Dare to care!

SANE Mental Health Report 2004

Text-only version

SANE
AUSTRALIA

Dare to care!

Dare to care! SANE Mental Health Report 2004

One in five Australians will be affected by mental illness in some form – depression, schizophrenia, bipolar disorder, anxiety or other disorders. The symptoms and disability experienced cause profound distress for those affected and their families. Untreated, or ineffectively treated, it is a major contributor to the high suicide rate in our country.

The SANE Mental Health Report 2004 reveals how well our public mental health services are doing in responding to this issue – at a Federal Australian government level as well as in each State and Territory.

The SANE Charter calls for access to effective treatments, support in the community, help for carers and action to end stigma. Drawing on the experiences of thousands of ordinary people affected by mental illness, the Report describes how our governments are measuring up in these areas.

Politicians are always ready to 'talk the talk' on mental health. The findings and recommendations of this Report challenge them to 'walk the walk', to dare to care about Australians affected by mental illness . . .

Contents

'Political leaders need to dare to care - to acknowledge how stigma has affected policy and funding in the past, and commit adequate resources now to mental health services'

Barbara Hocking, Executive Director, SANE Australia

Executive Summary

■ Report findings

◗ Mental health services are in crisis to varying degrees all around Australia, barely able to cope with people experiencing acute episodes of illness, let alone provide ongoing treatment and support.

◗ Stigma is systemic in decision-making at the highest political levels. Ultimate responsibility for mental health services lies with government leaders at Federal and State levels. It is they who have ensured these services have had such a low priority in policy-making and funding. Federal government has a national responsibility to challenge this institutionalised stigma and lead reform, as it did in the early 1990s.

◗ The National Mental Health Strategy is in retreat on many fronts, with old-style psychiatric institutions still in place, community-based services being drawn back into hospitals, prison psychiatric units being built instead of discrete forensic hospitals, and prisons becoming de facto psychiatric institutions.

◗ There are no coherent national strategies covering key issues such as dual diagnosis, rehabilitation, supported accommodation, education and training for family and other carers.

◗ Anti-discrimination legislation excludes people with a psychiatric or other disability from protection against vilification and harassment (Tasmania excepted).

■ Report recommendations

◗ Leadership by the Australian government of all States and Territories in reform of the National Mental Health Strategy to focus on:
  ▪ closure of all psychiatric institutions, and properly-funded implementation of community-based care for all those in need
  ▪ national strategies for early intervention, dual diagnosis, and treatment of borderline personality disorder
  ▪ Medicare-funded access to psychological treatments provided by clinical psychologists
  ▪ forensic mental health services to replace prison psychiatric units
  ▪ urgent action to recruit and retain mental health professionals
  ▪ genuine involvement of consumers and carers in planning services.

◗ An increase in the proportion of the health budget allocated to mental health services, from 8% to at least 12%.

◗ Establishment of a National Mental Health Commission to monitor and report on effectiveness of mental health services.

◗ Implementation of evidence-based, recovery-focused rehabilitation, supported accommodation and employment services for people affected by mental illness, as well as education, training and support for family and other carers through coherent national strategies and provided by non-government organisations.

◗ Legislative change at Federal and State levels to outlaw vilification and harassment of people with a psychiatric or other disability.

How Australia rates: 1

◼ Good news

While our mental health system is in crisis, a number of positive initiatives by the Australian government deserve acknowledgement

Examples of praiseworthy individual programs include:

- Better Outcomes for Mental Health. Twenty-five per cent of GP surgeries now have a doctor trained to provide mental health care (40% in rural areas).

- Medicare Plus. GPs can now refer people to a psychologist under Medicare – while welcome in principle, this is still only for those with 'complex, chronic needs' and limited to five sessions.

- Suicide Prevention Strategy. The Australian government takes this issue seriously, with establishment of a National Advisory Council and funding of a wide range of programs. It still needs to publicly acknowledge, however, that provision of adequate mental health services is essential to reducing suicide rates.

- Mental Health Matters. An excellent school-based education program on mental health issues being implemented nationally.

- Mindframe Strategy. A sophisticated, wide-ranging strategy promoting responsible reporting of mental health and suicide issues in the media.

