

Australian psychiatrist: “We’ve been told by managers that we can’t provide best practice care anymore”

Our reporters
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The following conversation is with a public hospital psychiatrist currently employed in New South Wales (NSW) whom we will refer to as Greg. It is one of several *World Socialist Web Site* (WSWS) interviews with psychiatrists about their ongoing dispute with the NSW Labor government over pay, staff shortages and working conditions, and the deepening crisis in the mental health sector.

In January this year, more than 200 staff psychiatrists in the NSW public health system submitted their resignations in protest over years of worsening staff shortages and the state Labor government’s refusal to grant their demand for an immediate 25 percent pay rise.

The psychiatrists’ pay claim is aimed at stemming the loss of colleagues to higher-paid positions in other states. Last December, 121 of the state’s 416 public sector staff specialist psychiatrist positions were unfilled. NSW public sector psychiatrists are paid significantly less than their counterparts in the private sector and in public mental health services in other states.

The NSW Labor government “offered” a 9.5 percent pay rise over three years, plus a federally mandated 1 percent superannuation increase—barely above the official inflation rate and far less than what is required to compensate for previous cuts.

The psychiatrists’ union, the Australian Salaried Medical Officers Federation (ASMOF), falsely claimed that the resignations would pressure the government to meet the psychiatrists’ demands without the need for industrial action.

As the Health Workers Rank-and-File Committee (HWRFC) warned in a January 30 statement, the resignation protest would not force the Minns government to increase its offer, but instead isolate psychiatrists from nurses and other public health workers already in conflict with the Labor government over similar issues.

“The dire state of public health, mental and physical,” the HWRFC said, “can only be resolved through the joint fight of doctors, nurses and other health workers against the deepening attack on wages and conditions and the public health system itself.”

The statement called for the formation of independent rank-and-file committees to develop unified industrial and political action by all health workers to take forward this struggle.

Labor responded to the resignations by escalating its attack on public mental health care, closing several wards, at last count, 60

mental health beds in Sydney and replacing the resigning psychiatrists with locums and Visiting Medical Officers (VMOs). It also asked mental health nurses and associated workers to take on higher-level duties and began paying private hospitals to admit mentally ill patients.

Media articles have revealed that seriously ill mental health patients are now waiting even longer hours in public hospital emergency departments. Other reports estimate that the state government is currently spending more on VMOs annually than it would cost to meet the psychiatrists’ pay demands.

Three months after the psychiatrists’ resignation protest, more than 5,000 public hospital doctors—also represented by ASMOF—began a three-day statewide strike on April 8 demanding higher pay and improved working conditions.

Opposed to a unified struggle against the Minns government’s assault on public healthcare, ASMOF endorsed the government’s directive to refer the psychiatrists’ dispute to the Industrial Relations Commission (IRC) and supported a ban on further industrial action.

Labor continues to repeat its false claim that the state cannot afford the psychiatrists’ wage demands, and argues that a pay rise would not improve staff retention or recruitment. Although the IRC hearing on the dispute concluded on June 21, a ruling could be months away.

Greg has 20 years of experience in public mental health.

World Socialist Web Site: Could you explain why you decided to become a psychiatrist?

Greg: I’ve been a doctor for about 20 years. There’s this myth in the medical field—people say, “Why would you do psychiatry? Your patients don’t get better.” But that’s not true. There’s huge potential to help people at very vulnerable points in their lives. I’ve seen that again and again throughout my career. There’s immense capacity to make a difference.

But more recently in NSW, I’ve found that I can’t practise what I was trained to do anymore—which is to help people recover. We do everything we can to keep our patients well and set up treatment plans, so they don’t bounce back into hospital. But I’ve come to realise that the system isn’t set up for that anymore.

It’s now organised to move people through beds as quickly as possible, with little interest in what happens after they leave. That’s incredibly dehumanising.

WSWS: And that's significantly different from 10 years ago?

