

MENTAL HEALTH HEAVYWEIGHTS JOIN FORCES TO LOBBY

MINISTER TO FIX STATE'S STRETCHED, BROKEN SYSTEM

# The crisis is now and we need action

REBECCA DIGIROLAMO

A COALITION of mental health heavyweights have launched an unprecedented salvo to Health Minister Stephen Wade to start fixing the state's broken system by getting prisoners and NDIS-ready clients out of general mental health beds.

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) says 20 extra forensic beds are needed, along with a fully staffed, multidisciplinary prison in-reach mental health service.

"The crisis is now. We need action now, we need administrative leadership now," said the peak body.

Its urgent call-out backs a 10-point rapid reform plan by SA Health whistleblower Adjunct Professor John Mendoza. He said forensic mental health patients – those accused or found to have committed a crime – occupied 1600 bed days at the Royal Adelaide Hospital from January to March, as there was no room at specialist facility James Nash House.

He said NDIS-ready patients were waiting up to 1000 days in mental health beds.

Union and peak body representatives yesterday stood in a united front with Prof Mendoza outside the RAH. They are demanding a roundtable meeting with Mr Wade and are fed up with what they say is government inaction despite

months of escalated warnings of a surge in demand post-COVID-19. The coalition has added its own demands in backing Prof Mendoza's 10-point plan (outlined on p11).

"The State Government needs to get real about the crisis and sit down with the clinical directors of all the Local Health Networks – it's much bigger than the current short-term initiatives and it's going to take more than just dollars and cents. They need to be

emotionally invested to really commit to change," said Dr Paul Furst, RANZCP SA branch chairman.

Dr Furst said cross-jurisdiction responsibility was needed to shift people who were NDIS-ready out of mental health beds, a situation that was costing taxpayers.

It was an example, he said, of Prof Mendoza's criticism of "a special level of incompetence" in system administration.

Prof Mendoza was sacked as mental health and prison

health services director at Central Adelaide Local Health Network after publicly criticising SA Health officials last week. He is today calling for a national, whole-of-government mental health response.

Adjunct Associate Professor Elizabeth Dabars, chief executive of Australian Nursing and Midwifery Federation SA branch, said the group had been raising red flags over the mental health system with the Marshall Government since it was elected in 2018.

"Minister Wade cannot continue to wash his hands of the responsibilities that rightly sit with him as Minister – he must allocate delivery targets and the resources to meet them," she said.

Dr Mark Morphet, Australasian College for Emergency Medicine SA faculty chairman, said: "Emergency clinicians have been advocating strongly for systemic improvement for people needing mental health care with very little change."

"Clearly there has been insufficient engagement and investment at the highest levels to effect any sort of meaningful improvement, and that needs to change urgently."

Australian Medical Association SA vice president Dr Michelle Atchison said: "We don't have six months, we don't have three months – we need it fixed now. Real listening with a will to find solutions is needed now for the system from cracking."

Bernadette Mulholland, chief industrial officer for the South Australian – Salaried Medical Officers Association, said: "Stop bean counting and look at the unfathomable cost to patients, their families and the clinicians who are overwhelmed, fatigued, feeling helpless – it's a disaster and Minister Wade needs to be strong in advocating for more resources, not focused on defunding the indefensible."

Mr Wade said he would continue to work closely with mental health patients, carers and clinicians in implementing and evolving the 15-month-old Mental Health Services Plan, which would drive system-wide reform.

He said mental health remained a focus of the government, which had invested in new and expanded services.

