



Where to for Mental Health Reform in Australia?

The 2009 MHCC-NADA Conference
Sydney, May 2009

John Mendoza
Chair, National Advisory Council on Mental Health

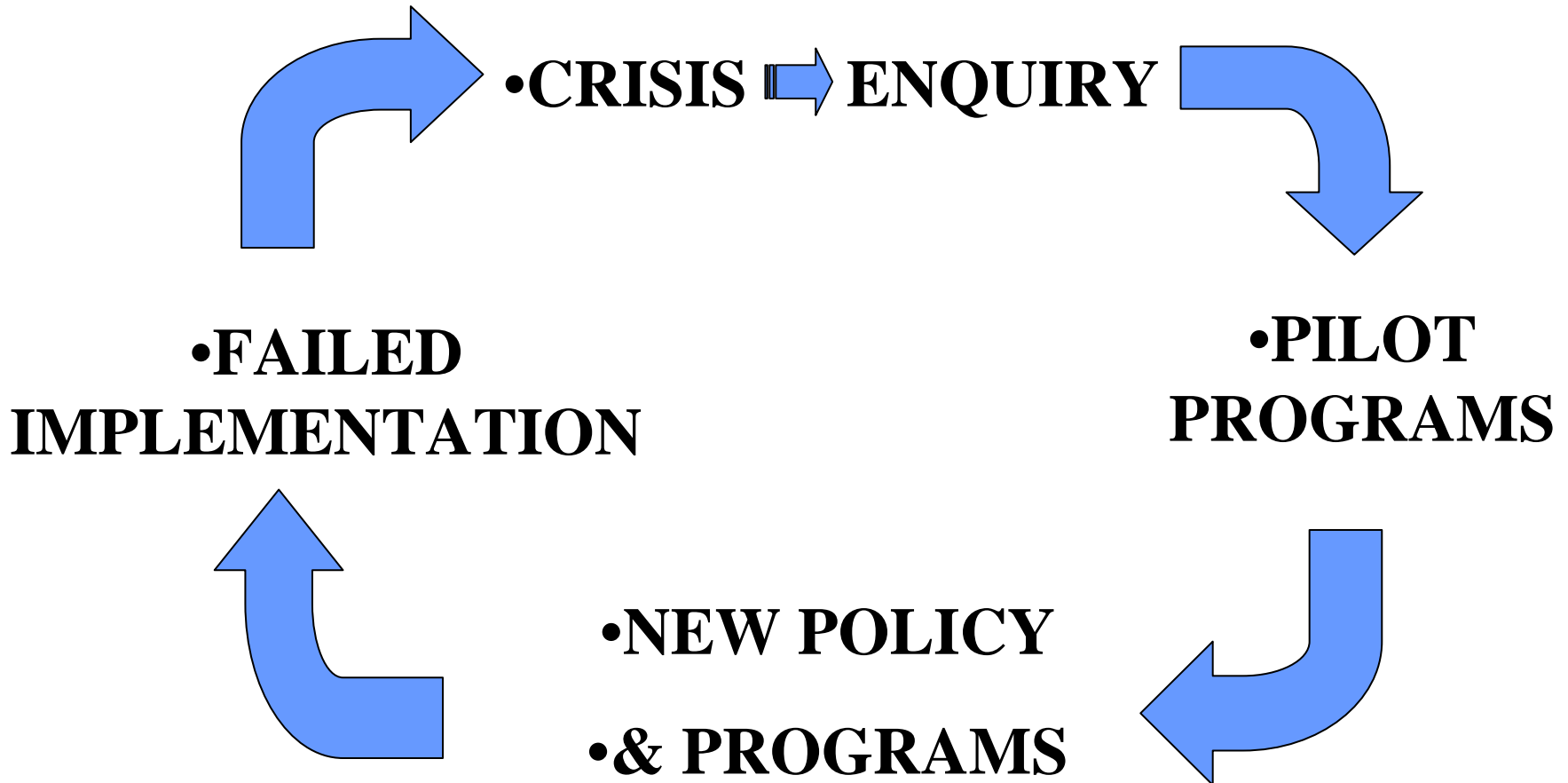


The need for reform – long recognised

- In 1954, PM Menzies initiated a review of MH services – the Stoller Review – confirmed unacceptable overcrowding, an almost complete lack of curative or palliative measures and a chronic shortage of professional staff and equipment or both in Australian mental hospitals.
- “I merely repeat that this matter is one which has, ever since the establishment of the Commonwealth, been under the jurisdiction of the States. ... I do not propose to hold a conference to ascertain whether the Commonwealth is now to enter the maintenance field on this matter...”

