

## EXECUTIVE SUMMARY

Mental health services in Australia received significant focus and a major injection of funds in July 2006 when the Council of Australian Governments agreed to the *National Action Plan on Mental Health 2006–2011*. The plan helped put mental health high on the agenda at both state and federal levels and responded to a number of the issues that had been raised by the Senate Select Committee on Mental Health in its comprehensive inquiry. The COAG National Action Plan recognised that mental health was not just a health portfolio responsibility, but required coordination across areas of government and a broad, community-based response. The plan put desperately needed money into the mental health community sector. It also increased access to some clinical services. COAG recognised that connecting all these services is fundamental to improving Australia's mental health care.

COAG's commitment was widely welcomed but overdue. The numbers of people with mental illness who are homeless, in prisons, living in poverty and unable to get treatment until the most acute stages of illness are testimony to the long under-resourcing of community-based mental health care and support.

Nearly two years into the National Action Plan on Mental Health, positive responses to some of the initiatives are clearly evident. Access to previously underutilised members of the mental health workforce, such as psychologists and other allied health providers has improved. Many non-government organisations have new funding to help provide a range of community-based supports. Programs have been established which try to reach people that have not been receiving services in the existing patchy and fragmented system.

However, there are a number of important aims that have not been achieved. The National Action Plan on Mental Health failed to set out a vision for Australian mental health services into the future with a plan for how to get there. Mental health care varies markedly across the states and territories and without a clearly articulated national framework and implementation plan will remain so.

Consumers have not been given a priority voice in formulating policy and implementing programs. Support for consumer advocacy, training, peer support and consumer-run services is yet to translate into the resources and capacity building needed to assist consumers in these roles.

People in some areas still receive more service than others. Fewer mental health professionals are available outside the major cities and even within cities services are not evenly distributed. Access to some mental health care, such as services funded through Medicare under fee-for-service arrangements, is heavily dependent on the distribution of service providers.

Some groups of people, including those with the most complex needs, are not getting the kinds of services they need. There are concerns that new mental health programs

are not helping those people experiencing the most severe illnesses, due to cost or other barriers. Many services remain oversubscribed and even people in immediate crisis may be turned away.

People with mental illness still report poor treatment and abuse. Stigmatisation and discrimination still occur. These messages are not new. Governments, and Australian communities, need to look seriously at improving the human rights experiences of people with mental illness.

Much of the new funding for mental health initiatives has been to generic services and more needs to be done to provide mental health care that meets the needs of specific groups, such as Indigenous Australians, people from culturally and linguistically diverse backgrounds, youth, aged, people in prison and people living in rural and remote communities.

The range of services needed to support people with mental illness to live in the community span state and Commonwealth areas of responsibility. In particular, affordable housing and supported accommodation are keystones to furthering other efforts towards improving mental health outcomes. Employment is an important part of recovery for many people with mental illness, but services and supports to achieve this goal are still inadequate. While governments have recognised the need for better coordination, consumers, carers and service providers are disenchanted by failures in coordination between the levels of government.

Workforce shortages around Australia are affecting mental health services. Governments have invested money, and initiatives are in place to try to supply more workers to the sector, but competition remains stiff, workloads are heavy and in many areas remuneration non-competitive.

Minimal attention has been paid to evaluation and outcome measurement of new mental health initiatives. Given a history of under-funding, many in the sector are keenly aware of the importance of using the available money to greatest effect. People want to know how well the new initiatives are working and whether other service structures would provide better mental health to the community.

Efforts towards improving mental health services in Australia remain a work in progress. The committee commends the Australian, state and territory governments for recognising mental health as a priority and for the significant investment made through the COAG *National Action Plan on Mental Health 2006–2011*. This is an important step in the process of mental health service reform in Australia, but there is more to do.

The committee has made a number of recommendations aimed at setting a clearer future for mental health in Australia, providing greater accountability, improving the programs and services that already exist and addressing some of the remaining gaps and shortfalls. The committee considers that further investment, leadership and cooperation are required to achieve an adequate community-based, recovery-focussed mental health care system in Australia.