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The Department of Planning
Canberra ACT

Dear Officer,

**Re: Support for DA Application of new hospital build
at Denison Street, Deakin ACT 2600**

My background:

I am a Psychiatrist in private practice in Deakin. I am the owner of a Multidisciplinary medical specialist practice on the John James Hospital campus in Deakin. My rooms include Paediatricians, Child Psychiatrist, General Psychiatrists and Psychologists. We look after all of life-span ages, as well as special interest areas of Military and First Responders Mental Health, Complex Trauma, and neurodevelopmental disorders.

I previously worked as a Psychiatrist and trainee in various hospitals, including Mackay Hospital, Gosford Hospital, Manly Hospital, the Royal North Shore Hospital, and Hornsby Hospital. I continue to have active links with my NSW colleagues.

I currently have active clinical and research ties with the Operational Stress Injury Clinic (Calgary), the Psychological Services for the Calgary Police Service (CPS), and the VA Hospital San Diego. Locally, I work alongside my colleagues in private practice, namely Psychologists, Social Workers, GPs and other Psychiatrists; as well as research facilities in the University of Canberra, and the School of Medicine at the ANU and the Centre for Mental Health REsearch at the ANU. I am working on an educational platform for Trauma sociology with the ADFA at the UNSW.

I have offered advice to the Minister for Mental Health, Shane Rattenbury on areas in his portfolio.

The current proposal:

I understand that there is an application for a new hospital build on Denison Street, Deakin ACT.

I thoroughly support this application. It will be an asset for the Community of Canberra, as well as a significant pull factor to attract new Psychiatrists from interstate and abroad, to work in both the public and private sectors of Psychiatry.

As all Canberrans would be aware by now, ACT Mental Health is struggling to maintain and sustain adequate numbers of Psychiatrists. As a subset of this, there is a lack of Psychiatrists in the private sector.

In general terms, public mental health looks after conditions that are near or at the Severe end of Psychiatric illnesses; eg. Schizophrenia, relapses of Bipolar Disorder, melancholic Major Depressive episodes. In addition, public mental health looks after conditions that have high risk or presence of active suicidality and self harming.

In the model of 'Step-up and Step-down', public mental health assets and operations are very much considered in the Step Up domain. However, this requires movement of patient's clinical progress to the Step-down domain, and then return into community. In the current scenario, I am told that there are patients who have been stuck in the public mental health system inpatient for more than the expected timeframe, causing bed block in the system, and increased risk holding in the community sector.

I am advised that there is a well regarded practice of the private sector assisting the public sector in terms of hospital discharges and Step-Down services. At the moment, public hospital patients are at times referred to Hyson Green for this Step-Down purpose. However, due to a lack of private psychiatry beds, the waiting time for Hyson Green, in my own experience, can be quite long in the orders of weeks, and my patients tell me, sometime months.

Nationally, private hospitals supply 20% of all beds. Psychiatric overnight admissions requiring mental health specialist care sit around 8-21 per 10,000 population (data from the AIHW report of the same name, 2016-2017). Canberra has a higher than national average rate of Anxiety (5.1% vs. 3.1) and with high or very high levels of distressed experienced by 13.2% of women and 8.3% of men, noted by the Chief Health Officer in his report of 2018. In addition, "Younger CANberras (18-24 years) were the most likely to experience psychologist distress, with those aged 45-54 the second most likely group."

The current supply of private psychiatric beds sits at 30. On the above median figures, 10.75% of Canberra in the likely age range of 18-24 years and 45-54 years are likely to seek treatment for the distress; and the median figure of 4.1% of Canberrans will seek treatment for Anxiety Disorder. Those whose distress reach suicidality and high risk of harm to self and others, can be assisted by the public sector. All others will need to seek their GP, private Psychologists, private Psychiatrists, and possibility of private hospital admission.

Even at a conservative figure of ten percent of the above possible-treatment population, that number sits around 1600 people.

In addition, there are specific populations of patients who need tailored care: eg. PTSD program for Military and First Responders, and Veterans from both these groups; perinatal Psychiatry; Eating Disorders; chronic self harming; Treatment Resistant conditions of Depression, Anxiety and PTSD.

Currently in the ACT, there are no PTSD inpatient or outpatient program that is accredited by the Department of Veterans Affairs (the previous program at Bruce closed due to it being run by a single Psychiatrist without back up); there is an Eating Disorder program with no step-down service; there is no articulated Treatment Resistant Depression program, and associated with that, Electroconvulsive Therapy is not available at the Canberra Hospital. Other evidence based treatments for Treatment Resistant Depression is **not** yet available in Canberra, including TMS, rTMS, Ketamine, medicinal Cannabis.

In summary:

I fully support the new build for a Private Psychiatry Hospital in Deakin, Canberra.

It will be fully supported as a community asset. It will be a pull factor for Psychiatrists already in Canberra, and for those looking to move to Canberra from other states/territories and abroad.

There is a fundamental need with high demand for inpatient Psychiatric beds, day hospital and outpatient programs.

I speak with confidence that the community of mental health clinicians already contacted by me are all in favour of a new hospital build, including 15 Psychiatrists (two more from Melbourne added to my list as of yesterday), 28 Psychologists, 17 GPs.

It will enable the Canberra Mental Health community to design and deliver a program, from the ground up, that utilises principles of Recovery, Early Intervention and Collaborative partnerships, that places the patient as a client and customer of a service that is much needed.

My ultimate hope is to reduce the Suicide Rate that remains unacceptably high, in Canberra and nationally. If we are able to articulate a program that is shown to actively reduce suicide rates in our population, this can become the Canberra Model to be replicated elsewhere. I refer to the experiences at Calgary where the suicide rates there dropped significantly for the population of military veterans, with the build and delivery of their OSI clinic.

I thoroughly hope that the Department of Planning will look favourably upon this new build application and expedite the DA application.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Alex Lim', written in a cursive style.

Dr Alexander Lim
Consultant Psychiatrist