

# Mental Health

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## AUSTRALIAN DEMOCRATS ACTION PLAN MENTAL HEALTH HEALTH AND AGEING

*After decades of neglect mental health is now well and truly on the political agenda. The 2006 Democrats initiated Senate Inquiry into mental health services graphically detailed the failures in mental health in Australia – particularly the failure of proper funding for community-based services following deinstitutionalisation. (For more information on the Inquiry, including submissions and the final reports go to [www.aph.gov.au/senate/committee/mentalhealth\\_ctte/](http://www.aph.gov.au/senate/committee/mentalhealth_ctte/))*

*“The Senate Committee on Mental Health’s bipartisan report, tabled today, once again exposes the crisis in the delivery of mental health services and the crisis of public confidence in all governments’ ability to address the mental health needs of the community”*

**Mental Health Council of  
Australia**

We need a fundamentally different approach to providing mental health care – one that is community not hospital-based and focused on promoting well-being and prevention and early intervention, rather than only treating people when they become seriously ill.

### Our Action Plan

- a national roll-out of community-based primary mental health centres staffed by psychiatrists, psychologists, GPs, psychiatric nurses and social workers
- a national roll-out of youth mental health services designed specifically to provide intensive early intervention services for people aged between 12 and 25
- greater flexibility in the allocation of Medicare provider numbers for mental health service provision (for instance psychiatric nurse practitioners and counsellors) in rural and remote areas in recognition of the shortage of psychiatrists and psychologists in these areas
- a comprehensive, coordinated employment strategy for people recovering from mental illness, including better vocational capacity assessment and support
- specialised environments within emergency departments of general hospitals to accommodate people presenting with dual diagnoses (both drug and alcohol abuse and mental health symptoms)
- finding alternatives to the practice of transporting the mentally ill to hospital in police vans or conventional ambulances
- substantial increases in the number of short, medium and long term supported accommodation places to foster recovery and help prevent relapse, including specialist crisis accommodation services for people with dual diagnosis and complex conditions involving disruptive behaviour



Other ACTION PLANS are available online at  
[www.democrats.org.au](http://www.democrats.org.au)

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- universal screening of all prisoners for mental illness and guaranteed access to treatment while in prison, with forensic hostels on prison release to provide accommodation and support for people with a mental illness that have offended
- coordinated planning when someone is discharged from a psychiatric hospital to ensure care is provided for at least the next 12 months
- more community education resources that destigmatise mental illness, highlight early warning signs and treatment options and are tailored for a variety of settings including schools, workplaces and the general community
- new accountability systems with measurable benchmarks so that we know if what we are doing is working
- mental health first aid training for those routinely in contact with people who may have mental health problems, starting with those working in general health services, teachers and police
- training of all clinicians in screening people for co-occurring substance use and mental health disorders
- processes to ensure more explicit protection of consumers rights, including a greater say in their own treatment
- adequate resourcing of consumer groups and organisations which provide crucial advocacy, support, education and resources to consumers, the community and health professionals
- increased support for carers and families, including increasing respite care allowances, and increased carer benefits

## The Issues

The system is in its current mess because of lack of money, poor coordination of different services and a lack of willingness on the part of governments to take responsibility for bringing about change.

The \$4bn promised in 2006 by the Commonwealth and state governments to fund the five year National Action Plan on Mental Health is an opportunity to advance mental health but there are concerns.

There is no commitment to moving from hospital-based acute care to prevention and strategic early intervention delivered through multidisciplinary, community based care. There is no coherent framework to the initiatives and no independent oversight of progress.

The key issue is making sure that promises are delivered on and we don't end up with more patchy and ad-hoc programs. That is why the Democrats worked with the Government to get support for a Senate Committee to monitor and evaluate progress on the Action Plan.

20% of Australians will be affected by a mental health problem at some stage in their life.



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Between 14 and 20% of children and young people experience mental health difficulties, including anxiety, attention deficit disorder and depression and most mental health and related drug problems commence before the age of 25.

At present mental illness is responsible for about 13 per cent of Australia's disease burden but receives only about 7 per cent of health funding, which is about half as much as the spending in comparable OECD countries. The new spending lift's mental health's share but is still only 2/3 of what has been called for.

Some mental illnesses receive more attention than others, in part as a result of the focus on 'serious mental illness' in the National Mental Health Strategy.

Quality of care appears to vary greatly from place to place. The differences in spending between the states and territories translates into a wide variation across Australia in the level of care.

62% of people with mental disorders do not use mental health services, because amongst other things, there are not enough services, they are difficult to access, cost too much and do not provide the right types of treatments and assistance.

Of the 38% of people who do access care, this is mainly through GPs. The decline in bulk-billing is making it even more difficult for people with mental illness to obtain even basic primary care services.

The dominant medical model is hampering improvement in mental health care. Pharmaceutical treatments are certainly improving but their use is also growing at extremely rapid rates, yet psychologists qualified to deliver evidence-based 'talking therapies' are significantly under-utilised in publicly funded mental health care.

The availability of health care professionals, particularly those other than GPs, plummets outside the capital cities.

Consumers and their carers are often marginalised in decision making about treatment.

Australia has lagged behind many other countries in adopting prevention and early intervention services, which could not only halt disabling illness but save billions of dollars in welfare costs and lost earnings. It is time that mental health funding reflected these priorities.