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UPDATE ON ROZELLE HOSPITAL AT CALLAN PARK

Mental health cuts – and what the 'move' from Callan Park to Concord really is about ...

In response to requests for up-to-date information about what is happening with Rozelle Psychiatric hospital, Dr Jean Lennane (immediate past president of Friends of Callan Park) has prepared this report

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Figures are very confusing; constantly changing as the army of spin-doctors fix them to suit. For example, the "$407 million upgrade of services and facilities across Central Sydney Area Health Service" that we were told about in September 2004, suddenly expanded to $500 million in January (source: *Courier*). Sounds impressive, until you realise Central Sydney is now Central South-Western Sydney, and twice the size. Shouldn't the $407 million have doubled too?

NSW Health refuses to say how many spin-doctors are employed to paint over the cracks so you won't notice the decay underneath. Mental health services have always been the worst affected, being at the bottom of the health priority list; but what's happening to them today, if not stopped, will be happening to the rest of the health system tomorrow.

The Callan Park campaign has focussed attention on mental health services in Central Sydney since the controversy over the Carr government's plans to sell what it could of the site erupted in November 1998. Since the Area Health Service got control of mental health funding in 1989, they had cut hospital beds at Callan Park from 530 to 250, claiming the beds were no longer necessary as care in the community was the way to go. Unfortunately over the same period they had also cut 4 of the 8 community health centres, 2 of the five extended hours teams, and most other rehabilitation and social support services.

1. Since the aborted land sale to Scalabrini for a retirement village in 1998, and the government's plan to sell 20% of the land at Callan Park in 2001, supposedly to pay for the hospital services to be rebuilt at Concord, Central Sydney has been under intense scrutiny. So, knowing it's being watched, what has it done for mental health? Always, of course, presented by their army of spin-doctors as 'reform'.
2. The two existing psychiatric admission wards at Concord were closed; one in 2000; and the other 'moved' to Callan Park in 2001 – total loss of 50 beds.
3. Drug and alcohol detox closed at RPA in 2001 – loss of 20 beds.
4. In theory, the 25 beds from Concord's second closed ward, and the 20 from RPAH detox. were shifted to Callan Park. However bed numbers there

(Rozelle Hospital) have progressively shrunk from 250 to 215. (They should have increased to 250 + 25 + 20, i.e. 295.)

5. Extended hours teams' staff and hours progressively cut till they are barely able to function.
6. The Glebe community health centre (all that was left of Balmain and Leichhardt centres as well) has just been moved from its ideal, user-friendly location in Glebe Pt Rd to the overcrowded, intimidating, and inaccessible campus of RPA, no doubt with the usual loss of staff that occurs with any shift.
7. Two longer-stay psychogeriatric wards at Rozelle have been closed and 'replaced' by nursing-home wards at Croydon staffed by assistants in nursing with no psychiatric qualifications or experience. When – as is inevitable – most of the patients can't be managed at Croydon, there will be nowhere for them to go back to. Result: loss of a further 40 beds.

The Concord 'con'

So what of grand plan to close the rest of the hospital at Callan Park and move it to a state-of-the-art facility at Concord? This 'reform', like all the others, is really a cut; and a shift from spacious, beautiful tranquillity to a cramped and cluttered site. At 'new' Concord there should be at least the 250 beds Callan Park had in 1999-2000, plus the 50 from Concord (i.e. 300 beds) and the 746 staff recorded in that annual report.

And what are we getting? If you believe their plans and promises, 174 beds, i.e. just over half. The DA application states there will be 351 staff, which probably doesn't include ground staff, spin-doctors and bureaucrats, but also amounts to only about half what we had in 1999-2000 when they launched the Concord plan.

Secret plans for Callan Park

And what will happen to Callan Park if the hospital closes? The government's plan, now the Callan Park Act doesn't allow land sales at Callan Park itself, is to move other government bodies in. Not because they're suitable for the site or vice versa, but because they're currently occupying land that can be sold instead. Ironically some of the bodies they want to move in to a 'Super-Academy' for ambulance, police, and corrective services training are the very people who've been left holding the mental health baby. So the plan is to close the hospital where people with mental illness could be effectively treated; replace it with a facility less than half the size, and get police and prison officers in for training in how to manage the increased numbers on the streets and in jail. Preventable deaths from suicide, already running at 3-4 a week, a 500% increase since 1989, are sure to increase further – not that this seems to worry the bureaucracy, as dead patients don't cost money.

