



Parliament of
South Australia

REPORT

OF THE

SELECT COMMITTEE

**ON PROPOSED SALE AND
REDEVELOPMENT OF THE GLENSIDE
HOSPITAL SITE**

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Third Session, Fifty-First Parliament 2008-2009

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1. Select Committee on Proposed Sale and Redevelopment of the Glenside Hospital Site

1.1 Appointment

On 2 April 2008, the Select Committee was established by the Legislative Council to inquire into and report on the State Government's proposed sale and redevelopment of the Glenside Hospital with specific reference to:

- (a) The effect on the delivery of services of the proposed co-location of mental health, drug and alcohol, rural, regional and State-wide services and the possible security implications
- (b) The effect of the proposed sale of 42% of the site and its impact on the amenity and enjoyment of open space for patients and the public, biodiversity, conservation and significant trees
- (c) The impact of the reduction of the available land for more supported accommodation
- (d) The effect of the proposed sale of precincts 3, 4 and 5 as identified in the State Government's Concept Master Plan for the site and its possible effect on access to the site and traffic management generally
- (e) The proposed sale of precinct 4 by private sale to a preferred purchaser; and
- (f) Other matters that the Committee considers relevant.

1.2 Membership

The Hon. JSL Dawkins MLC (Chairperson)

The Hon. BV Finnigan MLC

The Hon. IK Hunter MLC

The Hon. SM Kanck MLC

The Hon. JMA Lensink MLC

Secretary

Mr G Dickson

Research officer

Ms G Sladden

1.3 Introduction

The Select Committee advertised for interested persons to provide written submissions or to register an interest in appearing before it. The Committee received 212 written submissions which are listed in Appendix 3. Submissions were received from government agencies, local government, professional organisations, service providers, individual professionals, consumers of mental health services and their relatives, local residents and members of the public. 1507 submissions were received as form letters (see Appendix 3), sponsored by Burnside Save Open Spaces Inc.

Accompanied by representatives from the Department of Health, the Committee visited the Glenside hospital site on Friday 20 June 2008 and met on nine other occasions to hear evidence. A list of people who appeared before the Committee is in Appendix 2.

1.3.1 The redevelopment

For more than a century Glenside Hospital (formerly the Parkside Mental Asylum) has been the cornerstone of mental health services in South Australia. The main building on the site is a significant feature of the Adelaide landscape and considered an important example of 19th century institutional architecture. The site contains a number of other buildings of various ages and styles and has large areas of open space dotted with trees and shrubs. Not far from the city centre, Glenside provides a peaceful haven for people with mental illness and their families. Its ageing facilities are, however, no longer consistent with the infrastructure necessary for modern mental health care.

In September 2007 the South Australian Government announced a redevelopment of the Glenside site, with a focus on delivering a ‘world class health service’ (Department of Health submission, page 12). The planned redevelopment is made up five precincts:

- precinct 1: an acute hospital for mental health and drug dependency
- precinct 2: a cultural precinct (in the heritage listed administration buildings in the heart of the campus)
- precinct 3: a commercial precinct (with land for private development); this will contain commercial office development and a significant area of open space
- precinct 4: an expansion of the nearby Frewville shopping centre with a ‘village style’ centre including shops and cafes
- precinct 5: a mixed housing development including private housing, affordable housing and some supported accommodation (Department of Health submission, pages 13-19).

Diagrams of the proposed redevelopment are provided in Appendix 1 of this report.

1.3.2 Interim report

After hearing evidence from the Royal Australian and New Zealand College of Psychiatrists (SA Branch) and Professor Goldney from the University of Adelaide, the Select Committee tabled an interim report on 11 September 2008, calling on the government to establish a mental health research and training institute as part of the redevelopment of the Glenside Hospital site.

The Select Committee believes that the redevelopment provides a unique opportunity to create a centre of excellence in mental health research and training which will bring South Australia into line with other mainland states in this area. It decided to publish an interim report (tabled 11 September 2008) before completing the inquiry as work on the re-development had already begun and it was anxious that plans for an institute be incorporated into it.

On 1 December 2008, following a question from the Committee on the government's response to the interim report, the Chief Executive of the Department of Health agreed that a '... a strong research and training presence is essential for good patient care and for the ongoing attractiveness of the campus for staff recruitment and staff development' (evidence, page 121). He said, however, that while a research presence will be part of the redevelopment design, a stand alone research institute on the site is not in accord with government policy in this area (evidence, page 121, 122).

1.3.3 Dissenting statement

Two members of the Select Committee, the Hon. IK Hunter MLC and The Hon. BV Finnigan MLC, dissented from a number of findings and recommendations of this report. Their statement is contained in section 5.

1.3.4 Overview of evidence

The majority of submissions and the bulk of evidence given to the Select Committee supported the redevelopment of the Glenside Hospital campus to provide for a new acute hospital and better services for those with mental health illnesses. This consensus is summed up by South Australia's Public Advocate, Dr John Brayley:

The current hospital is dated, and the need for a new state of the art facility is unequivocal. The new development must proceed (submission, page 4).

The Select Committee supports this view wholeheartedly and believes that the primary purpose of the redevelopment should be the benefit of people who have either mental illnesses, drug dependency problems, or both.

Evidence presented to the Committee indicates that despite this support there is still a great deal of disaffection on specific aspects of the redevelopment proposal, particularly in relation to:

- the sale of the land to fund residential housing
- plans for commercial and retail areas
- the future of rural and remote services
- the depletion of open space
- the possible destruction of trees
- security, particularly in relation to the incorporation of Drug and Alcohol Services South Australia (DASSA)
- traffic and access issues
- the consultation process.

These issues are dealt with under the terms of reference in section 3 of this report.

2. Recommendations

After considering the evidence and submissions placed before it, the Select Committee has made the following recommendations:

- 1. That all current high care patients at Glenside be provided with a detailed care plan outlining their treatment and its location.**
- 2. That the Department of Health incorporates best practice principles into plans for the new co-located services, with the welfare of vulnerable clients groups as the highest priority.**
- 3. That the Department of Health develop an up-to-date and comprehensive security plan for the redevelopment.**
- 4. That the proposed number of rural and regional beds in the new facility be doubled to provide at least 46 beds.**
- 5. That because of the contribution made to birthing women in this state by Dr Helen Mayo, her name be retained for the unit which continues to deal with women admitted for acute post-natal psychological and psychiatric conditions.**
- 6. That the number of inpatient beds for women with acute post-natal psychological and psychiatric conditions be increased from the current six to ten, with provision for expansion at a later date should that be necessary.**
- 7. That at least a portion of the old orchard be retained as an example of previous activity on the site.**
- 8. That new buildings at Glenside be sited so that as many of the 191 significant trees as possible are retained.**
- 9. That the government implement a mental health accommodation strategy for the state, particularly in the light of the expected closure of more supported residential facilities.**
- 10. That the number of supported accommodation places to be provided in the redevelopment is increased to 50.**
- 11. That plans for the sale of land for residential and commercial purposes are discarded and that the government explore alternate funding models, including those suggested by the Public Advocate.**
- 12. That the Department of Health work closely with the Department of Transport, Energy and Infrastructure and the relevant local government authorities to ensure optimal management of traffic relating to the Glenside site.**

- 13. That in the event that negotiations with the Chapley Group are terminated for any reason, the Department of Health reassess plans for Precinct 4 to include the future of the oval.**
- 14. That as a matter of urgency, the Department of Health develop a revised master plan in consultation with key stakeholders, including local residents, hospital staff, patients and their families, Burnside Council, the Heritage Branch of the Department for Environment and Heritage and the National Trust of South Australia.**
- 15. That the Department of Health, in conjunction with aged care providers and the appropriate federal agencies, develop protocols for the transition of aged mental health patients to aged care facilities to ensure that they will receive appropriate professional care and supervision.**
- 16. That the government considers keeping James Nash house open until capacity constraints arising from transitional arrangements are fully addressed.**
- 17. That the government consider providing medium security forensic beds in the new Glenside redevelopment.**
- 18. That the Department of Health negotiates with the Department of Transport, Energy and Infrastructure to put in place a public transport service to ensure that visitors can get to the proposed new facility at Murray Bridge.**
- 19. That a specialist service for mental health patients with chronic needs continues to be provided on the Glenside campus.**

3. The inquiry

3.1. Term of reference (a)

The effect on the delivery of services of the proposed co-location of mental health, drug and alcohol, rural, regional and State-wide services and the possible security implications

The Department of Health told the Select Committee that the redevelopment of the Glenside Campus is taking place as part of the broader redevelopment of mental health services in South Australia, informed by the Social Inclusion Unit's report, *Stepping Up: A Social Inclusion Action Plan for Mental Health Reform 2007-2012*, released in 2007. The master plan for the redevelopment of the Glenside Hospital was developed as part of the government's response to this report, and is also guided by South Australia's *Strategic Plan*, the *Planning Strategy for Metropolitan Adelaide* and *Vision 2020: Strategic Planning for the Burnside Community* (Department of Health, evidence, page 13).

