

*Submission to
The Senate Select Committee on Mental Health*

May 2005

From: An Australian for all injured Australians.

I would like to take this opportunity to thank the Senate for assembling this committee to look at the current Mental Health Service in Australia. It is important to also highlight that my submission will refer to how the NSW system does not manage within this scheme and how the NSW Correctional Health Service system does not live up to any of the current national or international mental health plans. I would like to highlight where improvements are needed based upon other models. I am unqualified and unaligned with any group of mental health service users. I am merely an observer.

I am an observer of a person experiencing a mental disorder within the mental health system in Australia who wants to give voice to the experience encountered when a family member is dealt with incorrectly and negligently.

The immediate and most pressing concern I have is the prevalent and absolute disregard for human rights violations in mental health in NSW today. There appears to be an appalling lack of resources for mental health services as offered by the NSW Government and the NSW CHS or criminal justice system. I agree that mental health services are grossly neglected as is evident by the treatment and actions of many incarcerated people are causing harm to themselves or indeed dying, mostly through suicide, from this neglect. This neglect needs to be seen as not just a failure to resource an essential service but as a violation of Human Rights and Social Justice in the NSW CHS Mental Health programme. It is not an indictment against the National Scheme rather an example of NSW government mismanagement.

I would like to make two observations based on the key elements of the terms of references gazetted for the select committee.

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.

The Federal Government has not failed in respect to policy and funding due to the existing make up of our Federal system, only NSW has failed to keep pace with the changing needs of its constituents. Many other States and indeed Territories have made changes based upon funding received from the Federal Government as evidenced by existing fully functioning schemes in Victoria, Western Australia and Tasmania. There has been no barrier to progress in these States due to funding, whereas the NSW experience displays a blatant disregard to the denial of services not only in reference to "free" Australians but also those under the sponsorship of the criminal justice system.

It is the opinion of the author that if the Federal Government had the responsibility of all schemes NSW would be forced to keep pace with the strategies of and best practices of other States and Territories.

The denial of services is widespread in NSW not only are ordinary Australians in desperate need of assistance and they are being denied on a daily basis but so are those in prison. The lack of services on both fronts is due to the fact that people are failing to meet a diagnostic criterion which is evidenced by available statistical data. This appears to be based upon an inadequate amount of resources allocated by the NSW government as evidenced in human rights terms.

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.

There is a wealth of evidence that persons in the criminal justice system have a considerably increased likelihood of also having a mental disorder. In recognition of this, policy and program developments within health, community service and corrective service portfolios have increasingly focused upon ways to improve forensic mental health services throughout Australian States and Territories. However, nothing has developed in NSW.

The prevalence of mental illness in the prison population is the focus of much of the current literature and, as reflected by the diversity of findings, it is also difficult to determine. The discrepant findings of the various studies may reflect methodological inconsistencies between them. It may also be the case that the findings are diverse to ensure that blame is not apportioned and any resolution will be retarded so as not to imply negligence on any party.

The prison system in NSW in isolation may need to review any tendency it has of inducing mental illness. This raises the question as to whether a prisoner's condition is a circumstance which should be treated rather than a state which should be endured. Programs that screen individuals for mental illness on arrest, using mental health professionals to work with the police, the courts, community-based mental health services and hospitals are needed in NSW. It is a basic human right for a prisoner to be treated.

NSW is unique in that its forensic psychiatric services are provided by the Corrections Health Service. While the CHS is a statutory corporation established under the NSW Area Health Services Act, 1997, all services are delivered through the prison system. In every other state and territory in Australia prison health services are provided by the respective health department. The available empirical evidence would suggest that the fault is with the NSW system and its custodians not the Australian criminal justice system.

The current NSW system is in need of immediate review as was determined during the Select Committee on Mental Health in 2002, but still the question is being raised again in 2005. It is apparent to the writer that NSW needs to move into the 20th Century let alone the 21st Century. The NSW service model may be compared to the successful Victoria's Forensicare, formerly the Victorian Institute of Forensic Mental Health. Following a change to Victoria's Mental Health Act, Forensicare was established as a dedicated statutory agency for provision of forensic mental health services. In addition to its service role, Forensicare has also developed a research emphasis that attracts international attention for its work in both understanding and treating people with mental disorders and criminal behaviour.

Unlike the archaic NSW approach to forensic mental health that is delivered only in a prison setting, Forensicare receives referrals from the courts, general mental health services, police, prisons and justice agencies. Referrals can be made at any time, from apprehension by the police, during imprisonment or while living in the community. Its clients include:

- Prisoners with serious mental illness requiring secure inpatient hospital treatment
- Alleged offenders detained as being unfit to plead or not guilty by virtue of mental impairment
- Offenders or alleged offenders referred by courts for psychiatric assessment and/or treatment
- Prisoners with mental illness requiring specialist psychiatric assessment and/or treatment in prison
- Offenders or alleged offenders with a serious mental illness ordered by courts to be detained as a psychiatric inpatient in a secure forensic facility
- People with serious mental illness in mainstream mental health services who are a danger to their carers or the community (Forensicare, 2002).