The Senate Select Committee on Mental Health
Parliament House
Canberra ACT

Thank you for inviting me as President of the Australian Health Promotion Association (AHPA) to provide a submission to the inquiry into the provision of mental health services in Australia. AHPA has a strong interest in mental health and services from several perspectives and greatly appreciates this opportunity to participate in the inquiry.

AHPA represents over 1200 workers in health promotion across Australia. The health promotion field recognises the growing burden of mental illness (Murray, CJL and Lopez AD 1996) and disorders and the urgent need to include mental health promotion and prevention measures alongside treatment of illness in order to reduce this burden, for the sake of quality of life of the population as well as managing the cost of service provision.

As AHPA's focus area is health promotion (including mental health promotion), the comments provided below are made from this perspective. However we view health promotion broadly. For example improved availability and access to treatment services promotes better health, and we view action aimed at the social determinants of health, such as social inclusion and economic participation, as vital to effective health promotion.

While AHPA has responded on Aboriginal and Torres Strait Islander issues under term of reference (f.), it is important to recognise that culturally safe and linguistically appropriate interventions, services, and policies need to be provided in all the areas covered by the inquiries terms of reference. Each response to mental health should consider its appropriateness to Indigenous Australians and given the burden of Indigenous mental health disorder should be given priority.

The issue of gender also needs to be considered in each area, recognising that things aren't the same for both men and women.

Numerous AHPA members with an interest in mental health have provided information and perspectives for this submission, and our Association keenly awaits the findings of the inquiry.

AHPA's response to the terms of reference:

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;***

The Australian Health Promotion Association (AHPA) recognises that in the time of the National Mental Health Strategy there have been significant improvements in reaching a common understanding across jurisdictions in Australia, about the standards required for mental health service provision. Increased funding of mental health has enabled some increased service provision and some new services. The common standard has brought Australia closer to a uniform level of service provision across jurisdictions.

However Australian levels of funding for mental health remain at about half that of some developed nations including New Zealand. In the face of well-recognised evidence of the increasing burden of mental illness, this one factor has dramatically slowed the implementation of the national strategy. It has adversely affected the adequacy of services to meet the need, and slowed the implementation of new knowledge.

AHPA believes that mental health in Australia has a world leading national strategy, and ***recommends that*** national funding is increased immediately to the world-leading standard in order to effectively implement it.

Despite the strong move toward community-based care in mental health, a number of forces continue to exert a counteracting pressure toward institutional care. These include continuing concerns about safety caused by remaining stigmatised ideas about mental health; lack of understanding of the preventive value of maintaining social connectedness and other therapeutic and cost benefits of community based care; and to some extent inertia within the mental health system itself due such influences as earlier training models among the ageing workforce.

AHPA recommends that continuing effort be put into professional and community education to enhance the support and understanding of the social and economic benefits of community based care.

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;

The National Action Plan for Promotion, Prevention and Early Intervention in Mental Health is an internationally leading framework. Together with other documents in the National Strategy, the Action Plan has begun to have impact on planning for mental health in jurisdictions. A significant barrier to progress in implementing this change in jurisdictions is created by the need for 'prevention end' interventions to constantly compete with established clinical services for priority in funding.

AHPA recommends that consideration be given to ways in which the development of mental health promotion, prevention and early intervention services can be given greater priority in allocation of resources in mental health

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;

Inter-sectoral approaches to mental health are increasingly recognised as providing more effective and cost effective. This recognition is more common in the area of mental health promotion, prevention and early intervention, where policymakers and program managers are focused on the determinants of mental health which are recognised as being complex, interacting and often outside the mental health 'sector'. Inter-sectoral approaches to mental health such as collaboration of housing, social and community services, education and health, need to be driven at higher levels of government and to embrace planning and delivery of mental health treatment services.

At the clinical service delivery level, there has been a tendency for treatment to become segmented in recent years. This has partly been an unintentional result of the development of mental health capacity in primary health care, and the devolution of rehabilitation services to community agencies. The result can be that continuity of care is disrupted when people pass (or attempt to pass) from one sector of the system to another, with associated increased risk of relapse and associated harm.