The strategy for the future of mental health services in South Australia is based on a five step model which covers: supported housing intervention, community rehabilitation, intermediate care, hospital care, and long-term care. The model focuses on filling the current gap between community and hospital care and people will move in and out of the model according to their needs. Critical to the strategy is the redevelopment of Glenside Hospital Campus as a specialist mental health care centre (Department of Health, evidence, page 2, submission, pages 3, 5).

The Department of Health emphasised that the plans for Glenside must be seen in the wider context of community health reform which includes the creation of a number of community mental health services and the expansion of aged acute mental health services in public hospitals (evidence, page 2). The Select Committee was told that the trend is for mental health services to be provided closer to where its consumers live and that most live at home with their family (evidence, page 3).

The Department of Health told the Committee that a 129-bed acute hospital for mental health and drug and alcohol dependency is proposed. In this hospital there will be 15 intermediate care beds, 40 secure mental health care beds, 6 mother and infant health beds, 23 rural and remote acute mental health beds, 20 other acute mental health beds and 10 intensive care mental health beds. The redevelopment will provide 40 supported accommodation places. The mental health administration will be located on site as will specialist services, including services for Aboriginal and Torres Straits Islander people (submission, page 11 and evidence, page 10).

Drug and alcohol services presently located at Norwood, Joslin and North Adelaide will be amalgamated on the Glenside site which will also accommodate the administration and policy units for drug and alcohol services, the tobacco control unit and pharmaceutical programs (J White, evidence, page 75, 76). The Department of Health described the present clinical sites as, '...old, outdated and inefficient' and submitted that selling them to create 'one state-of-the-art contemporary facility will contribute to providing more efficient and effective drug and alcohol service provision' (evidence, pages 4, 5).

The Committee was told that reform of mental health services in the state also includes the development of a 20-bed aged acute mental health unit at the Queen Elizabeth Hospital along with other redevelopment works on that site. Funding of \$18.2 million has been provided to develop 90 intermediate care places across metropolitan and country areas and planning has started for 30 intermediate care beds in a number of country areas (Department of Health, submission, page 9).

Social Inclusion Commissioner, Monsignor David Cappelletti, advised the Committee that the vast majority of people do not need secure care, but need supervision, and that the Glenside redevelopment with its specialist centres, shopping centres and village greens will help them to be part of a normal community (evidence, page 30). He submitted that, 'Surrounding the supported housing with suburban housing is essential to creating a normalized recovery focused environment for the residents of the supported housing' (submission, page 3).

Some witnesses expressed their fears about a reduction of services, especially a reduction in the number of beds. Burnside Council gave evidence that there are currently 235 beds on site (evidence, p. 16). Other witnesses argued that there are not enough mental health beds in the system overall and that there are problems with putting mental health wards in general hospitals including security, the need for restraint, and lack of staff training. They pointed out that there will always be a certain number of patients (estimated at a third) who need to be hospitalised for long periods of time (Royal Australian and New Zealand College of Psychiatrists, evidence, page 44, 48). The Committee was also told that there may be a reduction in professional staff in allied health areas, such as psychologists (J Metzger, evidence, page 129).

Many people who wrote to the Select Committee were concerned that there may not be room for expansion to accommodate the future needs of an ageing population, especially if the land is sold for housing.

The Select Committee heard that some relatives of patients who are in high care at present are very concerned about the future of these patients and that there is a lack of information being provided on plans for their future (Relatives of patients in Karingai Ward, submission).

3.1.1 Co-location of services

The Department of Health gave evidence that the co-location of services is a key element in the mental health reform process:

...it is an extremely decisive commitment by the SA government and the SA community as a whole to destigmatise mental illness and to destigmatise drug and alcohol treatment by bringing those facilities into closer and repeated daily contact with the community such that they become a normal part of the everyday life of Adelaide and South Australia (evidence, p.8).

The department noted that due to the complex needs of clients, the drug and alcohol services sector already has close links with mental health services and '... that this would be significantly enhanced if the proposed single site model is implemented' (submission, page 5). The Royal Australian and New Zealand College of Psychiatrists

(RANZCP), however, told the Committee that the model being proposed for the Glenside redevelopment is not ideal, arguing that it is not an ‘integrated’ model but rather a ‘campus’ model and as such does not conform to overseas best practice (submission, page 4).

The Public Advocate told the Committee that modern practice is to deliver both mental health and drug care together and that, ‘this co-location should be a catalyst for integrated drug and alcohol and mental health care across the system’. He told the Committee that it will benefit people who have dual diagnoses and will alleviate some of the demarcation between different areas of care (Dr J Brayley, submission, p. 17). Similarly, Professor Goldney Head of Psychiatry at Adelaide University said that the co-location of mental health, drug and alcohol services, and other services ‘is an ideal opportunity for better integration of such services’ (submission, page 1). The Committee heard that ‘... in this context specialist drug and alcohol staff can more easily provide consultancy type support to mental health staff on a 24 hour basis and vice versa’ (Monsignor Cappo, submission, page 2).

Witnesses from the RANZCP also supported this therapeutic collaboration. Nevertheless, they pointed out the need for sensitivity in such a co-location, giving as an example the need for the separation of service areas. This would include keeping mother and infant mental health services apart from drug treatment areas (evidence, page 45).

The Select Committee was informed by Monsignor David Cappo that there is overwhelming international evidence that providing a normal level of engagement within the community is part of the healing process for both mental health patients and people with drug and alcohol problems (evidence, page 29).

Professor White from the Pharmacology Department at the University of Adelaide believes that there are many benefits in consolidating drug services, the related policy, research and administration in one place. Professor White told the Select Committee that the proposal would increase bed numbers in this area from 22 to 30 (evidence, pages 75, 76).

Another witness noted that while that normalisation has many positive aspects there can be problems. He warned of the danger of vulnerable people with mental health problems mixing with those who have drug problems and the danger of possible subsequent abuse (Associate Professor Jacques Metzger, evidence, page 132).

Finding

After considering the evidence presented to it, the Select Committee supports the co-location of mental health services and drug and alcohol services on the site. The Committee believes, however, that the co-location of services must be handled sensitively and that services for incompatible vulnerable groups must be adequately delineated.

Recommendation 1

The Committee recommends that all current high care patients be provided with a detailed care plan outlining their treatment and its location.

Recommendation 2

The Committee recommends that the Department of Health incorporates best practice principles into plans for the new co-located services, with the welfare of vulnerable clients groups as the highest priority.

3.1.2 Security issues

Needless to say, there is some concern about safety issues relating to the co-location. A retired psychiatrist wrote, ‘...the acute services for people affected by drugs and alcohol should not be planned for location on the Glenside Hospital campus because of the resulting violence and the drug peddling in which these people tend to indulge and into which the psychiatric patients already there will be drawn’ (Patricia Wylie, submission). Private citizens also voiced their fears, ‘...co-locating drug and alcohol services will ensure that illicit drugs are even more easily obtained by patients requiring acute hospitalisation on the Glenside site’ (A Peake, submission).

Witnesses representing Burnside Save Open Spaces Inc. argued that the Stepping Up report did not propose the co-location of drug and alcohol services with mental health services and said that many people are worried about a negative impact on the neighbourhood (evidence, page 89).

The RANZCP warned ‘... that a community that fails to meet the needs of its mentally unwell must expect ramifications for levels of homelessness, disproportionate use of other government and non-government services and disruptive behaviour in public places which each impact on safety for both [mental health] consumers and the public...’ (evidence, page 4).

Councillor Jacobsen from Burnside Council told the Committee that people ‘... are afraid that the drug addicts that are intended to be treated at this facility will not be adequately controlled and will pose a threat to the schoolchildren who are in direct immediate proximity to this site...’ (evidence, page 37). He wrote of the residents of Osmond Terrace having a ‘... fortress like existence because of their fear of burglary and crime, brought on by proximity to Waranilla’ (J Jacobsen, submission, attachment entitled ‘Save Glenside Hospital Campaign’).

A number of private citizens also expressed concerns about the safety issue in their letters and submissions (for example, L. Parsons, submission). A local business owner said that patients wandering the streets cause security problems for workers and businesses, particularly hotel workers (P. Hurley, submission). Another witness warned of the dangers of violence in the withdrawal stages of drug addiction (G Jackman, evidence, page 116).

Ms Vickie Chapman MP, Member for Bragg, told the Committee that local residents, who live happily alongside mental health patients, are very worried about the co-location of drug and alcohol services without adequate security provisions, and are afraid that drug dealers will appear in the area (evidence, page 69).

