



**Private Mental Health  
Consumer Carer Network (Australia)**

*engage, empower, enable choice in private mental health*

The Hon. Nicola Roxon MP  
Minister for Health and Ageing,  
Parliament House,  
CANBERRA ACT 2600

Dear Minister,

**National Advisory Council on Mental Health  
*A mentally Healthy Future for all Australians***

We apologise for the lateness of our response but we did not wish to let the opportunity pass without our comments.

The Network is committed to working with Government and would be pleased to work more closely with the Minister for Health and Ageing and the National Advisory Council on Mental Health.

It has been quite some time since we have had the opportunity to review and comment on such a well written 'common sense' document which really does speak in a way that we as consumers and carers certainly agree with and we wish to congratulate the NACMH, the working group and the author/s. The Discussion Paper articulates in an independent way, the status quo of the current mental health system, consumers, carers, families and the Australian community's perspectives of mental health in Australia in a very honest manner.

The Network agrees that there requires a fundamental change in policies, approach and service delivery in the public mental health system in this country.

**Equity:**

The Network strongly supports equitable access to mental health services both public and private. We are not seeing this currently. We acknowledge the Discussion Paper in terms of national roll-out of best practice for *personality spectrum illnesses* as well as other prominent references.

This would be the first national document certainly policy, to our knowledge which actually refers to the very great need of these consumers and to the people who care for them. The NMHAC must be congratulated for raising this as a national issue within this paper.

In terms of personality spectrum illnesses it is more than an equity issue, it is a *basic human right* issue that Australians have the right to good quality health care. At the moment this is a national disgrace that people are turned away from mental health services. Should they be able to receive *some* care, this is very restricted and further, they are treated in a disparaging manner from within a service designed to care for them.

We also know that *one third* of young people who suicide have borderline personality disorder.

**Acute care:**

Whilst there is a concerted effort to treat consumers within a community setting, which the Network strongly supports, there also needs to be access to sufficient acute beds with appropriate lengths of stay for consumers to stabilise clinical interventions. What we are seeing are bottle necks in Emergency Departments, consumers being discharged prior to best clinical care and others being declined admission. All due to lack of acute care beds.

**Community care:**

The Network strongly supports care for consumers within community settings. We also support the Discussion Paper in terms of social inclusion and targeting the most disadvantaged people as a priority.

**Future:**

The Network shares the dream of the NMHAC in articulating what we all want and deserve from our mental health services.

There is and has been too much of a preoccupation and focus on schizophrenia and psychotic disorders. What we see is 80% of mental health services caring for a disorder which affects around 16% of the population. This is a harsh reality and whilst we feel uncomfortable in stating this, we do know that there are many others with just as complex needs who are missing out and not getting the services they need or deserve.

**Childhood trauma:**

The other issue the Network wishes to strongly support in the Discussion Paper which not only mentions childhood abuse, but articulates the need to better address care for consumers by public mental health services with this background. The Network again congratulates the NMHAC.

Consumers and carers of mental health services in Australia are only too aware of the result of childhood sexual and other abuse and neglect and the development in many people of mental illness as a result. Many consumers have an identified association with depression, anxiety or mood disorders, obsessive behaviour and other mental illnesses. The mental health systems, both public and private are filled with people with these types of childhood histories.

We know that childhood abuse and neglect is on the rise in Australia. The latest figures available from the Australian Institute of Health and Welfare showed that 55,120 *substantiated* cases of child abuse and neglect were reported for the year 2007-2008. We can expect that these figures will be repeated for this year with a very large number of these children as adults, ending up in the mental health system. We have to ask, can we afford not to do anything for yet another year? Will that be an additional 55,000 per year, each year, with a high percentage needing future mental health care?

What we see is a public mental health system not currently equipped to provide necessary care. There are issues of time for clinicians with most consumers in community, acute and sub acute settings, having very limited time and access to a psychiatrist. This is usually a 15 minute or so consultation and is usually around medication issues. Registrars are not trained to undertake psychotherapy and rotate usually on a six month basis. Consultant psychiatrists just seem to not have either the time or opportunity of undertaking this much needed treatment.

