Response

DEAR SIR,

With respect, Dr Lennane appears to be tussling with her phantoms. Dr Lennane rails against views that she attributes to us, which we have never held. Nowhere in our paper did we suggest that 'there will be no need for hospitals at all', nor did we imply that hospitals treating any serious illness 'should be abolished'.

In our paper, we alluded to evidence suggesting better outcomes and less life disruption for the majority of individuals with severe mental illnesses with briefer admissions, while stating clearly that ongoing hospitalization is still required for a significant minority. Further, we advocated shifting secure extended care hospital units (SECUs) for rehabilitation of the most severely disabled individuals from stand-alone institutions to spacious locked sites linked to general hospitals, where patients have better access to physical health care and are less stigmatized. These units have been systematically and successfully rolled out throughout Victoria. Evidence clearly favours closure of psychiatric institutions and reprovision of their facilities with general hospital- based acute and rehabilitation units, and a well-staffed range of supported residential facilities in the community.

In this paper and elsewhere, we have endorsed the approach taken by the Australian National Mental Health Service Standards,[1] and the broad consensus and international evidence base informing them in promoting better resourced mental health services that balance and integrate both hospital and community components.[2,3] Nevertheless, Dr Lennane continues to argue her case for hospital-centred services in a completely evidence-free zone. Her analogy with asthma, diabetes and heart patients is misleading. It is yet another invitation to wrestle with a puff of steam. Both authors have benefited as consumers of hospital as well as community health facilities and would never argue for their abolition, whether for physical or mental illness. At the same time, there is progressively less reliance on the hospital bed for many medical conditions, including renal dialysis, diabetes management, and respiratory and cardiac rehabilitation, as well as day surgery – with enhanced outcomes and less adverse effects. The same can be stated for mental illnesses, from consistent research findings. In fact, psychiatry led the way with research and development of successful systems of 24 h day and night home-based health care complementing hospital care, which has been replicated by other medical specialties. However, their psychiatric applications have never been adequately resourced in NSW.

In reality, I suspect that we share more common ground with Dr Lennane than her response would suggest. We share her publically stated concern for the serial withdrawal of community mental health centres back into 'intimidating, overcrowded (and) inaccessible' hospital sites.[4] We also agree that both hospital and community mental health services in NSW are severely underfunded. So why would Dr Lennane squarely align herself with the Save Callan Park campaign, which demands that scarce capital resources badly needed by people with mental illnesses be donated to her local community without full compensation?

We did not recommend, contrary to Dr Lennane's misconstrued accusation, that we should 'pour another billion dollars down the same black hole where hundreds of millions have already disappeared'. The black hole to which we alluded is the

vortex of continual and unacceptable siphoning of mental health capital and recurrent budgets into medical, surgical and general health administration facilities and expenditure, as well as community health resources being diverted to compensate for hospital shortfalls.

Dr Lennane claims considerable credit for instigating and advising the NSW Mental Health Sentinel Events Review Committee, which has recently recommended that people presenting with any perceived suicidal risk be coerced into involuntary detention. This 'lock-em-up' reinstitutionalization mentality may appeal in certain prevailing political circles. However, as several psychiatric authorities (e.g. Professor Ian Hickie) have pointed out, it is not clinically justified, because it is notoriously difficult to predict who will harm themselves, it will further stigmatize psychiatric services and it will discourage people in need from presenting for care.[5]

The only proven means of preventing death or injury due to mental illness is proper treatment, and NSW, among other States, has failed to commit adequate funds to improving community and hospital treatment services for mental illness.

REFERENCES

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