What you can do

Do you want to stop this latest plan to worsen the already disgraceful and dangerous neglect of this vulnerable group in our community?

Come to the public meeting at 7pm on Wednesday, March 30, 2005 at Balmain Town Hall to save and upgrade the hospital at Callan Park; and use the proposed facility at Concord to make up for some of the closures of the last 15 years.

Friends of Callan Park
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The sad story of **mental health** in Central Sydney

Can you trust the Central Sydney Area Health Service to do what they promise with mental health services?
The only way to tell, particularly in these days of glossy PR and spin-doctoring, is on their past record. Current CEO and deputy, Di Horvath and Mike Wallace, have been in charge since 1992. What has happened is on their watch.

The situation 12 years ago...

The Area Health Services were created in 1988, replacing the health regions that had previously administered health services, except mental health, which were separately funded. In 1989 the Areas took over mental health services, with all their associated staff, land, buildings and funding. Critics warned then that mental health services would be cut and their funds used to pay for more glamorous fields. Trust us, mental health services are safe, the Areas replied. Were they? Judge for yourself.

In 1989 when the Area took it over, Rozelle Hospital had 530 beds and 779 staff. In addition to Rozelle hospital, the Area had seven community health centres, four 24-hour crisis teams, several living skills centres, a respite facility, and a number of staffed group homes (an initiative from the now infamous Richmond report; supposedly replacing long-stay hospital beds). There was also a 30-bed admission ward at RPAH.

As well as those facilities, there was a community health centre and crisis team at Canterbury Hospital, with another staffed group home; an acute admission ward at Gladesville Hospital that covered the Marrickville area; and two acute admission wards (total 50 beds) at Concord Hospital. These facilities came under Central Sydney, for various reasons, in 1994, 1992, and 1996 respectively, and have to be included in looking at what has happened to mental health.

It is not recorded what the total staff for all these other facilities would have been in 1989, but each community health centre would have had around 30 staff; acute wards between 30 and 40 each; crisis teams around 20; group homes, respite care, living skills etc another 70 or so between them. In total, some 550 more staff.

What has happened since then?

- Rozelle Hospital has steadily shrunk from 530 beds to 244 in the 1999-2000 annual report. [The health minister and the Area are claiming Rozelle is only 150 beds for the purpose of the "new hospital" proposed at Concord. When you count in the beds at Concord but very recently moved to Rozelle, the shorfall is even greater..]
- The number of community health centres has shrunk from 8 to 4; and the 5 crisis teams to 3.
- Four supervised group homes are recorded in 1995-6; now there is only one. The fate of the living skills centres is obscure, but it seems there is now only one.
- Beds at Concord were cut from 50 to 22 a year ago. The beds from Gladesville Hospital were absorbed into Rozelle, and disappeared.

What has happened to the staff there in 1989 when the Area took over? (779 at Rozelle alone, remember; plus around 550 in community and other services.) Total mental health services staff in Central Sydney in 1999-2000 were 790— almost exactly the number there were just at Rozelle in 1989.

At least a 40% reduction in 12 years...

It is hardly surprising that people are suffering, unable to get help. Not surprising that so many end up homeless or in jail. And not surprising that many are dead. Central Sydney have some questions to answer.

Ask them...

On Monday, June 18, 6.30pm at a "community information session" being held in the Rozelle hospital auditorium in Church Street, Leichhardt, between Wharf Road and Glover Street. All welcome.

- Compiled by Dr Jean Lennane for Friends of Callan Park, 9810 25 11

The above information has been extracted, with some difficulty, from Central Sydney's annual reports from 1989-90 to 1999-2000. (The 2000-01 report will not be available until around August.) The information differs in format from year to year; and even numbering of programs under which e.g. mental health funding is recorded moved from 2.8 to 4.1 then 3.1 over that short time. Drug and alcohol funding, lumped in with mental health services, outpatients, day surgery etc under 'other' from 1993-5, disappeared altogether into 'primary care' from 1996, and its funds and staff therefore can't be identified at all. It's clear however that they have fared no better than mental health - possibly, given that the situation has been more thoroughly obscured, considerably worse.

