Chapter 1

Introduction

1.1 This is the second and final report of the Senate Select Committee on Mental Health, complementing the first report, tabled in the Senate on 30 March 2006.

Terms of reference

1.2 On the 8 March 2005, the Senate created a Select Committee on Mental Health, to conduct a wide-ranging inquiry into:

(a) the extent to which the National Mental Health Strategy, the resources committed to it and the division of responsibility for policy and funding between all levels of government have achieved its aims and objectives, and the barriers to progress;

(b) the adequacy of various modes of care for people with a mental illness, in particular, prevention, early intervention, acute care, community care, after hours crisis services and respite care;

(c) opportunities for improving coordination and delivery of funding and services at all levels of government to ensure appropriate and comprehensive care is provided throughout the episode of care;

(d) the appropriate role of the private and non-government sectors;

(e) the extent to which unmet need in supported accommodation, employment, family and social support services, is a barrier to better mental health outcomes;

(f) the special needs of groups such as children, adolescents, the aged, Indigenous Australians, the socially and geographically isolated and of people with complex and co-morbid conditions and drug and alcohol dependence;

(g) the role and adequacy of training and support for primary carers in the treatment, recovery and support of people with a mental illness;

(h) the role of primary health care in promotion, prevention, early detection and chronic care management;

(i) opportunities for reducing the effects of iatrogenesis and promoting recovery-focused care through consumer involvement, peer support and education of the mental health workforce, and for services to be consumer-operated;

(j) the overrepresentation of people with a mental illness in the criminal justice system and in custody, the extent to which these environments give rise to mental illness, the adequacy of legislation and processes in protecting their human rights and the use of diversion programs for such people;

(k) the practice of detention and seclusion within mental health facilities and the extent to which it is compatible with human rights instruments, humane treatment and care standards, and proven practice in promoting engagement and minimising treatment refusal and coercion;

(l) the adequacy of education in de-stigmatising mental illness and disorders and in providing support service information to people affected by mental illness and their families and carers;

(m) the proficiency and accountability of agencies, such as housing, employment, law enforcement and general health services, in dealing appropriately with people affected by mental illness;

(n) the current state of mental health research, the adequacy of its funding and the extent to which best practice is disseminated;

(o) the adequacy of data collection, outcome measures and quality control for monitoring and evaluating mental health services at all levels of government and opportunities to link funding with compliance with national standards; and

(p) the potential for new modes of delivery of mental health care, including e-technology.

1.3 The committee was initially asked to report to the Senate by 6 October 2005. However a strong public response to the committee's work led the Senate on 18 August 2005 to extend the committee's reporting deadline to 30 March 2006. A further extension was granted on 1 March 2006, allowing the committee to report at any time prior to 28 April 2006.

Two reports – a package of reforms

1.4 As the committee's inquiry progressed, the urgent need for reform in the area of mental health gathered momentum in the eyes of the public and among governments. In February 2006 the Council of Australian Governments (CoAG) agreed to initiate a rapid process of discussion and policy development on mental health, with an action plan to be developed by June 2006. The committee was committed to ensuring that its inquiry and findings had a significant influence on this important reform process. It therefore decided to divide its report into two parts. The first report, *A national approach to mental health – from crisis to community*, was tabled in the Senate on 30 March 2006. That report, representing the bulk of the committee's work, provided a wide-ranging review of many aspects of mental health care in Australia and delivered a set of important, unanimous recommendations that the committee believes should be addressed in the CoAG reform process.

1.5 This second, and final, report sets out further detailed recommendations that arise from the committee's inquiry and findings in particular areas of concern. These recommendations are no less important than those set out in the first report.

1.6 In delivering its first report in March 2006, the committee intended that all levels of government have ample opportunity to ensure that the report's recommendations are acted upon within the current CoAG reform process. Important key directions, including substantial increases to mental health funding, the establishment of community-based mental health centres and multi-disciplinary treatment teams, and funding of national bodies for monitoring and accountability, consumer and carer advocacy and mental health research were set out in the first report. This report provides further recommendations for action, within the broader framework set out in the first report. The committee now looks forward to governments acting upon the full suite of recommendations set out in the combined reports.

Recent developments

1.7 The committee is pleased to note the Prime Minister's announcement on 5 April 2006 of federal funding of $1.8 billion over five years to improve mental health services in Australia. The committee notes that the announced commitments, including increased access to psychologists and other mental health professionals working in multi-disciplinary teams, increased services for families and carers, increases in the mental health workforce and community awareness programmes respond in part to a number of the committee's recommendations. It is important that the government now ensures that the detail of the announced commitments meets the real community needs of consumers, carers, families and others, presented in the committee's first report.

1.8 It is also important that state and federal governments now work together to implement the committee's full range of recommendations. The committee heard repeatedly throughout its inquiry that a collaborative, integrated response is required to achieve outcomes in the area of mental health.

Structure of the second report

1.9 In order to comprehensively represent the committee's findings and recommendations, Chapter 2 of this report presents the recommendations of *A national approach to mental health – from crisis to community*. Chapter 3 sets out the committee's further conclusions and recommendations.

1.10 This report is much shorter than the first. It does not attempt to summarise the important and complex issues canvassed in the first report. However, the committee does wish to repeat in this report its thanks to all those who contributed to the inquiry. This committee has received overwhelming community support. Consumers, carers, families, peak bodies, professional groups, health care providers, government departments and many other individuals made submissions and gave their time to share their knowledge and expertise. Many people opened their lives to share with us personal, often traumatic, experiences and we are deeply grateful.