

A select committee, to be known as the Select Committee on Mental Health, was appointed on 8 March 2005 to inquire into and report by 6 October 2005 on the provision of mental health services in Australia, with particular reference to:

- 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;**

Discussion

The National Mental Health Strategy have applied appropriate resources committed to the division of policy and funding to achieve the aims and objectives and the barriers to progress. This has been applied to all levels of government and each state nationally.

However, like all strategies and programs, the funding available is never adequate to do more than stated in the planning process. Like many Indigenous communities, where community happenings take precedence to outside issues, so therefore things can change without any notice, anytime.

Recommendation

Needed is a Mental Health Strategy with a roadmap highlighting the complexities within Indigenous Mental Health. Specifically within the Indigenous framework of enhancing and promoting understanding of cultural issues linked to and in relation to Mental Health.

- 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;**

Discussion

The Strategy has outlined care levels needed for the growing populations who are experiencing Mental illness. The adequacy of various modes of care for people with a mental illness, specifically prevention, early intervention, acute care, community care, after hours crisis services and respite care can at times be questioned for example bed numbers, quite often beds are full and those who are brought into Emergency Department for the Mental Health Team to assess, are sent home due to shortage of beds or room within the Unit.

Recommendation

Needed are more employed Aboriginal & Torres Strait Islander staff within the Mental Health Unit to allow for the growing patient numbers so patient staff ratio is within a safe limits. As Indigenous Mental Health issues are being acknowledged more openly, a greater number of Indigenous staff are required to be proactive within the community in order to alleviate the stigma's and misunderstanding attached to the complexities of Indigenous Mental Health including the use of cultural modes of care and treatment.

- 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;**

Discussion

The improvement in coordination, delivery of funds and services can only be undertaken through accurate gathering of statistics of presented illnesses, which have been experienced within the service or community.

The use of quantitative data collection methods are used to acknowledge the needed services for the development and delivery of effective programs and intervention strategies.

Recommendation

Workers need to be skilled in identifying gaps in service/community, program development/implementation and data collection to retrieve statistics for funding bodies. Data is money and money is a service that may be needed for the community.

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

Discussion

The 'appropriate' role of the private and non-government sector should be no different from the 'appropriate' role of the government sectors, however, in reality we as workers know this is not so. There is an extreme cost factor within the private sector that not everyday person can utilise. If you are currently admitted to the Mental Health Unit, you are treated as a public patient as there a limited number of beds and space, however you may see your own Psychiatrist, but there is a great possibility that it is the Hospital Psychiatrist as the numbers of specialists are low.

Within the non-government sector or a community controlled service such as an Aboriginal Medical Service have an numerous gaps in the lack of available services that are needed for their community.

Recommendation

The funds available for Aboriginal Medical Services are not enough to meet the growing needs of experienced within Indigenous Mental Health. With more understanding of the complexities within this field, it is vital for the non-government sector to make the necessary programs and service available through other means.

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

Discussion

Within the Aboriginal & Torres Strait Islander framework of support systems in the Townsville Health District for mental health clients lags in comparison to mainstream services. For example:

- supported accommodation for Aboriginal & Torres Strait Islander clients is a problem in regards to the lack of permanent accommodation services for those who experience a mental illness, but are not diagnosed as needing fulltime support, under SAP funding guidelines which is a supported/crisis accommodation service enabling the service to intake clients for accommodation only in the afternoon and for the client to leave the next morning, they are not to stay permanently through the day or more than 3 months, however, an agreed rental amount is expected.
- Employment still is a priority within Aboriginal & Torres Strait Islander community. Mental health clients experience other barriers such as unemployed for a length of time, no longer skilled, uneducated, social/medical issues, family etc
- Family and social support services help provide funding eg ERF, referrals etc to Aboriginal & Torres Strait Islander families who are living from fortnight to fortnight on welfare.

Recommendation

Apart from the ongoing shortage of funds that are identified across the support systems, approaches should encompass holistic health, promotion, strategies, and preventative strategies in addition to the delivery of mental health models of care. If mental health care providers moved from a 'welfare/disadvantage' to a 'rights/entitlements' approach in Aboriginal and Torres Strait Islander health and well-being, this would demonstrate a greater understanding of, and respect for, the cultural differences in Aboriginal and Torres Strait Islander Health care and systems needed.