Cuckoo's

In December, two patients suffering from mental illness died in controversial circumstances after walking out of a Sydney psychiatric hospital. **JEAN LENNANE** asks if harsh cuts to NSW's mental health services played a role in those deaths.

THE number of obviously disturbed people on the streets and apparently living in pedestrian tunnels around the city can no longer be ignored. There is growing awareness in the community that all is not well with mental health: there are reports of suicides and other unpleasantness, though bureaucrats and politicians say the system has never been better. The issues are complex, too complex to get across in the news items that are going to become more and more common.

The problems stem from far-reaching changes over the past 10 years in the State's treatment of people with serious mental illness.

The treatment of the illness itself remains basically the same as 40 years ago, when effective drugs became available for schizophrenia and manic-depressive illness, the two main forms of mental illness. Though the drugs have been refined and improved, they can only alleviate suffering, not cure the disease.

Schizophrenia, in particular, is a devastating illness, affecting thought processes, emotions, energy and concentration, in which the patient suffers delusions and hallucinations (hearing voices). As it commonly begins in the late teens or early twenties, its victims may survive, barring accidents or suicide, with varying degrees of illness and disability, for 50 years or more.

These disorders are now accepted as being caused by biochemical or physical changes in the brain. However their presentation is mental, not physical; the victims often don't want treatment. Therein lies a multitude of difficulties. In severe depression, black hopelessness makes help seem an impossible mockery; in schizophrenia the symptoms seem to its victim to be produced by malignant people or alien forces, and treatment seems insultingly irrelevant. Suicide may seem the only means of relief.

In a manic episode, elated, disinhibited, and too busy with a myriad different projects to eat or sleep, the victim irritably resents any interference with increasingly grandiose and extravagant schemes.

In the archives of a London hospital, the patient register from a hundred years ago shows case after case of mania dead, a few days after admission, of exhaustion. The aftermath of an episode today is less dramatic, but usually involves financial, social, or professional embarrassment, sometimes ruin.

Because the sufferer's lack of insight may often demand some form of compulsion necessary in treatment, the management of serious psychiatric illness has never been politically popular or rewarding. And because so many remain ill for so long, adequate care is very expensive and underfunding is the norm, often leading to neglect and abuse by harassed and inadequate staff.

Yet since the 1960s, world-wide, the large psychiatric hospitals where treatment has been concentrated have been progressively dismantled on the assumption that neglect and abuse are a consequence, not of under-funding, but of institutionalisation.

The political Left and the Right both want hospitals closed, the Left because it believes the right to freedom overrides the right to treatment or asylum, the Right because the hospitals cost so much for users who don't pay.

The process started formally in NSW in 1982, when the Richmond Report recommended the transfer of treatment from hospitals to the community — a process which should involve an increase in community-based care staff — with the part-closure of several hospitals. (The Health Department provides few unambiguous statistics on staffing, but analysis of those available suggests a considerable decline.) Opposition focused on the ability of scattered community services to handle difficult cases, or withstand budget cuts, but there was

nest economics

also cynicism about the true motives.

The hospital sites, chosen 100 or more years ago for their beauty, tranquillity, and proximity to the water, now represent $2 billion in idyllic waterfront real estate.

Though the process has moved much more slowly than was intended, more than 1,500 beds, the equivalent of three large hospitals, have quietly disappeared since 1983, by a process known as the sinking lid.

Psychiatric hospitals always run at an occupancy rate of around 75 per cent (it seens impossible to run them at higher rates, particularly when admission and/or staff are restricted by management). Yet every year or so, the 25 per cent vacancy rate has been used to justify cuts of 10 to 15 per cent.

Admissions are then further restricted, occupancy rapidly falls again, and cuts are once again demanded.

