

## Response to the Senate Select Committee on Mental Health Terms of Reference

The following report is written for by Carl Armstrong in response to the Senate Select Committee on Mental Health Terms of Reference. I have done research on Australian and world history, politics and health including mental health for ten years. Through the eighties I was employed at Mossman Hall Long Term Psychiatric facility Charters Towers as an assistant nurse. After five years year of service, due to the lack of trained staff, Des Hock the leading teacher of psychiatric services in Queensland was flown to the facility to train assistant nurses to work as second in charge of wards, setting up wards, administering medication, etcetera. I believe that there are a lot of people like myself, who would like to be working in that area, and require certain training to do this. Most people I have spoken to have indicated that they would be happy to attend the necessary TAFE courses once re-employed in psychiatric services.

When I began my career in psychiatric services there were three long term psychiatric facilities in Queensland; Wacol Brisbane, Barley Henderson Toowoomba and Mossman Hall Charters Towers North Queensland. Would it be better to reopen these facilities to take care of mental health clientele who need more than the standard three months care offered by hospitals? When 90% of people in prisons are effected by drug related psychiatric issues, perhaps it would be better to provide rehabilitation services for these people in the above facilities rather than placing them in prisons.

The following points outline my response to the terms of reference put forward by the Senate Committee on Mental Health.

**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;

**Proposed response-** More money is required for recruitment of more staff to implement all the aims and objectives of the Mental Health Association of Queensland Gold Coast Branch.

**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;

**Proposed response-** Here again the Association requires a greater income than at present for the various modes of care. The Gold Coast Branch operates on a yearly budget of \$66 thousand where at least \$120 thousand added to that would help to provide necessary professionals to carry out services. As the Gold Coast is the largest tourist centre in Australia the provision of after hours, holiday and

weekend service is crucial to cater for clients presenting with alcohol and drug related problems during these times.

**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;

**Proposed response-** We are already delivering good and effective service but more money is required to multiply these services.

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

**Proposed response-** It is essential that private and non-government services be maintained to compliment our service.

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

**Proposed response-** The government housing commission does not give priority to mental health clients for housing and employment. Private resources simply haven't enough finances to achieve these things.

**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;

**Proposed response-** Queensland is the most de-centralised state of Australia and clearly needs four times the funding that say Victoria requires to meet the special needs of mental health clientele. Queensland is now the largest state in Australia in terms of space and population. People are moving from places like Victoria to Queensland and are unable to utilise services like mental health care facilities and requirements due to insufficient funds, while other states are still receiving the same annual amount. Perhaps every state health department should have a separate ministry on mental health care.

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

**Proposed response-** Once again we require more money to train more workers and arrange refresher courses for existing workers.

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

**Proposed response-** All sectors of the health industry are essential to cover the role of primary health care.

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;

**Proposed response-** Early diagnosis of mental disease is most important, thus requiring more trained mental health workers in Queensland- again this requires more money.

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;

**Proposed response-** Health professionals have told me that inexperienced health workers (doctors included) are unable to provide expert service to mental disease sufferers in prisons and in custodial situations. (Please refer to introduction)

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;

**Proposed response-** Every effort must be made to provide first class diagnosis and treatment to all mental health sufferers provided they are reasonably co-operative.

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;

**Proposed response-** The general population still require more education in understanding mental illness. Rotary has been active in this regard, but more money is required for educational programmes on television.

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;

**Proposed response-** The housing situation is bad enough and there is no priority for mental cases. Their mental diseases become worse because of their lack of accommodation, which is in turn due to our insufficient funds.

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

**Proposed response-** Mental health research is grossly inadequate. I feel that more people would involve themselves in psychological medicine if jobs were available and guaranteed on their graduation.

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

**Proposed response-** Here again there is an overwhelming lack of funds in Queensland to deal with mental health consumers moving here from other states. We need to know when mental health consumers move to Queensland so that mental health funding for the state can be altered proportionately in response. Perhaps a junior minister could be attached to health departments in each state to monitor the movement of consumers.

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

**Proposed response-** I feel that drug addiction has to be included in mental health issues, but this is difficult, as mental disease therapy certification of drug addicts rarely has to be implemented to gain at least longer than temporary cures.

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Kind Regards,

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