Robert Menzies, Prime Minister, Hansard, May 1954

Mental Health History shows a 10 year cycle of failure





Failure of Care – acknowledged

- .. mental health is a major problem for the Australian community.
- COAG acknowledged additional resources will be required from all governments... (with)
- a renewed focus on promotion, prevention & early intervention
- getting the balance right - hospital care, community & primary care
- improving & integrating the care system to enable right care at right time, inc. MHS, primary care, GP, private psychiatric services & ED services;
- improving participation in community & employment, inc. greater use of NGO & improved community-based & cross-sectoral supports for people with mental illness and their families
- addressing structural issues such as workforce changes; increasing role of psychologists and AHWs in primary care; increasing health workforce

COUNCIL OF AUSTRALIAN GOVERNMENTS' MEETING

10 FEBRUARY 2006, COMMUNIQUE



Acknowledging need for reform

- Historically, treatment of mental illness in Australia has been vastly inadequate, inappropriate or simply not available. Many people with mental illness were generally untreated or inappropriately maintained in psychiatric hospitals.
- Much has been done to reform mental health in Australia ... However we are still living with this legacy.no one would say we have achieved all that needs to be achieved.
- Reports such as the MHCA's *Not for Service* Report and the Senate Select Committee Inquiry increased awareness nationally that Australia's mental health system was in crisis.

Nicola Roxon, Minister for Health, June 2008



Minister's View on 2006 COAG

“Some of the funding was directed into poorly targeted or designed programs, and these programs have struggled to achieve targets

“and there has been a lack of rigorous evaluation of many initiatives – we need to ensure that people are receiving the right support where they need it, and that this support results in better mental health outcomes”.

Nicola Roxon June 2008



National Advisory Council on Mental Health – an overview

- Advise on strategies and directions for mental health policy.
- Advise on implementation of mental health programs, including coordination and integration of existing programs.
- Advise on mental health programs and support for those with specific needs



Mental Health & Government's Reform Agenda

- Number of health reform processes underway:
 - Primary Health Care Strategy
 - Preventative Health Taskforce
 - Closing the Gap (Indigenous Health)
 - Health and Hospitals Reform Commission
- Establishment of other relevant reforms:
 - Homelessness Taskforce
 - Mental Health and Disability Employment strategy
 - Social inclusion agenda



National Agenda

Longer Term

- NH&HRC 2020-30
- Primary Health Care Strategy
- Close the Gap
- Homelessness
- Social Inclusion

Here & Now

- COAG – NPAs, SPPs
- GP Super Clinics
- Disability Employment
- Preventative Health Agency



NACMH Agenda

Longer Term

- *Vision & architecture*
- *Accountability & Governance*
- Workforce reform
- Indigenous MH Strategy
- Promotion & prevention strategy

