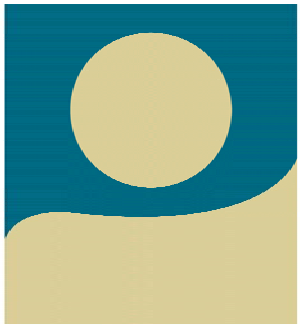
SUBMISSION TO

SENATE SELECT COMMITTEE ON MENTAL HEALTH AUSTRALIAN SENATE

MAY 2005



mental health
association
nsw inc

www.mentalhealth.asn.au

THE ROLE OF THE MENTAL HEALTH ASSOCIATION NSW INC

The Mental Health Association NSW Inc (MHA) was formed in 1932 and has members who have had a mental illness or disorder, carers, professional mental health care workers, academics and members of the general public with an interest in the provision of mental health, the prevention of mental illness and the promotion of mental health. It has an elected Board of Directors, on which serve a range of consumers, carers and service providers, drawn from its membership.

The MHA is the convenor of the Mental Health Promotion Advisory Committee, which has representatives of a number of other advocacy groups, support groups, regional mental health service providers and State Government Departments. It is responsible for the design, implementation and evaluation of National Mental Health Week and Stress Less Day in NSW. The MHA is funded by NSW Health, through Northern Sydney/Central Coast Area Health.

The MHA is concerned with the provision of information, the promotion of positive mental health through public education, advocacy on mental health issues and facilitating support groups.

The Mental Health Information Service has an easily accessible website (www.mentalhealth.asn.au), provides a wide range of "fact sheets" and operates a comprehensive telephone, e-mail and postal information service. It uses a referral database to the range of mental health and related services but does not recommend individual therapists. It does suggest that callers use its library/resource centre and Way Ahead, a directory of mental health services, now in its 5th edition and available in hard copy and on CD-ROM.

Education is mainly directed towards the general public, but with an emphasis on those who are experiencing, or who have experienced, a mental disorder. MHA is also concerned about the health and wellbeing of families and friends of people with a mental illness, as well as those who work in the mental health field.

Advocacy is done by providing balanced, easily accessible materials on a range of mental disorders and conditions, and by actively seeking to influence governments at all levels in the provision of preventive, accurate, rehabilitative and long term support services. The MHA also supports any activity that will promote mental health. The MHA, through its Standing Committees, provides group support for those with depression, bipolar disorder, anxiety, obsessive compulsive disorder and phobias. The Standing Committees that operate under the Association's umbrella are the Anxiety Disorders Alliance and the Depression and Mood Disorders Association.

To do these tasks, the MHA is funded by the NSW Government, through the Centre for Mental Health, and has been funded by other State and Federal Government departments for a number of time-limited projects. Few programs

are funded for any long period, so that, often, the results are transitory and meta-evaluation is impossible to carry out. Behaviour change is a generational aspect of human existence, and not amenable to parliamentary financial control of one, two or three year periods. This is demonstrated by the success of the smoking cessation programs, run almost continuously since 1974, which have resulted in a substantial reduction in cigarette consumption by women and men. It has been less successful in the younger members of the population (TOR A, C)

OUR VISION AND MISSION STATEMENTS

The Association's vision is a society that maintains, promotes and protects the mental health of everyone, in which people who have, or have had, mental illness participate to their full potential in the community.

Our mission is to promote opportunities for the people of NSW to achieve their optimal level of mental health through providing information services, education about protecting mental health, mutual support and advocacy services.

BOARD OF MANAGEMENT

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	Ms Megan Wintle

CONTACT INFORMATION

Members of the Association would be pleased to provide additional information and further evidence at a public hearing. In the first instance please contact:

Ms Gillian Church
Chief Executive Officer
Mental Health Association NSW Inc
60-62 Victoria Road
Gladesville NSW 2111

Tel: 02 9816 1611 ext 208
Fax: 02 9816 4056
E-mail: gchurch@mentalhealth.asn.au

Additional information about the Mental Health Association NSW Inc may be found on the Internet at www.mentalhealth.asn.au

INTRODUCTION

1. The Mental Health Association NSW is primarily interested in conditions as they exist in NSW, but recognises that there are national issues that have a burdensome effect on State-provided services at the government, private and NGO levels.