AHPA recommends that through the pending Relapse Prevention National Action Plan and other strategies, the Australian Government provide support for models such as the Collaborative Therapy model developed by the Mental Health Research Institute at the University of Melbourne, which encourage an integrated approach to care among agencies.

d. ***the appropriate role of the private and non-government sectors;***

Despite government attempts to shore up the private health system, Australians continue to indicate a clear preference for the public system. In the case of mental illness, where the impact of illness often reduces individuals income or means that they are surviving on a pension, only a tiny percentage of people can afford to participate in the private health system.

AHPA recommends that the Australian government continues to support and improve a viable public mental health system.

e. ***the extent to which unmet need in supported accommodation, employment, family and social support services, is a barrier to better mental health outcomes;***

AHPA sees two issues of importance to be addressed in the area of support and rehabilitation services for mental health arena.

Firstly there is a need for improvement of the understanding of mental illness among broader human services, and greater acceptance that responding to people with mental illness is part of their role. Understanding in this area is still quite uneven, with some services still not accepting mental illness as part of their definition of disability.

Secondly the trend to segmentation of mental health care among primary care, specialist mental health and community agencies has happened in a context of limited funding, and has led to a serious under-funding of the community agencies that now hold responsibility for much of rehabilitation service provision. At present the specialist mental health sector dominates in the allocation of mental health funding. If rehabilitation services are to be adequate and effective, there needs to be more equitable distribution of funding, and resources overall need to be increased.

AHPA wishes to express its concern about the implied intent of the current review of the Disability Support Pension. Some of the public comment from members of government has carried the implication that the Disability Support Pension (DSP) is not appropriate for people with mental illness. While AHPA is fully in favour of encouraging return to work as an important part of rehabililitation for those people who have experienced mental illness and have the potential for full or part time employment, effective rehabilitation needs to be conducted as a supportive process and not as an arbitrary cost-cutting exercise. The potential benefits to the economy and the financial self-sufficiency of individuals justify providing this support. The review of the DSP needs to be conducted with a full understanding of the disabling impact of mental illness and the conditions required for people to find their way back to economic participation.

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;

The Mindmatters program has been highly effective in equipping members of the school community to deal with mental health issues as they arise in this environment, and promote better mental health through strategies to improve social connectedness, address bullying etc. There is a clear need for a parallel program adapted to the needs of primary schools, and in some instances (for example bullying) addressing the same issues at an earlier stage.

AHPA recommends that a primary school model of Mindmatters be developed and implemented as a priority mental health promotion, prevention strategy. This development could be informed by strategies such as Health Promotion South Australia's Headroom Project; the Curtin University OWL Optimism program of with life skills for primary school aged children; and the guidelines provided by the Australian Infant, Child, Adolescent and Family Mental Health Association 'Promoting Mental Health for Young Australians' (http://www.aicafmha.net.au/)

Numerous reports have expressed the urgent need to address the high rates of mental health problems and disorders for Indigenous Australians (Burdekin, Guilfoyle and Hall 1993, Swan and Raphael 1995, Hunter 1999, Commonwealth Department of Health and Aged Care (CDHAC) 1999, 2000a, 2000b). Mental health disorders and related problems cause immense distress and suffering for affected individuals and families and place enormous demands on health, social, education and justice systems. The effects cannot be

overstated and therefore the potential benefits of preventing mental health problems are substantial.

Promoting Indigenous mental health and preventing mental health problems also plays a key role in the prevention of other health and social problems. There is increasing evidence to support the role of mental health determinants in substance misuse, child abuse, family and domestic violence and criminal behaviour. A number of researchers have reported on pathways to these adverse outcomes and emphasise the commonalities in their determinants and the importance intervening earlier in their development (National Crime Prevention 1999, CDHAC 2000c, Loxley et al 2004, Resnick et al 1997).

