

J.R. CLAYER MBBS DPM FRANZCP MD



Committee Secretary Senate Select Committee on  
Mental Health Department of the Senate Parliament  
House Canberra ACT 2600

20/10/05

Dear Sir,

In 1970 there was a worldwide move to place the mentally ill in the community.

I strongly support that move and urge the government to give it financial and personnel support.

Admirable though the move was, there is still much more needed for those now living in the community, especially in the way of specialised accomodation. In N.S.W, 80 % of the homeless are mentally ill.

Quite apart from those needs, the move into the commuhity created another need. By closing psychiatric

hospitals, it provided no resources for the ' long stay patients'.

In 1994 a realistic appreciation of the needs of long stay psychiatric patients appeared, with the results of a National Audit of 59 UK mental health services and 905 specific patients aged 16-64. This showed that although many patients had done well with the discharge of the majority of psychiatric hospital patients and the closure of many of those hospitals, there had emerged or remained a patient group who became known as the "New long stay patient".

These patients consisted of three age groups. The older group (age 56-67) displayed predominantly negative symptoms, affective disorders and dementia.

The younger group ( age 16-34) had a history of violent dangerous behaviour, sexual assault or deliberate self harm. The mid group ( age 35-54) displayed symptoms intermediate of both the younger and older groups.

The major problem, particularly with the younger group was that with the closure of psychiatric hospitals there were few facilities or treatment centres where effective help could be provided. Perhaps the most relevant finding of this National Audit was that although the very intensive/community/home based/ one on one/ daily Living Programme, had proved to be mildly cost effective in the first 20 months, Phase II (greater than 20 months) showed that "the slim clinical and social gains from home based versus psychiatric hospital based care, found in Phase I, were largely lost in Phase II.

In 1997 an examination of the patient population at Royal Park Psychiatric Hospital in Melbourne, by Richards & Allen revealed that a young long stay group similar to that identified in the U.K. had emerged in

Victoria.

In 1992 the S.A. Government closed Hillcrest Hospital in Adelaide without telling the staff or patients.

Only Norman James, the superintendent, was told, who told no one. Norman James is currently in charge of Glenside ( the 'Interim' Director) after a spell in Victoria closing Royal Park Psychiatric hospital.

In 1992, the patients at Hillcrest were sent into the community or transferred to Glenside, now the only hospital for 'long stay' stay patients.

In 1997 the State Coroner in S.A. was critical of the State Mental Health Services when examining the deaths by suicide of three patients with schizophrenic illnesses, and the killing of three persons by patients with diagnoses of schizophrenia. In his Recommendations, the Coroner commented that deinstitutionalisation had caused the loss of a critical mass of expertise at major treatment centres in S.A. and a loss of humane closed wards for the accommodation of psychotic patients.

Fortunately Glenside has lovely grounds, trained staff, a gymnasium, a shop and Art therapy, all of which are essential for the rehabilitation of patients needing two or three years to rehabilitate, and is close to, as well as part of, the Royal Adelaide Hospital. Nowhere else in S. A. is there a unit with these facilities.

Reports from Australia and from overseas draw attention to the fact that the closure of psychiatric hospitals has led to a huge increase in the mentally ill being inappropriately imprisoned.

When you add the persons in prison as the result of a psychiatric illness that has led to them offending against

society, the need for a facility like Glenside becomes more demanding.

Frances Nelson of the Parole Board has commented on this need.

James Nash House the prison hospital for the criminally insane, is a brick building with high brick walls.

Sometimes in a desperate attempt to rehabilitate these people they are transferred to Glenside.

In 1998 the liberal government announced the closure of Glenside and its sale for real estate.

Fortunately Dean Brown listened to the community.

With statesmanship rarely seen in politicians, Brown called together an expert committee who recommended that Glenside become a centre of excellence for rehabilitation of the mentally ill.

The late Margaret Tobin was a member of that committee.

At around that time the present Minister for Health, Leah Stevens, pointed out that too often the 'Mentally ill' are wrongly seen as a single homogenous group, with identical needs.

Now unfortunately she is reconsidering closing the only, irreplaceable and quite excellent facility, providing the essential tranquility and true asylum once offered, for long stay patients, Glenside.

If it is closed the existing problems in Mental Health will escalate irreversibly.

Unfortunately the pressure groups such as The Mental Health Council of Australia, whose report came out today, in correctly urging greater support to community mental health services, still emphasise a need to close hospitals without realising the harm that this does.

A handwritten signature in black ink, appearing to read "John C. Ryan". The signature is written in a cursive style with a long, sweeping underline that extends to the right.