2. The Select Committee is interested in the use of e-communication, and this has already proved valuable in regional and rural Victoria and NSW. It does not replace the need for personal services. This means that there needs to be a long-term program to reduce the stigma that is still associated with mental illnesses and disorders; those who work in the field of mental health are perceived through the dark glasses of stigma. There is the resulting difficulty in recruiting energetic younger persons to train as professionals and health care workers across Australia. It is not only the image of the professions, but the salary and career limits that are barriers to expanding the numbers in all branches of the profession of mental health providers. Importantly, stigma is present in high level political and bureaucratic decision making at State and Commonwealth levels. (TOR b, g, I, p)

3. It could be possible for all governments at all levels to participate in a coherent public awareness campaign to lessen stigma across all communities. This could be followed by an aggressive campaign to recruit women and men into the branches of the professions, linked to a review of working conditions, taxation incentives and Medical Council of Australia, the Colleges, VTAB-approved and DETs agreed to range of curricula and syllabi. These campaigns should last at least 10 years and be capable of being renewed if deficiencies in training, recruitment or conditions are shown. (TOR f,g,l)

4. Funding any services is becoming increasingly difficult within existing budgets and improved working conditions will only exacerbate this. There needs to be a significant injection of additional funds, recruitment and training of mental health workers of all disciplines. The apparent desire to wind back Medicare and encourage private health insurance will simply result in the more needy being even more disadvantaged. If national competition policy in mental health services is policy, then Medicare and Medibank must be given a public image of not-for-profit health insurers. (TOR a, c, f)

5. A major and costly barrier to effective integration of services and service delivery across the country and the implementation of recommendations and strategic plans e.g. National Mental Health Strategy and National Mental Health Plan, is the fragmentation, dissimilarity, disunity, non-coordination of services and policy response, and the lack of an appropriate mechanism able to federally accommodate/coordinate the forces of action, the stakeholders' issues, the advocacy for and the flow of funding, and implementation of

recommendations under the national strategy (and those arising from this inquiry), across the states.

6. There is now a convincing case for a mental health commission; see *Australia needs a mental health commission* Rosen A. McGorry P. Groom G. Hickie I. et al Australasian Psychiatry Vol. 12 No. 3 September 2004 A body *"with direct access to Australian Health Ministers and all mental health service stakeholders, and which is also able to report independently from and to the government." p2.* and *"SANE Australia's Mental Health Report 2002 – 2003 concluded that Australian mental health services are in disarray and operating in crisis mode and that the National Mental Health Strategy is widely recognised to be losing momentum and faltering" p2.*

7. Such a commission has now operated for the last 8 years to reform services in New Zealand with considerable success and recognised beneficial outcomes. New Zealand is of course in effect one state only; however the above paper incorporates a mechanism to address the Australian structure. (TOR a, c, o)

Recommendation: That a Mental Health Commission or similarly constituted body, as described in the above paper, be created.

Recommendation: That funding for mental health be increased to at least 12% of the health budget, across jurisdictions.

TERMS OF REFERENCE

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;

a.1 We refer the Select Committee to the 2001 International Mid-Term Review of the Second National Mental Health Plan. Although some progress has been made in the interim, the findings of this report are still current. We also refer you to the Mental Health Council of Australia's report *Out of hospital, out of mind!* 2003.

Recommendation: that all the recommendations of the International Mid-Term Review of the Second National Mental Health Plan be implemented immediately.

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;

b.1 The first National Mental Health Strategy aimed to facilitate the transfer of people with a mental illness from large-scale institutional care to community settings. The Strategy did have some success in that many of the large hospitals have been closed, however care in the community has clearly not met the demand. It is well documented and has now become a mantra, often heard used by the general public in NSW, that *community care* is a good idea and should be implemented, but it is common knowledge that it has never been adequately provided.

b.2 In NSW mental health service providers are so under-resourced that they can only deal with serious, *acute* mental health problems. The definition of "serious" can depend upon the view of the service provider who is responsible for rationing services. For example, anxiety and depressive disorders can be extremely disabling and even life-threatening to those who experience them. However, there is a view in some services that psychotic disorders must be given priority at the expense of other problems they view as less serious.

b.3 *Prevention* and to some extent *early intervention*, which would in the long term be extremely cost effective, are not adequately funded and are poor second and third priorities when it comes to delivering care. Community care is also inadequately funded, resulting in over-reliance on acute care in hospital settings. After hours *crisis services* are grossly inadequate in some Area Health Services, indeed some Areas do not operate outside office hours, including some of the crisis teams, for a number of reasons. *Respite care* is a rare occurrence.

