

Australia: Senior Lismore psychiatrist speaks out against understaffing and worsening workloads

Richard Phillips
4 April 2025

Dr Kylie Cheng, a highly experienced locum psychiatrist, recently spoke to the *World Socialist Web Site* about calls by New South Wales (NSW) public sector psychiatrists for an immediate 25 percent pay increase to bring their salaries into line with their counterparts in other Australian states.

The psychiatrists' pay demand is aimed at addressing the dangerous understaffing of public sector mental health. NSW has one of the lowest rates of funding for the sector compared to other Australian states and equally low salary scales for its specialist psychiatrists.

The state 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, barely above current inflation rates. Nor has it addressed the numerous and increasingly dire warnings by the Royal Australian and New Zealand College of Psychiatrists and other peak medical bodies about the catastrophic crisis in the state's public sector mental health care.

The Australian Salaried Medical Officers Federation (ASMOF), which represents the psychiatrists, has opposed any form of industrial action by the specialist psychiatrists throughout the 18-month dispute, including with doctors, nurses and other public sector medical practitioners currently fighting the government's pay cap, staffing ratios and horrendous workloads.

Instead, the union late last year encouraged public sector psychiatrists to submit their resignations, effective on January 21, promoting false illusions that this would pressure the government to grant the psychiatrists' demands.

The *World Socialist Web Site* warned on January 23 that the government attacks on public sector psychiatrists could not be defeated by individual protests by one section of medical professionals (see: "Mass resignations no way forward for psychiatrists as NSW Labor government steps up attack").

It called on psychiatrists to unite with other public sector health workers, including doctors, nurses and ancillary employees, through the formation of rank-and-file committees, independent of the union, to develop a unified struggle against the government's attacks on wages, staffing and working conditions.

ASMOF's resignation protest, the article said, was a political dead end that divided psychiatrists from other public health workers and opened the way for the NSW government to step up its denunciations of the psychiatrists and intensify its attacks on public healthcare.

These warnings were confirmed. The government responded to the resignations by hiring more locums and visiting medical officers (VMOs), demanding mental health nurses and associated workers take

on higher-level duties, slashing public hospital mental health beds and even whole wards, and paying private sector hospitals to take in mentally ill patients. It then pushed the dispute—with ASMOF's support—into the state's Industrial Relations Commission for hearings which began this month and are due to resume on April 11.

On January 23, two days after some of the psychiatrists' protest resignations came into effect, Dr Cheng posted an Instagram reel opposing the NSW Labor government's response to the psychiatrists and outlining its dangerous consequences for public health.

Public sector mental health care in NSW faces an "apocalypse," she said, and went on to denounce government claims that this crisis could be resolved by hiring more locums and visiting medical officers.

Cheng, who has 17 years experience in the public health system, including 10 years in mental health, is currently head of Emergency and Acute Care at Lismore Base Hospital in the Northern Rivers region of NSW. The 280-bed facility is the primary hospital and recognised trauma centre for the region and a major public teaching hospital.

She spoke last week with the WSWs about the increasingly desperate situation facing public sector psychiatrists in New South Wales and their patients.

Richard Phillips: Could explain something about your own history and training?

Kylie Cheng: I studied medicine at the University of Newcastle, graduated and then started an internship and residency, which is the first two years of being a doctor. I got into the psychiatry training program, which goes for five years, and have an advanced certificate in psychotherapies.

I've worked as a locum in many areas across Australia, mostly rural and regional areas, and am currently head of mental health emergency and the acute care team in Lismore.

RP: Given your broad experience could you speak about the current situation in public sector mental health care?

KC: Right now, the mental health system is failing patients, their families, and the community, and it's quite disheartening. I'm now faced with lots of patients who really should be case managed in the community.

We're not able to provide the ongoing case management, care and treatment these patients need and should be getting in the community. They go between the police, the emergency department and the inpatient ward in a cycle that just repeats itself and is putting a big strain on emergency services as well. There are lots of police and ambulance call outs because of the increasing number of mental health

presentations.

Some of these patients used to be case managed and did a lot better when they were, but because of the lack of resources, funding and staff, they're now not being looked after. Some of these patients are unmedicated and have no ongoing psychological treatment, which means their families are also in distress.