Other positive initiatives supported include the COPMI (Children of Parents with a Mental Illness) project and associated programs, beyondblue – the national depression initiative, and the Mental Health First Aid program developed at the ANU Centre for Mental Health Research.

◼ Bad news

Australia's National Mental Health Strategy is in disarray and in urgent need of reform: in leadership, additional funding and delivery of services

- Lack of direction. Health Minister, Tony Abbott, has shown disappointing lack of interest and leadership in this area. There is no longer a Branch dedicated solely to Mental Health in his Department, he has delegated the issue to his Parliamentary Secretary and failed to acknowledge that the crisis in mental health services requires any action from him. From January 2004 up to the Federal Election in October, Hansard shows he spoke over 400 times in Parliament; in all this time he mentioned mental health services just once, in answer to a question.

- Service delivery = Crisis management. Despite carefully non-specific language in policy documents about 'quality of care', ordinary Australians – as this Report shows – daily endure the distress of inadequate services.

- Re-institutionalisation. The National Mental Health Strategy was launched in 1992 to transfer services from an institutional to a community setting. After 12 years, four of the five mainland States still have standalone psychiatric hospitals! These institutions continue to soak up around $420 million a year – 14% of the entire cost of mental health services of around $3 billion per annum. In several States, community-based services are being withdrawn onto hospital grounds to make short-term savings.

Prisons are also becoming de facto psychiatric institutions – in NSW, for example, 46% of inmates at reception have a mental disorder, and the prevalence of psychosis is 30 times greater than the norm.

'Australians with mental health problems already have a reasonable range of services available to them.'
Comment by the Hon. Tony Abbott MP, Minister for Health and Aged Care, Sydney Morning Herald, 15 January 2004

Join the dots . . .

The first SANE Mental Health Report, released in 2002, found Australia's mental health system far from 'reasonable' – close to collapse, and urgently in need of revitalisation and additional resources in order to do its job.

Since that date there have been at least six major inquiries into mental health services in Australia. All of these have uncovered gross underfunding and mismanagement, confirming the first SANE Mental Health Report's conclusions.

The plethora of inquiries in a two-year period provides clear proof that this is not simply a State or Territory-specific issue, but that Australia's mental health system is dysfunctional at a national level.

The 2004 SANE Mental Health Report finds that the National Mental Health Strategy is in crisis, with services in disarray and in need of urgent reform.

Inquiries into mental health services
2002-2004

- Mental Health Council of Australia: Out of Hospital, Out of MindReport
- NT Department of Health and Community Services: Bansemer Review
- SA Ombudsman: Inquiry into Treatment of Mental Health Patients
- Victorian Auditor General: Mental Health Services for People in Crisis
- NSW Legislative Council: Inquiry into Mental Health Services
- WA Legislative Council: Inquiry into Mental Health Services

How Australia rates: 2

Stigma is systemic in Australia

Stigma and discrimination are usually considered the acts of individuals.
The extent and range of problems with Australia's mental health services outlined in this Report, however, reveal that stigma against people affected by mental illness is also systemic. The widespread prevalence of stigma often leads to self-stigma, leading to reluctance to seek treatment. This untreated illness, in turn, contributes to suicidal thinking and behaviour.

The needs of people affected by mental illness are disregarded at the highest political levels where policies are set and funding decisions made, and within health bureaucracies where they are regularly given the lowest priority.
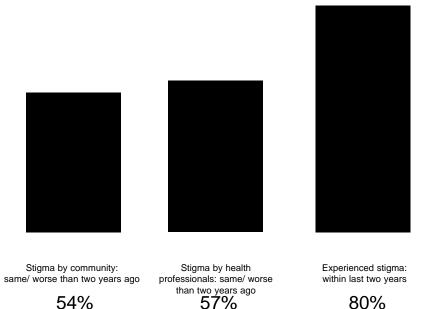
Because mental health services are crisis-driven, their focus is on people when acutely ill. The remainder of the time they are largely ignored – yet this is exactly when rehabilitation and support are most needed to help prevent further episodes and promote recovery – an optimum level of dealing with symptoms and disability.