- 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;**

Discussion

The special needs of these groups are all of major concern when developing and planning strategies and programs for care. All have continuously encounter lack of funding and experienced workers within the Aboriginal & Torres Strait Islander mental health workforce. As well as, all have encounter the continuous stigmatism which is attached to mental health, however this is more so within Aboriginal & Torres Strait Islander mental health.

Recommendation

Needed are ongoing and current training for experienced Aboriginal & Torres Strait Islander workers. Greater funding opportunities are vital to necessary and appropriate programs within services and the community. Together with needed are promotional programmes to enhance the communities awareness of the complex issues experienced within these groups.

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

Discussion

The role and adequacy of training and support for primary carers of people with a mental illness is lacking, specifically experienced Aboriginal & Torres Strait Islander carers of Aboriginal & Torres Strait Islander people. There has been for some time now, a shortage of trained Aboriginal & Torres Strait Islander carers within outside of the metropolitan areas. Aboriginal & Torres Strait Islander population account for a large percentage of the serious mental health disorders and hospitalised patients in the system.

Recommendation

Needed are adequate training and upgrading of knowledge and skills, funding and employment opportunities for Aboriginal & Torres Strait Islander carers outside the metropolitan areas. Greater opportunities and support for current Aboriginal & Torres Strait Islander carers is vital to increase their knowledge and skills within the workplace.

Promotion and the development of a greater awareness of Aboriginal & Torres Strait Islander Mental Health will contribute to a greater interest for potential Aboriginal & Torres Strait Islander carers to embark on this career.

- h. the role of primary health care in promotion, prevention, early detection and chronic care management;**

Discussion

Within primary health care as leaders in and delivery of education for the promotion, management, prevention and detection of mental illness is vital, as it provides much needed awareness for the community. Yearly campaigns for mental Health promotion is not adequate to promote mental health issues within the community. All year promotion and campaigns consisting of professional development strategies within identified community groups and primary health care providers should be encouraged and funded for.

Recommendation

Funding and the provision for ongoing mental health promotion and education for the community is needed within all sectors of the mental health sector. Primary health care providers need to take on a more active role within their community sector in the delivery of mental health education, management and promotion.

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

Discussion

Within Aboriginal & Torres Strait Islander mental health, the importance of culturally appropriate care methods is vital in the recovery process of the patient and also the family. For culturally appropriate practice the involvement and support of the family is essential for the mental health and well-being of the patient, therefore it is necessary for appropriate education of the issues associated with mental health and information on the mental health workforce available within the area and community.

Recommendation

Necessary steps are essential to provide to the Aboriginal & Torres Strait Islander community culturally appropriate care and education for Aboriginal & Torres Strait Islander mental health patients. Culturally appropriate practices are to ensure family and health professionals abide by ethical practices with Aboriginal & Torres Strait Islander patients.

- 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;**

Discussion

It is largely known of the status and overrepresentation of Aboriginal & Torres Strait Islander people within the criminal justice system and in custody and how this can further exacerbate the health of those who suffer from a mental illness. It is common knowledge to workers within the forensic mental health and criminal justice system of the timeframe and long delays when facing the Mental Health Tribunal for or in relation to sentencing. Due to the long wait for the Tribunal some Aboriginal & Torres Strait Islander mental health inmates/patients have experienced 4+ years on remand before facing sentencing. The psychological effects this has, as well as their already ill health, can and has led to detrimental affects to themselves and others.

The results from the Deaths in Custody has identified how the affects of being 'locked up' on the Aboriginal & Torres Strait Islander population. Many strategies and programs have been put in place to alleviate the rising number of deaths in custody, currently deaths are still happening too often.

Recommendation

The ratio of mental health inmates/patients within the criminal justice system and in custody in comparison to the number of hearings of the Mental Health Tribunal held annually, should be monitored and adjusted accordingly per year. The Mental Health Tribunal have a duty of care to provide and protect mental health inmate/patients human rights as well as the human rights of others eg workers, other inmates etc, the current trend of the Mental Health Tribunal may place people in danger whilst inmate/patients are waiting to be sentenced.

Aboriginal & Torres Strait Islander people will continue to make up for the large populations within the criminal justice system and in custody due to the ongoing treatment that have plagued them within 'this' mainstream society. Together with, there is not a right answer to address the issues of Deaths in Custody. However, services need to address behavioural issues address this appropriate diversionary programs. This would assist with the number of clients through the court and criminal justice systems.

