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Senate Community Affairs Committee: Inquiry into Mental health Services in Australia

The Secretary
Senate Community Affairs Committee
PO Box 6100
Parliament House
Canberra ACT 2600

26th March 2008

Dear Sir/Madam,



I am writing to you with regard to the Senate Community Affairs Committee: Inquiry into Mental health Services in Australia.

I state at the outset that I am mindful of the focus by the Committee on the National Mental Health Strategy, however, because of the specific nature of the provision of services in the Northern Territory, largely because of its small population base, it is difficult to refer to Mental Health Services in this jurisdiction without referring to the services provided by Hospitals as well as services provided by other areas.

The National Mental Health Strategy does not appear to have made a profound impact on Government in the Northern Territory. Before continuing to visit this issue it is important to place the Territory's revenue position in perspective because the growth in revenue demonstrates that there should be a capacity for the Territory to respond to Mental Health issues.

Revenue

The Territory's revenue has increased substantially in the past six years. GST and SPP revenues have seen Commonwealth income rise by 80% during that period. Own source revenue has also risen substantially rising by 70% during the same period. Similarly, the declaration of several roads in the Territory as roads of National Significance and population calculations has seen the Territory's relativity move from 4.36824 to 4.51835 in the current cycle.

The outcome for the year 2000-01 for in the area of revenue was a total of \$1.94 billion.¹ In 2001 the nation's taxation regime began to use a broad based consumption tax and the new taxation arrangements, along with increased grants, has seen the

¹ Budget Paper III 2001 mini-budget page 85



Territory's total revenue grow to \$3.49 billion.² Projections to the year 2010-11 anticipate the Territory's income to reach \$3.78 billion.

The Territory has repeatedly and substantially underestimated its revenue outcomes. In Budget Paper II for the year 2004-05 the projected income for the year 2007-08 was \$2.77 billion.³ Clearly, that is much less than actual result achieved in the mid-year report for 2007-08 of \$3.49 billion.

This is then reflected in Health expenditure in the following terms.

	2002-03	2007-08
Health ⁴	\$525 m	\$838 m

In spite of the substantial increases in health expenditure, outcomes have been less impressive. The 2006-07 Health Annual report noted that the number of separations in the area of in-patient separations was 6.69% over the 2002 to 2007 period.⁵ This exceeds population growth over the same period substantially and indicated that greater demand may be a product of a less healthy community.

The abuse of alcohol over the period is reflected in increased sales of liquor equivalent of 8.9 million litres of liquor between the comparative years of 2001 and 2007.⁶ Attendances at emergency departments have increased from just fewer than 95,000 in 2000-01 to over 110,000 in 2006-07 and appear to reflect the poorer health outcomes in the Territory, particularly in the area of mental health associated with alcohol abuse.⁷ This evidence reflects a wash over effect from the area of policing and community safety. The Territory has a unique law which allows a person to be taken into custody, without charge, because they are intoxicated.⁸

A person arrested in such circumstances is released within six hours when they sober up. Since 1999 the numbers of people apprehended have been:⁹

Year	Number of drunks
1999-00	11395
2000-01	13779
2001-02	15739
2002-03	16450
2003-04	19475
2004-05	21862
2005-06	24927
2006-07	26448

² 2007-08 mid-year report page 28

³ page 108

⁴ Sources Treasurers Annual Financial Report 2002-03 and 2007-08 Budget Paper III. These figures include SPPs and Territory Appropriations.

⁵ DCHS Annual Report 2006-07 page 52

⁶ NT Govt Liquor statistics:

http://www.nt.gov.au/justice/licenreg/statistics/substance_stats/liquor_sales_stats/LiquorGraphs_2007_Dec.htm

⁷ DCHS Annual Report 2006-07 page 60.

⁸ Section 128 of the Police Administration Act

⁹ NTPF Annual Report addendum 2006-07 and NTPF Annual Report 2004-05 page 147

Clearly such pronounced levels of public drunkenness would be reflected in crimes against the person and that is indeed happening. Statistics for comparative December quarters reveal that since the December Quarter 01 to the December Quarter 07 there has been a steady increase in crimes against the person in the Territory, from 4,150 to 6,130 respectively for each of the years, an increase of 48%.¹⁰

The Government has maintained that the extra level of reporting is a result of extra activity in policing. Policing may account for apprehension numbers but no logic can make a link between policing and alcohol sales so that they account for increased alcohol sales. Put simply more alcohol sales means more drunks and more community disruption, reflected in crime statistics, hospitalisations and poorer mental health outcomes.

The levels of public drunkenness in the Territory cannot be seen to be anything other than having a negative effect on the mental health of Territorians. That assumption is given weight by the increased levels of suicide in the Territory (see below).

On the 11th October 2007 the Territory Health Minister Dr Chris Burns delivered a Ministerial statement on the Royal Darwin Hospital to the Northern Territory Legislative Assembly. During the statement he pointed out the increases in expenditure had led to high levels of expenditure in acute care services per head of population.

