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Caring for the mentally ill

Victoria needs specialist psychiatric hospitals to cope with the crisis of care, writes David Copolov.

THE dismantling of specialist psychiatric hospitals in Victoria, which began in the early 1980s and concluded with the closure of Royal Park Psychiatric Hospital in 2000, was a major error in judgement — one that has been supported by both sides of politics.

It was originally driven by a “mixed marriage” of fiscal conservatives and well-intentioned but misguided community care-oriented ideologues.

The latter were not misguided in their enlightened quest to ensure that more and much better quality care should be provided in the community, but were wrong to advocate that the closure of specialist psychiatric hospitals was a necessary prerequisite to achieving this goal.

On the whole and over many decades, governments of both persuasions had allowed the infrastructure of public psychiatric hospitals and the quality of care in them to remain well below the standards found in general public hospitals. They then used the poor state of those facilities to justify their abolition.

Another argument was that integrating psychiatric wards into general hospitals would help destigmatise psychiatric illness and discourage isolationist and out-of-date clinical practices that had been a characteristic of the “asylums on the hill” in the early part of the 20th century and before.

No one would ever wish for a return to public psychiatric hospitals typical of those operating during the last century. Instead, there is a strong case for considering the establishment of specialised and high-quality psychiatric hospitals that integrate best-practice clinical care, teaching and research, similar to the excellent hospitals that Victoria is so proud to have at the forefront of the specialist arm of its public hospital system — including the Royal Children’s, Royal

Women’s and Royal Victorian Eye and Ear hospitals and the Peter MacCallum Cancer Centre.

Specialist psychiatric hospitals would help ease chronic psychiatric bed shortages, would provide expert psychiatry-focused emergency assessment services (the need for which was highlighted in *The Age’s* editorial “Fix the mental health crisis” last Monday).

They would also attract the best psychiatric clinicians and researchers, who would devote their attention and energies to the investigation, treatment and support of patients who have the most difficult to treat or complex disorders; those whose treatment does not lend itself to the type of rapid turnover philosophy that may be applicable to minor surgical procedures, but which, when applied in psychiatric contexts, often leads to patients being discharged well before they are convincingly stabilised.

The Peter MacCallum Cancer Centre provides an excellent model for such specialised treatment facilities that could be adopted in the psychiatric domain. Patients feel very reassured by Peter Mac’s singular focus on cancer. They are aware of the depth and breadth of treatment options at the hospital, and the high quality and special empathy of its staff.

Of particular importance is the fact that treatment regimens are greatly informed and guided by the latest developments in medical oncology, radiotherapy, cancer surgery and supportive care. This occurs because treatment is guided by the clinical and basic research undertaken by the hospital’s clinicians and the more than 250 research staff in the hospital’s productive research division.

The vast majority of patients being treated for cancer receive their care in outpatient settings. Very high standard, large throughput treatment is provided by general hospitals, both public and private, and by doctors in private practice, as well as at Peter Mac.

Similarly, the Royal Women’s and Royal Children’s hospitals deliver high quality community and outpatient care in women’s health and pediatrics, as well as research-informed inpatient services, and are closely associated with other general and specialist hospitals and medical research institutes.



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Indeed, the move of the Royal Women's Hospital to sit alongside the Royal Melbourne Hospital, and the possibility that the Peter MacCallum Cancer Centre might eventually do likewise in the heart of the Parkville Biomedical Strip, indicate how modern specialist hospitals now give high priority to integration with other elements of the health-care system.

Rather than increasing stigma, specialist hospitals reduce the feeling of otherness — they help patients feel a sense of solidarity with their fellow patients, and feel reassured that the staff working in the facility have a vocation centred on their disorders.

They are inspired by others travelling along similar paths, especially those who are managing well under difficult circumstances.

In specialist hospital settings there is no sense that patients are being treated under sufferance in facilities that are primarily oriented towards the treatment of other illnesses — a situation that was outlined in your lead news story last Monday describing how Victoria's general hospital emergency departments assessed 40,000 patients with psychiatric problems last financial year but are not ideally staffed or designed to do so.

Health Minister Bronwyn Pike is widely recognised to have gone in to bat for improvements in Victoria's mental health system. The extra \$180 million allocation over the next four years to the Mental Health

Branch for the coming year, together with previous increases, mean that while the 1998-99 budget for the Mental Health Branch was \$450 million, in 2005-06 it will be close to \$700 million. But in addition to funding increases and the quality improvements that have undoubtedly occurred, especially in community settings, more radical structural reforms need to be put in place — one of which is the reintroduction of specialist psychiatric hospitals.

In *The Age* on Monday, Pike is quoted as saying that she prefers the treatment of patients with psychiatric illnesses to remain within the mainstream health system.

So do I. The re-establishment of a limited number of specialist psychiatric hospitals, but this time integrated, research-intensive, state-of-the-art facilities — not isolated Dickensian asylums on the hill — would support and augment the psychiatric care provided in the community and in general hospital settings.

This would help ameliorate the considerable strain faced by psychiatric patients, their carers, and health workers in both the general hospital and mental health sectors.

David Copolov is a professor of psychiatry at Monash University and director of the board of the Peter MacCallum Cancer Centre. He was director of the Mental Health Research Institute of Victoria from 1985 to 2004.