AHPA recommends

1. that future mental health promotion interventions should be based on Indigenous peoples views. Meaningful Indigenous participation and ownership is essential to effective interventions.

2. Interventions that aim to address the underlying determinants of Indigenous mental health need to be developed, evaluated and appropriately resourced. These interventions should target factors along the developmental pathways of mental health problems and the range of related psychosocial outcomes. Immediate release, and effective support for implementation of the *National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing 2004-2009* would begin to address these issues.

g. the role and adequacy of training and support for primary carers in the treatment, recovery and support of people with a mental illness;

There is gradually increasing awareness of the important service and economic contribution made by family and other unpaid or poorly paid carers in mental illness. While there are supports available through carers organisations, these are generally inadequate to the need. The ‘cost of caring’ remains high, with rates of physical and mental illness significantly higher among carers than in the general community.

h. the role of primary health care in promotion, prevention, early detection and chronic care management;

Primary health care is another area where the pressing immediacy of demand for clinical treatment is a barrier to those wishing to implement prevention strategies. Many primary care practitioners are now aware of the effectiveness of prevention strategies, and eager to implement them, but are limited in the opportunity to do so.

Partnership arrangements for care of people with established illness are progressing under a variety of initiatives. Information sharing practices are not always ideal, and could be assisted by development of secure shared electronic record systems.

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;

AHPA strongly supports the involvement of consumers and carers at all levels of planning and delivery of mental health services

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;

James Ogloff (2002)* reported that there is a disproportionate number of people with serious mental illnesses in the criminal justice system. Few of these people actually meet the formal criteria of a “forensic patient” (unfit to plead or not criminally responsible due to mental disorder), but rather the majority are detained on remand and eventually sentenced.

Although there has been much debate as to whether the de-institutionalisation of old large psychiatric hospitals has led directly to the mentally ill entering the criminal system, there is little doubt that there is a proportion of people who would have otherwise been hospitalised in psychiatric hospitals now make their way into the criminal justice system. Studies have not been able to provide

accurate data relating to the prevalence rate of mental illness among prisoners due to methodological problems, however what is clear is that the rate of mental illness amongst those people in the criminal justice system is higher than for people in the general population.

There is a need for greater availability of diversionary and outreach programs currently running in some jurisdictions such as Victoria and the ACT, which:

- provide mental health assessments concerning people before the Courts;

- provide information to the judiciary about the current status of MHACT clients and future treatment/management needs;

- provide advice to the judiciary about risk factors, the immediacy of treatment needs, and the appropriateness of disposal options (eg. Bail, Hospital Admission, Remand in Custody);

- liaise with legal professionals in relation to people before the Courts;

- provide a means of access to the Forensic Community Outreach Service. The Forensic Community Outreach Service provides an alternative to remand or imprisonment for people with mental illnesses, who pose a risk of serious offending within the community. This Service also acts as a link to mental health for the judicial system and correctional services, and provides specialist assessments, pre-release assessments, consultation and liaison for clinical managers, and co-clinical management of consumers, in an effort to reduce the risk of serious offending while targeting the mental health needs of these consumers.

It also needs to be remembered that underlying the issue of overrepresentation of people with mental illness in the prison system is the same issue mentioned elsewhere of the need for community education to improve mental health literacy and reduce stigma. In this case lack of understanding by both the broader community and people within the justice system are contributing factors to the problem.

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;

It is notable that the National Standards for Mental Health Services (Standard 2 – Safety) focus primary attention on safety for consumers, carers families and the community. Despite this and the power imbalance between staff and consumers in mental health care, recent safety initiatives by the Australian Council for Safety and Quality in Health Care have focussed exclusively on the safety of staff. Research shows that the high incidence of co-morbid post traumatic stress disorder among people with psychotic illness is mostly attributable to events around treatment, such as seclusion, over-sedation, and restraint, with long term implications for the effectiveness of treatment and recovery. In the United States, seclusion and restraint in psychiatric care have been recognised by all states as a failure of treatment.

