

**Senator Claire Moore**

**Chair**

**The Australian Senate Standing Committee on Community Affairs  
Inquiry into Australian Suicides**

**14 6 2010**

**Hi Claire**

**I did not receive an opportunity to address this inquiry though previously requested. Please accept this as an inquiry submission within the current time limit of 17 6 2010. I thank you for your approach at the Press Club 10 days ago, suggesting that we do discuss these matters further.**

**1. I attach articles which demonstrate that the National Mental Health Policy Plan & Standards have been diluted and downgraded by Australian Health Depts to the point that suicide prevention has been compromised, with no specific demand on governments to improve performance in this arena in the future. All specifics have been excluded from these documents, as they are considered to be "aspirational" - no goals, no targets, no threshold values for indicators, and no timelines for achievement-- so as not to embarrass any minister if they should not be achieved. This is a pernicious form of bureaucratic catatonia.**

**2. The loss of community mental health centres and their relocation on hospital campuses is resulting in these teams reverting to becoming sedentary outpatients depts again....back to the 60's.see 4th item attached). This means that they won't get out into the community to intervene early with mental illnesses, and to prevent suicide. And they won't be easily accessible and approachable as they are no longer located in the middle of main shopping and transport hubs. Our services are increasingly concentrated in hospitals and emergency departments, contributing to access block, and people at risk of suicide leaving before being attended to, due to the long waiting times. We are eliminating our forwards and playing the back line, an ineffectual strategy in both football and health services. Suicidal and distressed people are often loath to present to hospitals, until they already have done some harm to themselves.**

**3. Mental Health Acts in Australia often specify that the least restrictive care option should be used before resorting to the Mental Health Act, including for suicidal people. The irony is that in many jurisdictions, you can't get case management unless you are already on a community treatment order. I wonder if a class action might challenge governments to provide the least restrictive care that is supported by evidence, but no longer in place as health departments allow already paltry (compared to health burden) mental health budgets to be plundered by the demands for medical and surgical**

**procedures.**

**Best wishes for the inquiry.**

**Alan**

**Professor Alan Rosen**

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