The Department of Health gave evidence that the client group has been in the area for a long while and that security is already difficult with buildings dispersed over a large area. The department believes, however, that security will be well managed (evidence, page 11). The department told the Committee that a comprehensive security plan has been implemented at the existing campus covering patients, staff and the community (submission, page 26). In addition, the department argued that despite a level of community concern, there is no evidence of increases in crime or local disturbances at the current locations of drug and alcohol services (submission, page 26) but assured the Committee that ‘security is the highest priority for SA Health’ (evidence, page 120).

Finding

The Committee notes the concerns of local residents and believes that if the co-location is to succeed, the present harmony with the local community must be maintained. This will mean ensuring that the effective security arrangements are put in place.

Recommendation 3

The Committee recommends that the Department of Health develop an up-to-date and comprehensive security plan for the redevelopment.

3.1.3 Rural and remote services

The Department of Health gave evidence that the hospital in Precinct 1 will contain 23 rural and remote beds, which are currently used for acute mental illness (page 10).

Ms Vickie Chapman MP, Member for Bragg, told the Committee that the number of beds for rural and remote consumers is ‘grossly inadequate’ (evidence, page 72). Concerns about services in this area were echoed by another witness who noted that ‘facilities for the existing rural and remote ward for rural patients are combined with those of the Cleland ward for eastern suburbs... This would appear to be completely unrealistic for rural patients...’ and further, ‘... there is no indication in the planning that existing discipline-specific supervision and support for rural allied health workers... will continue to be provided’ (Associate Professor Jacques Metzger, evidence, page 131).

The Stepping Up report provided information that at any one time one-third to one-half of all country residents who are hospitalised are accommodated in mental health beds in mainstream hospitals because there is a shortage of beds in the Rural and Remote Unit at Glenside.

Witnesses from the Royal Australian and New Zealand College of Psychiatrists also expressed fears that sufficient facilities for rural and remote services would not be included in the new arrangements (evidence, page 43).

Ms Liz Penfold MP, Member for Flinders, was similarly concerned, telling the Committee that while many more mental health professionals are needed in the regions, ‘... when they are not there Glenside provides a central site for the efficient and effective delivery of services... It would be beneficial for some accommodation for country families to be available on site, similar to Greenhill Lodge for cancer patients’ (submission, pages 1 and 2).

Finding

The Committee is aware that there are plans to expand the capacity for mental health beds in the regions but on the evidence presented to it is unclear as to when this will happen, particularly in the light of the current financial situation.

Recommendation 4

The Committee recommends that the proposed number of rural and regional beds in the new facility be doubled to provide at least 46 beds.

3.1.4 Helen Mayo House

Helen Mayo was an Adelaide midwife and doctor who worked in the area of women's and children's health in the early 20th century, establishing a 'School for Mothers', and ultimately becoming a senior paediatric adviser at the Children's Hospital. Helen Mayo House, an outreach of the now-named Women's and Children's Hospital, but located on the Glenside Hospital site, is the state's only unit solely dedicated to the care of women with post-natal depression and puerperal psychosis.

In November 2004, Parliament's Social Development Committee tabled a report on its Post-natal Depression Inquiry, which advised, that with only six inpatient beds, the waiting time for admission to Helen Mayo House was up to 33 days. While recommending removal of the facility to another location, if this did not take place the fallback position of the committee was that '... as a matter of urgency, the Minister for Health consider a major capital upgrade of the current Helen Mayo House facility'.

On this matter, the submission from the Royal Australian and New Zealand College of Psychiatrists called for:

... 8 inpatient beds as a minimum, set up over 3 rooms, with a separate community area and access to secure outside facilities. This may be possible within a single building but service providers need to inform the process. The fact that there are only 6 beds earmarked for the mother and baby unit highlights a significant problem for that service (page 3).

Finding

The Committee notes that four years after a recommendation was made by the Social Development Committee there are still only six inpatient beds in Helen Mayo House, and the redevelopment of the site will not provide any increase in bed numbers.

The stated intention by government in its State Strategic Plan to continue increasing population numbers, logically calls for an increase in the number of inpatient beds at Helen Mayo House.

Recommendation 5

The Committee recommends that because of the contribution made to birthing women in this state by Dr Helen Mayo, her name be retained for the unit which continues to deal with women admitted for acute post-natal psychological and psychiatric conditions.

Recommendation 6

The Committee recommends that the number of inpatient beds for women with acute post-natal psychological and psychiatric conditions be increased from the current six to ten with provision for expansion at a later date should that be necessary.

3.2 Term of reference (b)

The effect of the proposed sale of 42% of the site and its impact on the amenity and enjoyment of open space for patients and the public, biodiversity, conservation and significant trees

Dr Tony Sherbon, CEO of the Department of Health, summed up the Glenside redevelopment in the following terms:

The key objectives are to bring cultural and community facilities onto the site: a major community asset and a statewide asset as well as an appropriate reuse of existing heritage-listed buildings; a promotion of community use on the site through strengthening its connection with the retail and residential precincts; a normalisation of activity on the Glenside campus; and an enhancement of community enjoyment of the campus and, as a result, greater societal integration for those people who happen to be either living or being cared for in the health facility (evidence, page 5).

In its submission the Department of Health indicated that the major areas of the site to be sold will be in Precinct 5, where the housing development is to be located and in Precinct 4, the retail and commercial area (see Appendix 1).

The areas covered in this term of reference were the focal point of much of the evidence received by the Select Committee, particularly in submissions and letters received from private citizens, mainly in the local area. Many of these submissions opposed any sale of land on the Glenside site.

Witnesses from the Royal Australian and NZ College of Psychiatrists told the Committee that despite assurances that Glenside would not be closed, it ‘has been closed by stealth’ and that the land that now makes up the Glenside site is less than 20 per cent of the original area (evidence, page 42).

Many submissions from private citizens argued that the Glenside site is part of South Australia’s heritage and as such should not be sold off but kept for future generations and to accommodate the future expansion of services. They saw the proposed sale as the loss of another public asset:

...this precious open space at the Glenside Hospital belongs to all the people of South Australia, and none of it should be sold – it should be kept for hospital and public use and treasured for future generations (J and J King, submission).

and

Once sold, facilities are lost to the community for ever (A Hathaway, submission).

Many private citizens were also very concerned about future needs and their sentiments can be summed up in the following comment:

It is because I believe that there is a vast unmet need in the mental health sector and I predict that this need will grow both as the population increases and ages ... that I am strenuously against the plan to sell such a large amount of the Glenside site to be developed for housing. As nice as it would be for homebuyers to have access to new houses in the inner suburbs, this land must be maintained for future expansion of the mental health service (R Maurovic, submission, page 3).

3.2.1 Open space (see also section 3.4.1)

The Department of Health indicated that it was very aware of the importance of open space to the community but told the Committee that much of the open space is inaccessible because of the configuration of the buildings on the site. Dr Sherbon argued that the redevelopment will provide a 'net gain' in this area, and will include a village green, a community park and significant therapeutic open space (evidence, pages 6 and 121).

The Social Inclusion Board advocated for active open space as an important component of the Glenside redevelopment and Monsignor Cappelletti told the Select Committee that he believed that this will be respected in the redevelopment (submission, page 2). Monsignor Cappelletti also noted that the present open space is not very accessible and the new arrangements will become, '...quite alive in terms of usable, accessible open space' (evidence, page 30).

A number of other interested groups were not so sure. Burnside Council told the Committee that it would like to see as much open space as possible preserved, both for therapeutic reasons and for the community, and argued that open space should be regarded as '... priceless and one of the great treasures of modern cities, not to be sold off in this opportunistic manner' (evidence, page 15 and 17).

Preservation of open space, both for mental health reasons and for the community in general was a continuing theme in submissions to the Committee, its importance summed up by a mental health services consumer:

Open and uncluttered space, nature, fresh air, sweet silence, a walk and smelling the roses are more important than any packet of pills ... Please do not sell our space. Renew it but please don't sell it (Ms McDougall, evidence, page 100).

Local residents are particularly worried about any incursion into open space on the site. Witnesses were concerned about the proposed sale of the oval, presently located in Precinct 4, which will become part of the new shopping precinct. Burnside Save Open Spaces Inc told the Committee that this oval had been minimally maintained and is used by a number of sporting groups. A local school has offered to manage the oval if it is preserved for sporting activities.

This group also argued that there is a dearth of open space for recreational activities in the eastern suburbs and advocated strongly for the preservation of the oval space for the community, citing other successful community action programs to save similar spaces (evidence pages 92, 93). In response, the Department of Health was very clear that an oval is not consistent with the 'passive' recreational spaces envisaged for the redevelopment (evidence, page 122).

Other issues relating to the sale of the oval are covered under term of reference (d) later in this report.

3.2.2 Biodiversity, conservation and significant trees

The Department of Health reported that ecological surveys are being carried out to determine the extent of the flora and fauna on the site (submission, page 26). In evidence Dr Sherbon told the Committee that the only native grasses on the site are located around a stormwater drain in the north western corner (letter to the Committee, 21 May 2008). The master plan (2008) says that, 'the conservation of biodiversity will be achieved through enhancement of vegetation across the site in association with innovative storm water and waste water management' (page 60).