- 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;**

Discussion

The practice of detention and seclusion within mental health facilities is culturally inappropriate within Aboriginal & Torres Strait Islander mental health. This practice will and does exacerbate the health and welfare of the client. Mental Health facilities have a duty of care to their clients to provide humane treatment whilst they are being treated. It is a illness they are experiencing, not a sentencing.

Recommendation

Needed are more culturally appropriate treatments and methods for the increasing amount of Aboriginal & Torres Strait Islander clients within the mental health facilities. Also needed are a greater number of experienced Aboriginal & Torres Strait Islander workers within the facility and within the community. Furthermore, promotion and education to a greater understanding and awareness of the complex issues surrounding Aboriginal & Torres Strait Islander mental health and government bodies need to take on a more proactive role in establishing legislative recommendations to address these needs.

- I. **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;**

Discussion

The stigmas connected to mental health issues is well known and documented. The stigmas connected with Aboriginal & Torres Strait Islander mental health is greater, due to the misunderstanding of symptoms and experiences by clients. It is bad enough for Aboriginal & Torres Strait Islander people are already a minority in a majority population, and when one is ill, it is felt by the whole of the community. Most of the time in a negative way, and only to feel exiled from their own kind, and furthered disrespect from the wider population.

Recommendation

Needed are more culturally appropriate education for primary health care services for the appropriate treatments and methods for the increasing amount of Aboriginal & Torres Strait Islander clients within the mental health facilities. Also needed are a greater number of experienced Aboriginal & Torres Strait Islander workers within the facility and within the community. Furthermore, promotion and education to a greater understanding and awareness of the complex issues surrounding Aboriginal & Torres Strait Islander mental health, stigmas attached to mental health issues and government bodies need to take on a more proactive role in establishing legislative recommendations to address these needs.

- 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;**

Discussion

Within Aboriginal & Torres Strait Islander mental health the accountability of support and community agencies used to assist clients is greatly lacking. Currently, the agencies provide the services, but the quantity available does not meet the growing demand of mental health clients needs.

Recommendation

Ongoing monitoring of the number of funds available to services to provide the minimal amount of needs for the Aboriginal & Torres Strait Islander mental health clients within the area. Federal Government needs to address the lack of and need for living provisions for mental health clients. They too have a duty of care to Australians of the basic human needs and rights of people.

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

Discussion

Within the field of Aboriginal & Torres Strait Islander mental health, there is ongoing research, although a minimal amount of research in regards to best practices within mental health. However, after the research is completed little has been done in improvements and recommendations to legislation to or for the improvement of mental health practices and facilities. Still lack in funding and provisions to provide culturally appropriate services to Aboriginal & Torres Strait Islander people is continuously on the Federal Governments agenda as a high priority.

Recommendation

Ongoing adequate funding and provisions to provide the necessary facilities for Indigenous people experiencing mental health issues. Greater research opportunities and incentives for the improvement of treatment and care for Aboriginal & Torres Strait Islander patients need to be implemented. Research to be undertaken in a culturally appropriate manner to ensure the community is aware of the research and outcomes after the research is completed, so the community benefits from the findings of the research.

- 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**

Discussion

The adequacy of data collection to enable quality and control of service provision is vital for justifying funding needs. Statistical data is money for services, which in turn provide the necessary service and programs for the community. Workers need to be experienced in the collection and evaluation of data to ensure adequate and accurate information is known for government and other opportunities for funding purposes.

Recommendation

Needed are experienced workers to undertake ongoing statistical data collection and evaluation to ensure adequate funds are distributed to the needs of the services and community.

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

Discussion

Current modes of mental health delivery of mental health care should provide 'individualised' care to clients ie adapting mode of care to the needs of the client. Not all methods of care will work with everyone. Within Aboriginal & Torres Strait Islander mental health culturally appropriate modes of care include orthodox practices of talking, listening, art, creative therapies etc, therefore e-technology and other modes of care that is not within the cultural sphere of Indigenous mental health will not be of any use.

Recommendation

A greater understanding and interest of Aboriginal & Torres Strait Islander mental health practice and care methods. Aboriginal & Torres Strait Islander mental health does not necessarily rely on technology, but it does require a old fashion approach of time and interest between patient and worker. Technology can be incorporated within Aboriginal & Torres Strait Islander mental health in keeping records, files, research, data collection, statistics, etc