Recommendation: that the Commonwealth Government continue to support and enhance the transition from hospital to community-based care, providing additional services in the community.

b.4 *Mental health promotion* is not mentioned in the Select Committee's terms of reference, except in the context of primary care. The evidence for promotion is emerging strongly, as documented in the *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000* and accompanying *Monograph*. The Mental Health Association NSW conducted a feasibility study into the effectiveness of health and mental health promotion campaigns in Australia and overseas. (*Moore, Johnston & Blakeney, Mental Health Promotion Feasibility Study, MHA NSW, August 2004*). The results of the study indicate that evidence shows that large-scale campaigns can be effective, provided they are run alongside local initiatives. Mental Health promotion initiatives must be funded long-term and properly evaluated.

b.5 The Commonwealth ran an excellent media campaign under the first National Mental Health Strategy addressing the issue of stigma in the community. Unfortunately that campaign was far too short, under-funded and inadequately evaluated, although anecdotal evidence suggests that people recall the campaign, even today.

b.6 It is important to note that the Quit smoking campaign started in 1974 and took thirty years to achieve positive results in the numbers of Australians who have ceased smoking. The campaign diminished in 2001-2003 and there is now a cohort of young women who are taking up the use of tobacco, and there is a greater percentage of these than any other age/sex cohort.

b.7 There are projects and programs that have been evaluated which provide good examples of successful health promotion campaigns. We believe they provide sufficient evidence to justify funding further mental health promotion initiatives, provided that a long-term approach is taken to evaluating its effectiveness.

Recommendation: that the Commonwealth Government fund a long term national mental health promotion program, based on available evidence of good practice.

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;

c.1 There will be other evidence before the Select Committee to support the MHA's contention that people with a diagnosis of mental illness and substance abuse are very poorly served by the health system. Although some inroads have been made at Area level in NSW to collaborate and even amalgamate mental health and drug and alcohol services, there is still a wide gap between these two agencies at the ground level. We support the view expressed in the *International Mid-Term Review of the Second National Mental Health Plan* that the way forward is to:

> *Eliminate barriers between mental health and substance use agencies and services at Commonwealth, State and Territory and local levels, leading toward full integration of these two health services. (p.7)*

c.2 The Review notes that many States and Territories report that between one and two thirds of all adults seen in specialist mental health services concurrently have substance use problems.

c.3 Many people use available recreational drugs such as alcohol, nicotine and marijuana in the early stages of mental illness to try to alleviate distressing symptoms. Management of such drug use needs to be part of mental health care.

Recommendation: that mental health and drug and alcohol services be combined at all levels.

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

d.1 The ability and capacity of non-government organisations to deliver positive mental health outcomes has been grossly under-rated and under-valued by funding providers, particularly in NSW. This is in spite of the fact that NGOs are highly accountable to funding bodies, accreditation providers and their clients.

Recommendation: that the capacity of non-government organisations (NGOs) be enhanced and that NGOs be contracted to deliver a range of services, including accommodation, employment, rehabilitation, recovery and mental health promotion.

Recommendation: that non-government organisations be funded to establish and resource support or self-help groups, and to ensure that community health centres and GPs are kept informed of groups in their local area.

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

e.1 The non-government sector is well placed to provide supported accommodation, employment, family and social support services to people with a mental illness. In terms of supported accommodation, this is happening to some extent with the HASI (Housing and Support Initiative) in NSW. The program must be whole of government, and controlled by an inter-government/NGO advisory group. The NSW Attorney General's Department has a number of these, one of which deals with violence.

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;

f.1 The Select Committee will hear evidence from a number of minorities, each of whom have special needs. In current Australian culture, being 'one of the gang' is very important, so any form of variation from the norm is cause for stigmatisation and exclusion.

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

g.1 The Select Committee will have been provided with comparisons with other jurisdictions that validate the view that staffing levels are inadequate in Australia. There are issues not only of difficulty in recruiting and training suitable staff but also on how those staff spend their time in service provision. We draw on our knowledge of the NSW mental health system.

Staff recruitment

g.2 Current pay scales and career opportunities are not sufficiently attractive to induce people to enter the mental health workforce. In order to attract mental health nurses into the profession there has to be adequate remuneration and conditions of employment. *The International Mid-Term Review of the Second National Mental Health Plan for Australia* November 2001 states that:

> *Australia is experiencing a serious, if not critical, mental health workforce shortage in numbers, poor distribution of providers of all disciplines, and outmoded delivery models in practice and reimbursement that do not achieve the maximum services from the workforce that exists. p.14*

g.3 Working in mental health is different from other areas of health and it is more difficult to attract staff to work in it. Mental health may not have the whiz-bang technology or flashing lights, but there are many important and distinct skills involved in caring for people who are experiencing an episode of mental illness.

