



10 May 2005

The Committee Secretary
Submission to the Senate Select Committee on Mental Health
Parliament House ACT 2600

Dear Senate Committee

This brief submission is a presentation of emails received from members of the National Association of Practising Psychiatrists in response to our request for items to be placed before the Senate Committee on Mental Health.

Undoubtedly the Senate Committee will have received comprehensive submissions addressing the terms of reference.

The Australian Doctors' Fund believes that the voice of doctors who take responsibility for the treatment of patients with mental illness must be heard.

These doctors will make themselves available to the Committee if requested.

Question:

What are the barriers to the delivery of good psychiatric care that you are currently experiencing, if any? And what changes could be made to improve the situation?

Response 1:

The imprisonment of the mentally ill.

The failure of community mental health services to be properly funded and hence to offer adequate services

The shortage of acute mental health beds

The chronic severe shortage of rehabilitation services

The inadequacy of services for substance dependent individuals

The inadequacy of services for the developmentally challenged...

...is there anything that is right....?

Response 2:

Item 319 remains a problem for me in my practice, and makes it difficult for patients to access psychotherapy or psychoanalysis. In no other branch of medicine does such system exist, causing disadvantage to a group of people who are silent, and cannot protect or stand up for themselves.

The lack of funding for psychiatric services is appalling, leading to a revolving door practice, and a soaring suicide rate amongst people who suffer from mental illness.

This has been a problem for a long time, with nowhere for the long term disturbed patient to find a place of asylum where he/she can be properly cared for.

The closing down of mental institutions and moving of hospital beds into public hospitals has been a disaster for the mentally ill, as the bed state has decreased considerably, whilst hospitals divert funds previously kept by the Mental Health Authority for the mentally ill. All of this is an old story, but still ongoing.

Response 3:

The shortages of psychiatrists, Australia wide, getting worse and compounding the problem of inadequate care of patients (as well as lack of money, beds, etc etc) will only get worse if we are restricted in the types of treatment we can offer, and the people we can offer it to.

This is the 319 matter and needs to be reiterated along with the other factors such as budgets for mental health and philosophy of treatment eg deinstitutionalisation not suitable for everyone.

Response 4:

* Recognise importance of community care and the need for a range of good resources to support that eg:

- good GP liaison
- outpatient service
- home support
- crisis teams
- occupational and social rehabilitation services
(taking patient from symptom relief to functioning in community)

* Need more beds so that the vulnerable can have safe supported inpatient care. Discharge should be on basis of suitable recovery for community care, not just that someone sicker needs admission.


* Recognise time needed for antipsychotic, antidepressant and ECT to work (typically 2-3 weeks) - early discharge by 1 week is mostly before they can work enough.

* Ensure quality ECT treatment available across Australia for those who need such treatment

* Facilitate better public/private shared care liaison.

Conclusion

The Australian Doctors' Fund believes that those responsible for delivering quality medical treatment to the sufferers of mental illness should and must be listened to if Australia is serious about improving the quality of life and health of its citizens who have the extra burden of a chronic health condition that can affect any of us.



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