

A NATIONAL APPROACH TO MENTAL HEALTH FROM CRISIS TO COMMUNITY

KEY FEATURES OF THE INQUIRY

Senate Select Committee

– 3 ALP, 2 Lib, 1 Nat, 1 Democrats (chair)

12 months duration

600+ submissions

10,000+ pages of written material

17 hearings in all states and territories

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Remote and regional visits

Informal tours of hospitals, prisons, youth and
detention centres

Briefings by HREOC, MHCA, Federal Govt.
health department at start

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Terms of Reference

- National Mental Health Strategy – aims, objectives, progress
- Prevention, early intervention, acute care, community care, after hours crisis and respite
- Role for non govt and private sectors
- Psycho-social supports
- Special needs groups, carers
- Primary health care

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- Recovery focussed care and consumers
- Over-representation of people with MI in the criminal justice system
- Detention and seclusion and human rights
- Education in reducing stigma
- How well do agencies deal with people with MI?
- Research, data collection, national standards
- E-technology

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The First Report – the chapters

1. The Challenge of mental health
2. The Case for change
3. Mental health & human rights
4. Resourcing
5. Diversity of mental illness and treatments
6. Access to mental health services
7. Promotion, prevention and early intervention

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8. Inpatient and crisis services
9. Mental health services in the community
10. Support services
11. Families and carers
12. Paying for mental health care
13. Mental health and the criminal justice system
14. Dual diagnosis

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- 15. Children and youth, older people and CALD communities
- 16. Rural, remote and Indigenous Australians
- 17. Recommendations

Website:

www.aph.gov.au/Senate/committee/mentalhealth

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The issues

- Urgent need for more mental health services (60% of people with needs receive no service)
- Limited resources not always well utilised (the revolving door syndrome, GPs in BOiMH, clinical psychologists, psych beds)
- Deinstitutionalisation incomplete (community services, reinstitutionalisation in prisons)

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- Mainstreaming has its limitations (suitability of general hospitals wards, expansion of private beds, bed shortages, CAT teams, A&E, chemical & physical restraints)
- Inadequate community based care despite commitment in NMHS to 'least restrictive care'
- Prevention definitely better than cure
- Quality varies
- Some get more than others

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- Some illnesses get more than others (little specialisation for obsessive compulsive, self harming, PND, eating disorders)
- Service silos preventing effective care (dual diagnosis, little transitional support from jail or hospital)
- Medical model versus holistic with psychosocial supports

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Recommendations - CoAG

- Funding increase to 9 to 12 per cent of health budget by 2012 (+\$3b – \$6b)
- *Better Mental Health in the Community*
 - ❖ 350 – 400 community mental health centres
 - ❖ 4-5 year rollout
 - ❖ States fund infrastructure
 - ❖ Commonwealth fund staff teams – psychiatrists, psychologists, GPs, psych nurses, social workers

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- ❖ services after hours, weekends
- ❖ youth, dual diagnosis, geriatric and Indigenous
- Link resources with rights to services and needs of populations (equity + HNI)
- Population specific budgets, MH plans and protocols (children, youth, aged, CALD, Indigenous)
- Ratios MH professionals to populations

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- **BOiMH reforms**
 - ❖ New set of MH Medicare schedule fees
 - ❖ Psychiatrists, psychologists, GPs must agree to collaborate
 - ❖ Remove pre-requisite training for GPs and gatekeeper role
 - ❖ GP Divisions restructured as Primary Health to manage

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Recommendations for Health Ministers

- Reform NMHS to guarantee least restrictive and consumer engagement
- Measurable targets, monitored and reported annually
- Specific action plans
- Better balance of objectives in NMHS plans
- Integrate Drug, Suicide and Alcohol strategies under NMHS

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- Timeline and implementation plan for National Statement of Principles for Forensic Mental Health
- MHCA to monitor progress under NMHS, report on expenditure, identify gaps, report on suicide rates, homelessness, ITOs, medication, incarceration, education and employment rates

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- A National Mental Health Advisory Committee to advise on consumer issues, advocate wellbeing, prevention, consumer involvement, education and stigma reduction, manage MH first aid
- A Comm-State Mental Health Institute to prioritise research and pilot programs, review cost effective treatment, disseminate best practice

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Leadership

- Designated ministerial responsibility
- Harmonise MH Acts on IT and sectioning, inter-state agreements
- Benchmarks in consumer and carer consultants, including forensic

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Other

- Double research spend
- National emergency telephone helpline with expert staff
- Increase SAAP funding, cater for complex needs
- AIHW to collect comprehensive data

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Federal

- Increase workforce training places and incentives
- Increase job support for people with MI, flexible arrangements, wage replacement schemes
- Education campaigns for prevention and reduction in substance abuse

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States

- Step up/step down accommodation
- Long stay inpatient focussed on rehab
- Safe environments, gender separation
- MH and dual diagnosis spaces in A&E & general
- More long term supported housing linked to MH centres
- More detox and rehab

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- Specialised programs for eating disorders, PND, personality disorders
- Health departments responsible for prison MH services
- More consumer-run services

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GOVERNMENT PKG

- \$1.8 billion over 4 years \$0.5 billion recurrent
- Major increase in clinical and health services in community
- New teams of psychiatrists, GPs, psychologists and mental health nurses
- Medicare to cover psychologist referrals

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- New Medicare benefits scheme
- More supported accommodation, 650 respite places
- Improved care in prisons
- Mental health telephone hotline

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- New money for drug and alcohol treatment and for skilling in dual diagnosis
- 900 new personal helpers and mentors
- Living skills program
- Youth pathways for 6,000 – school and work
- More research

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- Psychologist 'referrals'
- 400 mental health nurses and 200 clinical psychology places
- Community awareness focus on line between MI and drug use
- Training for health workers in detecting early MI
- MHCA to promote, educate and advise govt
- Specialised MH in emergency and crisis

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Some criticisms of govt pkg

- \$s about 1/3rd of minimum called for
- No commitment to measure effectiveness of NMHS, targets or timelines
- No independent oversight of NMHS progress
- MH centres not spelled out or the specialisation for youth, aged and dual diagnosis
- No rights to access services

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- No right of consumer involvement in determining treatment, social re-integration, consumer run service
- No commitment to demographic fairness in access
- No detail, no breakdown of figures
- Short on philosophical and legislative underpinning

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- Danger of more tough on drugs approach
- More patchy, ad hoc announcements