

# Just Comment

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## Mental health in Australia: A state of urgency

**M**ental health in Australia today is in crisis. Under the National Mental Health Strategy institutional care has moved to community based care, but this has evolved with no effective management system that is able to provide high quality primary care or the necessary support structures to live productively within the wider community.

At least one in five Australians will experience a mental illness yet services are inadequate with "restricted access, variable quality, poor continuity, and a lack of support for recovery from illness or protection against human rights abuses" (see: *Key Issues About Mental Health in Australia fact sheet and Review of Mental Health Services, 2003:4*).

The stigma associated with mental illness remains alarmingly high. The wider community is not generally aware of an ineffective system where the needs are great that provides minimal accessible mental health care or of the growing demand for such services. The recent Cornelia Rau case raised some level of awareness for the public but it is usually only when a family member needs care that people become more aware of how difficult it is to obtain basic primary mental health care. People with mental illness report ongoing abuse within hospitals and in the wider community. They also report discrimination and neglect regarding

employment, insurance, welfare and support services.

### Some Basic Facts

#### Unmet need for basic mental health services

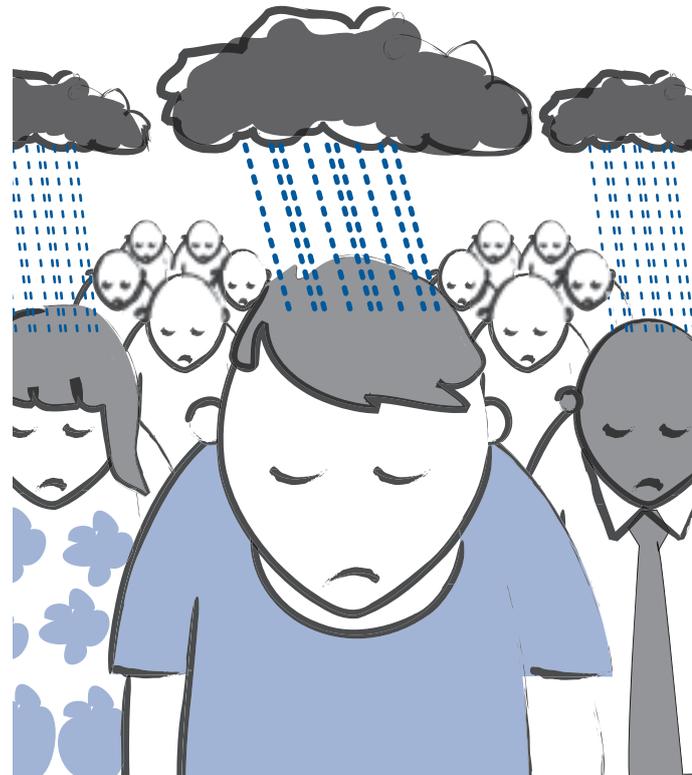
- 62% of people with mental disorders do not use mental health services – reasons ranging from fear, stigma, poor distribution of services, to the costs associated with specialist care.

- Although 38% of people with mental disorders do access care that care is largely provided by GPs. Access to basic primary care services are becoming more limited with the decline in bulk-billing, especially in rural areas.

- A recent report from WA argues that the overall health needs of people with mental illness are much greater than the rest of the population with higher mortality rates concerning suicide, heart disease and other types of physical illness. However, mental health services are often provided through separate services to physical health services and furthermore they may even view physical symptoms as psychosomatic.

#### Inadequate expenditure on basic services

- Australia spends 7% of its health budget on mental health while mental health accounts for at least 20% of total health costs due to death and disability. "Poor mortality results for people with mental illness are similar to general populations in developing countries, and suggest serious health inequalities compared to Australians without mental illness" (Lawrence & Coghlan, 2002).



- "There is no evidence that the proportion of total health expenditure on mental health has increased" despite governments having increased expenditure by \$778 million over the last decade. The Commonwealth Government has increased expenditure but more than two thirds is related to increased pharmaceutical costs as a result of rapid growth in new products to treat brain-related disease, rather than expanding service systems.

