

Australia: Senior NSW psychiatrist condemns Labor's assault on public sector mental health care

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The Health Workers Rank-and-File Committee was recently contacted by a senior psychiatrist who wanted to support New South Wales (NSW) public sector psychiatrists' demand for an immediate 25 percent pay rise.

The highly experienced psychiatrist, who we will refer to as Jane, has worked in both the public and private sectors for almost 30 years. In the following edited conversation, she discusses the state Labor government's refusal to grant psychiatrists' wage demands and its escalating attack on public sector mental health care in NSW.

The public sector psychiatrists' call for higher pay is also aimed at trying to overcome serious staffing shortages in NSW. Before the recent resignation campaign, 121 of the state's 416 public sector staff specialist psychiatrists' positions were already unfilled. In part, this is because salaries for staff specialist psychiatrists in the NSW public sector are far lower than those in the private sector or in public mental care services in other states.

Last month, more than 200 of the 295 specialist psychiatrists employed by NSW Health resigned, in a protest action promoted by the Australian Salaried Medical Officers Federation (ASMOF) against the government's refusal to grant their pay rise demands.

ASMOF insisted, despite almost 18 months of fruitless negotiation with the Labor government, that the resignations would force the government to grant the psychiatrists' claims, without the need for any industrial action.

The NSW Labor government has refused to increase its current public-sector-wide offer of a 9.5 percent pay rise over three years, plus a federally mandated 1 percent superannuation rise. This is barely higher than the official inflation rate and far short of what is required to make up for previous cuts.

ASMOF's resignation protest provides no way forward for the psychiatrists, dividing them from other public health workers already in conflict with the Labor government over wages, staffing and horrendous workloads.

Labor responded to the resignations by deepening its attack on public mental health care, closing several wards and, at last count, 60 mental health beds in Sydney.

Attempting to cover up the devastating impact of its attacks, the government claims it can replace those who have resigned with locums and Visiting Medical Officers (VMOs). It has also called

on mental health nurses and associated workers to take on higher-level duties and has been paying private sector hospitals to take in mentally ill patients.

Reports leaked to the media have revealed that seriously ill mental health patients are being forced to wait for hours in public hospital emergency departments.

A patient list leaked to the *Guardian* newspaper revealed that, on a single day in mid-February, five psychiatric patients in a leading Sydney hospital emergency department had been waiting more than 24 hours to be admitted. One patient, who was experiencing hallucinations, waited 130 hours before being admitted, while three others suffering psychotic episodes also waited days—one almost 90 hours, another over 64 hours and another 53 hours. The fifth, at risk of suicide, had been waiting for 25 hours.

Richard Phillips: Could you speak about your experiences in mental health care and the current situation?

Jane: I've seen a massive deterioration of public mental health services over the past 27 years. I'll give you one example of what it's like now.

I recently tried to assist a patient of mine who has chronic schizophrenia and a severe movement disorder known as late-onset tardive dyskinesia [involuntary movements caused by a prolonged period of taking antipsychotic medications].

I wanted to get her into a clozapine clinic but was told that the only way was through an emergency department at a hospital. To put someone with severe movement disorder and chronic schizophrenia there—one of the worst places to put someone with mental illness—is medical negligence as far as I'm concerned. And yet this now goes on all the time.

When I began working in the public health system we had multidisciplinary teams—a social worker, psychologist, occupational therapist, nurse, and psychiatrist—who all worked together. This just doesn't exist anymore.

My patient was eventually able to get in contact with Housing and Accommodation Support Initiative (HASI) Plus, which is an NGO. It has taken her case, but it is time limited.

Governments are more and more outsourcing the multidisciplinary components of mental health care to other agencies. They seem to have no idea what mental health care and treatment is about. Mental health care is all about chronicity and giving

people long-term care. If they cannot get that with an individual clinician, then they need it with a decent public health system.

NSW hasn't even got a parity of mental health funding with other states, or even the same quality of care, so it's perfectly understandable why young people in psychiatry are heading to other states. It's very demoralising to be a competent professional but not able to provide the kind of care that your patients need.

