

FROM : Moshe Lang

December 24, 1982.

Recent developments in the "Bouverie crisis" have compelled me to write this letter.

The arguments against the closure of the Clinic on its present site and its relocation at Parkville are numerous and significant. The following are some -

1. It is located in an inner residential suburb and provides a home-like atmosphere. To require an ordinary family in stress or having problems living together, or one in which the child is failing at school, or where the child may be occasionally unhappy or behaving badly - for such a family to attend a Psychiatric Hospital, may risk the stigma of mental illness.
2. Bouverie Clinic, before it was a family therapy centre, provided learning/placement opportunities for social workers, psychologists, nurses and doctors, a service that was community-based. In Parkville this may be lost.
3. For almost a decade Bouverie Clinic has provided training for family therapists. The move to Parkville may impose so many additional responsibilities, that the staff may not be able to provide this specific training adequately.
4. Bouverie Clinic is small and thus has a cohesive homogeneous team. This could be lost in a larger organisation.
5. To put two different "organisations" with different "philosophies, orientations and aims" under the same roof could result in serious conflicts and prevent worthwhile work being done.
6. Putting two teams side by side with two heads of equal power may lead to power struggles and fights with serious and destructive consequences.
7. The present site at Parkville does not contain the same facilities for proper family therapy training eg one way screen.
8. Bouverie is closer to public transport and thus more easily accessible.

There are, however, many good and cogent arguments to support the proposed amalgamation. These include -

\*FOOTNOTE [to Page 2]

For example, in the Health Commission proposal, there is no mention of the under-utilisation issue. For the Minister to raise it indicates there was a submission related to this question. Therefore the failure of the Health Commission to state their position publically, has caused confusion, anxiety and suspicion. In fact, considering the amount of time which has been spent on the proposal, it is extremely light on detail and clarity, but very good cosmetically. To take one trivial example - a figure of \$15,000.00 is mentioned as the sum required to paint the front of the Bouverie Clinic. I will offer to do it for half the price and donate the remainder to the VAFT funds. [Since then my mate Alan Browne offered to paint it for half my offer - any further offers?]

Seriously, it is incumbent on the HCV to state whether under-utilisation is a ground for amalgamation; then they must also explain what they have done to remedy the situation, and how the move to Parkville will remedy this.

When this debate has settled, perhaps HCV Head Office at 555 Collins Street needs investigation, for it is rumoured that serious under-utilisation is evident, and it should be relocated at Royal Park. The resultant cost saving would be much greater.

1. The adolescent services of Parkville would benefit from a family therapy orientation.
2. The group and individual training program provided at Parkville would be greatly enhanced with a system theory input.
3. Having an in-patient facility is a great asset to family therapists. Otherwise family therapists often find they must refer patients to a hospital which is run on lines which conflict with family therapy.
4. Parkville was built as the showpiece of the Mental Health Division. On its grounds are the Mental Health Research Institute and Library. It has been a major teaching centre for the Mental Health Division. Thus for family therapists to be offered the opportunity to make a major contribution, is perhaps an offer which should not be missed.
5. In the first instance family therapy was developed in an attempt to understand and deal with major social/psychiatric problems, eg schizophrenia, anorexia, alcoholism, etc. It then appeared to have a major contribution to make to "entrenched psychiatric conditions" and thus to psychiatry.  
In recent years with success and recognition, family therapists have become primarily engaged in dealing with "minor or peripheral" psychiatric issues. The proposed move to Parkville offers Bouverie Clinic a chance to demonstrate the relevance of family therapy to these more serious issues.
6. To the public at large and the health administration, a strong argument on behalf of family therapy is its cost effectiveness. This argument was used by Bouverie Clinic in the early days to promote the change from the individual to the family therapy approach. Therefore for family therapists to appear insensitive to the proposed cost saving of the relocation is foolhardy. The quoted figure of the site value of Bouverie Clinic is \$400,000.00, and there is unused space available at Parkville.
7. Many of the families and trainees of Bouverie Clinic come by car. Parking facilities are much better at Parkville than in Carlton.
8. Paradoxically, the success of Bouverie Clinic provides an additional reason for its relocation. It is no longer alone providing community based family therapy service. It is currently available throughout Victoria, eg Elizabeth St. Clinic, Chisholm Institute, Collingwood Community Health Centre, Austin Hospital, South Eastern Clinic, Melville Clinic and many others. Perhaps the offer to be the first family therapy team to play a major role in a major teaching hospital is symbolic.