In most parts of Australia it is unlawful under anti-discrimination Acts to vilify people on the grounds of race, religion, sexuality or gender identity. In NSW it is also unlawful to vilify people with HIV/AIDS. Under current Australian legislation, however (apart from Tasmania), people with a psychiatric or other disability do not enjoy this protection. It is totally unacceptable that vilifying the mentally ill remains a legal activity in mainland Australia.

While there has been some improvement in media coverage of mental illness, this is not sufficient to counter systemic stigma. Some newspapers and TV dramas also continue to portray mental illness in an inaccurate, sensationalised and disrespectful way. This can suit political leaders, as it displaces blame for the consequences of poor service delivery onto the mentally ill themselves.

Australia: The Seven Types of Stigma	
Type of stigma	Effect of stigma
1 Political	Australians affected by mental illness are almost completely ignored by government and opposition. The crisis in mental health services is rendered invisible – rarely mentioned in Parliament and kept firmly off the agenda.
2 Funding allocation	The proportion of Australia's health budget spent on mental health services is under 8%. In comparable OECD countries, the proportion is 12% or more. This shortfall has a drastic effect on the capacity of services. Research funding in the area is also inadequate.
3 Planning and service delivery	Decision-making on mental health services at the highest levels is characterised by low prioritisation, and lack of commitment. Service delivery in some States is being 're-institutionalised' by stealth – with programs being moved back into institutions and hospitals to save money. Effective treatments are rationed because of budget restrictions.
4 Professional	Mental health professionals are overwhelmingly focused on treating people when acutely ill – often ignoring the need for recovery-focused rehabilitation and support for family and other carers. Some also treat consumers and carers in a disrespectful manner.
5 Legislative	The 2004 Review of the Disability Discrimination Act 1992 revealed that vilification of people with a mental illness is not unlawful in any State or Territory except Tasmania.
6 Media	Despite some improvement, news and entertainment media persist in promoting inaccurate and insulting stereotypes of mentally ill people as violent and unpredictable.
7 Community	Eighty per cent of people affected by mental illness reported experiencing stigma in the past two years.
This day-to-day abuse (fuelled by the media and lack of legal protection) is rated as nearly as distressing as their symptoms by many.

Snapshot of Stigma
SANE Stigma Survey 2004

Stigma by community: same/ worse than two years ago	Stigma by health professionals: same/ worse than two years ago	Experienced stigma: within last two years
54%	57%	80%

SANE Stigma Survey 2004
Conducted during June-August 2004, the survey asked consumers and carers to report on their experience of stigma in the past two years. Analysis of over 300 responses suggests that being treated unfairly and disrespectfully – by health professionals as well as the general community – is a regular occurrence for many Australians whose lives are affected by mental illness.

◼ Report recommendations

❱ Leadership by the Australian government of all States and Territories in reform of the National Mental Health Strategy to focus on:
- ◼ closure of all psychiatric institutions, and properly-funded implementation of community-based care for all those in need
- ◼ national strategies for early intervention, dual diagnosis, and treatment of borderline personality disorder
- ◼ Medicare-funded access to psychological treatments provided by clinical psychologists
- ◼ forensic mental health services to replace prison psychiatric units
- ◼ urgent action to recruit and retain mental health professionals
- ◼ genuine involvement of consumers and carers in planning services.

❱ An increase in the proportion of the health budget allocated to mental health services, from 8% to at least 12%.

❱ Establishment of a National Mental Health Commission to monitor and report on effectiveness of mental health services.

❱ Implementation of evidence-based, recovery-focused rehabilitation, supported accommodation and employment services for people affected by mental illness, as well as education, training and support for family and other carers through coherent national strategies and provided by non-government organisations.

❱ Legislative change at Federal and State levels to outlaw vilification and harassment of people with a psychiatric or other disability.

ACT

■ Good news

While the ACT is one of Australia's most compact, affluent jurisdictions, it had until recently the lowest per capita expenditure on mental health services in the country. With introduction of the ACT Mental Health Strategy and Action Plan 2003-2008, consumers, carers and workers in the national capital are cautiously hopeful that funding will follow and things will improve.

