



Community Access to Mental Health Patients

The Denial of Visiting

From April 2009 until September 13, 2011, several dozen citizens of good character including psychiatrists, lawyers and other people of goodwill were blocked access to visit and help Saeed Dezfouli after nine and a half years locked in a closed hospital. It is an issue that was raised before the NSW Supreme Court as a reason for its intervention over the Mental Health Review Tribunal. The Mental Health Review Tribunal was also asked to intervene. Nobody responded.

Varying reasons have been offered from the Health Department after it had been raised continuously to the Clinical Director of the Forensic Hospital, the Statewide Director of Forensic Mental Health, the psychiatrist leading the treating team and still the visitors are not allowed in.

- Enquiry for disability lawyer - criterion stated as *“in the clinical best interest of the patient”*.
Clinic Administrator, 20th April 2009.
- *“The ward clerk returned my call this afternoon and I haven't been given authorisation to visit Saeed tomorrow. She said that they're opening a new ward tomorrow and so security is flat out and the paperwork wasn't done in time.”*
Justice Action worker, 29th July 2009.
- *“You are not a physical friend of Saeed as you have not physically met him, and therefore your application will be rejected.”*
Head Officer of Security at Clovelly Forensic Hospital, 12th March 2010.
- *“The treating team will consider all requests for visits.”*
Adrian Keller, Clinical Director of the Forensic Hospital, 8th June 2010.
- *“A process of review of this application needs to occur.”*
Adrian Keller, 8th June 2010. (Speaking of the visitation application of two workers from Justice Action.)
- *“I am not aware of a NSW Health policy that deals with community access and visits for mental health patients.”*
Adrian Keller, 9th June 2010. (In response to the question of what NSW Health Policy Directive governs the issue of community access and visits to mental health patients.)

- *“I would need to verify that Dr Westmore is currently a registered medical practitioner.”*
Arian Keller, 10th August 2010. (Speaking of Dr Bruce Westmore, forensic psychiatrist and former Director of Forensic Psychiatry for Queensland.)
- *“I acknowledge that the delay in approving Dr Westmore’s access has been regrettable”*
Adrian Keller, 25th August 2010.
- *“I have considered your request and have determined that no further investigation or explanation is warranted.”*
Adrian Keller, 18th May 2011.
- *“I can confirm that each of the persons listed in your email, including Ms Ottaway, has been approved as a registered visitor to the Forensic Hospital for Mr Dezfouli.”*
Adrian Keller, 8th September 2011.
- Upon calling the forensic hospital on 9th of September 2011, Ms Ottaway was informed by the ward clerk that she has not been approved for visitation.
- From 2009 until now all friends to Saeed have been blocked.

The Principles of Visiting

Visiting an incarcerated patient breaks down the social isolation of detainees by providing physical, mental, and emotional support. Maintaining adequate connections with the outside world is an essential right for any patient isolated with limited human contact. In practice, access to patients in the forensic hospital is all but denied. Our history of attempts describes the experience. Mental health patients are legally entitled to rehabilitative care and support, not punishment based treatment. Therefore to withhold visitation rights of a patient, which is an essential aspect of their social devolvement during the rehabilitative process, is an unethical infringement upon patient’s rights. When compared with prisoners, qualification as a mental health patient entitles one to a different standard level of care. It is not only important for the patient, but also their family and the individuals of the community impacted by their disorder.

Patient’s Interests

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- Monitoring government behaviour and accessing human rights within prisons.
- Promotion of mental stability of the patient.
- Physiological improvement - for patient and loved ones.

The key rights of a patient are to receive adequate support while incarcerated that promotes rehabilitation and to further developmental abilities to re-enter society. Adequate contact with the outside keeps the patient in tune with society, contributing to an easier reintegration. Visitation rights serves as a mechanism for further development. The objective of visiting an individual who is incarcerated is to promote a sustained level of support, understanding the patient's sentence that can eventually evolve into a social "*safety net*" throughout their sentence and release.

Visitor's Interests

- Reinforces the importance of family, friends, and loved ones.
- Satisfies emotional needs and establish the tools for coping mechanisms.
- Breaks down the barriers associated and gives time for rebuilding relationships.

