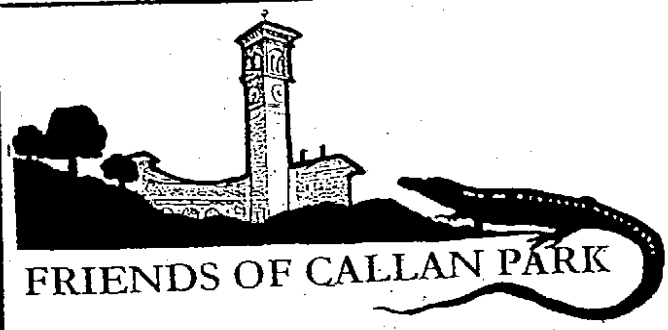

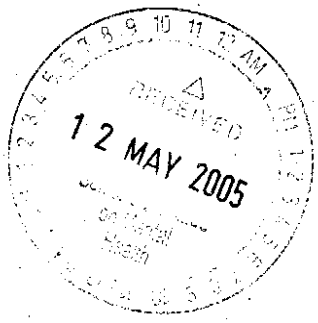

9th May, 2005

The Committee Secretary
Senate Select Committee on Mental Health
Department of the Senate
Parliament House
Canberra ACT 1600

Dear Sir/Madam,
Attached please find the submission on mental health services from the Friends of Callan Park.
We apologise for its size, which however represents only a small selection of the mass of information we have accumulated on the complex issue of mental health services. We would be happy to elaborate on this to the Committee in person; and also to arrange a tour of the site for the Committee if they would be able to include it. We believe that what has happened and continues to happen at Callan Park provides an excellent illustration of what has gone wrong with mental health throughout Australia; and how it could be used to help remedy at least some of the current disaster.

Yours faithfully,

Jean Lennane (Dr)
Mental Health Spokesperson for the Friends of Callan Park

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Submission to the Senate Select Committee on Mental Health

The text below will note specific terms of reference of the Committee according to the published list **(a - p).**
The Friends of Callan Park is a large community group that was formed in late 1998 in response to an attempt by the NSW Government to sell part of the Callan Park site. (Callan Park is the name locals now use to refer to the whole 61-hectares of what is officially called the Rozelle Hospital, in Lilyfield, NSW; which is actually made up of what was originally the Callan Park estate; plus what was originally Broughton Hall.) The group, which has always had an extraordinarily high level of community support, has always had as its aim the maintenance of the whole site in public ownership, as a 'heritage working park'; and the continuation of the psychiatric hospital and allied mental health services there. (***Attachment 1***; resolutions passed at the first public meeting.)
The first aim was largely achieved with the passage of the Callan Park Special Purposes Act in December 2002.

a. However NSW Health and the NSW Government still intend to close the hospital, claiming they are moving it to Concord Hospital, as 'stand-alone' psychiatric facilities are no longer acceptable. They claim this is reflected in the National Mental Health Strategy. If this is the case, we suggest the strategy has been, in that regard, highly damaging; and also misleading; since anyone with private health insurance and/or the money to pay for private care, which presumably would include most or all of those involved in formulating the strategy, would be admitted to a 'stand-alone' facility if in need of care, as all private hospitals are 'stand-alone', i.e. specialised. Why should the poor and uninsured be deprived of such specialised care? as well as the space, peace and beauty of a place like Callan Park, rather than being forced into the cramped, noisy and claustrophobic conditions of a general hospital campus?

b. Mental health care in NSW generally is now a disaster, although the increasing number of spin-doctors employed rather than medical doctors still routinely present the continuing cuts to services as 'reforms'. After-hours teams are being replaced with one or two staff in A&E departments of general hospitals; community health centres are being closed and 'moved' to crowded and intimidating general hospital campuses; and despite regular calls for and promises to increase acute mental health beds, they continue to be quietly closed. ***Attachment 2*** is a very informative proposal from a PR firm on how to best go about closing a psychiatric hospital. What they suggested was what was done, and Gladesville Hospital was duly closed, to the great detriment of mental health services in northern Sydney. ***Attachment 3*** is a number of our analyses of what the proposed 'reforms' for Callan Park really mean.
The Committee should have access to the latest report of the NSW Sentinel Events Review Committee ("Tracking Tragedy 2004"), which found a correlation between length of stay in hospital, and deficient bed numbers, and suicide deaths soon after discharge. The report seems to be hard to get hold of; but the Committee needs to see it. If you can't get it from NSW Health and/or its website, please let us know, and we'll organise a copy.

