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Is the draft 4th National Mental Health Plan a dud?

May 21, 2009 – 6:23 pm, by [Croakey](#)

Sydney psychiatrist Professor Alan Rosen has previously shared his concerns about the 4th National Mental Health Plan with Croakey readers [here](#) and [here](#).

Now he has written a report for Croakey on a forum held in Melbourne last month to provide the Feds with some feedback from the outside world. He writes:

“Can the better bits of the disappointing draft 4th National Mental Health Plan be salvaged, or should we start again?”

A stakeholder forum to consider the Plan was organized by the Commonwealth Department of Health & Ageing in Melbourne on April 29th. Like the 2008 National Mental Health Policy, this draft Plan was exposed only to a flawed, overly selective, exclusive, brief, inconsistent, and partly secretive consultation process.

Most of us do appreciate how difficult and complex a task the development of a national plan must be, with diverse pressures to accommodate the requirements of its multiple sponsoring departmental administrations. But unfortunately, this seems to have become the core priority.

The overwhelming impression conveyed was that this plan was not meant for the mental health community anyway, but for the anticipatory protection of the relevant minister(s). Nevertheless, it will be read widely by the mental health community as a whole, and will dismay many, sending us all a gloomy signal that real reform is unlikely in the foreseeable future.

There were some heartfelt appraisals, by individuals with many years of personal experience and clinical work on the ground, and a strong, continuing commitment to the national reform process.

Grief was expressed over many elements of our last two national plans, which “broke all our hearts”, because they didn’t change the system on the ground for consumers and families. Some echoed these concerns, worried that the 4th Plan may also fail the real test: that nothing is likely to be different in 5 years time because of this plan.

As even stated by a State Director of Mental Health, this plan is not innovative, and will not change anything, as it merely knits a non-specific compromise “plan” together, implying that it allows each state and government department to just continue whatever it is doing, even if it is clearly just “business as usual”.

If we are serious about national consistency and reform, we would produce a truly national mental health reform plan, with specific goals and targets, with integrated funding mechanisms and with explicit monetary signals, like England and New Zealand.

Another state clinical director, and a long-term service clinical director stated that this draft plan offered no challenge to existing services, nor any impetus for reform, and signals clinical leaders that we won’t have to change our current practices at all.

Its main strength is the all-of-government emphasis, although it does not clarify or articulate reciprocal responsibilities of different departments.

Its main weaknesses are:

- the lack of a systematic, open, and inclusive consultation process and development of the recent national policy and 4th national plan.
- the lack of specific measurable and achievable goals and defined targets, oriented to real reform, employing evidence-based and recovery-focussed practices and service delivery systems.
- the lack of explicit financial incentives and sanctions (since the 1st National Plan) to encourage the states and territories to implement the provisions consistently.
- the lack of completion of many provisions of the Australian National Strategy since the 1st Plan, with most states still retaining stand-alone institutions, and many crisis teams and community mental health centres being retracted to “fortress hospital” sites, where they become less mobile and less accessible.
- the lack of systematic mechanisms for integration, coordination and continuity between public, fee-for-service private, and NGO services, and between state and CoAG services.
- the lack of an arm’s-length and transparent monitoring and accountability system, ideally via an independent authority or commission representing all stakeholder interests, to ensure that all policies and plans are reform-focussed, and that practical targets are achieved.
- the loss of credible accreditation standards, since a recent DoHA directed review of the National Mental Health Standards resulted in their dilution, disorganization and deletion of expected provision of evidence based technologies and recovery oriented practices.

Many stakeholders fear that this draft plan, despite any minor adjustments which may be made following this one-off consultation, will not result in any real renewing of the national mental health service reform process, which has largely stalled, further demoralizing the mental health community.

Let's hope we can start again with a more systematic and inclusive consultation process, and prepare a plan which will provide real hope of change, and which will breathe new life into the presently stalled process of reform of the Australian mental health service system.

Dare we also hope that a recent initiative by Nicola Roxon to insist on a more rigorous process and plan, and the changes in key senior positions concerned with mental health at DoHA, indicate that a fresh, more open and rigorous approach will be taken to these serious concerns?"

• *Professor Alan Rosen is a Consultant Psychiatrist; Secretary, Comprehensive Area Service Psychiatrists' Network; Professorial Fellow, School of Public Health, Faculty of Health and Behavioral Sciences, University of Wollongong; and Clinical Associate Professor, Department of Psychological Medicine, Faculty of Medicine, University of Sydney.*

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