Patients who would previously have spent time in hospital, thus end up on the streets or in jail or in the care of relatives, often elderly parents, or boarding-house proprietors hard-pressed to cope with increasing levels of disturbed behaviour, including violence. No alternative services are provided.

be moved on, in what has become an increasingly complicated game of pass the patient, from State to Federal budget, from Health to Corrective Services or police, to a different regional health area, and from one act of parliament to another. Fragmentation of psychiatric health services is now bewildering enough to baffle all but the most well-informed health professional.

Relatives, friends or neighbours of disturbed people who are refusing the treatment and care they obviously need, are now faced with a complex obstacle course towards compulsory treatment, involving three different acts, and four different government departments.

IF THE person has additional problems, such as drug abuse, as patients often do, it is common for increasingly specialised (and separately funded) services to be unwilling or unable to take responsibility for a patient when only part of the problem falls in their area of responsibility. Each may refer the patient to another agency for prior treatment of the "other" problem.

The legal profession has been a major player in producing this complicated mess, as well as being one of the few beneficiaries.

Paternalistic doctors have been replaced by paternalistic lawyers. Patients tramp the streets, talking to their voices, barefoot in winter, unkempt, unwashed, eating out of garbage cans, in the pursuit of their legitimate lifestyle choice.

As the size of the public health cake gets smaller, the bureaucrats running the system have become more desperate, and cuts to mental health have become a more and more attractive soft option.

They have abandoned Richmond talk of rationalisation and reform. Current talk is of enhancing services by closing them, no longer even pretending to provide alternative services elsewhere, but simply to save money. The Federal Government is helping this process by insisting only on provision of basic rights – shelter, and employment – forgetting about any kind of skilled investigation or treatment.

We are rapidly approaching the situation which obtains in the United States, where to spare the authorities the embarrassment of homeless mentally ill people being seen freezing to death on the streets in winter, patients are now rounded up and put in the empty psychiatric hospital wards they were ejected from years ago, a process known as warehousing.

There are no staff and no treatment, but in economically rational times this is counted as progress. It is certainly cheaper.

We have greatly advanced in the ethics of medical experimentation over the past two decades. Ordinary subjects must now be fully and honestly briefed on what is to be done to them, must be advised that it may not benefit them, and have the right to refuse or withdraw at any time.

But there are, it seems, no ethics in social experimentation with the mentally ill.

In the patchy and disorganised deinstitutionalisation which has occurred since Richmond, some subjects have been made better off, many have died, and many more have been made worse off.

None was given a choice.

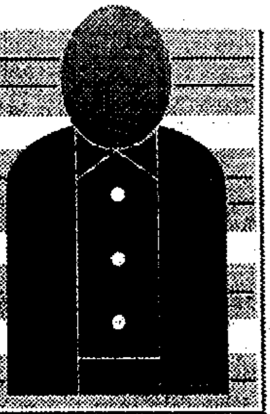
With what is going on now, and starting to accelerate, deaths will increase; life on the streets will become the norm, and the only treatment many will get will be in jail.

And who will be accountable while bureaucrats have a duty of care only to their budgets? Clinical staff are powerless to help once the services have been cut.

Dr Lennane, a psychiatrist, was dismissed from Rozelle Hospital in 1990 for her opposition to cuts in services.