Visitation from loved ones who support the wellbeing of the offender provides a priority level of emotional care, family bond, and maintains relationships throughout the absence. Visiting incarcerated mental health patients often offers an era of support in the areas of accountability of the patient's treatment, family unification, and maintaining a connection to the outside world.

Community Benefits

- Community support towards the transitions that occur upon release.
- Gives incentive towards good behaviour, rehabilitation and release, supplying a "*safety net*" of support.
- Provides a social reassurance and makes the reintegration process easier if contact with the community and friends is maintained.

Words From Saeed

“Receiving visits is the only way for me to feel connected to the outside world, the only way I feel that I have rights in here”.

Saeed’s Points

- Visitors can monitor my wellbeing and allow me to speak out about my treatment.
- All the patients should receive visits, its healthy and therapeutic; and is the appropriate channel of communication.
- Feels that visitation rights have been restricted because of his high profile case and the situation of his challenges to Justice Health’s conduct.
- He is critical to the type of care that he has received and this has “forced” Justice Health to restrict his rights as retaliation and due to fear that he will expose the situation.
- He is never informed when someone request to visit and feels that it has been a team effort to withhold him under close surveillance, enforce harsh treatment, and block his communication with his supporters.

Community Access and Deinstitutionalisation

It is widely accepted that deinstitutionalized practices are the most appropriate form of treatment for mental health patients. This model involves an accumulation of community-based programs that provide the patient with individualised, recovery and rehabilitative services allowing them to enhance their wellbeing.

While there have been numerous studies reiterating community living as the most appropriate form of treatment ([refer to desintitutionalisation report LINK](#)), Adrian Keller, Clinical Director of the Forensic and Long Bay Hospitals, has refused to accept this model. This is clearly demonstrated through the lengthy and unsuccessful process of gaining visiting access to Saeed Dezfouli, a patient in Keller’s hospital.

Visiting an incarcerated patient is the first step to improving their wellbeing. It breaks down any form of social isolation, allowing them to maintain a bond with their family and friends as well as providing them with both emotional and physical support. How this is relevant to their wellbeing is self evident; it reassures them that they are a part of the community and are no different to any other member. By having a strong support system, re-offending and recidivism is unlikely.

On June 8 2011, Brett Collins met with Adrian Keller and John Basson (Statewide Director of Forensic Mental Health) to discuss Saeed's situation. When confronted on why there was such a strict definition of friendship, Keller replied saying there was no such policy. Interesting, as Justice Action have a clear report of their refusal to visit Saeed on the basis of that definition. It is also ironic that Basson and Keller made jokes regarding the size of the Justice Action files, "now there is a Saeed file number six, will there be a ten" Perhaps not if they provided us with clear and adequate responses.

Keller's resistance to the deinstitutionalisation model is a basic contradiction to improving the lives and wellbeing of mental health patients. As stated previously, it is proven that community support; programs and services evidently enhance the lives of mentally ill people. Community access to insitutionalised systems such as Forensic Hospitals serve as an intermediate step in this model and are therefore imperative. If that is the case, why has Keller not adopted this step yet?

Refusing access to Saeed only further isolates him. Saeed himself has stated that "receiving visits is the only way for me to feel connected to the outside world, the only way I feel that I have rights in here", reiterating the satisfaction he gains from community support. He adds that visits should be available to everyone as they are healthy and therapeutic. This information, combined with our deinstitutionalisation report, only further emphasises how the community plays a significant and key role in improving the lives of mentally ill patients. The fact Saeed is never informed when someone requests to visit him only suggests that the institution is intentionally blocking him from access to the community. Is this punishment for being critical to the type of care that he has received? If so, does that not breach section 69 of the NSW Mental Health Act 2007?

By refusing access to Saeed for over 2 years, deferring the subject, misinforming us and providing no legitimate responses, Adrian Keller and his team clearly reject community living and support as a form of mental health treatment. They are enigmatic in their responses, causing confusion and misunderstanding. Their lack of sufficient justification to their practices only reinforces the idea that they are hiding something, especially with the case of Saeed. They have demonstrated a whole level of preparedness to reject accountability through their refusal to disclose important information such as their code of conduct.