

COMMITTEES

Community Affairs Committee Report

Senator BOYCE (Queensland) (10.39 a.m.)—I also wish to support the other members of the Senate Standing Committee on Community Affairs in their comments on the report *Towards recovery: Mental health services in Australia*. We have made 26 recommendations in our report on the mental health services in Australia, and they range from smaller areas, such as governance issues around developing best practice methods for managing demand for the personal helpers and mentors programs, to larger areas, such as developing a vision and a national plan for mental health services right through to 2015. We have also recommended that consumers be very much part of the contribution to future policy making for mental health service provision. They have in the past been ignored; I would like to talk a little bit about the reasons for this later on.

The Howard-Costello government, through COAG, introduced the National Action Plan on Mental Health 2006-2011. This came as a direct result of the Senate Select Committee on Mental Health inquiry into mental health in 2006. I would like to acknowledge former Senator Lyn Allison for her contribution in making that a reality. The Howard-Costello mental health plan highlighted the issues in mental health—the holes, the gaps and the lack of service, which in some cases was completely and utterly shameful.

We pushed the state government to particularly focus on strategy, policy and a coherent funding of mental health services. However, this inquiry has found that there is still much work to be done. Services and the quality of those services vary radically from state to state. Our first recommendation is that the Australian government, in consultation with state and territory governments and mental health stakeholders, develop a new national mental health policy document to succeed the National Mental Health Plan 2003-08. That policy document could provide a clear vision for our services, involving those who use those services so that we end up with community based mental health services that are focused on recovery, not on empire building for service organisations. Any future plan must include funding and consumer outcome benchmarks. Measuring what we do has been a large part of the problem. We have had outcomes from a large input of funding but whether they have been good outcomes we honestly in many cases have no way of knowing, other than by inquiries such as this Senate inquiry.

We received a wide range of submissions. I would like to join other committee members from the community affairs committee in thanking all those who took the time to put in submissions, often at personal and emotional cost to some of the people who chose to submit. They recognised that it was important to try to get their views into the system. I must admit that the one thing that did surprise me in this inquiry was the view of many witnesses that we had made very little progress at all on removing stigma from mental health issues and people with mental health disorders. We have had programs such as beyondblue and the Black Dog Institute and a number of high profile people have spoken about mental illness in a way that would have been inconceivable 10 or 15 years ago. Yet witness after witness spoke of stigma being very little changed in the general community.

One man from a small country town told us of his former friends crossing the street to avoid him after he had a mental health breakdown. We also heard from one facility for mental health patients that very carefully ensured that it had no signage and no hint from the outside of what it did because they were concerned

that the neighbours might try to have them moved away from the area. From that sort of stigma, it is not very far to abuse. When people are treated as second-class citizens or in fact not like human beings in some cases, it is not very far away at all from that sort of stigmatisation to abuse. From evidence, it appears that there has been very little progress in terms of the turning of a blind eye and the ignoring of sexual abuse of and physical violence against people with mental health problems.

We heard of some outright human rights abuses. One story that stayed with me was a mental health facility in Victoria where it was not uncommon for patients to be raped and for these rapes either not to be reported or not to be acted on by police. I understand that this is a difficult area to police. They are quite right in some circumstances to claim that mental health patients would not make competent witnesses, therefore following up such a case is a waste of time. Surely we have the ability, the smarts, to do something to find a solution to this problem. To abandon these people and not to assist them in any way at all simply reinforces the view that we do not care about them, that they are second-class citizens. This is something that we need to work on.

Our second recommendation is that there be a national advisory council on mental health, which would have a standing committee to monitor human rights abuses and discrimination against people with mental illness and report to parliament on their findings annually. I believe that this might go some way towards developing a systematic way of solving some of the very difficult problems around the stigma and discrimination against people with mental illness within our community in Australia.

I would also like to briefly mention what the chair described as an 'unprecedented coalition of organisations' including academics, medical professionals and mental health consumers to advise the community and highlight to the committee the specific problems faced by people with borderline personality disorder problems. This is not currently classified as a serious mental illness. It means that patients have serious problems being treated. We were told that they are not just stigmatised by the community or by their families for their behaviour, but also stigmatised by the medical profession, by doctors and nurses. It may be the last bastion of mental health where people are told, 'Pull your socks up. Get over it.' I think that we have managed to get past that in some other areas of mental illness, but borderline personality disorder is certainly still a vexed issue and one that we have recommended we need to put some special attention into to highlight the problems faced by these people. Not only do they currently fall through the cracks but they are stigmatised to a very large degree by the profession as well as by the community.

I would hope that the government will carefully read the report and accept the recommendations of this. We have started to improve radically our delivery of mental health services. We cannot afford to take our eye off the ball now. We must continue to give people with mental health problems these same sort of hope and priority that we have in other areas. Mr Acting Deputy President, I seek leave to continue my remarks.