Greg: Yes, it's very different compared to when I trained 20 years ago. I'd say things have gotten much worse in NSW—more so than in other states. Mental health is under-resourced everywhere, but the situation in NSW is particularly challenging.

I've spoken to others who have worked interstate and the other states generally seem better resourced and don't face the same pressure on beds. They can usually move people out of emergency departments within 12 to 24 hours.

In NSW, it's routine for patients to breach those timeframes. We've become used to working in a state of constant crisis.

WSWS: The government has told the IRC that your wage claim is unaffordable and insists you're already well paid.

Greg: They've lied—about our wages and about the cost. The government claims it would cost \$700 million, but that's completely false. They're deliberately misleading the public and haven't factored in the savings from not having to hire so many VMOs and locums. They've provided no evidence for their claims. It's shocking.

WSWS: Many psychiatrists we've spoken to are stunned by the government's stubborn and aggressive response. Are you?

Greg: Yes, I've been shocked. A significant part of the workforce walked out, and the government didn't seem to care. Mental health has always been undervalued, but to see it come to this is devastating.

During its closing argument at the IRC, the government basically said: "Mental health is a mess everywhere, so why bother fixing NSW?" That's appalling.

WSWS: What are the consequences of this?

Greg: The people who resigned are the ones most passionate about public mental health—the ones we can least afford to lose. Their departure represents a huge loss of knowledge, experience and continuity for patients.

Junior doctors are struggling and burning out. We risk losing a whole generation. Patients now have less continuity of care. They lose their regular doctors and support teams. The system is failing to deliver best-practice care.

WSWS: Losing staff specialists is serious because they also train others. That's a big part of the role, right?

Greg: Yes, it's crucial. Supervision has deteriorated significantly. Instead of working with one supervisor over six months, a trainee might now have a new one every few weeks. That instability really affects junior doctors. Many are disappointed, and that contributes to burnout and frustration.

WSWS: What's a typical day like for a psychiatrist in a public hospital?

Greg: Here's what a normal day looks like. You start with a long list of patients. You're told multiple patients are waiting in emergency—some for days. Some may have assaulted staff or absconded. Management may tell you to discharge one or two patients, even if they're still unwell—or if they have nowhere to go, which is common.

If you discharge too early, the patient may end up back in hospital within days. But if you refuse, you risk being pressured or bullied by management. You're often covering extra wards due to staff shortages, with colleagues off sick or burned out. If you raise

safety concerns, no one listens. The focus is only on freeing up beds—not patient outcomes. It's absolutely shocking.

WSWS: An IRC hearing noted psychiatrist vacancies had increased from 35 in 2019 to 131—a nearly 400 percent rise.

Greg: Ten years ago, there was competition for jobs. Now, we can't fill vacancies. Departments that were once stable are now running with only a third or half of the required staff. That affects everything—from patient care to service development and quality improvement.

With short-term staff, doctors don't engage in long-term planning. Managers become more powerful simply because they're the only constant staff. The focus shifts to hitting a few KPIs [Key Performance Indicators] rather than doing what's best for patients.

I recently met a patient who'd seen four or five different doctors in six months. He had to keep retelling his story. It's tough on both patients and staff. Locums don't want to make big changes to treatment because they're only there temporarily. That's understandable, but it's not always best for the patient.

WSWS: What do you think of the mass resignation protest?

Greg: I understand why it happened, and I feel conflicted about it. I don't want to undermine my colleagues—they were at their wits' end. We've been advocating for better resources for years and gotten nowhere with this government.

I've been following your coverage from the beginning, and I want to thank you. I'm grateful you reported on this properly.

We've had to deal with the "greedy doctor" narrative in the media—clearly driven by the government. It was encouraging to see that the *World Socialist Web Site* understood that we're workers too.

One final point I want to stress is this: Managers have explicitly told us that we can no longer provide best-practice care. We've been trained to deliver evidence-based medicine, but we're being instructed to lower our standards. Many of us are struggling to work in that kind of environment.



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