The Department of Health told the Committee it is the State Government's intention to retain as many of the existing 1487 trees as possible across the campus and to replant trees to replace those that have to be relocated or removed. An arborist's report has been prepared to guide this process, indicating that 165 of the 191 significant trees should be preserved (submission, page 21, evidence page 121). On 29 April 2008 the Committee heard there is no figure on the number of trees that will need to be removed and the plans of the developers will play a role in this matter (evidence, page 7).

Burnside Council gave evidence that the intensification of development on site will compromise existing open space, biodiversity, conservation and significant trees (evidence, page 15, 17).

As plans are still not finalised, it is not clear to what extent trees will be retained or removed. On the site is an old orchard which was used in earlier times to provide fresh and preserved fruit for the patients who, in turn, were involved in bottling and preserving the fruit (G Jackman, evidence, page 112). Under the Development Act trees are defined as significant in terms of their girth and the trees in the orchard will not necessarily meet these criteria.

Finding

The Committee believes that the whole Glenside site should be dedicated to the provision of mental health services and that any open space that is not used should be preserved for future expansion of services.

Recommendation 7

The Committee recommends that at least a portion of the old orchard be retained as an example of previous activity on the site

Recommendation 8

The Committee recommends that new buildings at Glenside be sited so that as many of the 191 significant trees as possible are retained.

3.3 Term of reference (c)

The impact of the reduction of the available land for more supported accommodation

The Department of Health advised the Select Committee that the government is committed to funding \$20.46 million to increase supported accommodation across the state with 40 supported accommodation units at Glenside to be built. Twenty of these places will be constructed in a single facility in precinct 5 and the remaining 20 places as single units in the residential development (submission, page 19).

In its submission, the Department of Health noted that the Social Inclusion Board found that South Australia spends well below national average levels on community non-clinical care for people with mental illnesses (usually provided through non-government organisations) and has an undersupply of supported accommodation places for people with a mental illness (submission, page 6).

Evidence suggests that accommodation is a critical issue for people with mental illnesses. Many people who wrote to the Committee stressed the important role which accommodation plays in their lives. Dr Patricia Wylie put it this way:

The rehabilitation of chronic mentally ill patients is also very poor. Many of them do not have satisfactory or appropriate housing, lack preparation for independent living, and roam the streets in a hopeless and sad state (submission).

A mental health services consumer told the Committee that deinstitutionalisation has not delivered the community supports it promised and that a variety of housing types is desperately needed for people with mental health issues, including hostels, cluster housing, group homes, affordable rentals, and shared accommodation and that these should be accessible to treatment and support services (Ms M McDougall, evidence, page 100).

A representative of Mental Health Coalition of South Australia gave evidence that its focus was on supporting people to stay well in the community and argued for good quality housing scattered throughout the community rather than concentrated in one area (Mr G Harris, evidence, page 84). Mr Harris provided a statement from the coalition in which it was said that three of the larger community housing providers in SA report over 500 people with self-reported mental illnesses on their waiting lists in 2007 and that 2100 people on the public housing waiting list in South Australia have self-reported mental illnesses.

The Public Advocate reported that many of the 500 people with mental illness in supported residential facilities in South Australia do not have adequate housing and that more high needs housing is required (submission, page 43). This view was supported by the federal Member for Sturt, the Hon. Christopher Pyne, who argued that the sale of the land limits the number of supported accommodation places that can be provided (evidence, page 81).

To meet the acute shortage of high needs housing Dr Brayley advocated for more housing of a variety of types, to be provided either on or off site (submission, page

45). Monsignor Cappo warned of the dangers of large concentrations of supported housing in the same location (submission, page 2).

Submissions from private citizens referred to the present lack of accommodation facilities and some noted the dearth of facilities for country consumers. They argued that the loss of land on the campus will have a significant effect on the provision of future accommodation. One person told the Committee of the associated closure of many boarding houses in Adelaide (C Hogben, submission) and another put the issue in these terms:

Every time I read about the death (often a suicide) ... of a young mentally ill person, particularly those that can't live at home, or don't function in a boarding house or apartment of their own, I ask why more cannot be done to support and house these people... (P Hook submission, page 2).

The submission of the Royal Australian and New Zealand College of Psychiatrists (page 11) referred the Committee to the benchmark figures for supported public housing places and clustered housing in the Stepping Up Report and concluded:

South Australia population figures accordingly demand in the vicinity of 350 Supported Public Housing Places and 150 Clustered Housing Places. This is not currently met nor will it be met in the proposed sale and redevelopment of the Glenside Hospital site. With a government targeted population increase by 2050 of 500,000, it is difficult to see how the need will ever be met by the government's redevelopment proposal as it currently stands.

Findings

South Australia has an undersupply of supported accommodation with hundreds of people on waiting lists. With more than 400 supported accommodation places having disappeared in the past eight years and possibly more to come, the forty places to be provided in the Glenside site redevelopment are totally inadequate.

While the Committee notes the concerns of witnesses who argued that there is not enough housing for the mentally ill proposed in the master plan, it is also aware of the conflicting arguments about providing more supported accommodation on the Glenside site. The Committee believes that if the redevelopment is to be successful it is essential that it is in harmony with the ambience of the surrounding area and does not strain longstanding local community acceptance of mental health services consumers.

Nevertheless, the Committee strongly believes that the provision of suitable housing plays a critical role in the shift from institutional to community care and that there is a serious shortage of appropriate housing for the mentally ill in this state. This is becoming even more critical as supported residential facilities continue to close.

Recommendation 9

The Committee recommends that the government implement a mental health accommodation strategy for the state, particularly in the light of the expected closure of more supported residential facilities.

Recommendation 10

That the number of supported accommodation places to be provided in the redevelopment is increased to 50.

3.4 Term of reference (d)

The effect of the proposed sale of precincts 3, 4 and 5 as identified in the State Government's Concept Master Plan for the site and its possible effect on access to the site and traffic management generally

The Department of Health provided the following information about the areas to be sold:

- Precinct 3 is a small piece of land designated for commercial use such as office space.
- Precinct 4: plans for this area include a 'village style' shopping centre to be developed at the southern end of the campus, adjoining the existing Frewville Shopping Centre. Some shops, cafes and restaurants will be built to face towards the heritage buildings and village green to integrate the area.
- Precinct 5 is a mixed residential development, including affordable housing and supported accommodation to make up a housing development close to the Adelaide CBD. It will include for affordable housing for low and moderate income earners. There will also be 20 supported accommodation high need units for mental health consumers (submission, page 17, 18).

In response to a query from the Select Committee, in May 2008 the Chief Executive of the Department of Health advised that since the original master plan was released in September 2007, Precinct 5 has been exchanged with Precinct 1. This means that the hospital will now be built on the southern side of the campus with the residential development to be located to the north. He advised that this change took place following 'input received during the engagement process' (Dr T Sherbon, letter to the Select Committee, 21 May 2008). Diagrams showing the location of the precincts are contained in Appendix 1.

The Royal Australian and New Zealand College of Psychiatrists told the Committee:

...it is our view that before any sale of land proceeds, the exact model of hospital buildings(s) is designed to general satisfaction. Indeed the College needs to know that each co-located service will be properly resourced, have sufficient infrastructure including rooms and car parking, separate access as required, and the integration has been properly researched before development proceeds (page 4).

Finding

The Committee is disappointed that final plans are still not available, and is not confident that all aspects of the development are proceeding in a transparent and timely manner.

3.4.1 Sale of land

The Department of Health told the Select Committee that the Glenside campus should continue to be an asset for the mentally ill and that all money raised through the sale of land or the lease of buildings will be dedicated to ‘mental health related capital programs’ (submission, page 8). The major area of land to be sold (approximately nine hectares) will be for residential housing (submission, page 18).

Burnside Council argued that the sell-off of parts of the site for commercial, retail and general residential uses will preclude opportunities for future mental health services expansion (submission, p. 6). Responding to this and similar claims the Department of Health gave evidence that ‘there is ample room on the site for the expansion of mental health services should the need arise and the design of the facilities will allow for such expansion’ and further, ‘the existing site is too large, it is no longer fit for purpose, and it contributes to the ongoing stigma and marginalisation of services provided on the site (Dr Sherbon, evidence, page 120).

The Public Advocate pointed out that the facilities at Glenside, ‘are now so old that it is reasonable to conclude that they would have been rebuilt anyway, without the need for funds from the sale of land, as is the case with general hospital redevelopments’ (submission, page 49).

As an alternative to selling the land, Dr Brayley suggested that ways of generating income be explored. These could include schemes for short term rentals, tourism ventures, commercial activities or retirement villages (submission page 52).

