



M05/4453

- 5 AUG 2005

Mr Ian Holland
Secretary
Select Committee on Mental Health
Australian Senate
Parliament House
CANBERRA ACT 2600

Dear Mr Holland

I write in response to your letter of 17 June 2005 to the Minister for Health, inviting comment on a submission made to the Senate Select Committee on Mental Health by Dr R W Lyndon, Northside Clinic. I have been asked to reply on the Minister's behalf.

The initial part of Dr Lyndon's submission deals with the issue of patients in public hospital emergency departments waiting for a mental health bed. NSW was at the forefront in Australia of mainstreaming of acute psychiatric care in public hospitals starting in the late 1960s. Patients with a wide range of health conditions experiencing exit block in emergency departments is a more recent phenomenon. Measures being undertaken to address this and provide specialist mental health expertise to emergency departments are described in the NSW Government's Submission in point 2.3 "Adequacy of Models of Care – Crisis and Acute Care".

Dr Lyndon's submission is a little unusual in that he admits he does not know directly about practices in this area, yet lists such issues among those on which he bases a belief of inadequate or inappropriate care. It should be noted that patients waiting in emergency departments have not been turned away from care despite the pressures on the health care system, but are being maintained in a place of safety. Staff do have procedures to follow for matters such as use of restraints (refer http://www.health.nsw.gov.au/policies/PD/2005/PD2005_079.html). Despite the long period in which mainstreaming of acute care services through public hospitals has been practiced, it is only recently that a technical deficiency in the Mental Health Act has been identified and this is being addressed through a review of the Act presently underway. Reading on the issue is available in Discussion Paper 2 at <http://www.health.nsw.gov.au/pubs/2004/pdf/menthealthrev.pdf> at page 16.

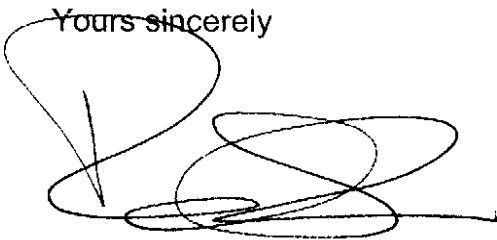
The next issue addressed by Dr Lyndon is that of Electro Convulsive Therapy (ECT). The NSW Mental Health Act contains stringent requirements for dealing with issues of informed consent, mechanisms for alternative consent for involuntary patients, compulsory second opinions, the training and experience of the persons who conduct the procedure and controls on where the treatment may be administered. The NSW Mental Health Act 1990 mandated that only persons who are experienced in the administration of ECT may administer it, and that there must also be an experienced anaesthetist present. Training in ECT is now part of the requirements

of the Royal Australian and New Zealand College of Psychiatry for admission to Fellowship.

Many in the community, and some in the medical community, still see ECT as a controversial treatment. ECT, like any other procedure, is best performed by those who are confident in its use and convinced of its capacity to provide beneficial outcomes. There are alternatives in the form of other well accredited therapies; these are increasing in their range and some psychiatrists are more comfortable with pursuing them rather than using ECT. The NSW Department of Health would not advise mandating a series of symptoms for which public mental health practitioners were obliged to use ECT as a treatment.

Thank you for providing the opportunity to comment on Dr Lyndon's submission.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Robyn Kruk', written over the typed name below. The signature is fluid and somewhat abstract, with several loops and a long horizontal stroke at the end.

Robyn Kruk
Director-General