

Senate Select Committee on Mental Health

Appointment and Terms of Reference

On the 18th of August 2005 the Senate agreed that the time for the presentation of the report of the Select Committee on Mental Health be extended to the Thursday of the second sitting week in March 2006.

A select committee, to be known as the Select Committee on Mental Health, was appointed on 8 March 2005 to inquire into and report by 6 October 2005 on the provision of mental health services in Australia, with particular reference to:

- a. the extent to which the National Mental Health Strategy, the resources committed to it and the division of responsibility for policy and funding between all levels of government have achieved its aims and objectives, and the barriers to progress;
- b. the adequacy of various modes of care for people with a mental illness, in particular, prevention, early intervention, acute care, community care, after hours crisis services and respite care;
- c. opportunities for improving coordination and delivery of funding and services at all levels of government to ensure appropriate and comprehensive care is provided throughout the episode of care;
- d. the appropriate role of the private and non-government sectors;
- e. the extent to which unmet need in supported accommodation, employment, family and social support services, is a barrier to better mental health outcomes;
- f. the special needs of groups such as children, adolescents, the aged, Indigenous Australians, the socially and geographically isolated and of people with complex and co-morbid conditions and drug and alcohol dependence;
- g. the role and adequacy of training and support for primary carers in the treatment, recovery and support of people with a mental illness;
- h. the role of primary health care in promotion, prevention, early detection and chronic care management;
- i. opportunities for reducing the effects of iatrogenesis and promoting recovery-focused care through consumer involvement, peer support and education of the mental health workforce, and for services to be consumer-operated;
- j. the overrepresentation of people with a mental illness in the criminal justice system and in custody, the extent to which these environments give rise to mental illness, the adequacy of legislation and processes in protecting their human rights and the use of diversion programs for such people;

- k. the practice of detention and seclusion within mental health facilities and the extent to which it is compatible with human rights instruments, humane treatment and care standards, and proven practice in promoting engagement and minimising treatment refusal and coercion;
- l. the adequacy of education in de-stigmatising mental illness and disorders and in providing support service information to people affected by mental illness and their families and carers;
- m. the proficiency and accountability of agencies, such as housing, employment, law enforcement and general health services, in dealing appropriately with people affected by mental illness;
- n. the current state of mental health research, the adequacy of its funding and the extent to which best practice is disseminated;
- o. the adequacy of data collection, outcome measures and quality control for monitoring and evaluating mental health services at all levels of government and opportunities to link funding with compliance with national standards; and
- p. the potential for new modes of delivery of mental health care, including e-technology.

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