I believe that there are strong arguments on both sides, and I have found it difficult to decide which is more compelling. I am not alone in this uncertainty. In September, the Executive of the VAFT unanimously decided to support the move to Parkville, and resolved to ask for certain reassurances. However at the last Executive meeting the majority voted to oppose the relocation of Bouverie Clinic to Parkville.

The Executive of the VAFT was informed that the understanding reached between Dr Firestone and Dr Lipton, and the undertaking given by Dr Lipton, were found to conflict with the submission that the HCV was reported to have put before the Minister. This resulted in a general breakdown in trust and confidence in the HCV.\* [see Footnote]

I have been exceedingly concerned that the VAFT public position would be based on careful and serious deliberation rather than on rumours, innuendos, heat of the moment decisions, or on any of the personalities involved.

This crisis has provided family therapy with growth potential. It gives us an opportunity to make the public aware of family therapy and what it has to offer. It provides family therapy with the chance to inform the politicians about its methods and the cost effectiveness of dealing with problems in this way. It also provides the opportunity to heal old wounds, and unite and cement the VAFT as it struggles to deal with the dangers and opportunities which confront us.

Until the last two weeks, the Executive and most members felt pleased with the way we cooperated in presenting the issues, both to the public and the politicians, in spite of the differences that existed as to what was exactly the best solution.

Now events have taken a turn for the worse, and most of us have perceived an external threat to family therapy. An organisation under threat runs dual risks :

1. Under external pressure, internal fighting, division and mutual blame occurs.
2. This external threat often leads to internal suppression and intolerance where calm and rational discussion and debate are not allowed to take place. The shouts of battle drown the soft voice of reason. Those who believe strongly in their cause treat those who do not share in it 100% as the enemy and the traitor. Tolerant discussion is displaced by mud-slinging, character assassination and the questioning of personal motives.

As the crisis developed, our expressed wish for the consultative process to take place has been granted. The Health Minister responded by inviting interested parties including the VAFT to a meeting to discuss the issues. The Minister then stated his commitment to family therapy, and if the move took place it was with the aim of promoting family therapy. At this meeting the Minister indicated that he had information which showed only 16 hours per week per member of Bouverie staff time which is accounted for. He directed a question to me about this. In reply I answered "I have not worked at Bouverie for some years, and there are others better placed to answer this question. However, I submit that if this is true, it is a poor reason to close a Clinic. In my view, it is the responsibility of the Health Commission to see to it that work is done, and they have the means to ensure this. If this is the case you don't close the Clinic, you make the staff work".

Unfortunately, avoiding an issue does not make it go away. Perhaps a major reason for closure which the Minister may consider is the amount of work. Thus Brian Stagoll was both courageous and acted appropriately in raising this issue at the public meeting of December 7th. Whether we like it or not, it is presumably one of the issues submitted to the Minister as relevant and crucial in the proposed amalgamation. At this meeting Brian found himself in the unenviable position where questions which should have been directed to the Health Commission were directed to him. The Health Commission regrettably failed to send their own representative.

There is no doubt that Brian has been the hardest worker on behalf of the VAFT. He is a serious and dedicated Psychiatrist, a community worker in family therapy. He has generously shared his knowledge and ideas. To find him personally attacked, his motives questioned, and his resignation called for, for raising publicly some difficult and painful issues is extremely regrettable.

For the newsletter containing this attack to be sent out, without giving him an opportunity to respond in the same issue is most unfortunate.

Further, every member of the Executive, and probably of the VAFT, fortunately functions in a number of roles, carries numerous responsibilities and often belong to more than one organisation - the argument, therefore, of role confusion and conflict of interest can be levelled against everyone involved in this debate. It is a double-edged sword serving only to fan an already overheated situation.

There seems now to be the danger of a long-lasting rift in family therapy. This could be most destructive to the future of the movement. The other danger is of unrelenting and indiscriminate belligerency which could antagonise people outside family therapy.

Conversely, mutual respect, tolerating and valuing differences and cooling an overheated system could have a lasting and beneficial result.

The public are now more aware and the politicians better informed. For whether the Bouverie Clinic stays where it is or moves to Parkville, the Minister's undertaking that family therapy will be enhanced, could lead to a significant leap forward.

Let us look forward to a cooperative and happy 1983."

(SIGNED) Moshe Lang

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