Community-based programs have been expanded, with a new outreach worker in the southern as well as the northern region; two dual diagnosis workers working with Aboriginal and Torres Strait Islanders, and introduction of a Forensic Mental Health Team.

Carers ACT (funded by the Australian government) is very active, providing a Mental Health Carer Peer Support Program; KFC (Keeping Families Connected), a dual diagnosis initiative, and FaST (Family Sensitive Training) for mental health professionals, as well as respite and other carer support services.

Canberra Institute of Technology operates a well-established and highly-regarded Skills for Carers course.

■ Bad news

The lack of supported and other forms of affordable accommodation is a persistent problem in the ACT. This shortage not only has a direct impact on people living with a mental illness, it also creates an additional stress on carers who feel pressured to provide accommodation as well as other support.
The ACT government announced a $63.6 million Housing Affordability Strategy in 2004, and it remains to be seen whether this will alleviate the shortage.

Consumers and carers reported staff shortages as a problem at the Canberra Hospital in particular, leading to limits being placed on acute care admissions.

National issue Shortage of mental health professionals
The shortage of psychiatric nurses and other mental health professionals is a major issue. Low recruitment and retention is due in part to perceived low status, inadequate training and extreme workloads.

Average age of a psychiatric nurse (2004)	46 years
% of nursing graduates entering mental health system	4%

The SANE Mental Health Report recommends that this workforce issue be urgently addressed at a national level.

Recommendations

◗ The ACT Mental Health Strategy and Action Plan needs a commitment to ongoing, adequate funding if it is to have any hope of realisation.

◗ Urgent action on supported accommodation to prevent homelessness, facilitate recovery-focused rehabilitation, and provide other community-based support through non-government organisations.

◗ Measures to ensure adequate, suitably-qualified nursing staff are recruited, supported, trained and retained in the ACT Mental Health Service.

Believe me, Canberra has

the same problems as

inner-city Sydney - drugs,

very little affordable

housing and so on...

■ James, ACT

New South Wales

Good news

The best news for mental health services in NSW could be the 2004 reform of the health system from 17 to eight Area Health Services – each now having a Mental Health Director controlling their own budget and reporting directly to the Area CEO. The State spends a massive $10 billion a year on health services: what is required is not only 'more money,' therefore, but equitable allocation to mental health services within the health budget.

The Legislative Council Inquiry into NSW Mental Health Services made 120 recommendations. Some of these have been acted upon, and it is hoped the Centre for Mental Health will be given the authority and resources to undertake the remainder.

The Mental Health Act 1990 is receiving a much needed review, including consideration of information-sharing with carers.

The Forensic Mental Health Service has received improved resourcing.

A Sentinel Events Review Committee (Chaired by Prof. Peter Baume) has been established to review cases of suicide or homicide in relation to mental health services, and to make recommendations to the Minister for Health.

Framework plans for rehabilitation and accommodation support have been developed, and a pilot HASI (Housing and Supported Accommodation Initiative) for 118 people established in partnership with the Housing Department and non-government organisations.

Bad news

Implementation of the National Mental Health Strategy has always been problematic in NSW because of the fragmentation into largely autonomous Area Health Services. While it is hoped the 2004 reform will improve this situation, things currently look bad in the State. Community-based mental health services are in retreat, with widespread funding restrictions, cutting of 24-hour crisis services to office hours only, and pulling back of resources into the hospital system so that so-called 'community services' are in reality 'out-patient departments'.

The crisis in community mental health services is misrepresented by politicians and the media as a 'bed crisis,' leading to creeping re-institutionalisation as the Health Department knee-jerks with more beds as the principal response. Closure of the Living Skills Centres has not been accompanied by any coherent implementation of Statewide, recovery-focused rehabilitation services. There is great disappointment that the promised 135-bed 'forensic hospital' turns out to be part of the new prison hospital at Long Bay – continuing to regard people as 'mentally ill prisoners' rather than forensic patients.

National issue   Re-institutionalisation
The pulling back of 'community services' into hospitals is an increasingly popular short-term cost saving measure which contributes to de facto re-institutionalisation of mental health care in Australia. The SANE Mental Health Report recommends immediate comprehensive implementation of genuine community-based clinical services.