c. It's tragically clear that a major issue in continuing cuts to mental health services in NSW is the method of funding, to Area Health Services whose CEOs are on performance-based contracts, hence strongly motivated to redirect mental health funds to more glamorous and noticeable services in order to meet their budgets. Prior to 1989 when that system was introduced to NSW, mental health was centrally funded. It does not seem possible for adequate and reliable services ever to be provided under the current system, or any system that allows such vulnerable services, with such disabled clients, to be lost within the rest of Health. Funding has to be centralised again, whether by State or Commonwealth. Given the poor performance of State governments generally over the last 15-20 years, the latter would seem worth a try.

d. The private sector will continue to service the better off, though its ability to retain enough skilled staff is under threat as recruitment and training continue to decline. The role of NGOs is crucial; but it is a concern that the NSW government (and no doubt others) seem to be aiming to offload more and more services onto them, regardless of their ability to handle them safely. We have to remember that staff in NGOs usually have minimal or no training - a recipe for disaster if they are landed with people needing expert care. ***Attachment 4*** is an example of this, where as soon as this patient reached the age of 65, staff were attempting to offload him to any aged care facility that was prepared to take him, regardless of whether it would be safe to manage him there.

e. These unmet needs add to the whole disaster. One item that should be mentioned is the Commonwealth Rehab Service, that used to provide expert assessment, help, retraining and job placement, no longer seems to do that.

f. Callan Park is the ideal situation to provide an adequate and integrated service for the increasing proportion of people with severe mental illness who also have an alcohol or other drug problem (currently around 60%). Yet despite many parliamentary and other inquiries pointing out the need for integrated services over the last 15 years, they remain completely fragmented, and nothing has been done to remedy this life-threatening situation. The Government's only response to the NSW Parliamentary inquiry's recommendations on this, for example, has been to set up a committee and employ a consultant - while continuing with their plans to close Callan Park.

j. The Friends of Callan Park, and the general community, are particularly concerned that our jails have become our new psychiatric hospitals. On current figures, there are some 900 people in jail in NSW with acute severe psychotic illness; and probably another 2,000 or so with less severe but nevertheless significant problems (mood disorders, post-traumatic stress disorder, alcohol and other drug dependency, severe personality disorder). There are also a large number with intellectual disability of varying severity. Many of these people have committed a series of minor offences, for which magistrates have ended up giving them a jail term, knowing that jail is now the only place where they can be sure of getting treatment rather than being discharged onto the street in a couple of days. Others have committed serious offences, including homicide, most of which could have been prevented if adequate services had been available.

It is simply unacceptable to have people with mental illness being sent to jail because services are not available, when a facility like Callan Park is operating at less than a third of its potential, with large numbers of usable buildings being wrecked by neglect instead of being used to capacity.

k. Detention in mental health facilities is an absolute necessity in many cases of acute mental illness, with however two current problems:
1. the lack of beds means that very few people are admitted at a stage in their illness when they are asking for help and keen to get into hospital, instead being denied help until they have lost all insight, are dangerously disturbed, and require compulsory admission; and
2. conditions in most hospital units are now unacceptable, because of the high level of disturbance of all the patients; and because all non-drug therapy, including time spent talking with staff, seems to have been abandoned.
If people are being detained, services MUST be humane, compassionate, and of the highest quality.

l. The subject of stigma is covered in ***Attachment 5***, with other matters primarily related to outcome measures. The ongoing attempts to reduce stigma, while at the same time reducing services so that dangerousness and disability are increasing, have been extremely damaging - equivalent to an 'education' campaign to destigmatise cancer by denying that it kills people, while at the same time reducing services, with the inevitable result that more people with cancer will die.
Education campaigns MUST be truthful and realistic if they are to have any effect at all.

