SUPPLEMENTARY SUBMISSION; Additions to original submission are in bold and italics

Senate Community Affairs Committee

Submission:
Inquiry into mental health services 2008

Introduction	This submission outlines key policy issues which urgently require attention with reference to the Action Plan of Mental Health agreed by COAG in July 2006. The 2006 COAG Action Plan on Mental Health committed over $5 billion extra dollars from the Australian and State/ Territory governments in the 2006-2011 period. It also included a range of new initiatives, addressing Medicare access to psychological therapy, workforce shortages, suicide prevention and many other areas. The COAG action in this area was long overdue and is very welcome. At the same time, it failed to address several core problems which beset provision of effective mental health services in Australia. • *There is still no coherent national mental health policy and plan,* providing for delivery of integrated, consistent, best-practice services and supports across the country. Lack of national leadership, continued under-funding by all governments, and competing jurisdictional, departmental and professional interests have all contributed to persistently poor services and supports for people affected by mental illness and their families. • *Service delivery is often ad hoc, uncoordinated and opportunistic,* by both Federal and State governments. As well as Federally-funded programs delivered by the States, there are areas of overlap between Federal and State provided programs, while in other areas of support – as well as in certain geographical areas – there are glaring gaps. Inadequate services are also a significant contributor to Australia's high suicide rate.
Clinical services	*Everyday public mental health services urgently require adequate funding.* While additional funding is frequently directed at the 'new initiatives' beloved of politicians, everyday mainstream mental health services continue to struggle in the shadows with grossly overstretched caseloads and insufficient in-patient facilities. *Specialist services for those most in need are often are the most under-resourced*. Specialist services such as forensic care, dual diagnosis care (for those with a mental illness and drug problems), and services for people with borderline personality disorders are unplanned, under-funded and provided in an ad hoc manner even where they are available. A coherent, adequately-funded national plan is urgently required to tackle these areas of increasing concern. *Physical health needs are not routinely monitored and addressed.* Research indicates that people living with a psychiatric disability have very poor physical health, with substantially higher morbidity and mortality levels than the general population.

	A national initiative is needed to integrate routine physical health monitoring and treatment for people with a mental illness, with a special focus on those with conditions such as schizophrenia and bipolar disorder. ***An essential component of the initiative would be an appropriate MBS item for GPs to conduct this monitoring on a routine basis.*** ***People with a mental illness also have extremely high rates of smoking. Research commissioned by SANE Australia from Access Economics (Smoking: Costs, 2008) has found that almost 40% of all smokers are now people affected by some form of mental illness. The highest rates are found among those with disabling chronic conditions such as schizophrenia, leading to very high levels of physical ill health. Members of this group are typically on a very low income and unable to afford quit aids such as patches. It is strongly recommended that people on a Disability Pension have access to such aids at a subsidized rate.*** *Independent oversight.* A body such as the Mental Health Council of Australia should be resourced to monitor and report publicly, as well as to the Parliament, on how well the range of mental health services are being provided.
Support services	*Non-clinical support services are uncoordinated and under-funded.* While hospital-based services devour large amounts of the mental health budget, most people with a mental illness spend very little time in hospital and see a mental health professional, such as a psychiatrist or case manager, infrequently and for relatively brief consultations. It is the rehabilitation-focused accommodation and day programs which provide the bulk of day-to-day care, in addition to family and friends. Yet funding, planning and provision of such services varies extraordinarily between States and even between regions within States; there is much collection of data but little evidence-based evaluation of clinical and quality-of-life outcomes; little rigorous benchmarking of what exactly such services are meant to achieve (i.e., little expectation beyond 'babysitting'), and overall a lack of any coherent national plan and population-based resource allocation in this important area of service provision. *Welfare-to-Work* The recent Welfare-to-Work changes means that people with a psychiatric disability can now be placed on Newstart with all its obligations instead of on the Disability Pension. There are numerous, shocking problems associated with Welfare-to-Work, including the perverse incentive for employment agencies to ensure people do NOT obtain long-term jobs, in order to maximise required agency 'outcomes'.
Family support	*Education and training* After medication, Education and Training for families is one of the few interventions proven by rigorous evidence to improve outcomes for people with illnesses such as schizophrenia. Despite this, provision of such evidence-based programs in Australia is almost non-existent. There are certainly general services such as respite and mutual support groups funded (albeit insufficiently) but not the systemic Education and Training programs which would make such a difference to those affected by mental illness and their families and other carers. *Children of people affected by mental illness need support.*

	While a national COPMI program was funded to coordinate support programs for young people with a parent who has a mental illness, such programs are thin on the ground and in vast areas of the country there are no program to coordinate! (Even the pioneering PATS program in Melbourne does not have secure funding.) Having a parent with a mental illness doubles the risk of developing a mental health problem oneself. Australia needs an adequately-funded national initiative to provide such programs equitably across the country to help these young people and reduce the chances they will develop a mental illness themselves.
Stigma reduction	*Mindframe strategy* The Australian government's Mindframe strategy tackles stigma at its source – in the media and the training of journalists – and this initiative deserves continued support. *Amendment of discrimination legislation* While anti-discrimination legislation protects people with a psychiatric or other disability from unfair treatment in employment, transport and other areas, it is silent on one of the most harmful and painful forms of discrimination: vilification (public incitement of mockery and contempt). While other groups in society are protected in this way from vilification on the grounds of sexual preference and others reasons, people with a disability have to suffer mockery with no recourse. This particularly affects those with a mental illness, of course, as we are well aware daily from reports to our StigmaWatch program. Australia has recently signed the UN Charter of Rights for People with a Disability. Before ratification, amendment of this (and the DDA) should include provision for making vilification of the disabled unlawful as a discriminatory action, as it is for other groups.
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