Recommendation: that salaries and conditions of employment for the mental health workforce be reviewed as a matter of urgency.

Staff deployment and training

g.4 Staff are sometimes engaged on tasks that do not require professional training. For example, many rehabilitation tasks do not necessitate highly qualified medical, psychological or nursing training. These duties could be more cost effectively carried out by differently qualified staff, with backup provided by mental health professionals where necessary.

g.5 There are some good examples of successful consumer-run services such as SOAR Consumer Case Management in Madison, Wisconsin and also in Hawaii where consumers are employed as case workers. People who have relevant training and/or qualifications as well as personal experience of

mental illness can often provide greater rapport with clients currently experiencing mental illness.

Recommendation: that mental health services include consumers and carers in all aspects of service planning and delivery, including consumer case management services.

g.6 People in training for the traditional professions of medicine, nursing, psychology, occupational therapy and social work are, generally speaking, not trained for the changing needs of community mental health. Their training should include skills in community development, working with community agencies, etc.

g.7 Whilst acknowledging that there are many excellent people working in mental health in NSW, there is a need for a change in thinking on the part of some mental health staff, particularly in terms of involvement of consumers and carers. We believe that there is strong resistance to change in some quarters and, unfortunately, attitudes are passed on to new recruits whose responses range from adopting old practices and beliefs, to being appalled by them, and leaving mental health for a more attractive option.

Recommendation: that mental health professionals undertake a professional development program to better equip them to work in community mental health. The NSW Institute of Psychiatry could conduct such a program.

Recommendation: that the mental health component in nursing training be reviewed and strengthened.

Service Management

g.8 Similarly, we believe that in some instances, professional management is lacking. It seems axiomatic, but a largely ignored truth, that people with a high level of expertise in their profession are not necessarily equipped to manage a health service. Management of people and finances is a discipline in itself and is not something that necessarily develops quickly when people are placed in a position where they are responsible for it.

Recommendation: that one of the essential criteria for appointment of managers at all levels is that they have had training and experience in management.

Psychologists

g.9 The International Mid-Term Review of the Second National Mental Health Plan for Australia states that:

> *Psychologists are, by international standards, relatively few within State and Territory mental health services, and too often work as generic case managers. Therefore, their specialist contributions to the delivery of*

expert psychological therapies are not sufficiently available to people with mental health problems. p.15

g.10 One of our members, a clinical psychologist states:

People with depression in particular often want a choice between just medication and counselling. If you have depression it is difficult to get access to the mental health team. Mental health in NSW has predominantly focussed on bipolar and schizophrenia and other disorders. People experiencing depression often find their only access to counselling is through private practitioners, and Medicare does not cover these services.

g.11 We regard the use of qualified clinical psychologists as case managers as a misuse of a potentially valuable resource

Recommendation: that where possible psychologists be re-deployed to provide counselling and psychological therapies in the public sector.

g.12 Current literature is unequivocal in that for most, if not all, mental health problems, psychological interventions are just as important as pharmacological treatments.

Recommendation: that psychological therapy and counselling be offered by the public and private sectors, in addition to, or instead of, medical and pharmacological interventions.

Recommendation: that the Commonwealth Government extend funding for psychological services under Medicare.

Recommendation: that health funds be encouraged to increase the amount of refunds available to cover psychological therapy in their plans.

Rural Areas

g.13 Staffing issues that are experienced in our cities are compounded in the country. Workers in rural and remote areas can experience significant burnout if supports are not in place. This leads to a lack of continuity of care for people with a mental illness. Once a position becomes vacant in a rural area, it may remain so for a year or more. There is very little support for workers in rural areas and funding has forced service providers to focus on acute events, rather than the whole range of mental health treatments and care. Rural members of the MHA have identified that an emphasis on attracting GPs to the bush and an extension of the program of psychologists working with GPs would be valuable.

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-focussed care through consumer involvement, peer support and education of the mental health workforce, and for services to be consumer-operated;

i.1 As mentioned in TOR *g*, good examples are available of successful consumer-run services such as SOAR in Madison, Wisconsin and also in Hawaii where consumers are employed as case workers. The MHA has for some years advocated the funding of consumer-run and/or consumer-driven services. Provided that consumers are currently well and adequately trained, they can be most effective in their communication with other consumers who are unwell and in need of services. Consumers in NSW at least have a great belief in recovery through consumer involvement, and are the best, most effective proponents of it.