Many submissions from private citizens argued that the government should not pay for the hospital by selling ‘precious’ assets. Comments such as ‘...we were constantly assured by the government ... that Glenside would not be sold off’ (R and L Pike, submission, page 1); ‘Our precious open space at the Glenside Hospital belongs to all the people of South Australia and none of it should be sold — it should be kept for hospital and public use and treasure for future generations’ (L Sandford and S Hemsley, submission, page 1); and ‘... I think there would be even more useable space if this 40% of land were to be retained for future generations’ (B McCusker, submission, page 1).

Focusing on the proposed sale of the oval in the south eastern corner of the site (Precinct 4), Burnside Council also told the Committee that there is unmet need for recreation spaces in the area (evidence, page 19). Burnside Council ran its own community consultation questionnaire on aspects of the redevelopment. This provided the following information on the future of the oval from 2100 respondents:

- 85% are not in favour of using the oval for housing
- 89% oppose using the oval for commercial office space
- 86% are not in favour of using the oval for an extension of the Frewville Shopping Centre
- 93% want the oval and surrounding area for open space
- 89% believe that the City of Burnside should negotiate with the State Government to acquire the Glenside Campus Oval (attachment to letter to the Committee of 26 November 2008).

Findings

The government proposes that the sale of land for housing and the retail development is required to fund the redevelopment of the mental health facility. Members of the Committee are concerned that funding for the redevelopment has not been set aside from general revenue as was the case with previous mental health projects such as the Margaret Tobin Centre. The Committee believes that this has compromised the potential to provide for the current and future needs of people with mental illness in South Australia.

The Committee notes that the government has committed \$100 million for the AAMI Stadium upgrade and \$50 million for the Entertainment Centre, without providing the level of planning that is taking place in reviewing South Australia's mental health services.

Recommendation 11

The Committee recommends that plans for the sale of land for residential and commercial purposes are discarded and that the government explore alternate funding models, including those suggested by the Public Advocate.

3.4.2 Access and traffic management

The Department of Health advised the Select Committee that traffic and access have been the subject of detailed investigation and that traffic and access modelling has been undertaken. The department estimates that future traffic generated by the Glenside campus is expected to be up to an average maximum of 9000 vehicles per day by 2011 (excluding that relating to the current Frewville Shopping Centre). It argued that 'This additional volume is not large... but will need to be managed ...' (submission, page 24).

The department told the Committee that additional access points on Greenhill Road, Glen Osmond Road and Fullarton Road are planned. A total of six access points 'will cater for the proposed traffic generated by the redevelopment and make a substantial contribution to addressing traffic issues currently experienced in this near-city location' (submission, page 25).

Traffic management is a key issue for many people who provided information to the Select Committee. Burnside Council gave evidence that the existing traffic congestion spills over into residential areas and argued that the intensification of activity at Glenside will adversely impact on traffic congestion and residential amenity. It noted that the master plan described key intersections as currently operating close to capacity (submission, page 7).

Burnside Save Open Spaces Inc argued that the traffic problems that will be created on Main Street, Conyngham Street and Greenhill Road will create chaos (evidence, page 95).

The Hon. Christopher Pyne, MP, Member for Sturt, gave evidence of the concerns of Massada College (which abuts the Glenside campus) about the increase in traffic that will be generated by new activities on the site, such as those relating to the Film Corporation (evidence, page 79, 81).

Finding

It is clear to the Select Committee that the proposed redevelopment will place additional strains on existing traffic flows, even though this is likely to happen in stages. The Committee believes that traffic management will be a key factor in the success or otherwise of the redevelopment.

Recommendation 12

The Committee recommends that the Department of Health work closely with the Department of Transport, Energy and Infrastructure and the relevant local government authorities to ensure optimal management of traffic relating to the Glenside site.

3.5 Term of reference (e)

The proposed sale of precinct 4 by private sale to a preferred purchaser

The Department of Health advised the Select Committee that as part of the redevelopment of the Glenside site the government is giving the owners of the Frewville Shopping Centre (the Commercial Retail Group—CRG, owned by the Chapley family) the first opportunity to purchase precinct 4 (see term of reference (d) above for a description of proposed activities in this area). The Committee was told that there are two stages in this sale process: conceptual and commercial. The developer has been advised that if the concept moves to stage 2, the commercial stage, then, ‘we will base our consideration on independent valuations and value for public money, in the knowledge that we want a good outcome for community and government in the second stage’ (evidence, page 13).

The Committee heard that if the proponent did not measure up the government would move to an alternative process, but, ‘... the decision was based on the benefits which would flow from a group which is well established on the site, which has existing infrastructure and which could reasonably contribute to the campus-wide strategy’ (Department of Health, evidence, page 13). The department advised that, ‘... it is not unusual that Government will negotiate with a single entity if there is strong strategic rationale to do so’ (submission, page 18).

The Select Committee received a submission and heard evidence from QED, a consultancy firm which advises the Commercial Retail Group (CRG). QED wrote that ‘CRG strongly believes the Government’s offer of first-right-to-purchase is fair, necessary and appropriate. Successive State Governments have properly and successfully made such offers of sale where a strong rationale exists’ (submission, page 2). In addition, it told the Committee that, ‘CRG is committed to creating an impressive, high quality, retail shopping complex for the local community and its surrounding environs and developing a quality landmark mixed-use retail precinct of the highest standard.’ It advised that a detailed design will be developed after agreement on purchasing the land is made (submission, page 2). Witnesses from CRG said that the development would retain the heritage wall in its design (evidence, page 27).

Burnside Council told the Committee that previous redevelopment proposals for the Frewville shopping centre had foundered because of traffic and road widening issues and that the offer to a preferred purchaser raises probity concerns. It noted that the

required re-zoning would be done by a ministerial development plan amendment rather than by a council plan amendment (evidence, page 16). It argued that it would be good policy to consult with the local planning authority and to provide information to 'other retail facilities, the community and the council' (evidence, page 18).

The federal member for Sturt, the Hon. Christopher Pyne MP, questioned the need for further expansion of retail facilities in the area (evidence, page 79), as did a number of private citizens who wrote to the Committee. A local business operator suggested that the proposal may be contrary to current competition policy (P Hurley, submission).

The Member for Bragg, Ms Vickie Chapman, gave evidence to the Committee that she is consulting with the Auditor-General on the probity of this issue (evidence, page 70).

Representatives from Burnside Save Open Spaces Inc told the Committee that the private sale to the Chapley group is '... regarded as an abrogation of government's responsibilities under the Crown Lands Act' (evidence, page 93).

On 1 December 2008 the Department of Health told the Committee that negotiations are progressing on this matter but are 'commercial in-confidence'. Although he said that negotiations have progressed 'significantly' Dr Sherbon was unable to give any estimate of when they will be finalised (evidence, page 123).

Findings

The Committee notes that fifteen months after the release of the Concept Plan, the government is not yet able to provide more information about the status of negotiations with the proponent.

The Committee is aware that the rapidly deteriorating economic situation facing South Australia may have an impact on arrangement such as this one. The Committee believes that if these negotiations fall through, plans for Precinct 4 will need to be re-assessed, including plans for selling the oval.

Recommendation 13

The Committee recommends that in the event that negotiations with the Chapley Group are terminated for any reason, the Department of Health reassess plans for Precinct 4 to include the future of the oval.

3.6 Term of reference (f)

Other matters that the Committee considers relevant

3.6.1 Consultation

A recurring theme throughout the Select Committee's inquiry was the nature and adequacy of the consultation process. Clearly, a successful redevelopment which affects many people in the community and is located in an urban area will require assiduous dissemination of information, negotiation and consultation with the local community and all the other parties with a stake in the issue.

The Committee heard that the Department of Health had 'established a community and stakeholder engagement process involving dialogue with neighbours, stakeholders, consumers, their families and staff in order to inform the redevelopment of the Glenside campus' (submission page 27). It advised that this included a community reference group, clinical workshops, a website to disseminate information, and a number of meetings and forums (submission, page 27).

Burnside Council told the Committee that the 'method of community consultation has engendered considerable hostility' and that 'many in the community continue to feel their concerns have fallen on deaf ears' (evidence, page 15). This led the council to undertake its own consultation process on the open space issue which is described in section 3.4.1 earlier in this report.

Burnside Save Open Spaces Inc gave evidence that the local community, patients and their families and Burnside Council seem to have been left out of the consultation process and are thus unable to provide much input (evidence, page 90). Mr Schneider from that organisation noted however, that the new minister was more open to discussion and the group has begun some 'dialogue' with her (evidence, page 97).

The Department of Health said that there had been 'extensive involvement of psychiatrists in the model of care development and also in the Social Inclusion Board report' (evidence, page 12). A representative of the Royal Australian and New Zealand College of Psychiatrists, however, described the consultation process as 'token' (evidence, page 41). But the college reported that in more recent times the Department of Health was making a more concerted effort to involve its members in the process (evidence, page 42). Ms Vickie Chapman, the Member for Bragg, provided the Committee with an Australian Nursing Federation Bulletin in which a number of concerns were expressed about the redevelopment (relating to human resources issues, the removal of the emergency response function and models of care) and noting the 'absence of appropriate consultation' (17 September 2008).

