



Department of Human Services

Incorporating: Health, Community Services, Aged Care and Housing

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OUR REF: ADD-05-25208

YOUR REF:

Mr Ian Holland
Secretary
Select Committee on Mental Health
Parliament House
CANBERRA ACT 2600

Dear Mr Holland

Thank you for your letter of 12 August 2005, with the attached submission presented by Mr Graeme Bond. You have invited a written response to the evidence provided by Mr Bond.

Mr Bond covers a number of areas. In particular some of his issues relate to services in existence in 1993, the period in which his son committed suicide. There has been significant development in mental health services in Victoria since 1993. While recognising the tragedy of Mr Bond's loss of a son, I believe it more relevant to the Select committee that information is provided regarding current service delivery rather than that available in 1993. Thus I will not comment on issues raised by Mr Bond in relation to mental health service delivery at the time of his son's suicide.

I also note that Mr Bond throughout this submission refers the need for increased federal grants to the states. This is a matter for consideration by the Senate Select Committee on Mental Health and I will not further refer to such suggestions in this response.

I would however provide an overall comment that this Government has recognised deficiencies in mental health service provision and has endeavoured to progressively address those deficiencies through increase in growth and capital funding. Between 1999 and 2005 the state mental health budget has increased from \$455 million to over \$700 million. I do recognise that this relates to only a proportion of mental health service provision with a significant component being the responsibility of the federal government through general practitioner and private psychiatrist services.



The Victorian Government reaffirms its desire to work with the Federal Government in developing more evenly distributed and accessible mental health services across the range of service requirements including primary care, consultation and service capacity, and tertiary or specialist care.

In relation to the provision of Crisis Assessment and Treatment Teams (CATT), it should be noted that Victoria has very significant community mental service provision. While the CATT Teams are available on a 24-hour basis they are not an emergency service and their capacity to provide immediate service in the home particularly after hours is limited. This accessibility may be through a triage response or through provision of telephone assessment and advice, particularly in rural regions. Funding over previous years has increased the availability of mental health services within emergency departments in line with other areas of health service provision. The type of response will depend on clinical judgement regarding the degree of emergency. This contrasts with services such as fire, police and ambulance which are funded to provide emergency services but which are not expected to provide ongoing treatment and care which is the case for mental health services funded through the Department of Human Services.

The policy of mainstreaming is intended to equate mental health services with those for other health services. Mental health services supplement this through provision of home-based outreach, intensive mobile support teams and Crisis Assessment and Treatment Teams. These are part of the overall service system in conjunction with bed based, rehabilitation and ongoing support services.

I note that Mr Bond emphasises that at times he has witnessed his wife being subject to greater restriction and at other times to minimal restriction with consequent concerns regarding her leaving the health service and a delay in the provision of mental health assessment and treatment. I would again reiterate that mental health services are provided in line with other acute health services. Such services are provided with attention to minimal infringement on a person's liberty, congruent with the appropriate provision of treatment and care, and that such services are provided in line with clinical judgement. Thus a level of restraint may be appropriate when a person is extremely disturbed, but may be less appropriate when a person is deemed to be able to be responsible for their own health decisions. I regret that I am unable to provide comment on individual patient matters.

As noted by Mr Bond, Section 120 of the *Mental Health Act*, emphasises the importance of confidentiality but contains exemptions to such confidentiality provisions including the provision of information to those involved in the ongoing care and treatment of persons suffering from a mental illness. In relation to information to carers there has recently been development of a number of documents emphasising the importance of involvement of carers including 'Caring Together' and 'Clinical Practice Guidelines' in relation to carers. In addition, recent amendments to the Mental Health Act in Victoria have emphasised that in the development of Treatment Plans the views of carers should be sought wherever possible. I enclose relevant documents.

Mr Bond comments on the over representation of people with a mental illness in the criminal justice system. It is recognised that there is a higher prevalence of mental illness and mental disorder among those in remand and those serving sentences within the criminal justice system. The provision of mental health services to those in custody is the responsibility of the Department of Justice. It should also be noted that the Crimes Mental Impairment and Unfitness to be Tried Act provides for a finding of not guilty on the grounds of mental impairment and subsequent custodial and non-custodial supervision orders which include provisions for treatment and supervision for those so found by the court.

Mr Bond comments on issues relating to data collection, outcome measurement and quality control. The Department of Human Services has worked closely with the Auditor General in following up the recommendations made by the Report – *Mental Health Services for People in Crisis 2002*. Victorian mental health services have been progressively audited against the national practice standards and have also invested considerable resources to improve outcome measurement. I would note that these have been very significant changes since the death of Mr Bond's son in 1993. I will not comment on the areas of risk management or the coronial system as raised by Mr Bond as these are under the responsibility of other areas of Government.

Thank you again for inviting the Governments response to this submission.

Yours sincerely

A handwritten signature in black ink, appearing to read 'RV', written in a cursive style.

Dr Ruth Vine
Director Mental Health