Recommendation: that international and national research be undertaken to determine the most effective kinds of consumer-run services, and that funding is provided to implement them in Australia.

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;

j.1 This applies to all people who are incarcerated as it does to the general public; substance abuse and mental disorders are badly handled when encountered in the same person.

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;

k.1 The Mental Health Association has long been extremely concerned at the conditions of people held in detention centres. In February 2002 we wrote to the Minister for Immigration regarding our fears that people in detention centres were not receiving adequate mental health care. The Minister responded that the mental health care was of a high standard.

k.2 The treatment of Ms Cornelia Rau at Baxter Detention Centre, which is currently the subject of an inquiry, demonstrates that this is not always the case. It appears that were it not for the efforts of other detainees at Baxter, Ms Rau would still be inappropriately, and illegally incarcerated.

k.3 We quote an item on ABC News Online, 2 May 2005:

> *"Two mentally ill Baxter detainees brought an application to the Federal Court in February, seeking urgent transfer to the Glenside psychiatric facility in Adelaide. The Commonwealth resisted the move, saying their treatment at Baxter was adequate. Today, Justice Paul Finn found the men had in fact been treated with neglect and disregard. The judge agreed with three independent psychiatrists that the Baxter environment was the primary cause of the men's mental illness and keeping them there condemned them to ongoing injury.*
>
> *The judge said the two had now been transferred to Glenside, making an order unnecessary.*
>
> *Their lawyer, Claire O'Connor, says the judge's finding is a win for all Baxter detainees. "The court found ... that we were correct," she said. "They found that the failure to provide mental health services in Baxter is a breach of its obligation to care for people in there."They found that its failure to implement treatment programs is a breach of its obligation."*
>
> *Ms O'Connor says it is likely that all of the long-term detainees remaining in Baxter are mentally ill. "I'd be very surprised if there weren't 61 more cases," she said. "The figures from this week are that there are 61 long-term detainees. "If you've been in long-term detention for five years and you're not sick there's something wrong with you and the fact is the conditions we know cause mental illness."*

k.4 Whilst acknowledging that there is a certain amount of rhetoric in the lawyer's pronouncement, we believe it is indisputable that the conditions of long-term detainees can contribute to serious mental health problems.

Recommendation: That people are kept in detention centres only as a last resort.

Recommendation: That people kept in detention centres receive a high standard of health and mental health care.

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;

l.1 The MHA has worked to de-stigmatise mental illness for many years. We have coordinated Mental Health Week in NSW since 1985. Our Mental Health Week theme for some years was centred around de-stigmatisation and in recent years has focused on taking a population approach to mental health. As mentioned elsewhere in this document, the Commonwealth Government, under the first National Mental Health Strategy conducted its

own stigma-reduction campaign in the media. MHA was in fact contracted at that time to distribute the campaign's posters and brochures throughout NSW. Although the Commonwealth's campaign was not satisfactorily evaluated, we would support a further attempt to de-stigmatise mental illness by the Commonwealth Government.

l.2 The MHA's Mental Health Information Service (MHIS) maintains a comprehensive database of almost fifteen hundred services in NSW. The service employs 2.8 FTE positions. Staff are trained to provide information by telephone, mail and e-mail during business hours on weekdays and maintain a comprehensive website.

l.3 Every two years the MHIS produces the *Way Ahead Directory* of mental health services in hard copy and is also now available on CD-ROM. Currently in its 5th edition, this resource is purchased by Area Health Services, NGOs, libraries and other information providers. The CD-ROM will be updated annually.

l.4 The MHIS produces more than forty fact sheets on the range of mental health issues. These are available for download from our website www.mentalhealth.asn.au or by contacting the service.

l.5 The MHIS is also responsible for maintaining three other websites including www.missingpersons.org.au (funded by the NSW Attorney General's Missing Persons Unit); www.ada.mentalhealth.asn.au (Anxiety Disorders Alliance) and http://dmda.mentalhealth.asn.au/ (Depression and Mood Disorders Association).

l.6 Some years ago, the Mental Health Branch initiated discussions with the MHA (which then operated a Commonwealth-funded national service - Mental Health Information for Rural and Remote Australia), Kids Helpline, Lifeline and Reachout to progress a proposal to develop a "mega" health and community national database.

l.7 The idea was that these organisations, plus others down the track, would be able to access the database to provide its service, using its own brand. This would eventually mean that any organisation that currently maintains its own database, usually at great cost in terms of staff time, would be relieved of that task and would be able to use the national database in running its service. To our knowledge, this database has never been developed.