Evidence from the Australian Psychological Society (APS) also pointed to inadequate consultation with that organisation before the master plan was released and reported that the concerns that it voiced had not been not dealt with (evidence, page 132). Associate Professor Jacques Metzger from the APS told the Committee that while relevant professional staff at Glenside had seen draft plans for the redevelopment '... the overwhelming feeling is that ... any feedback that they have given about some of the difficulties ... simply have not been addressed' (evidence, page 135). In relation

to consultation with other groups he also commented that, ‘a hostile community nearby would be completely detrimental to the redevelopment’ (evidence, page 132).

Findings

The Committee is very concerned that such a diverse group of stakeholders, including current and former mental health services consumers, the local council, and mental health professionals viewed the consultation process as tokenistic.

It appears to the Committee that many of the issues that have been drawn to its attention in submissions and by witnesses could have been resolved if more attention had been given to informing and involving interested parties in the planning process for the redevelopment.

Recommendation 14

The Committee recommends that, as a matter of urgency, the Department of Health develop a revised master plan in consultation with key stakeholders, including local residents, hospital staff, patients and their families, Burnside Council, the Heritage Branch of the Department for Environment and Heritage and the National Trust of South Australia.

3.6.2 Aged care

An issue which was of concern to a number of people who wrote to the Select Committee was that of the transfer of aged patients who suffer from chronic psychiatric disabilities into nursing homes, which is taking place as part of the redevelopment (A Douvlos, L Sandford and S Helmsley, Relatives of patients in Karingai Ward, submissions). The relatives of patients in the Karingai Ward wrote of their fears that their relatives, who have been in a ward that is effectively closed, ‘...reflecting the intractable nature of the illness of the people involved’ will be moved into unsuitable accommodation which does not have to provide the appropriate professional care (submission).

Witnesses from the aged care sector gave evidence of ‘... numerous cases ... of residents being admitted to aged care facilities with violent or aggressive behaviour’ and told the Committee that information about this behaviour was not disclosed to the aged care facility at the time of admission. One of the difficulties cited is that once these patients are in the facility they can’t be discharged until suitable accommodation can be found (P Carberry, evidence, page 137). Violent patients can be a real risk to other aged care residents, who are mainly frail elderly women, and staff in these facilities do not have the skills to manage them. Witnesses from the aged care sector believe that the mental health system is the place for these elderly patients rather than the aged care system. They are also worried that the money saved by closing beds will not cover the costs in this area, making the problems worse (P Carberry and C Brown, evidence, page 139).

Mr Brown, an aged care provider, described a case where the professionals and family had worked together to ensure a successful transfer for an aged patient from Glenside into aged care. It involved extensive negotiations and sharing of information and a trial period with a proviso that the patient could return to Glenside if the placement was not working. As part of the arrangement the bed at Glenside was kept open for 14 days but the transition was successful (evidence, page 139).

Finding

The Select Committee believes that if aged patients with significant psychiatric illnesses are to be transferred to the aged care sector, then protocols should be in place to ensure that the transfer will provide appropriate professional care.

Recommendation 15

The Committee recommends that the Department of Health, in conjunction with aged care providers and the appropriate federal agencies, develop protocols for the transition of aged mental health patients to aged care facilities to ensure that they will receive appropriate professional care and supervision.

3.6.3 Design and heritage issues

The master plan (2008) describes the Glenside Campus in the following terms: ‘The visual character of the campus is defined by the State Heritage listed hospital buildings located towards the centre with other hospital buildings scattered across the campus’ (page 34). The Select Committee heard that the iconic heritage buildings will be the core of the cultural precinct and two state heritage listed buildings are included in the residential precinct and that these are likely to be used for residential purposes which will ensure their enhancement (Department of Health, submission page 23). The department also indicated that restoring the buildings and providing new functions is critical to the renewal process (submission, page 8). The master plan indicates that ‘a landscape characteristics assessment has been undertaken to identify the landscape features and qualities of the Glenside Campus’ (page 36).

While acknowledging that the Glenside site has been compromised over the years, particularly with the 1970s buildings, the National Trust of South Australia believes that the heritage value of the site is ‘discernable and recoverable’ (submission, page 1). The Trust describes the master plan as ‘a poorly conceived document which does not represent best practice principles in managing and developing an historic place’ and recommends that a new plan be prepared in consultation with the key stakeholders. It believes that no further action should be taken on the sale or demolition of any buildings until this is done (submission, page 1). Burnside Council also noted the lack of detail in the master plan and told the Committee that ‘this project cannot be properly assessed until full details are provided to the community and the local planning authority’ (evidence, page 17).

As has been noted in other parts of this report, many local residents are also worried about the effect of the redevelopment plans on the open space, trees, and wetlands. The National Trust also gave evidence that the commercial precinct will change the spirit of the place which it described as ‘... a series of large buildings arranged in an orderly way within a leafy campus...’ (evidence, page 108). Many people believe that shops, restaurants and office accommodation will destroy the present restful ambiance entirely and one submission suggested a buffer zone between the new development and Amber Woods estate and Victoria Grove retirement village (T and L Pike). The preservation of the heritage wall is of great concern to many residents. Ms Price of QED assured the Committee that the wall will be retained in any design proposed for Precinct 4 (evidence, page 27).

On the other hand, some submissions were supportive of the changes to the site and saw them as a way of removing the stigma from the mental health area (R Maurovic, submission, page 1).

3.6.4 The Film Corporation

The heritage-listed buildings at the centre of the campus will be developed into a cultural precinct. The Department of Health told the Committee that this will create an environment that, ‘... supports an integrated community ... promoting health and well-being, culture and arts, environmental and community services in line with the Social Inclusion Board’s Report on mental health’ (submission, page 16). It also argues that this will help to destigmatise the site (submission, page 16).

In May this year, the Premier announced that the ‘new \$43 million Adelaide Film and Screen Hub project’ would move to the Glenside site, replacing the South Australian Film Corporation’s outdated facilities at Hendon’ (media release, 16 May 2008). The Select Committee understands that the corporation will move into the main building, and that ‘heritage buildings within the cultural precinct will be renovated and made available to film and screen-related tenants ...’ (media release, 16 May 2008).

Ms Vickie Chapman, the Member for Bragg, told the Committee that this will reduce resources for mental health and also that the Port Adelaide and Enfield Council had offered to accommodate the Film Corporation in that area. Ms Chapman said that the relocation of the corporation would exclude many worthy associated organisations, such as Shelter SA, from setting up on the campus (evidence, page 72).

3.6.5 Forensic services

In 2007 the government announced that a state of the art 40-bed forensic mental health facility will be built at Murray Bridge to replace the ‘... ageing 30-bed James Nash House at Oakden ... and the 10 secure forensic mental health beds in the Grove Closed Unit on the Glenside Campus’ (Hon Gail Gago, Minister for Mental Health, press release, 26 July 2007).

The Committee was told that the existing forensic mental health system is overcrowded, with some forensic patients being admitted to acute wards in mainstream hospitals under guard or restraint (Royal Australian and New Zealand College of Psychiatrists, evidence, page 43, 44).

Several witness raised issues about this relocation. The Royal Australian and New Zealand College of Psychiatrists listed some of the related problems as stigmatisation of the mental health patients caused by co-location with a prison environment and said that the distance from Adelaide will cause difficulties in accessing legal and medical services (evidence page 45). The RANZCP argued that:

Forensic patients are as much in need of mental health care as any other stream of patient. To remove these patients to the non central location, some 50 minutes out of Adelaide, to adjoin a prison complex, can only serve to increase stigma and decrease positive outcomes for this patient population. There is currently room for this service to be provided at Glenside, If the sale proceeds this opportunity is also lost (submission, page 9).

The Public Advocate noted that there is an increasing demand for forensic mental health services and wrote that, ‘... it is reasonable that space should be earmarked somewhere in the metropolitan area for medium security forensic beds...Glenside is an obvious choice’ (Dr J Brayley, submission, page 29). Dr Brayley told the Committee that these beds will be needed for forensic patients who are not prisoners (evidence, page 101).

Finding

The Committee notes that with the delay in the new prisons project, transitional arrangements for forensic patients are unclear.

Recommendation 16

The Committee recommends that the government considers keeping James Nash house open until capacity constraints arising from transitional arrangements are fully addressed.

Recommendation 17

The Committee recommends that the government consider providing medium security forensic beds in the new Glenside redevelopment.

Recommendation 18

The Committee recommends that the Department of Health negotiates with the Department of Transport, Energy and Infrastructure to put in place a public transport service to ensure that visitors can get to the proposed new facility at Murray Bridge.

