

COMMITTEES

Community Affairs Committee Report

Senator MOORE (Queensland) (10.21 a.m.)—I present the report of the Senate Standing Committee on Community Affairs, *Towards recovery: Mental health services in Australia*, together with the *Hansard* record of proceedings and documents presented to the committee.

In moving that this report be noted I want to give credit to the number of people who were again prepared to come forward and talk to our committee, very personally and with great consideration, sensitivity and openness about their own process. We had recommendations and evidence from a range of people who wanted the community affairs committee to look again into the issues of mental health in Australia. It was not simply that the committee thought it would be a good idea. In fact, what happened was that many people who had given time and effort to our original inquiry came back to committee members, because there becomes a bond between committee people and the people with whom they work, and said it was timely for us to have another look at what was going on.

As you know, Madam Acting Deputy President Crossin, the original Senate Select Committee on Mental Health was formed with full cross-party support in this place and a deep regard for the need to consider mental health in this country. In the years since that initial inquiry there have been amazing changes in government response to mental health in this country. We saw the COAG mental health process, where the previous government, with full support from the then opposition and from state governments across this country, made the commitment that there needed to be immense effort put into mental health services and processes across the country. There was an acknowledgement that services and funding to that time had not been adequate and that people in Australia were not receiving the best support that they deserved. That acknowledgement came out through a range of processes, particularly that driven by the Mental Health Council, who had pointed out to all of us through a number of inquiries that more needed to be done and that we were not fulfilling our responsibilities.

After the Senate select committee inquiry there was discussion across various elements and departments of government that we would consider where we were going into the future. This community affairs committee report, two years down the track, is entitled *Towards recovery*. We pick up that term to say that we are working and must work with a recovery based model and we are looking at mental health services across the country. A number of senators are going to speak on this report today but it will not be the end of discussion on mental health. There will need to be a clear commitment and effort into the future to fulfil the recommendations that so many people have brought to us.

At this stage I want to express particular appreciation and personal thanks to the secretariat of the community affairs committee, in particular Ms Lisa Fenn, who has been with us through the whole process from our original inquiry. The sensitivity, the commitment and the professionalism of the people in the secretariat are what makes the Senate Community Affairs Committee an effective committee. Particularly in this area of mental health there has been more than just a professional interest, and I want to put on record our appreciation for that.

This report goes through a range of recommendations and, in particular, congratulates so many people who have done immense work in this area. And we

do acknowledge, and want to put on record, that the preliminary efforts of the COAG initiatives have been received positively. That was a great message that came from across the country, that the funding and the programs that have been put in place since the injection of funds from COAG have been effective. They do need to continue, much more needs to be done and our report highlights a number of gaps in the process. But I think it is important that we acknowledge good work. In particular, there was great discussion about the Better Outcomes process, the availability through Medicare funded services of a range of mental health professionals to work with clients across the country, and the initiative which gave access to psychologists for people who sought their services with the support of the GP process and the great support of various mental health professionals—the psychiatrist, the nurses, the social workers, the range of people who must work in a team to have a client based focus for services.

Too often we heard the complaint that somehow, in the midst of the process, the person whose health is being considered can be lost. The very important role of consumers was reinforced again. In the future planning and provision of services in this country, the importance of consumers must be clearly understood. They must be involved in a real way, not in any token way. The wonderful phrase used by the Mental Health Consumer Network, 'Nothing about us without us', continues to be important in this field, as in others. So the role of the consumer is one that our committee again reinforces.

We also have issues about the need for continued coordination. In the first report, and also through the COAG process, much was spoken about the real need for coordination of services, again allowing for the fact that it must be focused on recovery and on the person whose health we are discussing. It must be continually reinforced that effective mental health services in this country do not belong to one level of government. We must have the federal government and the state governments working effectively through COAG on service provision, but increasingly the role of local government has been picked up. We mention in our report issues to do with housing, shelter and security and how people need to be able to feel safe in their community with effective housing. Sometimes it is necessary for people to use the formal emergency medical services; in many cases that is a path that must be travelled. But increasingly we need to ensure that people will have a choice in their treatment, where they live and where they can journey on their pathway to recovery. This often involves the role of local government. We heard of strong initiatives in some areas, but too often the stigma, isolation and negativity about anything to do with mental health came forward when it came to planning decisions and being welcomed into communities. So we stress that the coordination of services and their effect, particularly in those government areas, is an essential element of further plans and effective treatment in the area of mental health.

There are many recommendations in the report and I encourage people to read it. I also encourage people to read the range of submissions that came through, because this story is not the story of our committee. This story is the story of the people who came to talk with us and give us their views and recommendations about what should be their journey to recovery.

I want to spend a couple of minutes talking about a group that was mentioned in our original inquiry—that is, those people who are diagnosed with what is called borderline personality disorder. In our original inquiry the way their needs were mentioned was that advocates who had this condition came forward and talked about the way that, even within the existing medical system, they felt as though they received less service, less respect, less acknowledgement, that there

had been inadequate services provided for their needs and, in fact, a degree of ignorance of their needs and the expectations they should have about getting support for their wellbeing.

We had an unprecedented process, where a number of peak bodies came together and put a joint submission to the committee. This came from medical professionals, people who identified themselves as having this condition and also people who had worked with them for many years. Our committee has made a number of recommendations seeking that there be some further research and acknowledgement of this underacknowledged area of mental health, and we are hoping that through the enthusiasm that has been raised recently through the great commitment and dedication of a number of advocates and professionals that there will be acknowledgement of the special needs of people with borderline personality disorder and that their needs will be acknowledged fully in mental health services into the future in our country.

I am very pleased to be part of a community affairs committee that is working with people who seek our support to bring their concerns and needs into public policy in this country. We will not cease our interest in the area by bringing down this report. This is part of an ongoing journey, and we will continue to look at recovery pathways for mental health. It is important as we are looking, as a nation, towards our next National Mental Health Plan that we have the involvement, the commitment and the acknowledgement that mental health is something about which we must all have more knowledge and to which we must make a commitment towards recovery in our services.