Recommendations

◗ Reform of the Area Health Services provides an opportunity for NSW to take a leap forward in implementing community-based mental health services. The Centre for Mental Health and the new Areas should be given the funding and opportunity to do this – completing the stalled deinstitutionalisation process, establishing community services in the community not hospitals and providing 24-hour crisis teams Statewide.

◗ Loss of key staff is an urgent problem in NSW, brought about by demoralisation and 'ageing out'. Immediate action is required to recruit and retain psychiatrists, nurses and other mental health professionals – including creating a positive, recovery-focused environment in which to work.

◗ The HASI program has been an encouraging initiative. It remains a pilot program however. Statewide strategic implementation of supported accommodation, rehabilitation, carer support and other community support services is long overdue in NSW, and should be a priority alongside improvements in clinical services.

I'd like to meet people, maybe get back to work, but there's just nowhere to go - If you're not in a crisis they forget about you . . .

■ George, NSW

Northern Territory

■ Good news

The Bansemer Review (2003) commissioned by the NT government found that the Territory's mental health services were 'despite the production and subsequent non-implementation of a series of reports and studies over the past decade, under-resourced, fragmented and poorly supported'.

To its credit, the NT government has acted on the Bansemer recommendations with additional funding and a range of practical initiatives. From 2002 to 2004, the mental health budget allocation increased from $13.8 million to $25.8 million. New initiatives funded include:

- Establishment of 'step up/ step down' residential programs, to prevent the need for admission to acute wards and facilitate discharge

- Psychiatric liaison nurses for hospital emergency departments

- Four Aboriginal Mental Health Worker positions around the NT

- Appointment of a Territory Child Psychiatrist, to operate in Tennant Creek and Alice Springs as well as Darwin

- Some increased support for non-government organisations.

■ Bad news

Despite the welcome increase in the mental health budget, almost all of this has gone to fund clinical services. Support for non-government organisations has increased too, but only accounts for around 5% of the budget.

There is still a great need for day-to-day support services in the community, especially affordable, appropriate supported accommodation which is in extremely short supply. As well as putting Territorians affected by mental illness at risk of homelessness, this also places additional pressure on family and other carers and on mental health workers. Stigma is a persistent issue in the NT. Some of the local media have repeatedly reported on anti-social behaviour by Aboriginal and Torres Strait Island people with mental illness in a way which blames those affected, rather than relate this to symptoms and lack of treatment, as they would with any other illness.

National issue Services for indigenous people

Community-based mental health services are especially important to indigenous Australians in urban as well as rural and remote areas for a range of reasons – cultural, geographic, socio-economic and relating to general health status. Mental health services around the country can also learn from indigenous services in terms of treating 'the whole person' not just immediate symptoms.

The SANE Mental Health Report recommends adequately-funded, culturally-appropriate indigenous community mental health services be established in all States and Territories.

■ Recommendations

◗ Scoping, planning and direction of funds to develop a range of supported accommodation options – as a matter of priority.

◗ Continued improvement of Aboriginal mental health services, in line with recent positive developments.

◗ A proactive community mental health education program, involving the local media in promoting improved understanding of mental illness and related issues.

Change happens slowly up here, but there is hope for the future in the Territory...

■ Jane, Northern Territory

Queensland

■ Good news

The Queensland government has had a lot of catching up to do, and spending has increased in recent years. As well as a long-term capital works program to create mental health units in general hospitals, the Beattie government is creating an additional 100 positions for mental health clinicians in 2004. These will contribute to staffing the Mobile Support Teams being introduced in some parts of State.

The Queensland Reducing Suicide Action Plan 2003 is being implemented, with staff working on education, prevention and intervention projects at a number of sites, including two indigenous projects.

Funding for non-government organisations providing community support has increased by 50% since two years ago, from 5.2% to 7% of the mental health budget.

Another positive step has been the appointment of Carer as well as Consumer Consultants in a number of Health Areas, which will hopefully give both a voice in planning and review of services.

■ Bad news

While funding to the State mental health services has increased in recent years, Queenslanders continue to report many problems with access to services – still far too few mental health workers based in the community, difficulty finding in-patient beds when people are acutely ill, and a continuing shortage of supported accommodation.

