

Australia: Mass resignations no way forward for psychiatrists as NSW Labor government steps up attack

Martin Scott, Richard Phillips
23 January 2025

The New South Wales (NSW) public mental health system is in a state of chaos and confusion, with around one-third of the state's 295 permanently employed specialist psychiatrists quitting to protest the Labor government's refusal to meet their pay demands and dozens more threatening to resign in the coming weeks.

The doctors, covered by the Australian Salaried Medical Officers Federation (ASMOF), are seeking an immediate 25 percent pay increase, which would partially resolve what the union says is a 30 percent salary gap between NSW and other states. This deficiency is exacerbating a longstanding staffing crisis, with more than 100 positions already unfilled before the resignations this week.

In a December 2023 survey by the Royal Australian and New Zealand College of Psychiatrists (RANZCP), 75 percent of NSW psychiatrists reported experiencing symptoms of burnout in the past three years, while 94 percent said the workforce shortage negatively impacted patient care.

The NSW Labor government is refusing to move from its public-sector-wide "offer" of 9.5 percent over three years (plus a federally mandated 1 percent superannuation rise), barely higher than the official inflation rate and far short of what is needed to make up for previous cuts.

NSW Minister for Mental Health Rose Jackson said on Tuesday that 205 staff specialist psychiatrists had submitted resignations, 25 of which were subsequently withdrawn, and 81 that will not be processed until next month. This means 100 psychiatrists have already ceased their employment or will do so by the end of next week.

Already, this is resulting in ward closures at major hospitals. NSW's largest mental health facility, Cumberland Psychiatric Hospital in Sydney's western suburbs, has now closed its acute and rehabilitation wards.

At Westmead Hospital, also in Western Sydney, beds have been closed in the mother and baby, medical psychiatry and older persons' mental health units, while mental health beds in emergency will be covered by a drug and alcohol toxicology team liaising with a psychiatry consultant, according to the *Sydney Morning Herald*.

The *Herald* also reported that Randwick's Prince of Wales Hospital had halved the number of open beds in its rehabilitation unit ahead of the resignations.

Amid this unfolding catastrophe, the Industrial Relations Commission (IRC) will not begin its five-day hearing of the dispute until March 17. This underscores that the Labor government will not be moved by the deepening crisis.

The resignation withdrawals and delays reflect the confusion that

exists among the psychiatrists, who have been led by the ASMOF leadership down a dead-end road of phoney illusions that the mere threat of mass resignation would prompt the Labor government to meet their demands.

As recently as Tuesday afternoon, the ASMOF was still promoting appeals to Labor, posting on Facebook that "[NSW Premier] Chris Minns can still save our public mental health system."

Moreover, the ASMOF has consistently presented the psychiatrists' dispute as a discrete issue. In fact, the dire situation in the mental health system is just one stark expression of the broader crisis of the terminally underfunded and under-resourced public health system.

What the psychiatrists are up against is a state Labor government that is determined to slash real wages, working conditions and spending on vital public services, including health. With the collaboration of the unions, the NSW government has imposed successive real wage cuts across broad swathes of the public sector, including nurses, midwives and other health workers.

This cannot be defeated through the individual actions of one section of medical professionals. The resignation plan, promoted by the ASMOF—until it was compelled to silence by the IRC—is an exercise in isolation, leaving it up to each psychiatrist to decide whether to rescind their resignation, under intense pressure from the increasingly dire situation they know is confronting mental health workers and their patients.

Far from pressuring the government to concede, the mass resignation of staff psychiatrists offers the Labor government an easy opportunity to accelerate a process that is already well underway—the piecemeal privatisation of public health. The government will undoubtedly blame the psychiatrists' resignations and declare they have no choice but to privatise mental health, although that has been their unstated policy for years. Hospitals and local health districts have become increasingly reliant on Visiting Medical Officers (VMOs), physicians who maintain a private practice but work on temporary contracts with public health facilities.

NSW Health is expanding the use of locums (short-term visiting medical practitioners) to replace resigning psychiatrists, further boosting the profits of the scores of medical recruitment agencies.

The Labor government has reportedly contacted private sector hospitals, asking them to provide details on spare-bed capacity and their ability to begin admitting mentally ill patients from public hospitals.

Australian Private Hospitals Association (APHA) member private hospitals have 18 psychiatric facilities with 767 beds. Ramsay

Healthcare, the biggest private hospital operator, has also approached the NSW government offering to negotiate a partnership with the government to take public patients.

