

Our Plan

An additional \$3-4b/year is needed in mental health to more closely reflect its prevalence and respond to its 'burden of disease' – an increase from 7.8% of health budget spending to 13.3%. This spending would be significantly offset by the savings to the health system in reducing pressure on acute care beds, through fewer people with mental illness ending up in the justice system and from more people living well and contributing to society rather than dependent on welfare.

Primary and early intervention

- a national system of community-based **mental health centres** staffed by psychiatrists, psychologists, GPs and psych nurses
- **training** for clinicians in screening for co-occurring substance use and mental health disorders and in evidence-based treatments
- programs in schools and in the community to **promote mental health and wellbeing** and to address bullying, violence against women and children, alcohol use, body image, self harm and depression

Youth

- a doubling of *HeadSpace* **youth mental health clinics** providing specialist consultations
- a national system of **mental health centres for young people** with emerging serious mental illness and substance problems providing: integrated assessment, crisis response, outpatient case management, inpatient care, group based treatments, mentoring, counseling and employment assistance

Acute care

- coordinated **case management** for at least 12 months after discharge from acute care

..... closing the gaps in **Mental Health**

- specialist environments in **hospital emergency** for crisis mental illness and substance use
- greater numbers of **outreach assessment teams** and specialist transport to hospital for those in crisis
- **gender separation** in psychiatric hospitals

Accommodation and social supports

- more **secure extended care units** and **community based care units** for those at very high risk
- more clinically supported, stand-alone 'step-up, step-down' **short and medium term accommodation** facilities for those discharged from acute care or prisons and for those needing sub-acute care
- long term, secure, individual **housing** for people on disability support pensions, using head leasing arrangements, subsidised rents and in-home packages of support
- universal **screening of prisoners** for mental illness, treatment while in prison, and release to supported accommodation

Consumer voice, social inclusion, carer supports and de-stigmatisation

- guarantee **consumers' rights** to be consulted on treatment and services
- a far greater utilisation of peer engagement in all services
- support to assist people to engage fully in society – in employment, housing, recreation and relationships - linked to clinical services
- increases in **respite care allowances** and **carer benefits** raised to at least the minimum wage
- early and ongoing **engagement with families** to provide information and skills to strengthen the support they can give
- adequate resourcing of organizations providing **advocacy**, support and education
- **first aid training** in mental health for those routinely in contact with people who may have mental health problems, especially teachers and police
- ongoing programs to **destigmatise** mental illness, identify early symptoms and treatment options and provide hope for living well with mental illness

Research

- NHMRC funding for research, particularly in novel treatments, quadrupled to match the burden of disease
- A **National Institute for Mental Health** with a quarantined budget

The problems are well known:

COAG must commit to a new national mental health strategy that addresses the serious gaps in services with real timelines and measurable targets.

Progress has been made since the Democrats-initiated Senate inquiries into mental health identified serious shortcomings.

The Commonwealth now funds psychological consultations under Medicare, it established 30 *HeadSpace* clinics specialising in mental health consultations for young people (The Government announced a further 30 in the last budget.) and it funded the Personal Helpers & Mentors program.

These measures have yet to be properly evaluated but we do know that it is still the case that two thirds of those who report having a mental health disorder are not receiving treatment.

There are still big gaps in providing the supports that we know can allow people to recover or to manage their illness so they can be productive, engaged members of society.

- According to *Australia's Health 2010*, around 1 in 5 Australians aged 16-85 had a mental disorder at some time in the previous 12 months and it was 1 in 4 for those aged 16-24.

- Our states still imprison alarmingly high numbers of people who have a mental illness – 57% of women prisoners and around 30% of men in 2008/9!

- People are routinely discharged from psychiatric hospital wards without stable accommodation or supports, only to return, sicker than ever – the so-called revolving door syndrome

- There is little by way of early intervention when an individual experiences psychosis and many are turned away from hospital because 'they are not sick enough' or their condition is complicated by substance addiction

- Many with serious mental illness are long term unemployed, homeless and isolated from their families and society and there are too few services to assist them

- People with mental illness, are often not involved in decisions made about their treatment nor given the chance to be assisted by peer support programs

- Families and friends could be much better informed and supported in caring for people with mental illness and stigma is still a major barrier to seeking help

- Services still lack integration. Clinical services rarely work collaboratively with community support organisations or drug and alcohol services.

Australian Institute of Health and Welfare 2010. *Australia's health 2010*. Australia's health series no. 12. Cat. no. AUS 122. Canberra: AIHW