Crisis in forensic mental health inpatient care

The provision of inpatient forensic mental health services is at a crisis point in South Australia. It has been this way for some time, but the situation is getting worse. As a result, some of the most vulnerable members of our community are not getting the care they need, writes South Australia's public advocate **Dr John Brayley**.

INPATIENT forensic mental health services based at James Nash House at Oakden provide much needed hospital care for forensic patients, who comprise most of the people admitted to the forensic mental health service's 40 beds, and for prisoners who have a mental illness. Forensic patients are people who are found not guilty of an offence by reason of mental incompetence, or are mentally unfit to stand trial.

The problem

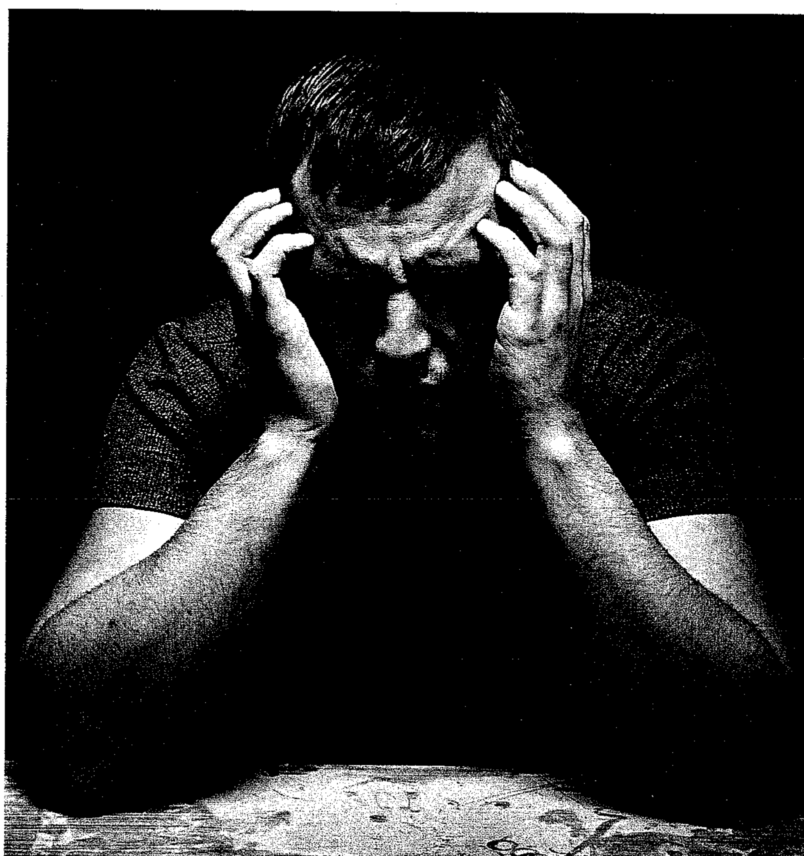
There are three critical issues involving the inpatient services at this time.

The first is a lack of beds. The existing 40 beds are insufficient to meet current needs. There are now 30 beds at James Nash House itself, and 10 beds at Glenside operated by James Nash. In 2008 our office concluded that South Australia should be providing up to 65 beds by comparing South Australia's needs with the latest plans in Victoria.

Coincidentally there can be up to 20 people waiting for a bed at any one time. Some wait in prison. Others are transferred out of prison to a closed psychiatric bed at Glenside Hospital or Flinders Medical Centre. This can produce flow on effects when community patients who would have otherwise been admitted to these beds wait in emergency departments.

It is a clinical and a rights issue for a forensic patient to be held in prison rather than hospital. The Minister for Mental Health has to consider cases personally and must agree that there is 'no practicable alternative' to placing a patient in gaol.

Patients invariably deteriorate in the unsuitable prison environment. A small number are 'nursed' in wings such as D Division at the Women's Prison or G Division at Yatala. Sometimes patients are placed in a canvas gown. People in prison on the James Nash waiting list can exhibit a combination of distress and bewilderment. Their situation is reminiscent of historical descriptions of 19th century mental hospitals before modern treatments developed.



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Those on the waiting list who live in the general prison environment can be at risk of both physical and sexual assault.

The second issue is the outdated custodial design of the facility. Although James Nash House was state of the art when it was built in the 1980s it is now inadequate. Twenty-two of the beds are actually prison type cells. There is a general lack of space and poor lines of sight that limit patients' freedom and ability to walk about the facility unescorted. New facilities in Australia are built like hospitals not gaols. They use a modern campus-style design that maintains security with a high technology perimeter fence, but inside, the facility looks and feels like a hospital and aims to be as therapeutic as possible. Better lines of sight allow greater freedom of movement for patients while providing for staff observation.

The third issue is the lack of a forensic disability service. In South Australia the forensic mental health service provides disability care. Ideally there should be a specialised forensic disability program for people who have an intellectual disability, brain injury, autism spectrum disorder or other disability affecting their behaviour so that people with a disability are not admitted to a psychiatric facility. The numbers of places in such a program should be in addition to the 65 mental health beds recommended above. In practice people with a disability are more likely to wait in prison for beds, as people with an acute psychiatric illness are often admitted to vacant beds first. Both in prison and in the forensic psychiatric ward, people who have a disability can be vulnerable – often by unwisely approaching other people and being assaulted. ▶

Fixing inpatient forensic mental health care is just one component of improving the provision of forensic mental health and disability services overall. Other elements are prison in-reach and community-based services.

So how did we get to this situation with inpatient services? Below is a history of the matter.

Recent history of forensic mental health services

2001. Recognition of the need to rebuild: The late Margaret Tobin, as the then State Director of Mental Health, recognised the need to improve conditions in the forensic wards and to plan better for young people and women.

2005. New funds to rebuild James Nash at Oakden: The Health Minister Lea Stevens sought to address this need. $16.5M of new funds was allocated to rebuild James Nash at Oakden. Budget papers indicated that over the next two years over half a million dollars was spent planning for a new facility on the site.

2007. Transfer to Mobilong: The work to rebuild James Nash at Oakden was then stopped. Instead the new James Nash would become part of the new Corrections precinct at Mobilong.

2009. Mobilong plans stopped due to the global financial crisis. Glenside beds to transfer to Oakden. A $19M plan was announced. $1M of the funds would come from treasury, the remainder from the sale of land adjacent to James Nash. The initiative would fund the rebuilding at Oakden of 10 forensic beds that currently operate from the Glenside site. Part of this funding would pay for maintenance of the air conditioning and gas supply to the main building, but the existing 30 beds on site would not be rebuilt. Overall bed numbers in forensic mental health however would not change – remaining at 40 beds.

Public advocate Dr John Brayley at Nash House.

> "Solving the current crisis in forensic mental health inpatient care is a critical step in improving the provision of forensic services overall to people with a mental illness or disability who come into contact with our justice system."

March 2011. Commonwealth funding of 10 forensic step-down beds. The Commonwealth has announced it will fund 10 'sub-acute step down' beds offering 'intensive rehabilitation'. While this new injection of $6.1M over four years is most welcome, it does not address the need for acute beds. Already forensic patients 'step down' through non-forensic long-stay beds at Glenside. While it is yet to be modelled, it is possible that a number of the new 10 step-down beds may be occupied by people who would have previously been transferred to Glenside non-forensic care for step down prior to community discharge.

The solution

The solutions flow from the description of the problem above. Sixty-five forensic mental health beds are needed. In addition existing beds need to be rebuilt as a modern facility. Solving the current crisis in forensic mental health inpatient care is a critical step in improving the provision of forensic services overall to people with a mental illness or disability who come into contact with our justice system.

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