

# Psychiatry in Australia

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Psychiatry has been practised in Australia in one form or another since the peopling of the continent, originally with the practices of the Aboriginal shamans, and later with the psychiatric treatment necessitated by convict transportation.

Over most of the last half-century psychiatry has been administered by the Royal Australian and New Zealand College of Psychiatrists.

There are over 2 000 psychiatrists in Australia, and numbers are expected to increase in future.

As in many other countries, there is ongoing pressure between the private and public sectors, with endemic underfunding of public and community services.

Despite its small number of practitioners and relative isolation from major centres, Australian psychiatry has a distinguished record in the field of research. The most famous discovery, by John Cade, was the use of lithium for treatment of mania.

Recently governments at state and federal level have acknowledged the effect of psychiatric illness on patients and their families. This has led to the development of programmes to improve public information and eliminate prejudice.

It is anticipated that the practice of psychiatry will flourish in Australia and that the country will remain a leading centre of excellence in psychiatric research and training.

Australia has been populated for at least 40 000 years by the Aboriginal peoples,<sup>1</sup> a hunter-gatherer population. Their close affinity with the land and complex spiritual system, broadly referred to as the Dreamtime, allowed them to mediate with a hostile world, and deal with emotional distress and group tensions. Designated individuals functioned as shamans and

through ritual, ceremony and healing, alleviated illness and relieved distress.<sup>2</sup>

## Convict settlement

The arrival of European settlers in 1788 came as a rude shock to the inhabitants. While the settling of convicts thousands of miles from England was perceived as a grand social experiment to empty overcrowded prisons, the endeavour was fraught with risk.<sup>3</sup>

As still happens today, convict transportation represented another turn of 'the revolving door'. If the convicts didn't have problems to begin with, the harrowing voyage out to the remote continent and the severe privation they experienced on settlement led to considerable psychiatric morbidity. Anyone doubting this should visit the grim stone psychiatric cells at the Port Arthur prison complex in Tasmania.

For the Aboriginal population, European settlement was a catastrophe. They were uprooted from their lands, their tribal structure and culture were destroyed, and epidemics of influenza, measles and smallpox decimated their numbers. In Tasmania the Aboriginal people were wiped out (although their genes live on in many locals, and in recent years there has been a resurgence of cultural pride in Tasmanian Aboriginal descendants).

## The 20th century

By the start of the 20th century, psychiatry in Australia had followed predictable lines, with the establishment of large institutions for incarceration of the mentally ill.<sup>4</sup> Started with good intentions, the mental hospitals were often located in rural settings with appealing sandstone buildings and large gardens (with the closure of these hospitals, often located on prime real estate in idyllic settings, governments can't wait to get their hands on the property).

A typical example is Rozelle Hospital (formerly Callan Park, and used as the setting for the Baz Luhrman movie 'Cosi') in

Sydney, located on the Parramatta River so that patients could be brought over by boat in the dead of night. The institutions were no better or worse than could be expected according to the standards of the time. Medical input was limited or sub-standard, many of the staff regarded their charges as little different from prisoners, and a degree of abuse was endemic.

Psychiatry lacked prestige or status and was regarded as a poor choice, only for graduates without prospect. However, as psychiatry in Europe and America developed a scientific taxonomy and commenced the search for effective treatments, so psychiatry in Australia followed suit, picking up new ideas and trends. After World War I this included fever treatment and use of Salvarsan for management of neurosyphilis. Following World War II, psychoanalysis was brought to Australia by refugees from Germany and Austria. Insulin coma therapy, ECT and psychosurgery were followed by the psychopharmacology revolution in the 1950s.

With the development of new therapies and growth in the numbers of practitioners, the latter were encouraged to professionalise their discipline. Specialist examinations were conducted by individual states. A series of meetings was held, eventually leading to the establishment of the Australian and New Zealand College of Psychiatrists in 1963 (the Royal Assent followed later). The original intention was to name it the Australasian College, but this was changed as it would have had the same initials as the local College of Physicians (and New Zealand psychiatrists were reluctant to be embraced under the term 'Australasian').