As in NSW, Queensland is drawing back community-based services into hospitals. Some non-government organisations have also been located within hospitals in addition to non-in-patient clinical services. The Association for Mental Health now has to operate out of an old ward at Wolston Park, for example. This institution, established in 1865, was never closed down. Instead it received a $50 million redevelopment to re-open in 2002 as 'The Park' – different name, same place: a brand-new 192-bed institution with extended care, rehabilitation, dual diagnosis, secure, forensic and adolescent programs all together in the same nineteenth century grounds.

National issue   Supported accommodation

Providing support to people living in their own homes is a keystone of community-based mental health services – but this is dependent on suitable housing being available.

The SANE Mental Health Report recommends adequate levels of affordable, appropriate supported accommodation for people with a psychiatric disability be planned in all States and Territories.

◼ Recommendations

◗ Implementation of community mental health services in Queensland at a faster pace, better-resourced and integrated with non-government support services (using the Victorian Cornerstone Project as a model, for example).

◗ Queensland needs to break the 'hospital mindset' for mental health services and place community services in the community, not run them out of old wards in psychiatric institutions.

◗ Scoping, planning and direction of funds to develop a range of supported accommodation options throughout the State in order to meet need – illness and disability undiagnosed or not receiving optimal treatment and support.

There's more money for hospitals, but we desperately need supported accommodation and other services - in the community where people actually live . . .

◼ Kathy, Queensland

South Australia

■ Good news

Some additional funding has been released for mental health services since 2002, primarily for clinical services and often on an ad hoc basis. This includes a welcome $11.4 million for supported residential facilities and extra support for case management.

A further $800,00 has been spent to increase security at the Glenside Psychiatric Hospital – mainly, it would seem, in response to local media 'beat-ups' about patients leaving the grounds (whom they misleadingly describe as 'inmates' who 'escape' and have to be 'recaptured').

■ Bad news

The Rann government's inaction on community mental health services can only be described as contempt for South Australians affected by mental illness. While other jurisdictions spend around 47% of the mental health budget on hospitals, South Australia spends a massive 60% – in fact, around 45% of the entire mental health budget continues to be swallowed up by Glenside Hospital.

This institutional model extends into the prison system. The Chair of the SA Parole Board has drawn attention to the high number of people with a mental illness in the State'sprisons, saying the government was using them as a 'sump' for people who should be cared for by mental health services. As well as limited funding for community-based clinical services, the proportion of the mental health budget allocated to non-government organisations providing community support has shrunk to a minuscule 1.9%. The key area of supported accommodation receives just 0.4% of the mental health budget (compared to 17.9% in better funded States).

National issue Forensic services
When mental health services are inadequate, people affected by mental illness are often failed by other social services too (such as drug and alcohol services) and end up in prison. This should not be allowed to happen in Australia.

The SANE Mental Health Report recommends humane treatment and rehabilitation-oriented forensic services be established in each State and Territory, with in-patient units located and managed totally separately from the prison system.

■ Recommendations

◗ Decisive action by the State government to reform South Australia's mental health services in consultation with the Mental Health Coalition of SA – committing political will and resources to close Glenside and implement community-based services, with acute wards mainstreamed into general hospitals and a new forensic facility.

◗ Recognition of the essential role played by non-government organisations in day-to-day rehabilitation and support (including support and training for carers), with development of a Statewide plan and an increase in funding from 1.9% to a level sufficient to meet need.

◗ Urgent action to redress the lack of supported accommodation, with development of a Statewide plan and an increase in funding from 0.4% to a level sufficient to meet need.

Everyone knows South

Australia is 'in the sin bin'

as far as providing mental

health services goes . . .

■ Kel, South Australia

Tasmania

◼ Good news

Mental health services have been successfully mainstreamed in Tasmania, but the system remains severely under-resourced.

Additional staffing has been made available for CAT (Crisis and Treatment) Teams which are now available in the north as well as the south of the Island, although not around-the-clock in all locations.

