

Australia: Nurses stop work over staffing at Blacktown hospital

Zac Hambides
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About 30 nurses from Blacktown hospital attended a lunchtime rally organised by the New South Wales Nurses Association (NSWNA) last Wednesday over the staffing crisis affecting the hospital's mental health unit, located at Bungarribee House. The situation at the 34-bed unit is a microcosm of the broader deterioration of public health facilities as a result of decades of funding cutbacks by state and federal governments.

The rally was sparked by a serious assault on a nurse on October 7 in the Psychiatric Emergency Care (PEC) centre attached to Bungarribee House. The female nurse, who has 27 years experience, was alone in the 4-bed unit when a patient attacked her after she denied him the use of the phone. The patient threw her to the ground and blocked the only exit. The nurse was hit in her head, face and ribs and was about to be struck with a fire extinguisher when a male nurse intervened. She is currently on stress leave.

The establishment of PEC centres across Australia began in 2005. They were designed to operate in conjunction with hospital emergency departments to deal with mentally ill patients with temporary, intense episodes. The PEC centre at Bungarribee House was constructed two years ago and is the only one in NSW not attached to an emergency department. It was constructed without a second exit, even though that is required under Occupational Health and Safety regulations, in order to prevent staff being trapped.

There have been several assaults on staff at the Bungarribee House PEC centre. Soon after it was opened, a doctor nearly lost an eye when a patient stabbed him with a pen. Since then, staff have repeatedly raised the need for a second exit and increases in staffing levels, without success.

Nurses at the rally told the *World Socialist Web Site* that over the past few years there has been an increase in the degree of mental illness among patients as well as the number of admissions to the unit. However, funding and staffing levels have been inadequate to cope with the increases.

The area covered by the Blacktown unit is particularly impoverished, with high levels of poverty, unemployment and associated social problems. The mental health unit in neighbouring Mt. Druitt has been shut down, putting immense strains on 34-bed Bungarribee House. The high demand for beds puts pressure on nurses to prematurely release patients or place them in wards without adequate security.

These problems are heightened by the continuous inflow of "section 22 admissions" into the PEC unit. Under section 22 of the state's Mental Health Act, the police can detain people who appear to be mentally ill or disturbed whom the police consider may attempt to cause serious physical harm to themselves or any other person. In reality, these patients should be admitted to a hospital emergency department.

There are eight staff members on a shift at Bungarribee House, often including casuals, for 34 beds—well below the recommended staff-to-patient ratio. According to nurses, the frequent use of casuals, who are unfamiliar with Bungarribee House, adds to the stress on full-time staff.

The conditions at Bungarribee House are a result of the systematic rundown of mental health facilities begun in 1983 by a state Labor government as part of the Australia-wide push for "de-institutionalisation." Most patients were put in "community care" but without adequate support services, resulting in high levels of homelessness and imprisonment.

Services at Sydney's Rozelle Psychiatric Hospital have been systematically dismantled and relocated. The Cumberland hospital at Westmead, about 10 kilometres to the east of Blacktown Hospital, has closed over 1,000 beds during the past 15 years, including its PEC unit. It now provides only for acute mentally ill patients.

The state of mental health care across Australia prompted the chairman of the federal government's Mental Health Advisory Council, John Mendoza to resign earlier this year. Prior to the August federal election, Mendoza described the Gillard Labor government's pledge of \$277 million for suicide prevention

over four years as “a joke”. He called for a minimum of \$1 billion to be poured into mental health—annually.

At last Wednesday’s rally, the union attempted to conceal the role of the Labor governments at both the state and federal level in creating the mental health crisis. Union organiser Michael Whaites promoted the illusion that the state government could be pressured to improve conditions. He led the chant: “Do we want to give safe patient care? Yes! Do we need more nurses to do it? Yes! Is the government going to fund it? Yes!”

The union has included the issues facing Bungarribee House staff in its bargaining for a new Enterprise Bargaining Agreement (EBA). While union has declared that it will fight for better staffing levels, the framework of EBA negotiations is to trade off existing conditions and rights for a pay rise. Far from improving conditions, it is likely that the union will accede to management and government demands for greater productivity as part of any deal.

In December 2008, the Sydney West Area Health Service (SWAHS), which manages Blacktown Hospital, imposed a staffing freeze in a bid to rein in the public health system’s debt. For 19 months, workers were not allowed to take leave and were forced to work overtime. The union took no action and only called rallies after workers threatened to go on strike. At the time, the union was in negotiations with SWAHS over 110 redundancies.

A Bungarribee House nurse summed up the union’s role. “Basically the union just sends [workers’ frustration] back into the system. It says: ‘We’ve got to take this to management, we’ll deal with management, don’t you worry about that.’ And then they come back and say management has got no money. Over 20 years they have actually not only cooperated but assisted in drawing up which hospitals will be closed [and] which conditions will be abolished. What the union has done at Blacktown is just the same as what it’s been doing everywhere else in burying things.”

The WSWS spoke to nurses from Blacktown Hospital and Bungarribee House at the rally.

Sumintra, who has worked at Bungarribee House for 15 years, said: “There is a shortage of beds all the time. There is a lot of pressure on the nursing staff to take acutely ill patients into the PEC site where they are not supposed to be. It isn’t a safe area for those kinds of patients to be. It’s just a brief stay for people in a situational crisis.

“We are getting a lot of aggressive patients in the unit but at the same time a lot of section 22 admissions from community centres and the police. We’ve had to deal with the whole lot of

them on the unit, taking a nurse from the acute ward to look after section 22s, who aren’t really our patients. All I know is that we are always short of beds and there is an overflow of patients. A lot of repeat admissions come back because they are discharged too early or there is poor follow-up, because there’s not enough staff to follow them up in the community.”

Alison Chapman, who has 39 years experience in mental health, commented: “There are not enough staff to patients. That is causing the problem. I think it’s basically the staffing ratio that needs to be addressed. I think we are getting more patients that are unpredictable and just more mental ill-health. In the old days we just looked after people in the hospitals but now it’s all sorts of unpredictable patients.”

Chapman, who witnessed the post-1983 closure of psychiatric hospitals and introduction of “community care”, added: “I think the community focus was terrific but the funding was not there to match... the pressure on beds is huge. There’s just not enough funding across the system.”

Danielle, a nurse at Bungarribee House, said the staff had been fighting for two years for a re-design of the PEC unit and to be attached to a hospital emergency unit. “Staff are being assaulted because of staff ratios, the inappropriate location of the PEC unit, a lack of security, and the design of the unit itself. I hold management responsible. They should have a mental health unit at Mt Druitt Hospital as well, because Blacktown is a growing area and we’re only a 34-bed unit.”

Jokyo, who has been working in mental health for 30 years, said: “I’ve been assaulted three times in the last five years. I had my thumb broken, I’ve had black eyes, I had my hand bitten. So it is important we do get some safety. People are being put into areas where they shouldn’t be. That’s politics and that’s what the people in the high towers [in the city] are calculating: this is what you need; this is what you have. It’s not how acute your patients are, it is the numbers.”



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