

“Billions more for the mentally ill but the buck stops elsewhere”. Adrian Keller, consultant psychiatrist, Justice Health. S.M.H. Wednesday, July 13, 2011.

Summary

Those persons who suffer from severe and persistent mental illnesses are at the “pointy end” of mental health service delivery. They include people with schizophrenia and some of the personality disorders. Drug and alcohol problems are frequently added to the mix.

Caring for them is largely the province of the much maligned “public sector mental health services”. But these services are completely dysfunctional.

The budget injected \$1.5 billion over the next five years into new initiatives to help the mentally ill. More than \$300 million of the new money will be invested in “Medicare Locals” which purport to link GPs, nurses and allied health professionals to deliver “multi-modal” health care to where people live and work.

Will these measures work for people battling serious and persistent mental illness? Not on your life. Here are three reasons why not.

1. One stop health shops don’t allow for single point accountability for providing mental health care to a defined catchment area. If things get too complex, as often happens with this group, the buck is passed. This is the “too hard basket” So these people are referred on to the public sector mental health service.
2. Mental health legislation gives no authority to Medicare Locals. This authority properly belongs to the public sector mental health services. And the legislation most typically applies to people with serious and persistent mental illnesses. Any suggestion that people with serious and persistent mental illnesses can be managed without recourse to using mental health legislation would be foolish and naïve.
3. Medicare Locals cannot deliver the broad spectrum of integrated mental health care. That is the responsibility of public sector mental health services. And these services are dysfunctional. Many of these services have received no significant new investment for decades. Enhanced resources will be necessary but not sufficient. This is because public sector health services are run by and have their budgets allocated by State Governments. The various service providers that will benefit from the budget are funded exclusively by the Commonwealth.

So what will actually happen? Asking Medicare Locals to deliver the specialised, integrated, complex clinical services to patients with serious and persistent mental illnesses is a bit like plucking a footballer from the local park competition to play half back for NSW in State of Origin. He will do his absolute best, and he might even win over a sympathetic crowd, but he is ultimately bound to fail. And it could get ugly.