It should have been good news that Tasmania has started work a new forensic hospital, but this is now being built within the Risdon Vale prison grounds. As in NSW, this co-location sends a clear message to the community that the patients are effectively 'prison inmates' with all that that implies about culpability and punishment – regardless of which Department actually administers the Secure Mental Health Unit when it opens in 2005.

Community and school education on suicide prevention has been well-implemented in the State, and has been widely praised.

◼ Bad news

While the mental health budget increased by $1.9 million to $63.8 million in 2004-05, this still represents less than 6% of State health expenditure, and services suffer accordingly. (Tasmanians concerned about services contrasted this increase with grants of $26.5 million to prop up the horseracing industry.)

When a system is under pressure, things start to go wrong . . . a review of the Psychiatric Ward at Launceston Hospital is being undertaken by the Health Complaints Commissioner and the Nursing Board of Tasmania following claims of abuse and neglect.

Community services provided by non-government organisations are poorly funded, leading to a shortage of supported accommodation, rehabilitation, and support for carers.

The State has a particular need for specialised services, for people with a dual diagnosis of mental illness and a drug or alcohol problem, for example. Frequent liaison problems between drug and alcohol services and mental health services were reported in Tasmania.

National issue Support for the non-government sector
Supported accommodation, rehabilitation, respite, employment support, help and training for carers . . . all of these are just as important as clinical care yet receive minimal funding in most States.

The SANE Mental Health Report recommends that the essential role of non-government organisations be recognised, and that they be adequately funded to provide supported accommodation and other services at a level which meets need in the community.

◼ Recommendations

◗ Mental health services in Tasmania operate on very 'thin ice', and consumers and carers pay a heavy price when resources are simply inadequate. A radical increase in funding for mental health services in the State is needed, to enable health professionals to do their job.

◗ Development of a coherent Statewide plan for support in the community supplied by non-government organisations, especially supported accommodation, and funding of these based on need.

◗ Establishment of an effective dual diagnosis service providing treatment and professional consultancy throughout the State, as well as improved liaison or integration with drug and alcohol services.

My brother has a mental illness and a problem with cannabis, yet mental health and drug services just seem to handball him from one to the other . . .

◼ Jan, TAS

Victoria

■ Good news

While being under-resourced, Victoria continues to provide a model for the other States and Territories. If adequate funding were in place, Victoria's mental health services could provide an international example of best practice.

New 'step up/ step down' residential programs are being piloted, to prevent the need for admission to acute wards and facilitate discharge.

A Ministerial Advisory Committee on Mental Health was announced in August 2004, giving consumers, carers, non-government organisations and clinical leaders input to policy decision-making at a State level.

Carer Consultant positions are being established alongside Consumer Consultants to articulate concerns of family and other carers at an Area level.

The State's specialist services – for example in early psychosis intervention (EPPIC), dual diagnosis (SUMMIT), borderline personality disorder (Spectrum) and forensic treatment (Forensicare) – are highly regarded in Australia and overseas.

■ Bad news

Victoria provides dramatic proof that having a good model, good intentions and committed, innovative health professionals is still not enough to provide adequate mental health services . . . if there is insufficient funding to implement services properly.

Support for mental health services has genuinely increased in recent years, but so has demand. In the period 1997-2001, for example, the number of consumers registered with mental health services increased by 20%, and there is no reason to think this trend has decreased. Promotion and prevention strategies and improved liaison with primary care and non-government agencies mean that unmet need translates into demand and increased pressure on services. In other words, people affected by mental illness are being diagnosed and referred to services more effectively. The net effect of increased funding, therefore, may be that things do not improve but remain the same rather than worsen . . . or worsen at a slower rate than otherwise. Some Areas are also far better funded than others for historical reasons and this needs to be addressed.

National issue Funding to meet the need for mental health services Funding of mental health services is inadequate in all jurisdictions. The Australian government needs to take the lead in reforming the National Mental Health Strategy to 'bite the bullet' and tackle this at a national level. The SANE Mental Health Report recommends the Australian, State and Territory governments conduct a comprehensive review of funding mechanisms for mental health services and implement a coherent, national, population-based funding model to meet the urgent need for improved clinical and community support services.