SERIOUS MENTAL ILLNESS IN NSW

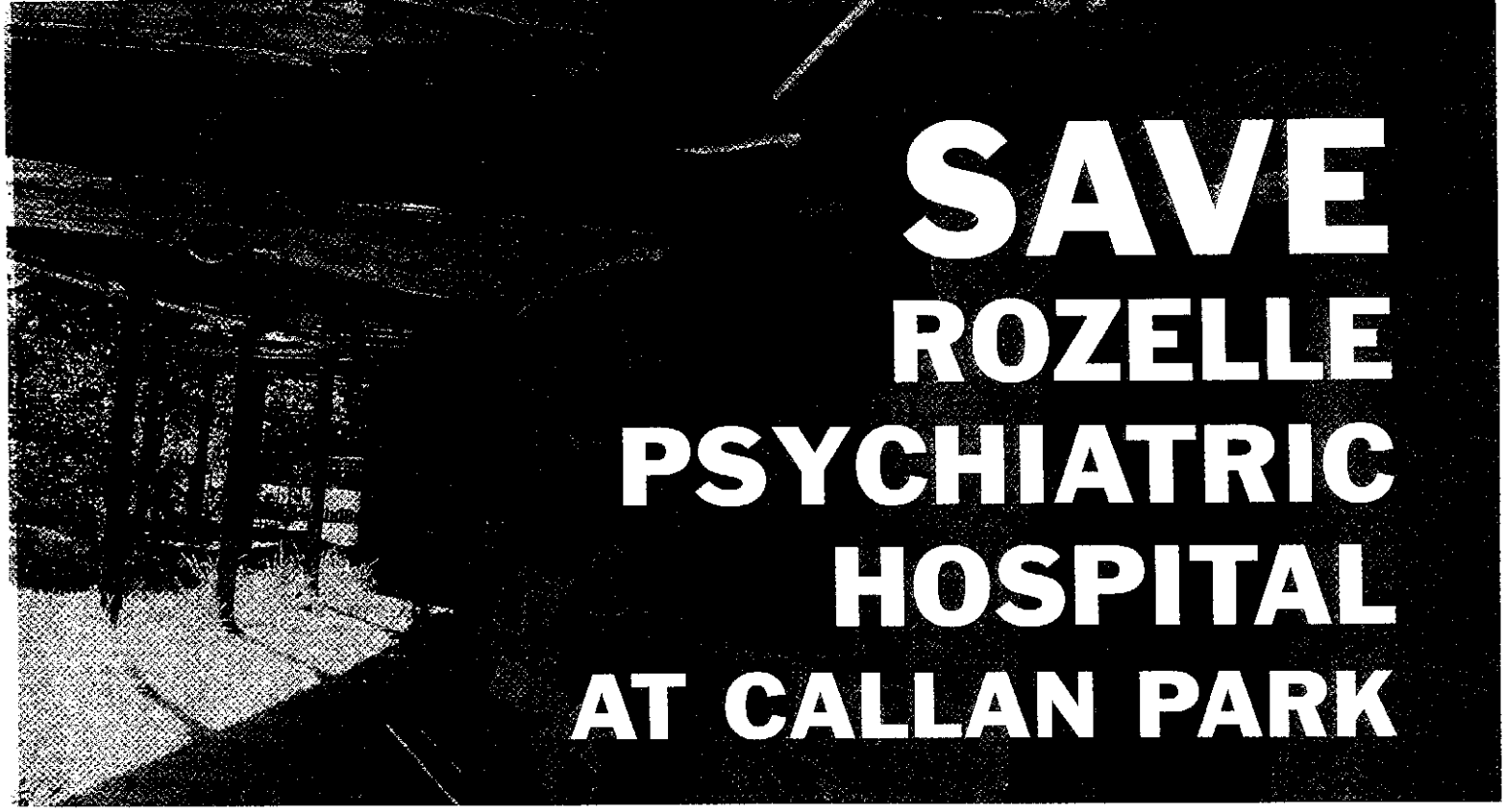
Schizophrenia:	25,000
Manic-depressive:	27,000
Other:	10,000
PUBLIC HOSPITAL PSYCHIATRIC BEDS	
1983:	4,191
1991:	2,756
1992 (with proposed cuts):	2,155
NUMBER IN INNER CITY HOSTELS	
1983:	About 120 a night
1988:	About 200 a night
NUMBER IN JAIL	
Inpatients:	110
Outpatients:	120