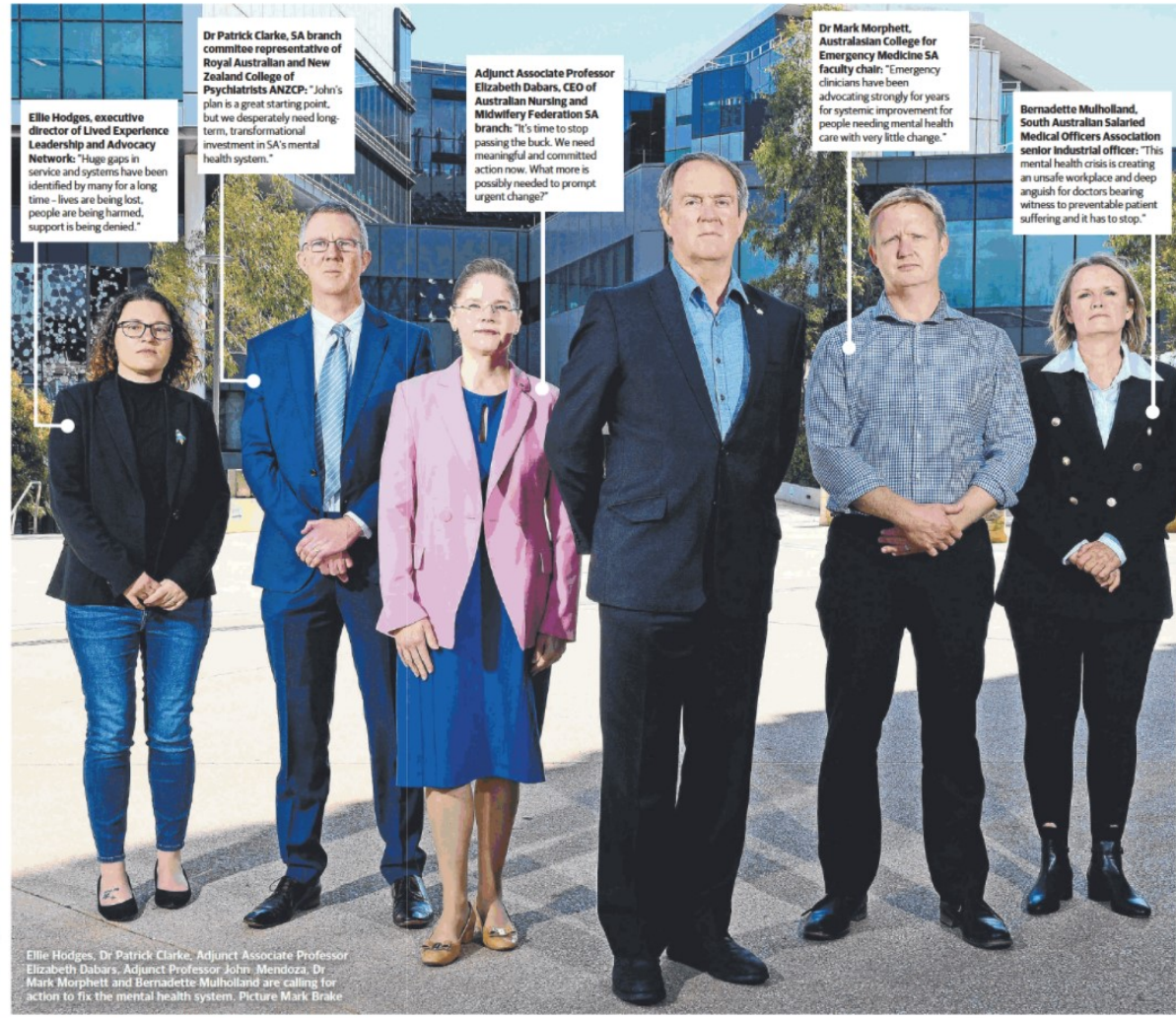
"The challenge is huge, it will take time, there is more work to be done but the government shares the passion for mental health reform," he said.

An SA Health spokesperson said there were demand peaks for forensic mental health beds, but most forensic patients were managed in the community and that measures were in place to stem the flow from prison and the courts.

SA Health said the rapid responses suggested by Prof Mendoza and others were addressed in the MHSP or via other initiatives – a claim disputed by Prof Mendoza.

Picture Mark Brake

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Elle Hodges, executive director of Lived Experience Leadership and Advocacy Network: "Huge gaps in service and systems have been identified by many for a long time – lives are being lost, people are being harmed, support is being denied."

Dr Patrick Clarke, SA branch committee representative of Royal Australian and New Zealand College of Psychiatrists ANZCP: "John's plan is a great starting point, but we desperately need long-term, transformational investment in SA's mental health system."

Adjunct Associate Professor Elizabeth Dabars, CEO of Australian Nursing and Midwifery Federation SA branch: "It's time to stop passing the buck. We need meaningful and committed action now. What more is possibly needed to prompt urgent change?"

Dr Mark Morphet, Australasian College for Emergency Medicine SA faculty chair: "Emergency clinicians have been advocating strongly for years for systemic improvement for people needing mental health care with very little change."

Bernadette Mulholland, South Australian Salaried Medical Officers Association senior industrial officer: "This mental health crisis is creating an unsafe workplace and deep anguish for doctors bearing witness to preventable patient suffering and it has to stop."

Elle Hodges, Dr Patrick Clarke, Adjunct Associate Professor Elizabeth Dabars, Adjunct Professor John Mendoza, Dr Mark Morphet and Bernadette Mulholland are calling for action to fix the mental health system. Picture Mark Brake

CRITICAL POINTS THE COALITION SAYS ARE NEEDED TO FIX CRISIS

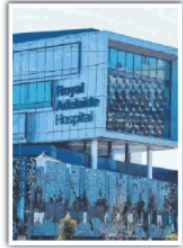
- AT** least 20 extra forensic beds, preferably in forensic mental health system rather than having forensic mental health patients handcuffed to beds in our EDs.
- A FULLY** staffed, multidisciplinary prison in-reach mental health service.
- ADOPT** changes proposed in Forensic Mental Health Service 2015 review, especially the diversion of patients with intellectual disability from the mental health system to the disability sector.
- STOP** SA Health subsidising NDIS and ensure people with a disability get community-based care they are entitled to and free up beds for mental health patients.
- The** lack of aged care and NDIS funding directly impacts on both demand and bed block in our state hospitals. It's a spiral.
- ENFORCE** maximum 12-hour length stay in EDs as a key-performance indicator. Anything more than 24 hours must be notified to the Health Minister.
- We** need visible mechanisms for ensuring accountability around performance.



