

AUSTRALIA

By I. PILOWSKI

Professor, Department of Psychiatry, University of Adelaide, Adelaide, South Australia.

In Australia, the trend over the past few years has been towards regionalization of psychiatric services with specific hospitals taking responsibility for the mental health of circumscribed communities. New hospital facilities are usually attached to general hospitals and have become an integral part of the health delivery system. Many such general hospital psychiatric units exist and more will be developed. These units cope in the main with short-stay patients, using the techniques of crisis-intervention as well as psychopharmacologic methods.

At the same time, it is generally acknowledged that specialized units are required for the treatment of the intellectually retarded, psychogeriatric patients, adolescents, disturbed children and others. Progress in these areas is uneven due to financial strictures and shortages of trained personnel. The latter problem has to some extent, been met by the training of non-professionals in the field of community work. This has worked particularly well in South Australia where "Mental Health Visitors" have been trained since 1964. The training course lasts for six months, and was introduced initially because of an awareness that the early discharge of patients from psychiatric hospitals was imposing strain on the patients, relatives and other members of the community. It was felt that in order to reduce misunderstanding as a result of early discharge, it would be necessary to provide satisfactory follow-up services. In addition, the almost impossible task of finding sufficient qualified social workers made it quite obvious that some other method had to be devised in order to meet demands for community support. It should be mentioned that an experiment had been carried out in which a qualified psychiatric nurse had been attached to a Child Guidance Clinic as a supporting visitor to the children's family. Although she had no specific training, she worked closely with psychiatrists and social workers as part of the Child Guidance Clinic team, and it was found that she was a most valuable contributor.

Students are carefully selected for the training programme and are usually between the ages of

30 and 45. Warmth and personality stability as well as reasonable intelligence are also attributes which are sought. It should be pointed out that intelligence is not judged on the basis of educational background since, in some cases, there has been a lack of opportunity. Lectures are given on the nature and classification of mental disorders, description of clinical syndromes, interview techniques and developmental psychology. In addition to this, the trainees are taught relevant sociological principles and are taken on visits to various community agencies and facilities, as well as doing practical work. A most important observation is that mental health visitors function best if they remain part of a group and are given support and supervision. It is absolutely crucial that they have opportunities for sharing their experiences.

The Mental Health Visitor Scheme is only one example of a number of attempts which have been made in Australia to take psychiatry into the community. Where community nurses are available, we have been struck by the excellent use which has been made of them by general practitioners and patients. Of course, it is more difficult to provide psychiatric services in outlying communities which have severe transportation problems; but even in this area, excellent work is being done and units are being set up in country towns while, in others, arrangements are made for psychiatrists to visit on a regular basis. Where possible, attention is always directed to educating the professionals on the spot and not attempting the impossible task of dealing with all the community psychiatric problems from a hospital based service.

The move into the community has, of course, placed strains on existing hospital services and has produced feelings of insecurity in staff used to working in a hospital setting. However, attitudes are changing and there is little doubt that the age of the large mental hospital is essentially over. At the same time, of course, we may still see mental hospitals converted into groupings of autonomous units devoted to the care of special problems.