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.

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.

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.