

OC-11: LAW AND FORENSIC PSYCHIATRY & MISCELLANEOUS

OC-11-01

CHALLENGING THE POLITICAL CORRECTNESS IN PSYCHIATRY AND THE INACUITY OF PSYCHIATRIC TERMINOLOGY

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The paper will discuss certain terms, used alternately, such as client-patient, dependency- addiction, and others. The origin and meaning of such terms, both in clinical and philosophical sense, the possible reasons behind their use, and the implications and consequences of their use are discussed. The author wants to point to the importance of precise use of terms. Terms correctly chosen enrich our clinical understanding, determine a pragmatic approach, influence the

perception and attitude of all those involved. Political correctness applied superficially may paradoxically result in increasing bias and deflecting the clinical approach. Both medical and philosophical arguments point to this. The subject seems to be of paramount importance in our age of the dehumanization and mechanization of medicine.

OC-11-02

EMERGENCY MENTAL HEALTH CARE IN AUSTRALIA - POLICY AND PROBLEMS

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In 1992, Australian Health Ministers adopted the Australian National Mental Health Strategy. The first National Mental Health Plan to come out of the strategy called for the deinstitutionalisation of clients with mental illness and the mainstreaming of mental health services into general health care facilities. This resulted in annual increases of 13 to 35 percent of people presenting to emergency departments (ED's) across Australia to access mental health care. In Australia, ED's are staffed by general trained medical and nursing staff who are generally poorly equipped to assess and manage clients with a mental illness. Since 1994 specialised mental health triage scales (MHTS) have been developed with the specific aim of improving the capacity of ED staff to assess and manage clients with mental ill-

ness and despite there being one triage scale for clients with physical illness and injury there are now a number of MHTS in use around Australia. Simultaneously, various models of mental health service delivery have been developed and independently implemented. Literature that demonstrates the effectiveness of any model of mental health care at improving the responsiveness of mental health services to ED's is scarce. There are lessons to be learnt from the current ad hoc approach to emergency mental health care in Australia by clinicians and policy makers planning changes to the provision of mental health care in the community and those in emergency departments faced with the initial assessment and management of clients with a mental illness.