Submission to Inquiry into Commonwealth Funding & Administration of Mental Health Services.

From Professor Alan Rosen
Brain & Mind Research Institute University of Sydney
School of Pubic Health, University of Wollongong
Steering Committee, TAMHHS, Transforming Australia's Mental Health Services System.
PO Box 110 Balmain NSW 2041
m.0419 124 095
Also from Ms Vivienne Miller & Asoc Prof Roger Gurr from TAMHSS
5 Aug 2011

We wish to address 3 of the terms of reference in particular

1. **The Mental Health Commission (reference h)**
   AR is a member of the Taskforce to form a Mental Health Commission in NSW. AR has extensively studied other MH Commissions nationally and internationally(see attached international review article. AR VM & RG were the major conributors to the AHHA/THEMHS Conference of ANZ/PwC report on national roundtable on funding methodologies for MHS (2008) referring to the role of MH Commissions in optimal resourcing arrangements.
   The announced Commonwealth MH Commission is a welcomed initiative for reasons outlined below in my article for Croakey on May II 2011. However,there is too little information available about the Federal MH Commission. It is too vestigial in its proposed functions, its real enhancement funding is too small, and the 9 positions on its board apart from its chair, looks curiously like allowing one place for the nominee of each state and territory health bureaucracy.
   This Commission needs much better resourcing to take on roles which are best conducted nationally eg National Knowledge Exchange Centre for mental health service interventions and service delivery systems.
   The National MHC responsibilities should include generating & monitoring of the national comparative scorecard and of the national 10 year road map for mental health (rather than delegating the task of its construction to DoHA, who have presided over the review and redevelopment of the National Mental Health Policy, Plan & Standards, resulting in their serial dilution and downgrading), and elimination of their specificity of goals, objectives, and targets).

2. **Need to reset the balance of services between community and hospitals (see attached: The Future of Community Health in Australia, Rosen et al 2010). (reference d)**
   Community Mental Health services are chronically underfunded as their resources have been shifted by many general hospital systems to higher profile medical & surgical procedures, and their community facilities have been dismantled and sold off to rebuild hospitals, turning community mental health services, in particular , as they are returned once more to hospital sites, into sedentary traditional outpatients again. **Back to the 1960's?**

The current National Health reform arrangements recently signed off by all states leave all community mental health potentially much more vulnerable to losing even more of their funding as they favour hospital based services centred on Emergency departments and Inpatient services.
Community Mental Health Services should be co-located with Medicare locals, but retain a separate mental health budget .

3. **Resources for Coordinating Community Mental Health Care- As they are becoming so squeezed because of current Federal & State funding arrangements, what services will be left to coordinate? (reference d)**

Tendering out the proposed "flexible care" packages and coordination teams for extended mental health care to Medicare Locals, NGO's or private interests provides a fascinating exercise in contestability, and may end up being a good idea, but they are largely untested in effectiveness, and will need extensive trialling over a longish period before we should consider wider implementation. However they have already been given a very substantial allocation in the budget ($343.8 million) for a national roll-out, with no stated prior requirement for evaluation and rigorous research. Compare this to the considerable research evidence-base for modules of public community mental health services which will remain as abandoned orphans, sinking still in the wake of this budget. So what will be left of sound mental health services to coordinate? (see croakey article below on federal budget May 11 2011)

4. **Indigenous Mental Health Services (reference g).**

Australian Aboriginal peoples deserve a detailed apology from all mental health professions and mental health services nationally, so we can acknowledge and clear the air due to past abuses, including excessive incarceration rates and psychiatric intervention regimes. Hopefully then we may be able to encourage Aboriginal people to present early with psychosocial distress, so services can intervene early and prevent suicide and longterm disability. The transgenerational memories of such abuses still cause Aboriginal communities to shy away from our services when they may most need them. (see attached).

Indigenous communities concur that mental health services for their communities should be "two ways": combining the most evidence based and recovery oriented contemporary practices plus traditional healing factors (see study of psychosocial impact of drought on Aboriginal communities and solutions generated by these communities, attached).

More 'two ways" **degree courses for Aboriginal Mental Health Workers** need to be developed Australia wide, from the ground-up, in consultation with regional Aboriginal peoples, with mentorship programmes, guaranteed jobs and uniform registration.