APHA chief executive Brett Heffernan welcomed Labor's appeals: "It is our view that this engagement has the potential to drive significant reforms in the way mental healthcare is delivered in NSW and, indeed, nationally."

The current trajectory set by the ASMOF will most likely result in the majority of staff psychiatrists withdrawing their resignations and returning to work, with none of their demands met. A small number will move into private practice or interstate, and their positions will not be filled.

This will worsen the already impossible conditions in public mental health, not just for the remaining staff psychiatrists, but for the workers throughout the public health system who will increasingly be called upon to perform the duties of highly qualified specialists at a much lower cost.

Other health unions are completely on board with this. Health Services Union (HSU) Secretary Gerard Hayes stated yesterday that "every crisis is an opportunity," in this case to restructure mental health treatment in NSW, which he claimed "resembled a feudal system where psychiatrists sit at the top of the tree."

Laying the objective out plainly, Hayes, a high-ranking member of the Labor Party, declared that allowing "the broader workforce" to take up the duties of staff psychiatrists would "ensure tax payers get maximum value."

This is a blatant push by the HSU leadership to massively increase the workload and responsibilities of a section of its own members, for no additional remuneration, while simultaneously worsening patient care and staff safety throughout the public health system, for the sole purpose of slashing the health budget.

It is also directed at driving a wedge between sections of health staff who work side-by-side in hospitals and other health facilities every day, covering over the fact that they are all up against similar attacks to head off calls for a unified struggle and a challenge to the Labor government.

While the NSW Nurses and Midwives Association (NSWNMA) has publicly criticised Labor's "contingency measures," complaining that it was not consulted, the union leadership has done nothing to mobilise its membership against the government's attack on staff psychiatrists and the mental health system.

The HSU and NSWNMA bureaucracies oppose a real pay rise for psychiatrists for the same reason as the Labor government—out of fear that it would undermine their continued suppression of the broader struggles of health workers.

This underscores the necessity for an entirely new perspective. Health staff, whatever their role, cannot fight for improved wages and working conditions within the framework of the ASMOF, the HSU, the NSWNMA, or any other union.

New organisations of struggle must be built. Through rank-and-file committees, independent of any union, psychiatrists along with other doctors, nurses, midwives and health workers can break down the artificial walls of isolation imposed by the union bureaucracies and begin to work together, democratically, on a set of demands and a plan of attack.

The question of wages, under conditions of a cost-of-living crisis, is essential, and these demands must include immediate pay increases of 30 percent or more throughout the public health system.

But wages cannot be the end of the story. Psychiatrists must demand

that all vacant staff specialist positions be filled, and their number expanded in line with the growing need for mental health care. Similar demands should be made in every department of the public health system.

Central to every attack on the jobs, wages and conditions of medical staff is the ongoing privatisation and casualisation of public health, imposed continuously over decades by Labor and Liberal-National governments throughout the country, with the full assistance of the unions. Health workers should demand that the privatisation of hospitals and other health facilities be halted and reversed.

The government will wail that there is no money in the budget. This is a lie! There are more than enough funds, but they are being diverted by both state and federal Labor governments into tax cuts for the rich and burgeoning military spending.

In the fight for these demands, psychiatrists and health staff will run up against a major obstacle—the capitalist profit system, which is fundamentally incompatible with the basic needs of humanity, including access to high quality health care.

Overcoming this will require a political struggle against capitalism and all of its organs, including Labor and the unions, and the fight for an alternative: socialism. It is only through the struggle by the working class to take power, and place vital public infrastructure including hospitals, along with the major corporations and banks, under democratic workers' control and ownership, that society can be restructured on the basis of meeting human needs, including free medical treatment of the highest standard, rather than the demands of the financial and corporate elite.

We urge NSW staff psychiatrists and all other health staff to contact the Health Workers' Rank-and-File Committee today to discuss this perspective and how to start building a rank-and-file committee in your own workplace.

Contact the Health Workers' Rank-and-File Committee (HWRFC):

Email: sephw.aus@gmail.com

Twitter: [@HealthRandF_Aus](https://twitter.com/HealthRandF_Aus)

Facebook: facebook.com/groups/hwrfcaus



To contact the WSWs and the Socialist Equality Party visit:

[wsws.org/contact](https://www.wsws.org/contact)