By the mid 1970s the Royal Australian and New Zealand College of Psychiatrists (RANZCP) was the dominant body representing Australian psychiatrists. After the usual turf wars, state examinations were phased out and the College was solely responsible for the training and examining of Australian psychiatric graduates. Following the trend of other Australian colleges, by the mid 1980s the MRCPsych, the equivalent British qualification, was no longer accepted.

## Training requirements

During this time there was intense debate within the College about training requirements. To some extent, this was determined by the Australian health care system. Unlike the UK, where trainees passed their examination but would expect to work for some years under supervision, the Australian graduate

could go immediately into practice as a consultant and the examination had to take this into account.

There was also debate about the nature of Australian psychiatry — was it distinct or unique, or merely a half-English/half-American mutant?<sup>5</sup> The argument came down clearly on the side of the former and training was expected to reflect this. The emphasis in examinations changed to clinical practice rather than a top-heavy cramming of the basic sciences. Trainees have to train in child, community, old-age and liaison psychiatry, in addition to adult psychiatry. The examination includes a medical case examined jointly by a psychiatrist and physician, and the 'consultancy' viva where candidates are asked a range of questions to determine their suitability. Candidates have to write up five cases (including a supervised psychotherapy case of 50 sessions) and a dissertation after they pass the clinical examination.

As would be expected, the College examinations produce considerable anxiety in candidates, and there is a continuous process of modification; the examination process is now spread out from the end of the first year to completion of the required training.

By 1990 the College was playing a greater role in disciplinary proceedings and was under public scrutiny following the scandals at Chelmsford and Townsville hospitals. There was pressure on all fronts and the College was expected to take a more active role in response to public concerns. The College takes pride in its ability to expel erring members. More recently, it has taken a stance on social activism, issuing statements on matters as diverse as Aboriginal reconciliation, the Governor-General's involvement with church sex abuse scandals, and the treatment of illegal refugees held in detention.

Australia has a population of over 18 million people. There are now over 2 000 members of the RANZCP, in addition to a dwindling number of psychiatrists who qualified in the UK before acceptance was withdrawn. This makes for as many practitioners per head of population as in most Western countries. However, the distribution is extremely skewed, with the largest number of practitioners in affluent urban areas, progressively thinning out towards the regional and rural areas where they are most needed.

Psychiatric treatment in Australia is funded by the Medicare fee-for-service scheme. For the first time, payment for psychotherapy is limited to 50 sessions a year (after that a

reduced fee is paid), causing concern to therapists who look after abuse victims and personality disorder patients. Despite intense lobbying by the College, this issue has not been resolved to the satisfaction of psychiatrists and greater funding restrictions can be expected with the development of managed care.

Another federal benefit is the Pharmaceutical Benefits Scheme (PBS) in which prescribed drugs are subsidised to keep them to the cost of a standard prescription. While it has long been recognised that the PBS budget has blown out, the new psychiatric drugs have contributed to the system being strained to the limit, and constraints can be expected in future.

### A distinguished record

Despite its small number of practitioners and relative isolation from major centres, Australian psychiatry has a distinguished record in the field of research. The most famous discovery, by John Cade, was the use of lithium for treatment of mania,<sup>6</sup> perhaps overshadowing Norman Gregg's discovery of the effects of rubella on the fetus. From the 1970s, coinciding with the establishment of academic centres, there has been an outpouring of research on every aspect of psychiatry.

A few areas where Australian research has achieved international recognition include the classification of depression, the concept of abnormal illness behaviour, treatment of anxiety disorders, schizophrenia, eating disorders and perinatal psychiatry.

In the past it was common for high-flying graduates to head overseas for further experience and training; often they did not return. The most well-known example of this was the late Aubrey Lewis, regarded as the greatest English-speaking psychiatrist of the 20th century, who never returned to his native land. However, the trend has been reversed. With centres such as the Mood Disorders Unit at The Prince of Wales Hospital and the WHO Centre at St Vincent's Hospital, Australia is increasingly perceived as a centre of excellence in many fields of psychiatry.

Recently governments at state and federal level have acknowledged the effect of psychiatric illness on patients and their families. This has led to the development of programmes to improve public information and overcome prejudice (e.g. with regard to adolescent suicide), and the establishment of state-funded institutes such as beyondblue.

It is anticipated that the practice of psychiatry will flourish in Australia and that the country will remain a leading centre of excellence in psychiatric research and training.

### References

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