OUR LET'S TALK CAMPAIGN: WHAT NEEDS TO HAPPEN

- 1.** The state's collective mental health and wellbeing to be put on par with our economic recovery.
- 2.** More mental health services for children and young people, more acute and residential beds, community services, crisis support and respite.
- 3.** More mental health staff and beds with support services post-discharge. Currently, there are 615 acute, non-acute and residential beds – one more bed than in 2014.
- 4.** Expansion of the Urgent Mental Health Care Centre. It has now opened in the city and runs from midday to midnight each day. Critics have called for it to be open 24/7.
- 5.** More affordable housing and supported accommodation for mental health patients waiting in hospital beds for discharge.
- 6.** A comprehensive, regular review of the mental health community's needs and services in SA and regular, real-time monitoring and reporting.
- 7.** More people having a conversation about mental health, resilience and wellbeing.

## Warning resignations are tip of the iceberg



Psychiatrists have resigned from the RAH mental health unit.

REBECCA DIGIROLAMO

AT least two psychiatrists have resigned from the Royal Adelaide Hospital's mental health unit in the past three weeks, it can be revealed.

More resignations are expected to follow those of the consultant psychiatrists, coming after the controversial exit last week of Adjunct Professor John Mendoza.

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**Clinicians are overwhelmed, fatigued, feeling helpless. It's a disaster**

Bernadette Mulholland  
with more to come amid ongoing concerns of understaffing and peaking demand. "We are starting to see more of our consultant psychiatrists leaving, and some are stepping down from leadership roles because it's become untenable," South Australian Sal-

aried Medical Officers Association senior industrial officer Bernadette Mulholland said.

"We have been inundated by doctors confirming the system is failing mental health patients and telling us the health bureaucracy and government are simply not listening. "Clinicians are overwhelmed, fatigued, feeling helpless. It's a disaster. The resignations behind the resignations remain unclear."

Prof Mendoza gave notice of his resignation as mental health and prison health services director at Central Adelaide Local Health Network

(CALHN), which manages the RAH, last month. His last day was planned for mid-May.

But he said he was asked to leave last Wednesday, hours after publicly revealing his ongoing and serious concerns over the state of mental health across CALHN, particularly the RAH.

He said mental health demand and discharge at the RAH was "bordering on clinically dangerous" levels.

He said there had been an almost 40 per cent increase in mental health emergency department presentation at the RAH in February compared with two years ago.

WHERE YOU CAN GET HELP

- Lifeline** 13 11 14
- BeyondBlue** 1300 224 636
- Kids Helpline** 1800 55 1800 (kids@helpline.com.au)
- Griffinline** 1300 845 745
- CAMHS Connect** 1300 222 647
- HeadSpace** 1800 650 890 (headspace.org.au)
- RESPECT** 1800 737 732 (1800respect.org.au)
- QLife** (LGBTI people of all ages) 1800 184 527 (qlife.org.au)
- SA Health Mental Health Emergency** 13 14 65

## Courage of Port Arthur gun crackdown needed with reforms



JOHN MENDOZA COMMENT

AUSTRALIANS react positively when their politicians act in the national interest. Think back to John Howard in 1996 when, in the wake of the Port Arthur massacre, he stood up to those in his own constituency and argued for national gun control. And Bob Hawke in 1983 with the wages accord agreement involving unions and

employees. In both cases, there was that rare but loved phenomenon – bipartisan support. For becoming friend for the greater good.

In 2005, a less well-known and equally unexpected alliance occurred between Liberal prime minister John Howard and NSW Labor premier Morris Iemma. The two came together to support a whole-of-government plan that became the COAG rather than the same failed approach under state health ministers. At the time, Iemma said: "This is not the end of mental health reform, this is the first step." And Howard agreed.

largest-ever increase in mental health funding – \$55bn over five years – 20 per cent more in real terms.

Equally important were new community services and new accountability through COAG rather than the same failed approach under state health ministers. At the time, Iemma said: "This is not the end of mental health reform, this is the first step." And Howard agreed.

Little else has superseded their substantial commitment to improving the nation's mental health system, which is again facing significant and sustained pressure well into 2024.

This is our Port Arthur moment for mental health reform. We need another big commitment for another five years as we now bear witness to the surge in mental health crisis presentations in emergency departments around the country – particularly young people, women, the elderly and the poorest. We need a national whole-

of-government mental health response now. We need it to be Howard and Iemma's second step and with as much energy and investment as is being spent on the economic recovery from the pandemic.

Now is the time for leadership on mental health in the shadow of the pandemic. John Mendoza was sacked as the former Central Adelaide Local Health Network mental health director after openly criticising SA Health last week. He is director of Colectica Consulting and Adjunct Professor at the Brain and Mind Centre, University of Sydney, and of Health and Sport Science at the University of Sunshine Coast.