

COMMITTEES

Community Affairs Committee Report

Senator HUMPHRIES (Australian Capital Territory) (10.31 a.m.)—I want to join the chair of the Senate Community Affairs Committee in commending this report to the Senate and to identify a couple of issues that I think are worth drawing out of the report. Senators will recall that the report of the Senate Select Committee on Mental Health that was brought down in 2006 was part of a fairly significant change taking place at that time in mental health services across this country. We had the report of the select committee; we had the report of the Mental Health Council of Australia called *Not for service*, which identified a huge area of unmet need in Australia's health services; and we had a response from the Howard government at that time, with a package of provisions for improving the level of service to the mentally ill of Australia worth about \$1.9 billion and with an expectation that state and territory governments would be lifting their game to match that kind of outlay so that we had a comprehensive assault on the inadequacies of our health system in respect of mental illness.

The purpose of this inquiry was really to follow up that wave of enthusiasm that followed those reports and that funding to see whether we were actually making ground on this very important issue. It needs to be borne in mind that, unlike any other part of our health system in Australia, those who are mentally ill stand a much better chance of not receiving diagnosis and not receiving service than anybody else in our health system. We heard evidence in the original inquiry that only 38 per cent of Australians with a mental illness could expect to be diagnosed and treated at any given time, despite the fact that one in five Australians could expect to experience mental illness at some point in their lives. That level of underservicing or unservicing would be completely unacceptable in any other area of health, but it has been tolerated and simply allowed to occur for far too long in respect of mental illness. We found that there were areas where we had certainly had improvements in outcomes as a result of the steps that both the federal and the state and territory governments had made in response to the challenge before them. Like the curate's egg, the scene is good in parts. There are places and times where services are very good and there are others where services are grossly and woefully inadequate.

I want to draw attention to a couple of issues that arise out of this report. First of all, the mental health workforce is the key to being able to produce much better outcomes in the future, and the drag on getting better outcomes has been very much tied up with the fact that qualified psychiatrists and other health professionals, particularly mental health nurses, are often simply not available to actually deliver the services that people need. This particularly applies in rural and regional Australia. The fact is that the lack of an adequate workforce in mental health was one of the reasons that the government used in the budget in May this year to cut back on that \$1.9 billion package, and it remains of great concern to this side of the house that that extremely important package of measures to assist Australia's mentally ill has been compromised. In part, this is for reasons that are beyond the government's control, but we need in the long term to make sure that that money is there because it certainly will need to be spent to address those gaps.

The second point we looked at in some detail was the program initiated by the Howard government of introducing so-called personal helpers and mentors within the FaHCSIA portfolio. These are not health professionals in the sense of being qualified with a health skill of some sort. They are simply trained individuals who

go out there and deal with people with a mental illness with a high level of need and attempt to address the holistic question of what they can do to stabilise their lives and access the sorts of services, to the extent that they are available, that they need to overcome the effects of their illness—to connect with employment services, to deal with a problem about medication, to make sure that if they are in education that they stay in education. Those sorts of issues are what the personal helpers and mentors are all about and they have been overall very successful. The committee would like an extension of the rollout of those personal helpers and mentors to those parts of the Australian community, in a geographical sense, which presently do not have access to them.

We also felt that it was extremely important to start to make sure that government services are better coordinated. A mentally ill person is far more likely to need a whole suite of government services than a person who is ill with cancer, diabetes, Crohn's disease or anything else. That integration is not generally available at the moment. We saw a very good model in evidence in Western Australia. In Western Australia, Centrelink has brought together state agencies, Commonwealth services like the Department of Health and Ageing and Centrelink and other services to make sure that a person with mental illness has a much better chance of getting the whole suite of services that they need. We recommend that that kind of consultative exercise proceed in other parts of Australia as well. We highly commend it.

I adopt and support the comments made by Senator Moore with respect to the grey areas of mental disorder or disability, issues that are most typified by things like borderline personality disorder. We need to address the fact that these sorts of conditions are not easy to diagnose and not easy to treat but remain a very heavy burden of disability in the Australian community. The thrust of this report is to suggest that we should be spot targeting our efforts into a range of areas where need is particularly acute. The recommendations outlined in the report suggest a number of areas where that kind of spot targeting of effort might be most beneficial to Australians with mental illness.

I commend the staff of the Senate Standing Committee on Community Affairs for the hard work that they put into this entire exercise. This committee is extremely busy. There are something like 14 references before it at the moment. It is an extremely busy committee of the Senate, but it manages to produce high-quality reports on each occasion. This is certainly no exception. I want to thank the staff of the committee, who do a tremendous job, year in, year out, in making sure that we, the senators who serve on that committee, look good by having high-quality reports available for the public to see. I commend the recommendations very strongly to the Australian government because they are all extremely worth while and in urgent need of being acted upon.