3.6.6 Extended care

The Royal Australian and New Zealand College of Psychiatrists identified the area of extended care as one where services have been lost from the Glenside campus and told the Committee that extended care patients are receiving services in acute wards in the general hospital system. The RANZCP is concerned about this loss of capacity and believes that acute settings are not the most appropriate environment for patients with chronic mental illnesses (evidence, page 43).

Recommendation 19

The Committee recommends that a specialist service for mental health patients with chronic needs continues to be provided on the Glenside campus.

3.6.7 Non-mental health groups currently located on the site

The future of non-mental health groups, such as the historical society, currently located on the Glenside site was raised informally during the committee’s tour of the site on 20 June 2008. In particular the Committee requested information on the relocation of EMT Ambulance. This was followed up with the Department of Health, but when they appeared before Committee on 1 December, 2008, they were unable to provide any new information. Department of Health witnesses told the Committee ‘... We have been having ongoing discussions with them [EMT] and a raft of parties around alternative accommodation. I could not answer today with confidence as to where we are at this time’ (D Walker, evidence, page ...). And further, ‘...there are lots of groups across the Glenside site. ... it would be fair to say that progress has been good and generally the working relationship continues to be a strong one’ (D Walker, evidence, page 125).

In response to a subsequent inquiry EMT Ambulance told a Committee member that it was more than four months since they had been contacted by the department.

Finding

The Committee notes an inconsistency in the government's intentions to shuffle these groups off the site while at the same time welcoming the Film Corporation on to the site. Further, the Committee is concerned that groups such as EMT Ambulance are still no clearer about their fate. Despite the lapse of 15 months since the redevelopment was publicly announced and a claim that there was a good relationship with these groups, it was disturbing that none of the departmental officers appearing before the Committee on 1 December 2008 was able to provide any concrete information on this matter.

4. Acknowledgements

The Select Committee extends its thanks to those who provided information and evidence to its inquiry, including the Department of Health, Burnside Council, the Public Advocate, interested organisations, professional bodies, mental health services consumers and members of the public.

Hon. JSL Dawkins MLC

Chairperson

3 February 2009

Dissenting Statement by the Hon I. K. Hunter MLC and the Hon. B. V. Finnigan MLC on the Report of the Select Committee on Proposed Sale and Redevelopment of the Glenside Hospital Site.

We are happy to associate ourselves with this report with the exceptions noted below.

Recommendation 4 is not supported.

The recommendation does not take into account the evidence that South Australia's mental health reform agenda involves the transfer of mental health beds from central institutions to general hospitals and community settings where the care is most needed. We note that the government's Stepping Up brochure states that 30 new beds will be funded in the country.

The asylum based institutes of the past are no longer the most appropriate system of care. That is why the Glenside campus is being redeveloped.

The increase in the range of care and support services available will not only meet the needs of more people but will ensure that more people can receive care or support in their home or in the community before they become acutely unwell.

Additionally, we don't believe the committee had sufficient information or expertise available to it to make a determination on the number of beds required for this unit.

We suggest the recommendation to double the number of planned beds is completely arbitrary.

Recommendation 6 is not supported.

SA Health indicated that 6 beds for this unit would be sufficient. Again, we don't believe the committee had sufficient information or expertise available to it to make a determination on the number of beds required for this unit. We note that the design process for the Glenside redevelopment is sufficiently flexible to allow for an expansion of services should the need arise.

Findings at 3.2.2 are not supported.

A Victorian era stand alone asylum is no longer the preferred model of service delivery for mental health care. Integrating mental health services into the community has significant benefits for both mental health patients and the community.

The redevelopment plan recognises the importance of providing open spaces and particularly the therapeutic benefits to health service users. SA health, from their evidence, will ensure sufficient open space is provided and that it is accessible and useable, unlike much of the current configuration.

Recommendation 7 is not supported.

While we see some merit in acknowledging the existence of the orchard in some meaningful way – such as new plantings of fruit trees accessible to patients for example, or perhaps through some public art, there is no merit in our view in constraining the redevelopment by requiring the old orchard be retained. Fruit trees and orchards are not maintained indefinitely – trees become old and diseased and are replaced with hardier and more productive varieties over time. It is unrealistic to require the old orchard, or portions of it, be retained for posterity.

Recommendation 9 is not supported.

We support the alternative recommendation as follows:

9. That SA Health in conjunction with Housing SA and other stakeholders draw up a strategic housing plan for the mentally ill in this state to identify unmet needs and to put forward ways to meet these needs.

Findings at 3.3 and Recommendation 10 are not supported.

The state government recognises the need for more supported accommodation and funded 73 new places in the 2007/08 budget over 4 years.

Of the new supported accommodation places, 40 will be at Glenside and 33 in the outer metropolitan area. We agree with Monsignor Cappo's evidence that more supported accommodation at Glenside, over that already planned, is not ideal.

Finding at 3.4 is not supported.

As the design team for precinct 1 health facilities has only recently been appointed it is a little premature to be disappointed that "final" plans are not yet available.

Findings at 3.4.1 are not supported.

The findings are not accurate or precise. The sale of land will not – alone – be sufficient to fund the redevelopment. Whilst the proceeds of the sale of land at Glenside will contribute to the redevelopment, the total cost of the redevelopment is currently estimated at \$134 million which will require budget or "general revenue" supplementation. In fact, the state government stated in the latest budget that funds have been set aside for the redevelopment while the amount has not been disclosed as it could impact on the tendering process.

We fail to see how this process has "compromised the potential to provide for the current and future needs of people with mental illness in South Australia."

Recommendation 11 is not supported.

We don't believe that the scant evidence the committee heard on this matter is sufficient to support this recommendation.

The "precinct" approach to this development and the integration of the precincts is consistent with current best practice, and the entire redevelopment is predicated on providing the best environment possible to achieve effective mental health and care.

Findings at 3.6.1 and Recommendation 14 are not supported.

Whilst acknowledging the issues raised with the committee over the consultation process, it is not a responsible position to adopt recommendation 14 and propose the government abandon the planning process and start over. In any case, many of those who raised this issue are opposed to any redevelopment of the Glenside site and are not likely to be placated by *any* consultation over a plan that they disagree with.

Recommendation 16 is not supported.

We don't believe the committee heard evidence sufficient to warrant this recommendation. Whilst the government always has this option open to it, it may determine to address this issue in other ways. If capacity issues can be addressed utilising existing or planned infrastructure, other than James Nash House, there is no need to make this recommendation.

Findings at 3.6.7 are not supported.

The Glenside Campus redevelopment is first and foremost a mental health and substance abuse development. It secondly has a series of complementary uses which will address integration. It is appropriate to relocate other users currently housed on site that are not consistent with these two priorities.

3 February 2009

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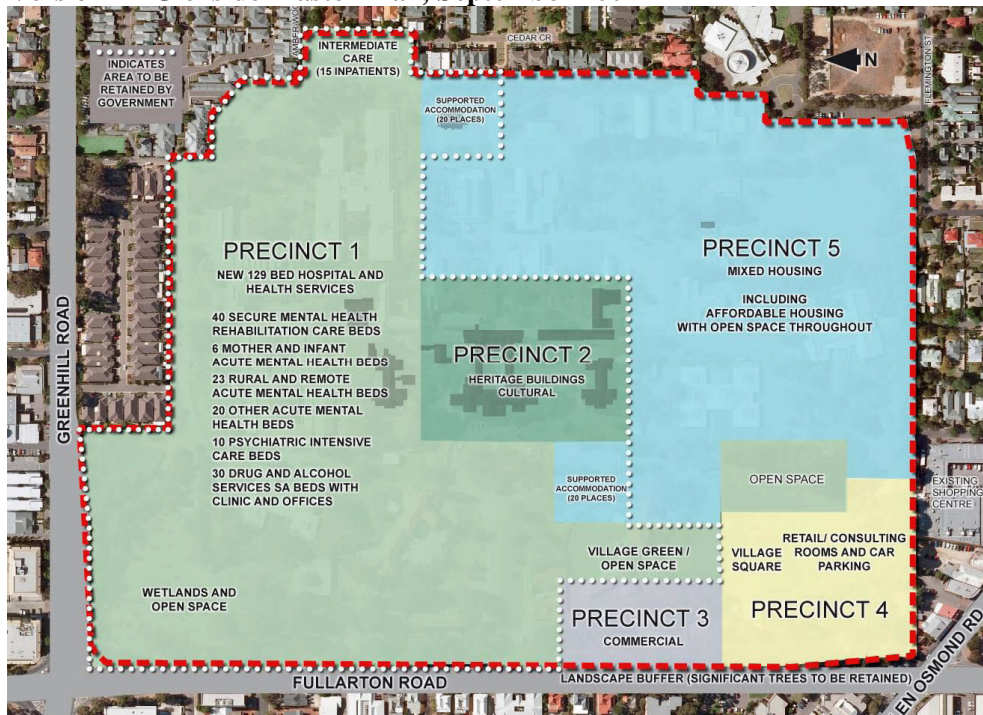
The Hon. B. V. Finnigan

.....

