

Select Committees

Administration of Indigenous Affairs

Administration of Indigenous Affairs

1 January 2005 - 8 March 2005

	Matters current as at 1 January	Matters referred during period	Reports tabled that discharge a reference	Current inquiries as at 8 March
Select	1	0	1	0

Number and Hours of Meeting										
	Public	Hrs	Public Estimates	Hrs	Private	Hrs	Insp/Other	Hrs	Total Meetings	Total Hours
Select	7	41:03	0	0:00	6	1:25	0	0:00	13	42:28

Meetings By State									
	ACT	NSW	VIC	TAS	SA	WA	NT	QLD	
Select	8	3	0	0	0	0	0	2	

Witnesses										
	Televised Hearings	Estimates	Other (Bills)	General	Estimates	Other (Bills)	General	No of Submissions	No Of Pages	Government Responses
Select	2	0	0	106	0	0	598	36	353	0

Select Committee on Administration of Indigenous Affairs

1 January 2005 to 8 March 2005

Method of appointment

Pursuant to resolution agreed to by the Senate on 16 June 2004; re-appointed 17 November 2004

Current members

Date of appointment

Senator Claire Moore (Qld, ALP) (elected Chair -29.11.04)	18.11.04
Senator David Johnston (WA, LP) (elected Deputy Chair -29.11.04)	18.11.04
Senator Kim Carr (Vic, ALP)	18.11.04
Senator Trish Crossin (NT, ALP)	18.11.04
Senator Bill Heffernan (NSW, LP)	18.11.04
Senator Kerry Nettle (NSW, AG)	18.11.04
Senator Aden Ridgeway (NSW, AD)	18.11.04
Senator Nigel Scullion (NT, CL)	18.11.04

Former members

Term of appointment

Current inquiry

As at 1 January 2005

- (a) the provisions of the Aboriginal and Torres Strait Islander Commission Amendment Bill 2004;
- (b) the proposed administration of Indigenous programs and services by mainstream departments and agencies; and
- (c) related matters.

Public hearings

1 January 2005 – 8 March 2005

- 31 January 2005, Brisbane; 1 February 2005, Moree; 2 February 2005, Sydney; 3, 4, 8 & 18 February 2005, Canberra;

Reports tabled

1 January 2005 – 8 March 2005

- After ATSIC – Life in the Mainstream? (tabled 8 March 2005)

Government responses tabled

1 January 2005 – 30 June 2005

- Nil

Mental Health

Mental Health

8 March 2005 - 30 June 2005

	Matters current as at 8 March	Matters referred during period	Reports tabled that discharge a reference	Current inquiries as at 30 June
Select	0	1	0	1

Number and Hours of Meeting										
	Public	Hrs	Public Estimates	Hrs	Private	Hrs	Insp/Other	Hrs	Total Meetings	Total Hours
Select	1	6:16	0	0:00	5	2:54	0	0:00	6	9:10

Meetings By State								
	ACT	NSW	VIC	TAS	SA	WA	NT	QLD
Select	6	0	0	0	0	0	0	0

Witnesses							Hansard Pages			
	Televised Hearings	Estimates	Other (Bills)	General	Estimates	Other (Bills)	General	No of Submissions	No Of Pages	Government Responses
Select	1	0	0	13	0	0	97	730	5743	0

Select Committee on Mental Health

8 March 2005 to 30 June 2005

Method of appointment

Pursuant to resolution agreed to by the Senate on 8 March 2005

Current members	<i>Date of appointment</i>
Senator Lyn Allison (Vic, AD) (elected Chair on 8.3.05)	8.3.05
Senator Gary Humphries (ACT, LP) (elected Deputy Chair on 15.3.05)	10.3.05
Senator Michael Forshaw (NSW, ALP)	10.3.05
Senator Claire Moore (Qld, ALP)	10.3.05
Senator Nigel Scullion (NT, CLP)	10.3.05
Senator the Hon Judith Troeth (Vic, LP)	10.3.05
Senator Ruth Webber (WA, ALP)	10.3.05

Former members

Term of appointment

Current inquiry

As at 8 March 2005

(1) That a select committee, to be known as the Select Committee on Mental Health, be appointed to inquiry 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 co-ordination 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-focussed 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 detention, 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 minimizing 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.

Current inquiry

As at 30 June 2005

(1) That a select committee, to be known as the Select Committee on Mental Health, be appointed to inquiry 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 co-ordination 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-focussed 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 detention, 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 minimizing 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.

Public hearings

8 March 2005 – 30 June 2005

- 19 May 2005, Canberra

Reports tabled

8 March 2005 – 30 June 2005

- Nil

Government responses tabled

8 March 2005 – 30 June 2005

- Nil