AHPA recommends that the Australian government make it a priority to develop and implement alternative methods of behaviour management in psychiatric facilities.

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;

There are excellent educational programs addressing stigma and mental health literacy. These include the Mental Illness Education model operating in various states which very effectively challenges stigma by engaging consumers and carers as presenters talking about their experience of illness and treatment, and providing information on illnesses and services. The Mental Health First Aid program now auspiced by University of Melbourne and Orygen Youth Services is also effective in addressing stigma. However there is a huge demand for this education, which such organisations are currently unable to meet. The demand is also growing as for example employers and workplace managers become increasingly aware of the need to understand and respond appropriately to mental health issues in the workplace.

AHPA recommends that (while addressing stigma and understanding mental illness remain important), mental health community education is encouraged to include a stronger focus on development of wellbeing and resilience skills across the community.

Regarding support service information for people affected by mental illness and their carers, collaborative effort between mental health

services, Carers associations and other community agencies has started to address this need. Despite this, occasions where the information is not made available or is not provided in a timely manner are still commonly reported

AHPA recommends that support be provided to extend the implementation of programs such as

(i) the Collaborative Therapy model developed by the Mental Health Research Institute at the University of Melbourne, which ensures information and skills to support recovery are provided to consumers and carers along with treatment of current illness

(ii) the COPES program developed at Maroondah Health Service in Victoria, which funds experienced carers to perform support work in mental health system, ensuring that carers new to the system get timely information and support as they enter the system.

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;

AHPA considers this to be an area of uneven improvement, where considerable progress remains to be made and where consumers still cannot consistently rely on receiving an acceptable standard of treatment. The Cornelia Rau case highlighted these deficiencies, and subsequently emerging evidence in this case has only confirmed the failure of systems to properly deal with mental health issues, including the mental health system itself. AHPA considers this issue is primarily one of education, and the need to meaningfully consult mental health with consumers and carers in the planning of all services. The breadth of action required to adequately address mental health education needs across sectors highlights the pressure of demand on community mental health education services mentioned under term of reference (l.).

n. the current state of mental health research, the adequacy of its funding and the extent to which best practice is disseminated;

Mental health remains an under-funded area of research, despite progress made towards overcoming the historic lack of focus on this

area. The causes of mental illness are recognised to be complex and multi-factorial, and intrinsically linked with broader health. Consequently careful analysis is required to identify effective interventions and supports. The growing burden of mental illness demands new knowledge to support effective and affordable strategies for better mental health

AHPA recommends that the Australian government increase support for mental health research, including research aimed at improving the effectiveness of clinical practice such as the CPIN Project (Clinical Practice Improvement Project for Early Psychosis) from University of Queensland.

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

AHPA considers that data collection and outcome measurement systems are in an early stage of development in mental health. While they are an important development development for quality purposes, it is important to provide adequate funding and support for management of outcome measures to be integrated well with electronic client record systems, so that they do not become a burden that keeps scarce clinical staff away from providing service.

p. ***the potential for new modes of delivery of mental health care, including e-technology****.*

There are now a wide range of excellent online resources for mental health, for example the Blue Pages and Mood Gym sites developed by the Centre for Mental Health Research at the Australian National University, and professional resources such as the Auseinet and VicHealth sites. Youth oriented sites enable young people who are known to be reluctant to identify themselves by seeking help, to access information and support anonymously. The advantage of anonymity in accessing online help is likely to prove lifesaving in many instances. The full potential of e-technology is still to be realised, and its development deserves continued support. However the limitations also need to recognised and addressed where possible. There remains a considerable problem of access for people on limited incomes. The personal interaction of counselling and other ‘talking therapies’ is important in itself as well as being

required to resolve complex personal issues. Electronic resources are not the complete answer when the need for social connectedness underlies challenges to mental health.

Thank you for the opportunity to provide this submission. If you require any further information or clarification of the view of the Australian Health Promotion Association, please do not hesitate to contact me. Please note, however, that I am out of the country from May 6 to 13 inclusive.

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