■ Recommendations

❱ How much would it cost to operate one of the best State mental health services in the world? By funding services adequately, Victoria would be in an excellent position to answer this question because the structures and clinical and community expertise are already in place. They only need adequate resources to meet need in the community and do their job properly . . . to have enough acute beds available when required, to have adequate numbers of case managers with realistic caseloads, to have sufficient supported accommodation options, and all the other signs of a system that is truly working, not constantly in crisis mode.

❱ Funding for non-government organisations providing rehabilitation and support for consumers and carers has long been higher in Victoria than any other State. As those working in this sector know all too well, though, funding has always been extremely lean. The 'jam' was spread wide but thinly. This situation approached crisis-point in 2004, and there is an urgent need to adequately fund the sector to cope with the increasing demands made upon it.

It's not enough to have 'show-pony' programs. Victoria needs to invest in core mental health services too - even if this doesn't win awards or grab any headlines . . .

■ Mal, Victoria

Western Australia

■ Good news

The WA Office of Mental Health has established a Branch solely to examine reform and redesign issues, based on WA's Mental Health Strategic Plan 2004-08. Any action, however, will depend on the Gallop government which has been defensive and reluctant to commit itself seriously in this area.

A 2004 discussion paper, Enhancing the Capacity of Mental Health Services, suggests improved support for psychiatric services in hospital Emergency Departments and some other measures – but seems a despairing, hastily-composed document listing more problems than solutions.

The physical health care needs of people affected by mental illness were investigated by the HealthRight Advisory Group, and recommendations made to the Health Department in 2003.

The WA Parliament Upper House, the Legislative Council, instituted an Inquiry into Mental Health Services in 2004, and it is hoped the findings and recommendations of this will shame the government into action.

■ Bad news

The Gallop government drew appalled criticism from all around Australia when it actually cut funding to mental health services in 2003. There is no indication it acknowledges the scale of the severe crisis in mental health services in WA or the need to commit sufficient resources to address it. Yet as the Department of Health admits in its 2004 discussion paper, 'clinical community support for people with mental illness is inadequate to provide effective case management and discharge planning . . . services they require either do not exist or are insufficient'.

There are no plans to close Graylands Hospital, a large standalone institution.

Non-government organisations which provide essential day-to-day community support to consumers and carers are not funded in any coherent manner, and were especially hard hit by the 2003 cuts. Supported accommodation is in extremely short supply – at 80% below the national per capita average.

National issue Support for family and other carers
While there are varying degrees of commitment to peer support groups for carers around the country, there is none for evidence-based family interventions which are proven to reduce the frequency and severity of psychotic episodes as well as reduce stress and distress in family members. The SANE Mental Health Report recommends implementation of evidence-based carer education and training in all States and Territories as part of a reformed National Mental Health Strategy.

■ Recommendations

◗ Decisive action by the State government to reform Western Australia's mental health services in consultation with the Mental Health Coalition of WA – drawing on the recommendations of the Legislative Council Inquiry, and committing political will and resources to close Graylands and implement community-based services.

◗ Recognition of the essential role played by non-government organisations in day-to-day rehabilitation and support (including support and training for family and other carers), with development of a Statewide plan and an increase in funding from 1.9% to a level which matches need.

◗ Urgent action to redress the lack of supported accommodation, with development of a Statewide plan and an increase in funding to meet need for this service.

It's a nightmare . . . people are admitted to hospital far too late and discharged far too early - they wouldn't do this if someone had a heart attack!

■ Leonie, WA

Methodology

The Report is based on analysis of information supplied and issues raised in 9,630 calls to the SANE Helpline during 2003-04; interviews with consumers, carers, mental health professionals and community support workers from every State and Territory conducted between June and August 2004; a national survey on stigma conducted during the same period, and publicly-available data from Commonwealth, State and Territory government departments.

SANE Australia

SANE Australia is a national charity helping people affected by mental illness, through campaigning, education and research. It relies wholly on donations and philanthropic grants to carry out its work.

For information about the work of SANE Australia see www.sane org

SANE Australia
PO Box 226
South Melbourne VIC 3205

e
info@sane.org

t
(03) 9682 5933

f
(03) 9682 5944

Acknowledgments