

## Submission to Productivity Commission

Submitted by: John Pullman

### Request

I ask that the Productivity Commission investigates the negative impact of unintended consequences to mental health treatment reform, caused by the introduction of nurse patient ratios in mental health inpatient treatment. I believe these ratios have been instituted despite a lack of academic evidence that nursing is necessarily the fundamental discipline necessary to run effective treatment services in an inpatient setting.

### Background to Issue

I am a mental health worker in NSW. Nurse patient ratios have been in place here, in surgical, palliative care and acute mental health units since 2010 (Brogan 2013). This appears to have been imposed without consideration of the different treatment contexts between mental health and physical health nursing. This difference can be summed up as follows. Inpatient mental health nurses function primarily to support the psychological and social recovery of their clients (Zugai, Stein-Parbury & Roche 2015). Despite some overlap this is qualitatively different from the core tasks associated with physical healthcare nursing (Zugai, Stein-Parbury & Roche 2015). Furthermore the core tasks of a modern mental health nurse owe more to the interdisciplinary paradigm of 'recovery orientation' than they do to traditional models of nursing (Zugai, Stein-Parbury & Roche 2015).

Nurse patient ratios impose crippling costs onto public mental health services because of the fundamental shortage of nursing staff (NSW midwives and nurses association 2018). This problem is part of a fundamental world wide problem (Haddad & Toney-Butler 2019). These ratios also impose a predominantly unidisciplinary structure onto the inpatient work forces, further entrenching old fashioned and discredited 'silo' approaches to treatment. This approach works against evidence based principles of mental health treatment (Haines et al. 2018).

### Personal Experience

I have 28 years experience working in community and inpatient mental health services throughout Australasia. I have worked in four different Local Health Districts in NSW. In the last two services I have worked in, inpatient services ran multiple millions of dollars over budget every year. This was due almost entirely to nursing overtime costs as the executives tried to comply with nurse patient ratios. These deficits were covered by taking money out of the operational budgets of community mental health services who are not the subject of these ratios. The net result is a stalling of community treatment reforms and service development and the subversion of important, strategic State and Federal Government reform (Department of Health 2017; NSW Mental Health Commission 2014)

### Illustrative Anecdote

If a consumer becomes physically unwell while an inpatient in my current mental health service, nurses will ring for an ambulance to transport them from the mental health unit to the hospital emergency department for triage and assessment.

## Conclusion

Nurse patient ratios are an unwarranted industrial impost on effective and efficient management of public mental health inpatient units. Acknowledging that reasonable staff patient ratios are necessary to provide safe and effective services, consideration should be given to replacing nurse patient ratios with a multidisciplinary staff patient ration system. This would generate the widest possible base to recruit staff from and be far more in keeping with the multi-disciplinary ethos of modern, recovery orientated mental health treatment.

John Pullman

## references

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