When I started out in the profession there were proactive outreach services. There were intake officers in every community mental health centre, assertive outreach officers and acute-care crisis teams, and the number of patients case managers had was limited. All this has gone.

RP: Psychiatrists and mental health care nurses we've been in touch with speak about "moral injury" and how it's ignored by the government.

Jane: That's right. The government has a totally thuggish and adversarial attitude, combined with a general stigmatisation of mental health services, and patients. It has a disrespectful position towards the psychiatric profession and to medical professionalism in general...

RP: NSW Mental Health Minister Rose Jackson claims that other mental health care workers can take the place of specialist psychiatrists. What's your take on this?

Jane: These comments are staggering and deeply contemptuous, not just of the psychiatrists but of those supposed to be the substitutes.

One thing that psychiatrists do, and it's not the only thing, is prescribe medications that they understand in response to people's symptoms. You just can't replace that knowledge.

We're also trained not to be entirely reliant on testing but to listen, observe, and deeply understand a range of mental health issues, including how to recognise whether people are psychotic or not.

RP: The government has started sending some public health patients to private sector hospitals and, like other public sector services, is stepping up its privatisation of health. What are your thoughts on this?

Jane: There's no way that the private sector can substitute for the public sector. All privatisation does is drive up prices, and in mental health that means poor people won't be able to afford it. By and large mentally ill people—those on the severe end—represent a large proportion of the poor because they can't work. These are people who need good clinical care.

We now have a two-tier health system—one for the wealthy and one for the poor—but if you're poor and mentally ill and can't get proper treatment then terrible things happen. And if a mentally ill person becomes psychotic, angry and feeling threatened, this can lead to the sort of tragedies we had at the Bondi mall last year.

RP: What do you think of claims by the government and other so-called experts that digital aggregated diagnosis data systems or AI predictive modelling is more efficient and can streamline psychiatric analysis?

Jane: Don't start me on this. The mentally ill are not numbers but people with individual stories and particular needs. They need a human encounter with someone who cares, someone they know who cares and is empathetic and authentic. They're not going to

trust you unless you can create a safe space for them.

Above all, they need long-term continuity of care. Instead, we have systems that are fragmented. We're trying to treat unstable and traumatised patients in a public mental health care system that has become unstable itself, and which can re-traumatise.

What psychiatrists and all those working in mental healthcare want and need is that their patients get better. It's not a business, it's a profession. Unfortunately, the law of the marketplace seems to dominate the whole field of human ethics.

RP: What is going to happen with the current group of psychiatric trainees?

Jane: I didn't resign because I want to provide proper training for the trainees and will continue to do so.

RP: As you know, we oppose ASMOF's resignation protest because it divides specialist psychiatrists from other health sector workers who are all fighting the government's pay laws and the impossible and unsafe workloads. United industrial and political action is needed to fight what is a systemic government attack on public health.

Jane: I don't disagree with what you say about the resignations, but I do want to back the young psychiatrists who really are prepared to fight. This younger generation are passionate and are not prepared to put up with these worsening conditions and I find that admirable. You're also right when you say we're dealing with a systemic problem.

The government, of course, doesn't want to look at any of that and they don't want to explain what happened to the money from the closure of mental health institutions in 1983 starting under the Wran Labor government and following the Richmond Report. Those mental health institutions needed to be reformed, modernised from within, rather than shut down altogether. We were told that there would be money for community care and so on, but all these promises were broken.

Economic rationalism, we're told, is efficient but this is just not true. It's grossly inefficient and in psychiatric care of the mentally ill ends up creating a revolving door syndrome as patients are dumped on overloaded emergency departments and the GPs.

I'm deeply appalled by what's happening in the world. We're not dealing with democracies anymore but oligarchies and the normalisation of corruption. This is having an impact on people who know they're being disenfranchised and made to feel powerless, which is also a factor in the increasing rates of mental health conditions in the population.



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