The introduction of integrated specialist psychiatric hospitals as one potential element in mental health care reform?

There are many elements in Australian mental health care that are being considered by the Inquiry
with a view to substantial enhancement. One element that has not received sufficient attention is the many potential advantages that might follow from the establishment of state-of-the-art specialist hospitals in psychiatry, hospitals that would be colocated and strongly integrated with general hospitals, would be research intensive and would have very effective 'connectivities' with community mental health systems (Age Opinion Piece 22nd June, 2005 - attached) . Such hospitals would not develop at the expense of the general hospital units and the enhanced community mental health networks that have been established subsequent to the reforms that were instituted in the 1990s - but would occur in addition to these developments.

A key outcome measure by which the States have been able to demonstrate their success in meeting reform goals has been the extent to which they have decommissioned their 'stand alone' psychiatric hospitals. The strategic intent behind this goal is laudable. 'Stand alone' did mean 'out of touch' and 'disconnected' - but the best specialist hospitals in the world are really superb organisations (eg the Memorial Sloan Kettering Cancer Centre, New York, St Jude Children's Research Hospital in Memphis, Tennessee (where Australia's only living Nobel Laureate, Peter Doherty. did much of his work) and the National [UK] Hospital for Neurology and Neurosurgery, also known as Queen's Sqaure). They are the antitheses of being disconnected or out of touch . People with cancer or neurological disorders or sick children can be the beneficiaries of superlative treatment in such hospitals without those hospitals being denigrated and lambasted as 'stand alone'. Getting rid of psychiatric hospitals was roundly applauded as 'deinstitutionalisation' - and, indeed, there were many aspects of such hospitals that we should all say 'good riddance' to. But would getting rid of superb specialist hospitals like those listed above be similarly applauded as progressive and enlightened (the term 'deinstitutionalisation' would similarly apply).

For too long the policy makers who have steered psychiatric services reform in Australia (and have - on the whole - done a good job in readjusting the settings) have failed to adequately appreciate the lessons that can be learned from non-psychiatric specialties in relation to the role that specialist hospitals can play as one important element in comprehensive, high standard health care.

Yours sincerely.

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