Here & Now

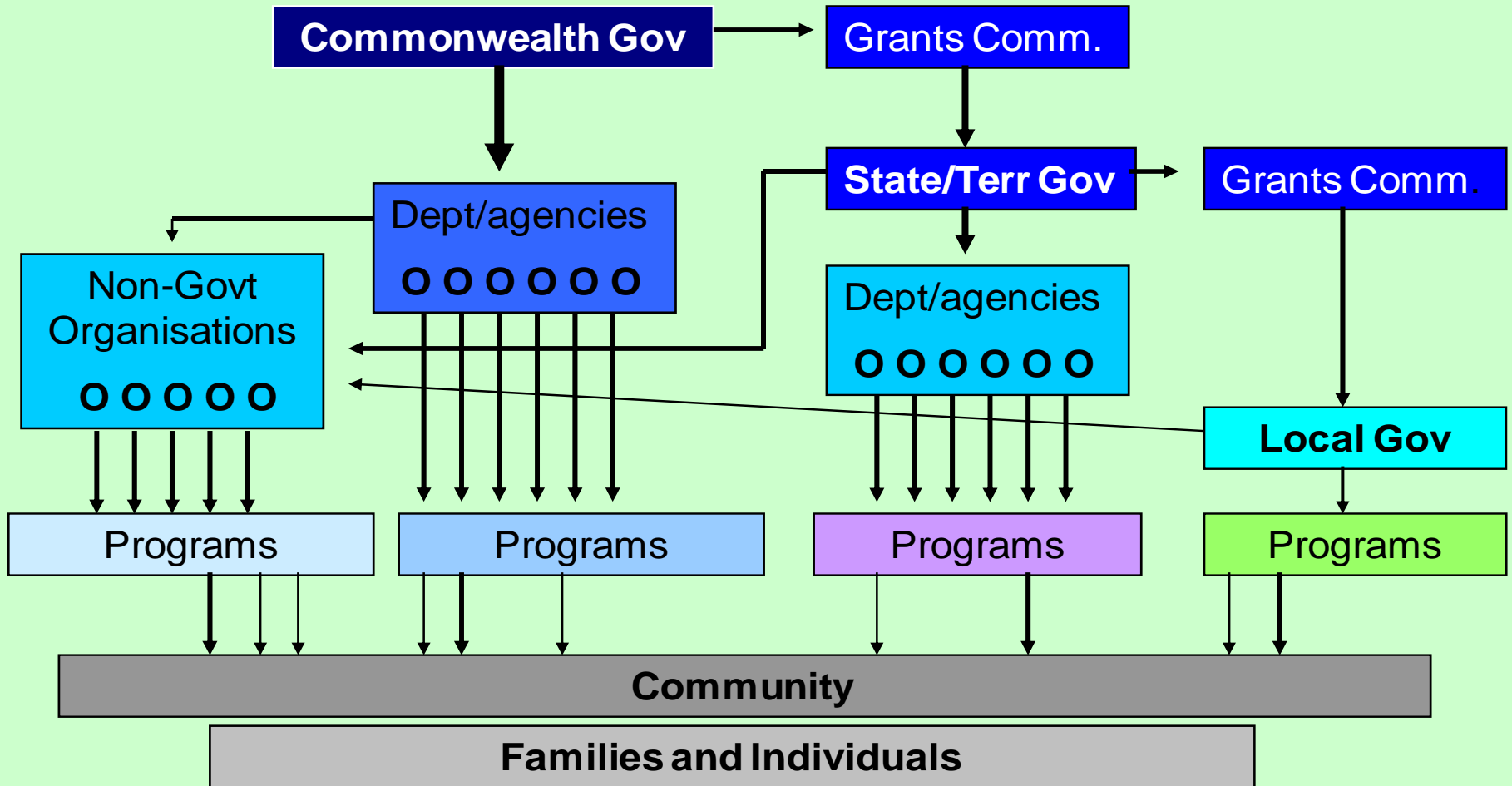
- *Review of all programs*
- Identifying gaps, problems & remedies
- *NPA on community mental health – COAG*
- 4th NMH Plan
- Input on key reform agendas



The NPA on Community Mental Health – what we heard

- Underpinning philosophical approach and culture
- System & program management — issues with processes, practices
- Integration & coordination — both care coordination & system integration
- Service gaps — particular gaps in service delivery
- Sector capacity & infrastructure — including workforce issues

“The Shower Head Effect”




Adapted from Barrett, 2003



What we need from Reform Efforts

- Real accountability
- Effective governance structures for collaboration
- Investment in some hard infrastructure
- Fundamental reform of PHC system (i.e. uncapped, fee-for-service model)
- National funding to support collaborative models (i.e. social insurance, headspace, etc) for people with severe/complex needs, youth, others
- Investment in e-health



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Thank you