

Submission to the Senate Community Affairs Committee
Inquiry into mental health services in Australia

It would be appreciated if this could be accepted as a brief and late submission to the inquiry.

It is noted that the terms of reference include: progress towards implementing the recommendations of the Select Committee on Mental Health, as outlined in its report *A national approach to mental health – from crisis to community*; and identifying any possible remaining gaps or shortfalls in funding and in the range of services available for people with a mental illness.

The holding of this inquiry is timely. The following comment relates to New South Wales in general and the Illawarra Region in particular.

1. As noted in a Sydney Morning Herald editorial for 30 May 2005 'The long wait for mental health', "*More mentally ill patients are turning up to emergency departments more than ever before, **they are sicker, and more of them have to be admitted to hospital*** (emphasis added)." All too often, there is the added problem of hospitals having an overstretched emergency (casualty) service. This is particularly severe in Wollongong, where the Mobile Treatment Team operating during the 1990s to assist people in mental health stress has gone. Can these Mobile Treatment Teams be reinstated?

2. The present state of adolescent mental health facilities in the Illawarra Region is of concern. A New South Wales Government State Infrastructure Statement released in late May 2006 noted that there would be provision for a South Eastern Sydney/Illawarra Child and Adolescent Unit at Shellharbour. However, there is a need for 'beds in the Illawarra' for adolescents in a specialist unit as opposed to being placed in wards with older people.

There are facilities at Mirrabrook (Mental Health Unit at Shellharbour) for adolescents, however, these are basically facilities for adults. The admission of an adolescent to Mirrabrook can be a confronting experience for a young person who is not well. Hence the need for some beds for children and adolescents in the Wollongong/Shellharbour region requiring hospitalization on mental health grounds.

3. There is a need for additional resources to the Wollongong based Child and Adolescent Mental Health Service so that they can appoint more staff.

4. The 2006 major and commendable report of the Senate Select Committee on Mental Health notes, inter alia, in its recommendations that *"There is not enough emphasis on prevention and early intervention. There are too many people ending up in acute care, and not enough is being done to manage their illness in the community. ..."*

When people, either young or old, get so bad that they end up in acute care, it causes more suffering, and also significantly increased cost to the health system.

In some cases, failure to provide early intervention to a suffering patient can lead to not only more suffering and anguish but at times tragic consequences.

5. An offer of the Federal Minister for Health to take over mental health from the NSW Government was made in 2005. Three years later and there is still a question as to this.

Whether the Federal funding promised in 2006 had conditions to be met by the States is one question. If so, were the conditions reasonably able to be complied with?

6. The NSW Health Departments 2001 publication *"Getting in Early: A framework for early intervention and prevention in mental health for young people in New South Wales"* notes the importance of early treatment of First Onset Psychosis.

It is desirable that Early First Episode Psychosis Teams be available in regional centres to assist young people in the 15 to 24 age group.

7. A media release in February 2005 of the then New South Wales Leader of the Opposition (Mr Brogden MP, 8 February) noted that there were only 91 adolescent mental health beds in NSW, and this translates to 5.5 beds per 100,000 children in NSW as compared with 6.5 in Victoria ... and 8.3 in Queensland.

Is this still the case? Another question is how many adolescent mental health beds there are now in NSW, and how many of these are able to be occupied. There have been occasions in recent years when at least one acute facility in NSW for young people had a number of patients less than the number of beds. This was due to the fact that the facilities then had staff shortages.

8. In 2005-06, there was a projected increase in NSW funding for Mental Health. Questions arise whether it was all taken up that financial year, and, if any tangible improvements have taken place in this time as a result of the improved funding.

9. The ABC TV Four Corners program 'Out of Mind' that was broadcast on 19 September 2005 is of note. As the programme outlines, more than two decades ago, governments started to close old mental asylums and integrate patients into the community. However, *"the dream went sour when they tried to do it on the cheap, failing to back the policy with enough money and leaving thousands of people without proper support."*

10. The comment in the Sydney Morning Herald for 20 October 2005 is also of concern *"NSW is heavily criticised for focusing on institutional and emergency care at the expense of community services. It also has the lowest per capita percentage growth in mental health expenditure - just 23 per cent over the past decade. That figure is well below other performers: the Northern Territory grew 37 per cent, ACT 38 per cent and Queensland 41 per cent."*

11. Related to the question of adequacy of funding of mental health facilities in New South Wales are some of the NSW Budget decisions. One can wonder about the foregoing of NSW revenue at the prompting of the Real Estate Agents industry and the Opposition from a broad based property tax earlier in 2006 when more funding was needed for mental health. Or at the ongoing rebates for motorists using tolls costing the state over \$60 million a year. Plus giving senior citizens (as opposed to aged pensioners) all day travel on Sydney's trains, buses and ferries for a mere \$2-50.

12. In raising these concerns, the work the present staff working in the NSW Department of Health in the area of mental health are doing is appreciated. Most staff are doing the best that they can, but they do need more assistance to be able to offer help when help - either at a mental hospital or in the community.

There is also the question of addressing skills shortages in this critical area.

Dr Philip Laird
P O Box 20
KEIRAVILLE NSW 2500