There is no access to trauma informed care an issue which must be addressed if the needs of people with this history are to be treated in a clinically appropriate manner.

The Senate Community Affairs Committee Report tabled in the Australian Senate on 25 September, 2008 made the following Recommendation:

*Recommendation 24.*

*The committee recommends that the National Advisory Council on Mental Health be funded to convene a taskforce on childhood sexual abuse and mental illness, to assess the public awareness, prevention and intervention initiatives needed in light of the link between childhood sexual abuse and mental illness and to guide government in the implementation of programs for adult survivors. The committee recommends that the taskforce report its findings by July 2009 and that COAG be tasked with implementing the necessary programs and reforms.*

The Discussion Paper in a very insightful manner, articulates perfectly the issues of life for people in Australia and the Network agrees strongly with the content. Again our congratulations to the MNHAC however more than articulation is needed and the Network wishes to respectfully ask what progress has been made by the NACMH on this issue?

**Australian Governments:**

The Network strongly supports the view that all levels of Government must ensure that any decision made must first assess the mental health impact of people who will be the recipients of any new initiatives, policies, programs or changes.

We believe this is a critical point which we have not seen articulated previously.

**Risk:**

We have seen increasingly in Australia mental health services moving away from assessment of individual clinical or other risks to the consumer to a mentality of risk containment within facilities. High walls, enclosed nurses stations some newer buildings with security glass and we have to ask, are we returning to the dark days of past institutions? We believe this is a tragedy and if the mental health system is taking this fundamental shift, why are we not surprised that the Australian community also feels the same?

We certainly support de-institutionalisation but believe the mainstreaming of mental health services has been counter-productive to its intent. Rather than people in a mental health crisis being treated and cared for within an emergency department of a mental health service staffed by mental health clinicians, people are now attending general emergency departments. This is now adding to the stigma and discrimination of people with a mental illness. We are seeing the increase of aggressive behaviour attributed to mental illness and the increasing use of restraint, seclusion and security guards. Not at all in the best interest of mental health consumers or the general public more broadly.

**Conclusion:**

The Network agrees that the health system currently does work in 'silos' Legislative changes have occurred within the private sector which now allow health insurers a greater opportunity to fund services outside of the hospital setting previously known as 'admitted patient' basis. Broader health cover can give consumers greater opportunities of accessing mental health services within the community – health insurers must embrace this opportunity more rigorously.

We agree that the health system is over stretched. The private mental health sector provides much needed services in what is a more cost efficient manner though detractors would say that is not the case in terms of private practitioners. We disagree, citing that private psychiatrists give consumers the opportunity to access much needed on-going therapy for complex disorders and conditions.

Rural and remote, indigenous, low socio-economic areas continue to suffer from poorly resourced and manned mental health services. New concepts of service delivery must be embraced to care for the needs of consumers and their carers. They are possible; ATAPS has worked particularly well in addressing the needs of these consumers. Greater emphasis on technology needs greater embracing to bring about much needed services.

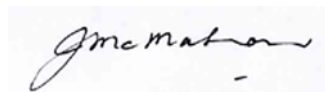
The Network strongly supports the Discussion paper's call for a new structure which embraces the funding, development, interface, co-ordination and delivery of mental health services across Australia.

Government investment in mental health must continue, though in a more cost efficient manner. Workforce continues to be problematic and one must ask why would a clinician wish to work in such an area as mental health? The system is stretched, case loads continue to climb, remuneration is poor and clinicians can be subjected to unpleasant and less than ideal work environments.

We see new graduates eager to make a difference last about three months with their enthusiasm, then the system takes over with more work that they can handle, huge case loads and entrenched negative cultural attitudes.

We again wish to congratulate the National Advisory Council on Mental Health on what we believe to be a fresh, open and honest Discussion Paper. We have enjoyed the content, the manner in which it has been written and the honesty of the approach.

Thank you for the opportunity to comment.

A handwritten signature in black ink, appearing to read 'J McMahon', written on a light-colored rectangular background.

Janne McMahon OAM  
Independent Chair  
5<sup>th</sup> March, 2010