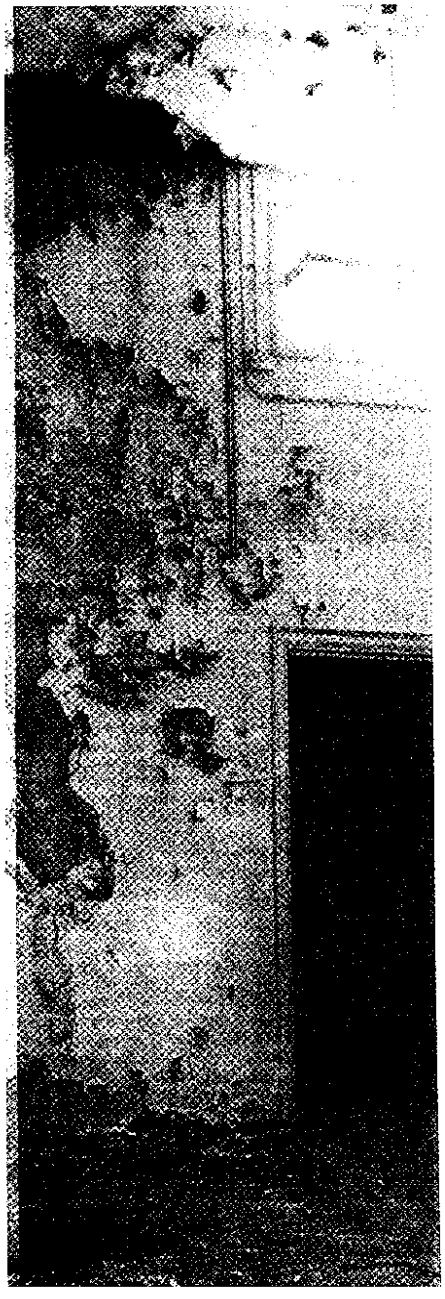
Data extrapolated from departmental figures, private sources and published surveys.

Community services set up with some remnants of the money taken out of hospitals are valuable, but vulnerable. Subjected to savage cuts for the past three years, they have tended to move up-market. Most workers, faced with limited resources and no back-up, are likely to give priority to patients who are clean, polite, and co-operative.

Difficult patients are more likely to



SAVE ROZELLE PSYCHIATRIC HOSPITAL AT CALLAN PARK



Public meeting to tackle the mental health crisis

Wednesday, 30 March 2005 at 7pm Balmain Town Hall

Darling Street, near corner of Rowntree and Darling Street

All welcome

Speakers

Alan Jones - radio commentator - 2GB
Toby Raeburn - Matthew Talbot Hostel

Also invited

Morris Iemma - Minister for Health
John Brogden - State Opposition Leader
(he has indicated a wish to attend)
Sylvia Hale and ***Lee Rhiannon*** - Greens MPs
Sandra Nori - State MP for Port Jackson,
representatives of:
Mental Health Workers Alliance
AMA
National Association of Practising Psychiatrists

Chair

Cr. Alice Murphy - Leichhardt Mayor

This public meeting is being organised by
Friends of Callan Park with the support of Leichhardt Council

Thousands of mentally-ill people in prison or homeless ...

Hundreds dying premature and avoidable deaths ...

Overcrowded and substandard hospital wards ...

Everyone knows there is a crisis in the mental health system - everyone, it seems, except the Carr state government.

The Carr government wants to close the 244-bed Rozelle psychiatric hospital at Callan Park. And the same government continues to undermine the community support sector too.

The Carr government has already started to empty Rozelle hospital - all in the name of "de-institutionalisation" and "mainstreaming".

De-institutionalisation is really re-institutionalisation - thousands of mentally ill people now end up in prisons. Surely the tranquillity and landscape of Callan Park beats Long Bay and Silverwater as a place to treat people suffering from mental illness.

Mainstreaming is the latest buzzword. A new mental health facility at Concord hospital is supposed to replace Rozelle some time in the future. It should be in addition to Rozelle psychiatric hospital.

WE NEED BOTH.

Then there is the community mental health sector which was once touted as the complete answer to mental health hospitals. An essential element in the mental health system - this too has been run down over the years. In our own area -- the Mental Health Community Centre in Glebe was closed recently.

(This crucial community based centre was transferred to Royal Prince Alfred hospital - so much for the idea of supporting those recovering from mental illness ***IN*** the community and away from hospitals.)

Two and a half years ago an independent poll commissioned by Leichhardt Council found 76% of the local community would support the continuation of Rozelle hospital in Callan Park.

NOW PUBLIC OPINION NEEDS TO MAKE ITSELF FELT!

As you know from experience (with community action saving Callan Park and Ballast Point from sell-off to developers), your voice can make a difference.

Come to the public meeting and sign the petition.

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Photos by Phillip Marsh.