Recommendation: that a comprehensive national health and community database be developed and maintained, accessible online to information services and the general public.

Recommendation: that the Commonwealth Government fund a long-term, national mental de-stigmatisation campaign, based on available evidence of effectiveness.

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;

m.1 The Joint Guarantee of Service (JGOS) for Housing and Health workers assisting people with a mental illness has been in place for some time. The MHA has been contracted to develop a Resource and Information Kit to guide those workers, for completion in June 2005.

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

o.1 These issues are being addressed by current work both nationally and in NSW with the introduction of MHIDP (Mental Health Information Data Project) and MHOAT (Mental Health Outcomes Assessment Training). Training is currently being conducted in the public sector, throughout NSW. Involvement of non-government organisations in MHOAT is uncertain at this time.

o.2 The MHA supports the MH-COPES (Mental Health Consumer Perceptions and Experiences of Services) project currently being developed by the NSW Consumer Advisory Group – Mental Health.

Recommendation: that data collected be used to improve mental health services in Australia and that non-government service providers be included.

Recommendation: that MH-COPES be rolled out across Australia in due course.

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

p.1 The Select Committee is interested in the use of e-communication, and this has already proved valuable in the provision of psychiatric services in regional and rural Victoria and NSW. However, it does not replace the need for personal services.

Summary of recommendations

1. **Recommendation:** That a Mental Health Commission or similarly constituted body and as described in the above paper be created.

2. **Recommendation:** That funding for mental health be increased to at least 12% of the health budget, across jurisdictions.

3. **Recommendation**: that all the recommendations of the International Mid-Term Review of the Second National Mental Health Plan be implemented immediately.
4. **Recommendation**: that the Commonwealth Government continue to support and enhance the transition from hospital to community-based care, providing additional services in the community.
5. **Recommendation:** that the Commonwealth Government fund a long term national mental health promotion program, based on available evidence of good practice.

6. **Recommendation:** that mental health and drug and alcohol services be combined at all levels.

7. **Recommendation:** that the capacity of non-government organisations (NGOs) be enhanced and that NGOs be contracted to deliver a range of services, including rehabilitation, recovery and mental health promotion.

8. **Recommendation:** that non-government organisations be funded to establish and resource support or self-help groups, and to ensure that community health centres and GPs are kept informed of groups in their local area.

9. **Recommendation:** that salaries and conditions of employment for the mental health workforce be reviewed as a matter of urgency.

10. **Recommendation:** that mental health services include consumers and carers in all aspects of service planning and delivery, including consumer case management services.

11. **Recommendation:** that mental health professionals undertake a professional development program to better equip them to work in community mental health. The NSW Institute of Psychiatry could conduct such a program.

12. **Recommendation:** that the mental health component in nursing training be reviewed and strengthened.

13. **Recommendation:** that one of the essential criteria for appointment of managers at all levels is that they have had training and experience in management.

14. **Recommendation:** that where possible psychologists be re-deployed to provide counselling and psychological therapies in the public sector.

15. **Recommendation:** that psychological therapy and counselling be offered by the public and private sectors, in addition to, or instead of, medical and pharmacological interventions.

16. **Recommendation**: that the Commonwealth Government extend funding for psychological services under Medicare.

17. **Recommendation**: that health funds be encouraged to increase the amount of refunds available to cover psychological therapy in their plans.

18. **Recommendation**: that international and national research be undertaken to determine the most effective kinds of consumer-run services, and that funding is provided to implement them in Australia.
19. **Recommendation:** That people are kept in detention centres only as a last resort.
20. **Recommendation**: That people kept in detention centres receive a high standard of health and mental health care.
21. **Recommendation**: that a comprehensive national health and community database be developed and maintained, accessible online to information services and the general public.
22. **Recommendation:** that the Commonwealth Government fund a long-term, national mental de-stigmatisation campaign, based on available evidence of effectiveness.
23. **Recommendation:** that data collected be used to improve mental health services in Australia and that non-government service providers be included.
24. **Recommendation**: that MH-COPES be rolled out across Australia in due course.

References

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