

ROYAL PERTH AND SIR CHARLES GAIRDNER HOSPITALS, DEPARTMENTS OF PSYCHIATRY

2849. Mr M.G. House to the Minister for Health

- (1) Does the Minister acknowledge that consumers, carers and mental health clinicians have intimate knowledge of mental health services and accordingly, may have very well informed recommendations for improving the bed shortage crisis?
- (2) Why then, did the Minister announce to the media the proposal to relocate the Departments of Psychiatry at Royal Perth Hospital and Sir Charles Gairdner Hospital without first consulting with key stakeholders?
- (3) Given the broad-ranging adverse reaction to the announcement of this proposal by the medical fraternity, mental health clinicians, consumers, carers and the general public, will the Minister reconsider his proposal with regard to the Departments of Psychiatry at Royal Perth Hospital and Sir Charles Gairdner Hospital?
- (4) If not, why not?
- (5) What other strategies or suggestions to manage the bed shortage crisis were put to the Minister by his advisory group for consideration?
- (6) As it appears that this proposal results in far fewer voluntary beds than exist now and a reduction of inpatient mental health beds overall in an era when the acuity of patients and the demand for admission is increasing, will the Minister explain how a net loss of mental health beds and a severe reduction of voluntary beds under this plan will assist the bed shortage crisis?
- (7) Why is mental health being subjected to a reduction in voluntary beds when research demonstrates an increasing suicide rate associated with shorter stays?
- (8) Under the State Mental Health Strategic Plan 2004-2009 and the National Mental Health Standards what options and right to choose their treatment setting will voluntary patients have under this proposal when they require hospital admission?
- (9) Does the Minister acknowledge that the relocation of inpatient mental health beds from Sir Charles Gairdner Hospital to Graylands Hospital appears to be in direct opposition to the National Mental Health Standards and the Government's own policy of mainstreaming mental health services?
- (10) Will the Minister guarantee that the community concern that this practise will result in increased delays in mental health assessment and transfer of patients from emergency departments will not be the case?
- (11) If not, how will the Minister address the community concern regarding those delays?
- (12) Does the Minister acknowledge that the practise outlined in (9) will further isolate and stigmatise mental health services?
- (13) If not, how will the Minister address the community concern about isolating and stigmatising mental health services?
- (14) Will the Minister explain why mental health services are being removed from mainstream health delivery and how this relates to overall health care policy?
- (15) Is the Minister aware of the research that indicates that mental health patients in psychiatric hospitals have similar medical problems and needs as those mental health patients in general hospital, but receive poorer levels of care?
- (16) Will the Minister detail how the relocation to Graylands Hospital will not result in a lessening of the medical care for these patients?
- (17) Given that health policy promotes minimal length of stay in medical wards, will the Minister guarantee that there will be adequate multi-disciplinary staffing for consultation liaison psychiatry services in medical wards to be provided promptly to patients?
- (18) Will the Minister detail the costs of refurbishing Shaw House at Graylands to bring it up to an acceptable standard for inpatient use?
- (19) Will the Minister outline in detail the costs associated with closing the Departments of Psychiatry at Royal Perth Hospital and Sir Charles Gairdner Hospital and the relocation of patients to Graylands Hospital?

- (20) Will the Minister explain why relative funding for mental health is not increasing in line with Department of Health data presented to the Clinical Senate indicating that the number of mental health presentations to hospital and the mental health needs of patients are increasing more rapidly than any other group?

Mr J.A. McGINTY replied:

- (1) Yes.
- (2) There is a strong consensus on the importance of addressing pressures on secure beds.
- (3) Yes. Following a range of meetings, I have asked the Department of Health to develop further options for discussion, and consultation is currently under way about approaches to short-to-medium term action including:
- Addressing mental health pressures on emergency departments by the use of Psychiatric Emergency Team in-reach;
 - Increasing authorised bed access, particularly secure beds;
 - Expansion of community mental health services by increasing the workforce, and through an expansion of clinical services through an assertive case management approach;
 - Provision of alternatives to acute admission, including intermediate care and long term supported accommodation, which will include step-down rehabilitation services and greater clinical and non-clinical support to the hostel and wider community sector; and
 - Improving safety of staff and patients through improvements in the workplace environment and staffing increases to a sustainable level.
- (4) Not applicable.
- (5) A range of strategies have been proposed to address pressures in mental health.
- (6) Not applicable.
- (7) Future planning acknowledges the requirement for flexibility in bed type. Therefore, the mix of mental health secure and open beds will be responsive to changes in clinical demand. This will ensure the most appropriate bed type will be available for the clinical care of patients.
- (8) The options and rights of voluntary patients to choose their treatment setting will continue to be available.
- (9) This proposal is now being reconsidered in the light of recent discussions. It is intended that as a result of implementing any new strategies, services will improve and there will be a greater facilitation of access to mental health assessments.
- (10) Through increasing resources to psychiatric emergency teams and improving consultation liaison services, thus providing a greater inreach into emergency departments, services will improve and there will be a greater facilitation of access to mental health assessments.
- (11) Not applicable.
- (12) Not applicable.
- (13) Not applicable.
- (14) Mental health services are not being removed from mainstream health service delivery.
- (15) Yes.
- (16) Not applicable.
- (17) Current levels of staffing to provide services to medical wards will not change.
- (18) Not applicable.
- (19) Not applicable.
- (20) The specific issue, related to mental health funding, is recognised in the Health Reform Committee final report and is being addressed accordingly.