occur, there will only be around 90 senior psychiatrists left working in public hospitals in NSW, Australia's most populous state. Staff in the sector are covered by the Australian Salaried Medical Officers Federation (ASMOF), which is calling for an immediate 25 percent pay increase.

The staff specialist psychiatrists, who undergo 10 years of study and training, have been calling for a decent pay rise and urgent increased funding to services over the past 18 months. According to today's *Sydney Morning Herald* there are about 90,000 mental health-related presentations to public hospital emergency departments every year, with an average 21-day hospital stay.

The NSW government, which is closely collaborating with Mark Butler, the federal minister for health, has categorically rejected the psychiatrists' demands. Today, it has declared its intent to take the dispute to the pro-business Industrial Relations Commission for arbitration. That is part of a broader offensive by the governments, state and federal, targeting any struggle by workers.

As the WSWs explained last week, meeting the psychiatrists' demands means building a unified movement of health workers, throughout the state and nationally, against the governments. That can only be developed in opposition to the health unions, most of which have said nothing about the psychiatrists' struggle, as well as the leadership of ASMOF, which is oriented to appealing to the government.

The following comment was sent by a NSW mental health nurse, who wants to remain anonymous:

I recently heard about a situation in an adolescent mental health inpatient unit where two young people were discharged, not because they were anywhere near well enough to be discharged, but because the unit was closing due to registrar psychiatrist shortages. This is a very high-risk situation for these young people.

Early discharge scenarios are happening a lot but to see it with young people, who have their whole lives in front of them but are confronting a serious mental illness, is extremely disheartening and disturbing.

Because the government refuses to grant the psychiatrists' demands, this is what will happen:

1) There will be more psychiatrist resignations because they will be expected to chop and change and work in areas that are outside their scope of practice.

2) There will be increasing numbers of high-risk patients admitted to low-risk units and potential danger to staff and other inpatients, without the back up of an acute unit in facilities.

3) The psychiatrists that have resigned will move into the private sector and treat the relatively stable patients, which means those with enduring mental illness or in crisis will go untreated.

4) The private sector cannot treat involuntary patients or high-risk patients, so involuntary and high-risk patients have nowhere to go. For the government to say the private sector can treat these patients is downright ignorance or straight out lies.

5) The suicide rate will increase dramatically as mental health episodes go undiagnosed and untreated. Young people with prodromal [early] symptoms will go undiagnosed, leading to a decreased positive outcome for their recovery.

6) GPs, who are not familiar or comfortable with mental illness, will be expected to carry the load with mental health patients in crisis and needing diagnosis and treatment.

7) Regional and rural areas where psychiatrists' input is minimal will become even more poorly resourced.

8) More and more junior doctors and mental health nurses will leave because of burnout from the added stress and workloads.

To summarise, we face an absolute catastrophe and one that will have far-reaching effects across all communities in NSW. It takes ten years to train psychiatrists, so how will Australia recover from the mass exodus of psychiatrists?

A staff specialist psychiatrist who trained and qualified at Concord Hospital in Sydney's western suburbs in the 1980s spoke to the WSWs. He worked in inpatient psychiatric units, in consultation liaison psychiatry in the general hospital and in community mental health services before retiring 2022. His comments have been edited:

There have always been problems with public mental health. In the days when asylums were the predominant method of treating seriously mentally ill persons, there were abuses of power and then a movement in the 1970s and 80s to close the asylums or the big psychiatric hospitals down and replace them with community mental health services.

This was generally seen as a positive move because the asylums

were not very pleasant places and could lead to institutionalised behaviour and prevent patients from forming more normalised relationships with the community.

When the de-institutionalisation movement occurred there were funds that could be withdrawn from the inpatient mental health services. These were expected to be applied to services in the community. It's not clear though that all this funding was applied to the community mental health services.

The model was to support people with mental illness living in the community. Usually, these individuals wouldn't have the severity of mental illness that is met with in asylums. The development of newer anti-psychotic medication and psychotropic medication made it possible to think about allowing people to be discharged into the community and maintain their mental health.