m. The Department of Housing in NSW has been used as a dumping ground for people with mental illness for 15-20 years. Unless adequate support services are provided, which has never been the case, things go horribly wrong, both for patients and other residents.
The only group that consistently gets a good rap in the current NSW disaster are the police. Almost all reports of their handling of mental health crises are favourable, whereas the great majority of those regarding mental health services are not.

o. The key outcome measure in any potentially fatal illness is death. ***Attachment 5*** is a poster presentation made at a Health Outcomes conference in 2003. This outlines the problems caused by NSW Health's refusal to treat mortality figures the way they would be treated in any physical illness, such as anaesthetic or maternal deaths.
Attachment 6 is a copy of a recent complaint to the NSW Ombudsman about the way the enormous increase in mortality (of the order of 500%) since 1989 has been covered up by NSW Health. The failure to acknowledge or act on the deaths has some alarming similarities to what happened to people with mental illness in Nazi Germany.
Attachment 7 is a copy of Whistleblowers Australia's submission to the NSW Parliamentary Inquiry. If there is to be any genuine monitoring or quality control, it is essential that all staff - and patients - are free, and indeed encouraged, to express their concerns. Without that, quality control is just meaningless PR, as can be seen from the NSW Health memo to staff. Will the Senate Committee be taking steps to ensure that staff making independent submissions to the Inquiry will be protected?

Recommendations we would like the Committee to consider

1.Meaningful outcome measures:
The known adverse outcomes of inadequate and failing mental health services are: ***death*** (suicide, homicide, accidents resulting from incapacity, and death from neglect of physical illness); ***homelessness***, as measured by the proportion of people in homeless hostels etc with mental illness; ***jail***, as measured by the proportion of inmates with mental illness; and ***accessibility of hospital services***, as measured by the proportion of patients there voluntarily (this should be at least 75%).
These four measures would give excellent indications of the success or failure of services; however they would have to be independently monitored, otherwise could and would be spin-doctored, sanitized and covered up like the deaths in NSW.

2. **Standing inquest:** A resolution passed unanimously at the public meeting held on saving the hospital at Callan Park on 30th March this year, was: "This meeting calls on the state government to establish a standing coroner's inquest into all suicide deaths of people under care of mental health services in NSW whether they occur within or without public psychiatric units. The standing coroner's inquiry must have all the powers of a royal commission, to be able to call witnesses and examine them under oath, and to provide regular recommendations about the provision of public mental health services in response to the findings on suicide deaths."
An ongoing inquiry such as that we believe would be extremely valuable in helping the system to learn from its mistakes, and avoid further progression down the Nazi road.

3. Set minimum standards for service provision: The lack of concrete measures of service provision provides a fertile field for spin-doctoring. There should be defined minimum standards, of acute and longer-stay hospital beds per 100,000 population; community services, for routine and after-hours care; and supported accommodation as beds per 100,000. Community services are harder to define than inpatient beds, one reason they are so vulnerable; however it should be possible to set minimum standards there too, for e.g. one community mental health centre, locally and accessibly placed, per 100,000 population, with a set minimum of staff, and other services such as drop-in and living-skills centres. After-hours call-out services should also be strictly defined. Defining minimum standards for both community and hospital services would help to avoid the extremely destructive '*hospital or community*' argument, when with any other illness it is simply accepted that we need both.

4. Stop the real-estate-driven attack on specialised stand-alone hospitals like Callan Park. The insistence on 'mainstreaming' all psychiatric services for the uninsured should be abandoned in favour of providing the same choices for patients and their communities as exist in the private sector. Space, peace, and the beauty of nature is vitally important to many people for their recovery, as was recognised in the 'Dickensian' 19th century, but has been lost sight of in the materialistic and real-estate driven 21st.

Jean Lennane (Dr) Mental health spokesperson, Friends of Callan Park