- Access to mental health services is even worse in rural areas.

(See: *A Review of Mental Health Services in Australia, 2003*; and *"A Long Road to Recovery"*, a social justice statement on mental health, St Vincent de Paul, 2001)

## Organisations such as

St Vincent de Paul have documented many cases of people, young and old, who struggle every day with anxiety, depression and other forms of mental illness. People who feel distressed, alone and often alienated from their families; who search for someone who understands their plight and who will listen; People who suffer poor physical health, who are unemployed, who can't pay their bills or buy food; that battle daily fears of agoraphobia, persecution or paranoia. Without lifelines people with mental illness resort to addictions and frequently feel their only way out is suicide.

## Homelessness and Structural Disadvantage

A recent report for the Australian Housing and Urban Research Institute (Robinson, 2003) described the situation of "iterative homelessness" that many people with mental disorders continually face. This is a situation where a person moves through unstable and often unsafe accommodation in many different circumstances from sleeping rough to private rental or imprisonment. This report found that people with mental disorders who are homeless "experience wide-ranging and compounded disadvantage and exclusion". They are likely to have a poor education, poor general health, and

extremely low income and experience high imprisonment rates.

These issues of structural disadvantage are compounded by fluctuating mental health often associated with ongoing trauma, and further contributing to difficulties maintaining study, employment, housing, and relationships with those whom housing is shared. Multiple factors and many situations produce periods of intense chaos and transience.

The researchers found two issues which arose consistently in their case studies;

- There must be a point of stability whether through – housing, drop in centres or support groups which maintain relationships at some level. In terms of policy development and service provision this is a cost effective way of developing an important resource in the "demonstrated ongoing cycling through accommodation, prison, hospital, support services etc".

- Current policies and service delivery need to pay much more attention to the healing of people with traumatic lifestyles where ownership of support and trauma issues needs to be taken by all levels of government. Integrated support, housing and mental health care should be provided and sustained by a service sector that is based on one-to-one relationship building with clients.

## Continuing Institutionalisation

The prison system in NSW has been described by many as becoming a "surrogate mental hospital" (Beyond Bars: Alternatives to Custody, Fact Sheet 9). Since the closure of large psychiatric institutions there has been a "steady drift" of people with mental illness into NSW prisons. Without lack of support in the community the increasing risk of homelessness puts people at risk of offending behaviour or coming under more intensive police surveillance.

**Women in Prison** – 30% have attempted suicide, 25% are on psychiatric medication and 25% have been admitted to a psychiatric unit or hospital.

**Men in Prison** – 20% have attempted suicide, 13% are on psychiatric medica-

tion and 34% have been admitted to a psychiatric unit or hospital.

Prisons can be a frightening place for those with mental illness. The above figures may be underreported as many prisoners are reluctant to report their mental illness for fear of violence, abuse and/or exploitation by other prisoners. They may also not want to end up in "dry cells" that are used for suicide watch, under 24 hour surveillance by prison officers and more likely to exacerbate mental illness.

The Cornelia Rau case highlighted the large number of women in prison in Australia with mental illness.

"In 2003 the NSW Corrections Health Service found that 86% of women entering prison were suffering some form of mental illness and that 12% had psychotic disorders. Considering the numbers of women who are screaming for help in Australian prisons, it's no wonder Rau wasn't heard". (Kilroy, *On-line Opinion, Feb 14: 2005*).

An integrated system of community support, accommodation and acute care with the capacity to form ongoing one-to-one relationships and to respond to disadvantage, trauma, and distress is essential. Projects such as the St Vincent de Paul "Ted Bacon House" are joint ventures with health services to provide social and leisure activities and increasing community involvement for people with mental illness.

## Just Action

- Check out the latest facts from the Mental Health Council of Australia.
- Email or write to Democrats leader, Senator Lyn Allison concerning a broad terms of reference for the Senate Inquiry into Mental Health, so that many more issues concerning mental health will be addressed. (full list of references on ERC website)

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