



Office of the Chief Psychiatrist  
Media Statement

**Embargoed until SA Government Gazette is published for  
Thursday, 2 July 2020**

**Southern Adelaide Local Health Network (SALHN) mental health services investigation**

**Statement attributable to Chief Psychiatrist, Dr John Brayley:**

In October 2018, I announced my decision to undertake an investigation into the delivery of mental health services in SALHN.

My decision was prompted by reports that had been made to me or had been brought to my attention concerning potential deficiencies in the care being administered to consumers of mental health services in this Service, particularly the outer south facilities in this Service.

Following the commencement of my investigation, in January 2019, certain matters falling within the scope of my investigation became the subject of a referral from the Independent Commissioner Against Corruption, the Honourable Bruce Lander QC pursuant to section 24(2)(d) of the *Independent Commissioner Against Corruption Act 2012* (“the ICAC Act”).

As a consequence it has been necessary for me to observe the confidentiality and non-disclosure obligations in the ICAC Act as I undertake my investigation.

I have obtained authorisation from Commissioner Lander to publish this statement.

I can report that I have now completed a preliminary report into the investigation, and have provided a copy to Commissioner Lander. I have also provided a copy of my preliminary report to SALHN for its consideration and response.

This report is preliminary in nature because it will be necessary to consider the response of SALHN to all matters raised in my report. Further, in relation to a number of matters that are the subject of my investigation additional enquiries are also necessary before I can express a concluded view.

The preliminary report sets out in detail the actions taken by my Office – with the support of senior interstate psychiatrists – in this investigation.

The care of 23 SALHN consumers, predominantly from the outer southern service, was analysed, 10 of these cases were subject to a detailed review involving the interstate consultants as well as my Office. In addition, key statistics for the Service were reviewed and all parts of the outer southern service were subject to an inspection – five were unannounced and one announced.

I can indicate based on the case investigations that I have identified a number of issues of concern in relation to the provision of mental health services in SALHN in the outer south in particular. Initially, I considered that the issues predominantly related to a period between 2016 and early 2018, however a review of two matters from 2019 suggested to me that issues could still be current.

The concerns relate to systems and processes, in particular to referral and handover processes, and the capacity and capability of community teams to accept referrals of acutely unwell consumers.

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I also considered that there was a need for additional oversight of the delivery of acute care in the community, and in the Emergency Department when consumers are discharged home to community care.

In a number of cases I was concerned that telephone reviews were relied on when face-to-face contact would have been preferable. I observed that a specific unit, the Southern Intermediate Care Centre, operates on what I considered to be an outdated care model that does not address the acuity of the consumer group it admits.

While I await a response from SALHN to the matters raised in my preliminary report before expressing a final view on any matters of concern identified, I am satisfied that it is appropriate at this time to exercise my powers under the *Mental Health Act 2009* to impose temporary conditions on the provision of mental health services on parts of the Service: the Adaire Clinic, Noarlunga Emergency Department, and Southern Intermediate Care Centre.

The conditions to be imposed will be published in the Government Gazette of 2 July 2020 and address the matters described above: transfer and referral of consumers into the care of community teams and the Intermediate Care Centre, and oversight of acute community care of people who are unwell.

I am acutely aware that the public may perceive this as an indication that the Service overall is not functioning as it should, however this is not the case. These gazettal conditions address specific issues, and knowing that these precautions are in place, people living in the outer south of Adelaide who need to seek mental care should continue to seek care from the dedicated professional staff of SALHN.

I emphasise at the outset that my concerns are not a reflection on the dedication and skill of the staff of the outer southern service, but on clinical processes. In our review there have been many positive references to the work of individual clinical staff. The impression that I have gained from my investigation to date is that staff and clinicians across the Service in community teams, in community residential services, and in the inpatient hospital setting are providing care in the vast majority of cases with care, diligence and professionalism – albeit under pressure.

I also acknowledge the work of the executive of SALHN in identifying and seeking to address matters of concern in the SALHN service since 2017. SALHN have implemented a new model of care for their community mental health services that commenced operating in September 2019 and should address a number of my concerns. However I have opted to implement the gazettal conditions at this time, to provide an additional check and balance of the care delivered.

I wish to also acknowledge the work of the Office of the Chief Psychiatrist safety and quality team members, our two external reviewers, and our legal advisor, who have supported this investigation.

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