These comments were timely as the day before the issue of Mental Health was raised on ABC Radio in the Territory. The thrust of the story was based on part of the National Mental Health Strategy namely, the Beyond Blue initiative. Jeff Kennett had suggested that all pregnant women in this country should be tested for the presence of antenatal depression as part of the normal screening process that comes with pregnancy. The radio story then interviewed a Darwin woman Jo Sangster. Jo Sangster is a woman well qualified to comment on these issues because of her extensive history in the delivery of Social/Welfare services both in Australia and overseas and as the President of the Childbirth Education Association.

Surprisingly Ms Sangster was critical of the idea proposed by Mr Kennett. In her interview it became clear that her criticism was not of the policy or the idea itself but, rather, she was critical because even if depression was diagnosed, there were few or no services available. These observations were confirmed by *The Report on Government Services* in this area in a 2007 edition. The Territory rates very poorly in delivering mental health services on a Territory level, especially in the provision of mental health beds.

I draw the committee's attention to Volume 2, page 11.42, figure 11.20 in the *Report of Government Services 2007*. The graph shows that the Territory provides about 20 hospital beds for mental health patients per 100 000 of population, where the Australian average is twice that amount.

¹⁰ These are the very latest long term published figures by the NT Dept of Justice located at: <http://www.nt.gov.au/justice/policycoord/researchstats/index.shtml>

Jo Sangster's comments were also vindicated by a footnote a few pages later in the *Report on Government Services 2007*, figure 11.23, which states:

The NT did not provide mental health care in 24 hour staffed community residential facilities.

The affect of this is; if a person has a mental health disorder that is chronic they can only hope for occasional help from a psychologist as an outpatient at best because there are only a few independent providers of Mental Health Services in the Territory. If that occasional help fails to assist the problem, then the only other option for a person with a mental health disorder in the Territory is to deteriorate to such a degree that they then have to fight with other mental health patients for one of the handful of beds, available in community health units.

What is completely absent in the Territory are any publicly funded psychiatric beds.¹¹ The effect of this is that when a person is mentally ill they have to become profoundly mentally ill before treatment is available to them and the best they can hope for is an acute care or a community health unit bed.

The aim of the National Mental Health Strategy is targeted at a primary health response and this is not reflected in the Territory's approach to mental health. The Territory's approach is responsive and even that approach is hands off which is reflected in our outcomes.

The chart dealing with suicide rates on page 11.67 of the *Report on Government Services 2007* reveals a startling contrast. There is a link between depression and suicide. The Territory's suicide rate is more than double the national average. It is saddening to note that as many people die from suicide in the Northern Territory than die from motor vehicle accidents. Yet, the attention and focus that the Government in the Northern Territory has given to one cause of death compared to the other is noticeable. Suicide in the remote communities is more pronounced. Suicide in the bush stands at more than three times the national average.¹²

When these matters issues were raised by me on the 11th of October 2007 I received a response from the Territory Health Minister that was disappointing to say the least. In response Dr Burns said:

"The Member for Greatorex talked at length about Mental Health Services. He raised some very good issues in relation to mental health, such as suicide and provision of mental health services. Just to let him know, Mental Health Services is run through Family and Community Services. These are issues for the Member for Arafura, and I am sure she will be glad to address issues as the Member for Greatorex raises them with her. As I said, he raised some good issues, but not really part of the statement about hospitals - not a direct part anyway, because it is a separate area of Family and Community Services."

¹¹ Report on Government Services 2007 page 11.43

¹² Figure 11.31 on page 11.68 in that government report.

The complete failure to address the issues raised, simply because it was not his area of responsibility reflects an attitude that has brought the condition of the Territory Mental Health Services to the parlous state in which it is in. The Minister for Family and Community Services didn't contribute to the debate.

The delivery of Mental Health Services into the Territory is devoid of leadership and attention. Further the National Strategy is clearly failing to make inroads in to the remote communities in the Territory. Recent years has seen a sharp increase in the numbers of suicides in remote Territory communities. The number was once lower amongst aboriginal people than in the rest of the population however recent figures have seen a very pronounced increase in suicides among the Territory's Aboriginal population.¹³⁾

Both the Territory Government as well as the National Mental Health Strategy appear not to have made any inroads in this area. Part of the issue is a lack of meaningful work and occupation in these remote places, a product partly of the locking up of these places behind legislative barriers that are by their nature anti-investment. A great irony of the Land Rights movement is that the very mechanism that has been created to protect Aboriginal interests may be contributing to poorer outcomes in these communities. From a National Mental Health Strategy perspective the penetration of the messages that are needed into remote localities has been poor.

Conclusion

As it is the stated intention of the Committee in sub-reference (2)(d) to identify any gaps or shortfalls in funding and in the range of services available for people with mental illnesses, the Territory can well do with much closer examination as it is arguably the jurisdiction with the worst mental health outcomes in the nation and the poorest response to those outcomes in Australia as well.

Yours sincerely



MATT CONLAN
Shadow Minister for Health

26 March 2008

¹³ Mary-Anne Measey, Shu Qin Li, Robert Parker *Suicide in the Northern Territory 1981–2002* Health Gains Planning Department of Health and Community Services NT 2005