

Australia: Senior mental health care nurse denounces NSW Labor government attacks on mental health care

Margaret Rees, Richard Phillips
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World Socialist Web Site reporters spoke with a highly experienced mental health care nurse this week about the New South Wales (NSW) Labor government's escalating assault on public sector psychiatrists and the entire public health care system.

More than 200 of the 295 specialist psychiatrists permanently employed by NSW Health have submitted resignation notices in protest over the state government's refusal to meet their demand for a 25 percent pay rise and address longstanding staff shortages. More than 100 staff specialist psychiatrist positions were already unfilled prior to the resignations.

The Labor government's intransigence and intense hostility to the demand of any section of workers for improved pay and conditions has exacerbated the already profound crisis in mental health, the product of decades of government funding cuts, imposed with the aid of all the health unions.

At least 60 mental health beds have been closed since Wednesday, with leading psychiatrists warning that fatal mental health incidents are inevitable as a result of the failure to treat seriously ill patients.

The Australian Salaried Medical Officers Federation (ASMOF) promoted the dead-end resignation action, selling doctors the lie that the mere threat of mass resignation would force the government to concede.

The result has been to sow confusion and cut psychiatrists off from other mental health workers and the rest of the public sector, who all face deepening attacks on their real wages and conditions at the hands of the NSW Labor government.

Gerry, not his real name, has worked as a mental health nurse for three decades in the private and public sectors in Victoria. This includes several years for a public health network where he became a nursing coordinator. He then worked in the private system as a nurse unit manager and as a leading clinician also working in charge.

We began our discussion with Gerry by asking him to comment on the WSWs article "Mass resignations no way forward for psychiatrists as NSW Labor government steps up attack," which raised the need for psychiatrists and other health workers to build rank-and-file committees and take up a unified

struggle against deepening cuts and privatisation throughout public health.

Gerry: The article is good. For the psychiatrists to resign only atomises and disempowers them. Once you've resigned, that's it, you no longer have a say in how the system is shaped and the kind of care that's provided. It would have been much better to seek out other providers, like mental health nurses, psychologists and social workers to collectively fight against what the government is doing.

Pay is only one aspect of the problem. The system is understaffed, under-resourced and there's the issue of moral injury for mental health care workers, which is a big issue, because there's a limit to how much you can really cope with doing the job. Mental health care is a vocation that requires your dedication, but after a while and when you see the outcomes, moral injury creeps in. That's why you have burnout and people around you saying, "I just can't do this anymore."

WSWS: On Thursday, NSW Mental Health Minister Rose Jackson told a press conference that the public sector mental health care system was "resilient," "agile" and that other health professionals were "stepping up, putting their hands up to play a role." What's your response?

Gerry: She's delusional. There's no way that mental health nurses, for example, can work as psychiatrists. It's outside of our scope of practice. Our public liability insurance won't cover it and there is absolutely no way that mental health care nurses can do statutory reviews.

These reviews are life and death issues. They're not to be taken lightly, that's why we have consultant psychiatrists who study for 10 or 15 years to assess risk. They write a plan of care, the level of nursing care required and the medications, etc., and we follow that. The system will not work without consultant psychiatrists. It's not something that someone else can pick up. A GP can prescribe antidepressants, but they may be the wrong antidepressants, maybe too strong, too weak, inappropriate. You need a psychiatrist who understands how different medications work and how the system works. This cannot be replaced by a nurse or a social worker or a psychologist or a GP. Jackson's claims are completely

laughable. The system is not resilient, it's totally broken.

WSWS: In 2024, the Royal Australian and New Zealand College of Psychiatrists published a report, "Burnout and moral injury, Australian psychiatry at its limits," which revealed that 73.88 percent of psychiatrists surveyed had experienced symptoms of burnout in the past three years. Can you speak about that?

Gerry: It's little wonder they've experienced symptoms of burnout. The work is traumatic. As you get to know the patient and you understand the patient, the only conclusion you can come to is that there's not enough resources.

I've looked after people who have been raped by their father and then have been discharged back into the care of their father. I've looked after people who've been discharged home only to find out they've been evicted and then committed suicide after they read the eviction notice. There's a moral injury that comes with doing this work. It's quite traumatic work but you need to feel like you're doing a good job, that it's meaningful and worthwhile. If you don't feel that, then why are you doing it? I completely understand why people feel burnt out because there is a limit to how much you can cope with.

WSWS: Can you speak about the differences between public and private psychiatric services and the questions of accessibility and affordability?

Gerry: Private care is very expensive, and there's a wait list, probably six months long, to see a psychiatrist. And when you finally get into the private system, there's all kinds of issues. It's basically focused on acute care, which might be a stay in hospital for four weeks, which is how they make their profits. The private sector is good at providing acute care but very poor with community care. The patient will be discharged and go back home into the same situation they had before they became unwell.

They really lack community follow-up, and the public system is so overwhelmed it can't step in. You'll have private patients come in with one diagnosis, stay for four weeks, be discharged home, relapse and come back in with another diagnosis. If they can't be readmitted with the same diagnosis, which I think is within 28 days, then they'll be readmitted with a slightly different diagnosis. The psychiatrists do this to try and get the patient the care they need.

Above all, the private system is basically geared around making money. The public system provides better mental health care, but people are forced into the private system, if they can afford it, because they can't get a bed in the public system.

You need gold standard health insurance, which costs families \$700 or \$800 a month, to get into the private system. Not many families can afford this, especially if they're on welfare or have low income.

People also have to try and find a psychiatrist who bulk bills, which is hard because not all do that. Some might give you a gap of perhaps \$200 to pay but if you're seeing a psychiatrist

weekly that's difficult. There are financial barriers there, for sure.

WSWS: The Minns government is using this to step up the privatisation of health care. It is negotiating with Ramsay Health Care private hospitals to take some mentally ill patients, and the president of the private hospital peak body says the crisis in state-funded mental health care deals will "drive significant reforms" in mental health care provision in NSW and nationally. Can you comment on this privatisation agenda and its consequences?

Gerry: This is a big opportunity for the private mental health care industry and for more privatisation. The key question is how does the private sector make a profit?

The social costs of this and the lack of community follow-up after you're discharged from acute care means patients tend to come back in regularly, with lengthy stays in hospitals. So, the private health insurers and private health providers, they're rubbing their hands with glee because they're making so much money out of a three-week or four-week admission, which can cost up to \$40,000. It's money for jam, basically.

I know of nurses in private care looking after eight to nine patients. There are groups run by psychologists and social workers but sometimes there are no groups because you can't find the staff because management won't pay overtime.

I had one experience where they replaced the psychologist with a QR code which meant the patient just went to their room, clicked the QR code and then watched the video on YouTube. This is where it's going. And if the private health providers want to increase profits, then they'll just trim the care to fit the spreadsheet. And this is not going anywhere good for mental health care.



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