The Hon. I. K. Hunter

Appendix 1: Redevelopment diagrams

Version 1 - Glenside Master Plan, September 2007



Version 2 - Glenside Master Plan, April 2008



Figure 10: Structure Plan - Future Glenside Campus Redevelopment

Appendix 2: Index to Witnesses (in order of appearance)

	Transcript
Department of Health	
Dr Tony Sherbon, Chief Executive	
Mr Derek Wright, Director, Mental Health Operations	
Mr Damien Walker, Director, Major Projects, Urban Planning	
Mr Keith Evans, Executive Director, Drug and Alcohol Services South Australia	1-14
City of Burnside	
Mayor Wendy Greiner	
Mr Neil Jacobs, CEO	15-22
Ms Amanda Price, QED	
Ms Sascha Meldrum, Ball Public Relations	23-27
Monsignor David Cappo, Commissioner for Social Inclusion	28-32
Councillor Jim Jacobsen, City of Burnside	34-41
Royal Australian and New Zealand College of Psychiatrists	
Dr Marco Giardini, Chair	
Dr James Hundertmark, Outgoing Chair	
Ms Katy Burns, Policy Officer	42-49
Councillor Andrew Hillier, City of Burnside	50-53
Professor Robert Goldney, Head of Psychiatry, University of Adelaide	54-60
Ms Diana Chessell, Adjunct Research Fellow, University of South Australia	62-66
Ms Vickie Chapman MP, Deputy Leader of Opposition, Member for Bragg.	67-74
Professor Jason White, Head of Pharmacology, University of Adelaide	75-78
Hon Chris Pyne MP, Member for Sturt	79-82
Mr Geoff Harris, Executive Director, Mental Health Coalition of SA	83-87
Burnside Save Open Spaces Inc.	
Mr Ron Green, Chair	
Mr John Schneider, Secretary	
Mr Rob Gilbert, Member	88-97
Office of the Public Advocate	
Dr John Brayley, Public Advocate	
Ms Meryl McDougall, Independent Consumer Representative	
Ms Anna Ruediger, Support Worker	98-106

Mr Ian Stephenson, CEO, National Trust of South Australia	107-110
Mrs Grace Jackman	111-118
Department of Health	
Dr Tony Sherbon, Chief Executive	
Mr Derek Wright, Director, Mental Health Operations	
Mr Damien Walker, Director, Major Projects, Urban Planning	
Ms Simone Cormack, Acting Executive Director, Drug and Alcohol Services South Australia	119-126
Associate Professor Jacques Metzger, Chair (SA) Australian Psychological Society	127-136
Aged Care Association Australia - South Australia	
Mr Paul Carberry, CEO	
Mr Craig Brown, Aged Care Provider and Board Member.	137-142

Appendix 3: Index to Submissions

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Ainscough, J
Anderson, Carmel
Anderson, Peter
Australian Psychological Society
Babidge, Ian
Bailey, Geoff
Barber, Barry & Colley, Leslie
Barbour Dr R S
Barker, Mr & Mrs
Barnes, Leo
Bateman, Peter
Belperio, Pat
Betchley, David & Marilyn
Blight, Dr Suzette
Bodin, Trudy, Ray & Jodie
Boothey, M E
Bowring, Jan
Bradley, Abner
Brougham, Joanne
Brown, Sandra
Buchanan, B
Buddle, V
Burns, Shirley
Burnside, City of (2)
Bushby, M R
Butcher, Mary
Cammiss, R & K
Carers SA
Carver, Prof John
Catford, Ian
Catford, Tom
Catford, Rosemary
Charmar family
Chessell, Ms Diana - UNISA
Chigwidden, Patricia
Clatworthy, Janet
Collett, Keith
Collett, Mary
Collins, Jan
Concerned Relatives
Considine, Emma
Considine, Margaret & Ellis
Cook, K & T
Copeland, Muriel
Cornish, Rosemary
Cottle, Helen
Crooks, Lynn
Crooks, Phillip
Crotti, Lou
Davidson, John
Department of Health
Dewar, David
Dewar, Jessica
Dickson, Allan
Dolan, Pam
Douglas, Donald
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Douglas, Katherine
Douvlos, Alexandra
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Edwards, V
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Goddard, Peter
Goldney, Prof Robert - University of
Adelaide
Grace, Mary
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Hall, Valmai & Max
Hamilton, Daryl
Hamilton, Sally
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Harding, Lois
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Harrison, Merawyn
Hassold, Steve
Hathaway, Anne
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Health Consumers Alliance
Hempel, K
Henderson, Kelly
Herapath, Christine
Herbert, John C
Hicks, Barry
Higginbottom, Terry
Hillier, Cr. Andrew
Hogben, Catherine
Hompas-Hensman, Pam
Hook, Phillipa
House, A F
Howie, Merridy
Hupeden, Beverly
Hurley, Peter - Arkaba Hotel
Hutchison, Elizabeth
Innes, Patrick
Jackman, G J
Jacobsen, Cr. Jim
Jansen, Heather
Jeisman, Betty
Jones, Barbara E
Keller, Mostyn G AM
Jones, Paul
Kemp, Kinglsey
Kenny, WD & VB
Kilsby, S & L
King, Jean & James
Kneebone, Andrea
Kneebone, Mark

Knights, Bob
Kobayashi, Lyndal
Lang, TJ & MY
Law, David
Lawrence, Jane & John
Lippett, Elinor
Livera, Amanda
Lloyd, Keith & Tina
Love, Elizabeth
Maidir, M
Manuel, Rob
Matthews, Peggy
Mauvoric, Richard
McCusker, R J
McClure, J B
McMillan, Lance
McNamara, JF
McNamara, M F
McNeil, John
Mental Health Coalition
Montgomery, Karen
Moore, Fran
Moriarty, Leeanne
Muirden, Patricia H
Nairn, Val
National Trust SA
Oborn, Richard
O'Loughlin, Christine
Ots, Diana
Ottaway, E
Owen, Elizabeth
Palmer, Russell
Parken, Jill & Kevin
Parmenter, Adriana
Parsons, Lyndi
Partington, Alex
Peake, Andrew
Pederick, Adrian MP
Pelkas, Christine
Penfold, Liz MP
Pettman, D V
Pike, Tony & Leonie
Pinkerton, Sandra
Pitcher, J
Potts, Barbara
Public Advocate, Office of the
Pyne, Hon Chris MP
QED
Randall, Bill
Retilliek, R

Richards, Clem
Richardson, JP & JM
Riebke, K M & M H
Riebke, Steve & Mavis
Riebke, Sue & Leon
Rippon, Edward
Rix, Anthony M
Roberts, Allison
Roberts, Julie
Robins, Phil
Rohrlach, Fay
Rolland, M C
Rooney, John & Maisie
Royal Australian & New Zealand
College of Psychiatrists (RANZCP)
Sanders, Helen E
Sandford, Liz & Hemsley, Steve
Schumacher, Colin
Scott, Peter
Sever, Jenny
Shephard, Carlene
Shirley, Catherine
Sickerdick, Davina
Simpson family
Social Inclusion Commissioner
Spain, Ron & Eileen
Still, Judith
Stubbs, Derek
Stuckey, Loris
Such, John
Summerfiled, E S
Swart, Alison
Szpajchler, Melanie
Talmage, M
Terry, Pamela
Thomas, Rosemary
Townsend, Philip & Glenys
Vonow, R D
Ward, Allan
Westley, Betty
Whitehead, Mary
Whitford, Marjorie
Wilkins, Di
Wilkinson, Meryl
Will, Barbara
Wills, James & Valda
Wilson, M
Wright, Margaret
Wyllie, Patricia
Yeates, John

Appendix 3: Index to Submissions (cont.)

The Select Committee also received 1507 signed copies of the following form letter:

PROPOSED SALE AND DEVELOPMENT OF THE GLENSIDE HOSPITAL SITE

We Strongly Object to this proposal because:-

- 1 The effect of the proposed sale of 42% of the site & its impact on the Amenity & enjoyment of open space for patients and the public, biodiversity, conservation and significant trees.
- 2 The loss of open space will prevent any expansion of the hospital dictated by future needs as the population increases .
- 3 The effect of the proposed sale of precincts 3 , 4 & 5 as identified in the State Gov't's Concept Master Plan & the resulting traffic problems at entry and exit points this plan will create .
- 4 The proposed sale of publicly owned land in precinct 4 under a special arrangement to a commercial organisation as a preferred purchaser
- 5 The State Government is prepared to spend \$43 million on film studio infrastructure but will only fund the hospital by selling 42% of the land.

Name
Address or
Email.....
.....

Post to

Mr Guy Dickson
Secretary of the Select Committee
Parliament House
North Terrace Adelaide SA 5000

Email to.....

guy.dickson@parliament.sa.gov.au