



Mental Health 1 January 2006 - 28 April 2006

Reports tabled that Current inquiries as discharge a at 28 April reference	0
Reports tabled that discharge a reference	1+(1*)
latters current as Matters referred at 11 February during period	0
Matters current as at 11 February	1
	Select

		Total Hours	19:13
	Total	Meetings	10
		Hrs	0:00
		Insp/Other	0
eeting		Hrs	8:51
Number and Hours of Meeting		Private	8
Num		Hrs	0:00
		Public Estimates	0
		Hrs	10:22
		Public	2
			Select

	OLD	1
	NT	0
By State	$\mathbf{W}\mathbf{A}$	0
	\mathbf{V}	0
Meetings By	TAS	1
1	VIC	0
	MSN	0
	ACT	8
		Select

	Government Responses	0
	No Of Pages	275
	No of Submissions	35
	General	179
Hansard Pages	Other (Bills)	0
Hans	Estimates	0
	General	29
Witnesses	Other (Bills)	0
	Estimates	0
	Televised Hearings	0
-		Select

*Report that did not discharge a reference

Select Committee on Mental Health

1 January 2006 to 28 April 2006

Method of appointment

Pursuant to resolution agreed to by the Senate on 8 March 2005; ceased operation on 28 April 2006

Current members	Date of appointment
Senator Lyn Allison (Vic, AD)	8.3.05
(elected Chair on 8.3.05)	
Senator Gary Humphries (ACT, LP)	10.3.05
(elected Deputy Chair on 15.3.05)	
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

Inquiry

As at 1 January 2006

(1) That a select committee, to be known as the Select Committee on Mental Health, be appointed to inquiry into and report by the second sitting Thursday in March 2006 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; (1) 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 etechnology.

Public hearings

1 January 2006 - 28 April 2006

• 1 February 2006, Hobart; 2 February 2006, Gold Coast

Reports tabled

1 January 2006 – 28 April 2006

- First report A national approach to mental health: From crisis to community (tabled 30 March 2006)
- Final report A national approach to mental health: From crisis to community (presented out of session on 28 April 2006, tabled on 9 May 2006)