We're not able to do much about this situation from the acute side of things which is adding to the social problems already affecting people in northern NSW. Homelessness is a big issue, especially in Lismore right now. This is producing rifts in the community about how to deal with a homeless or transient population and what can be done when there's no available housing.

A lot of our mentally ill patients are homeless. If there's a relapse in their mental health they can lose their housing, or get in trouble with the law, which then prevents them from finding other accommodation.

Even though I'm a locum psychiatrist and not directly affected by the pay dispute and the other issues, I feel like I'm working in a collapsing system. There's a general loss of morale because I don't feel like I can help a lot of the patients, which makes things hard, and so I'm planning to leave.

RP: Lismore has been hard hit by recent flooding from Cyclone Alfred and previously in February 2022. Could you speak about this and its impact on mental health?

KC: Although Cyclone Alfred wasn't as bad as it could have been, lots of houses were damaged or destroyed, particularly in the lower lying areas. This comes on top of the destruction caused by the 2022 floods.

Some of the homeless have been squatting in places that were previously condemned. This has divided the community. While people feel very strongly about this, one way or the other, I can say that the trauma of the floods of 2022 and in recent weeks has affected the whole community. It's been devastating.

RP: Have there been significant increases in mental health care cases?

KC: Yes definitely. Mental health presentations rise after disasters—even weeks and months later—because the community has undergone prolonged stress. And when people come out of that situation, they need a lot of care. It's a fragile time for many.

RP: Many psychiatrists, mental health nurses and community social workers we have spoken to speak about “burn out” and “moral injury.” You mentioned that you're planning to get out of the public health system. Was this a difficult decision?

KC: Yes, and I thought about it for a long time. I've been trying to work with it but reached the point where I didn't want to go to work because I couldn't provide the type of care patients needed. And moral injury doesn't just affect staff specialists, who are permanent, but the locums and VMOs. It impacts on everyone, even those outside of the mental health system and in emergency services for example.

RP: It's been suggested that the state government is spending more money on locums and VMOs than if they had granted the psychiatrists wage rise.

KC: That's right. I'd say there's a lot more money being spent by the government at the moment, not to have things running well, but just to keep it afloat.

RP: What sort of workloads are you now dealing with?

KC: It's much higher since the crisis began and is very stressful. Working in emergency, I get calls during the day about people who need to be admitted or discharged and some days it can be very high

volume. One day I got 13 or 14 calls from ED [the emergency department].

At the same time, I'm attempting to manage clinics in the acute care service, which means trying to engage with my patients, do assessments and do psychotherapy. This means I keep getting interrupted by these calls.

RP: What do you think about the response of the government to this crisis? Were you surprised by its attitude?

KC: I'm both surprised and not surprised. The attitude of the government is denial, unnecessary delay and prolonging a situation that is entirely unnecessary. That means more are resigning, leaving those behind unable to cope with the situation.

RP: What's happening now with the training and supervision of psychiatry students?

KC: This is a massive issue and one that's on my mind as a supervisor and because there's so much uncertainty about fulfilling their training requirements many trainees are going to other states.

I worry a lot about my trainees and how they're going to get by, not just in this term but ongoing in this current environment. I wish I could offer them more stability, which is what you need for training, but it's difficult to provide that when you have a system heavily reliant on VMOs and locums. And then there's the training of the registrars.

The public hospital mental health care workforce is more and more looking like a workforce of locums. One of the dangerous things about this is the lack of stability and knowledge for locums coming into facilities they are not familiar with.

There's also no continuity of care when a locum leaves after a few weeks. Patients must retell their stories to the new locum who might have a different approach to the whole situation and might even change their medication. If you have a long-term staff specialist looking after that team, and the patients, then it's better for everyone.

The WSWs urges public sector psychiatrists, doctors and other health workers to contact the Health Workers' Rank-and-File Committee today to discuss conditions at your medical facility and how to develop a rank-and-file committee.

Email: sephw.aus@gmail.com

Twitter: @HealthRandF_Aus

Facebook: facebook.com/groups/hwrfcaus

Authorised by Cheryl Crisp for the Socialist Equality Party, Level 1/457-459 Elizabeth Street, Surry Hills, NSW, 2010, Australia.



To contact the WSWs and the Socialist Equality Party visit:

wsws.org/contact