That said, mental health has always tended to be a poor relation of the other medical conditions and had difficulty attracting funding proportionate to the amount of disability caused by mental illness.

Public mental health services see some of the most difficult to treat conditions often associated with severe behavioural disorders and disturbances. This creates a predominance of working conditions which are sometimes hazardous and often unpleasant. The existing state of the mental health system is such that resources are being more and more stretched with regards to the treatment of acute mental illnesses.

The proposed large-scale resignations will have a very, very disastrous effect on the services. It means reductions in the treatment workforce and the ability of making qualified professional decisions which will probably be left in the hands of more junior and less qualified medical personnel.

Staff specialists provide training, mentorship and support for the psychiatry registrars or psychiatrists in training. It'll be very difficult to continue providing accredited training in this situation. Without senior guidance and support the junior doctors will be left in the position of having to make decisions for which they possibly are not qualified. This could lead to mishaps and misjudgments and possibly adverse outcomes. We run the risk of blocking up the beds with patients who haven't been receiving the most expert treatment that should be available, and of the services being overrun.

For psychiatrists to link up with other healthcare workers is a good idea for some kind of unification of purpose and the development of a broadly accepted plan for providing services. It's good to try and unify the sectors of the workforce to achieve a better outcome.

Steve, a retired nurse from Victoria, said:

The NSW government claims it can use locum psychiatrists to deal with the issues and is advocating people go to the private system. This won't work and would have a devastating effect on the clients, who cannot easily change from one psychiatrist to another or go to the private system.

NSW public hospital psychiatrists should turn to their colleagues across Australia and the rest of the mental health work force. They need rank and file committees of psychiatrists and to appeal to their colleagues in other states to support them. There is no way forward with the unions and the professional associations. They're silent on mass murder in Gaza and they're silent on these other issues too.

Psychiatrists in NSW and workers across the country confront a social problem caused by government cuts. It's down to the capitalist class demanding social programs be ended, the provision of those programs be terminated.

The government will claim it is the psychiatrists' fault for

abandoning their patients, but there aren't enough psychiatrists, that's a fact. People wait for months, going from acute presentation to acute presentation and every time getting sicker, then becoming homeless or ending in prison.

Governments are not providing sufficient funds for training of mental health workers and all the services that need to go with them—housing, secure accommodation. There's a whole history of defunding and restructuring of public health. We've seen the closure of psychiatric beds, infectious diseases beds and all sorts of service, basically because the government doesn't want to fund public health care.

There probably wouldn't be so much demand if there were other services available, such as accommodation, mental health nurses making sure people have their medication either in the community or in secure facilities. Some social support exists but it is totally inadequate. Just walk around the streets and you see it.

A mental health nurse from Victoria sent the following comment:

I completely support the NSW psychiatrists. The crisis in NSW is similar to what's happening in Victoria and is caused by the fact that the recommendations from a royal commission into mental health haven't been implemented and aren't going to be implemented.

The NSW government has said that it will try and transfer the public mental health patients to private hospitals. Patients with mental health issues can't quickly change hospitals because different hospitals have different programs and services. You can't change psychiatrists and hope to have continuity of care. And in psychiatry, it is all about rapport and the relationship you have with the psychiatrist.

Psychiatrists can provide a plan of care but if you haven't got the staff, you can't implement that plan, which is why you have adverse events where people kill themselves in hospital or abscond and then kill themselves.

NSW psychiatrists need to get the mental health nurses on side because we are all in this situation together. Mental health is all done in teams, it's very collaborative. The psychiatrists need to call out mental health nurses but also general nurses, social workers and psychologists. Everybody should unite and fight for a decent system. I'm pretty sure everyone will be involved, because they're just sick of it.

We urge NSW public hospital psychiatrists to contact the Health Workers Rank-and-File Committee to discuss your experiences, conditions confronting medical practitioners and patients in your hospital, and how to establish a rank-and-file committee to take forward this struggle.

Contact the Health Workers' Rank-and-File Committee (HWRFC):

Email: sephw.aus@gmail.com

Twitter: @HealthRandF_Aus

Facebook: facebook.com/groups/hwrffcaus



To contact the WSWs and the Socialist Equality Party visit:

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