

# Handout 5A: Mental Health Services in Australia

Below you will find 5 clips from newspaper articles between 4 December 2008 and 5 February 2009. These are text only versions of the articles and are sourced to a number of Australian newspapers. At the end of this document you will find a list of websites and other resources that may be useful when further investigating your topic.

## **Media Articles**

## **Keep Glenside Hospital**

Publisher: News Ltd

Publication: The Advertiser, Page 19 (Thu 5 Feb 2009)

Keywords: Mental (1)

Section: Opinion

A TRAGEDY is occurring as South Australians who are inflicted with mental illness are not being provided with adequate treatment and care, which is their rightful due.

Any periods of time that are spent in hospital are of short duration and, under the process of deinstitutionalisation (closing down of wards where these people can be treated), they are being sent to live in the community in single units, cluster units and some centres designated 'rehab units'. But these centres have a short limit on time (six months) allowed for residency.

Community supports are inadequate and what care there is, administered by NGOs, is generally well meaning but not professional. Many of these unwell people could indeed be assisted to gain some life skills in a hospital rehabilitation ward.

Glenside Hospital, with its resources, experienced staff and open areas, is the ideal place for treatment and rehabilitation.

It does not make sense to sell off land, destroy the oval and trees and to fill the site with unwanted and unnecessary shops, parking, houses, offices.



#### Government falls short on mental health care

Author: Nick Miller, Health Editor

Publisher: Fairfax

Publication: The Age, Page 5 (Sat 17 Jan 2009)

Keywords: Mental (14)

Edition: First

Section: News

VICTORIA's mental health system is failing all but one of its Government-set targets, figures reveal.

The data, released to the State Opposition under freedom of information laws, comes as the Government polishes its delayed mental health strategy, due for release last month.

Almost a third of mental health patients wait more than eight hours in hospital emergency departments before finding a bed, according to Department of Human Services records from the first quarter of last year.

A third of patients do not get follow-up community care after they are released from hospital, putting them at increased risk.

And two-thirds of mental health patients cared for in the community are not properly assessed on arrival.

"There are failures all the way through the system," Opposition mental health spokeswoman Mary Wooldridge said.

"People are sitting for hours in hospital emergency departments, the inpatient beds are under pressure, and when they leave they are not getting care, so they come back in again."

In a recent submission to a Victorian parliamentary inquiry, the Royal Australian and New Zealand College of Psychiatrists' Victorian branch called urgently for more mental health resources.

"When a patient presents in the acute phase of mental illness they are at great risk of their condition worsening if treatment is delayed," the submission said.

"They may also become a more troublesome patient if required to wait for extended periods."

Many hospitals reported a severe lack of mental health beds in the FOI data, with Austin Health at 103 per cent bed occupancy and Werribee Mercy at 100 per cent.



In the number of mental health patients properly assessed on arrival, one hospital rated as low as 16 per cent - compared with a target of 85 per cent.

In its latest Risk Watch publication, the DHS warned hospitals of the danger of not properly assessing mental health patients. It said one hospital had failed to identify the suicide risk of a patient with depression. The patient then left the ward and jumped off a building, returning to the hospital through the emergency department.

A spokesman for acting Mental Health Minister Daniel Andrews said the Government had given mental health services a \$128 million boost in the last state budget and had committed to further changes in the 10-year mental health strategy, to be released "shortly".

But Ms Wooldridge said the Government's 2002 strategy had not translated to results.

"A strategy is only as good as its effective implementation - and that has been the failure of this Government," she said.

## Mentally ill 'need help, not prison'

Author: Natasha Robinson

Publisher: News Ltd

Publication: The Australian, Page 4 (Mon 22 Dec 2008)

Keywords: Mental (7)

Edition: 2 - All-round First

Section: Local

THE Northern Territory's most senior judge and magistrate have lashed out at the lack of help for the mentally ill after two Aboriginal women were held in prison because of a chronic lack of social services.

Chief Justice Brian Martin spoke of the extremely urgent need for an appropriate facility to house the mentally ill after a young Aboriginal woman, who pleaded guilty to a minor assault charge committed when she was in the grip of mental illness, found herself in and out of prison for months on end.

And Chief Magistrate Daynor Trigg slammed the NT Government's neglect of the mentally ill in sentencing another Aboriginal woman, who was held in the isolation unit in Darwin's Berrimah prison for months.

Rebecca Ellis, 22, was in a cell in the prison's isolation unit at the same time that 25-year-old Adrian Faulton, a severely intellectually disabled Aboriginal man, was also locked in his cell for 22 hours a day.



The Weekend Australian reported on Saturday that Faulton has been held in Berrimah jail's isolation unit since October because there was no other facility in which to house him.

In sentencing Ellis on December 12, Mr Trigg said the young woman's plight was a sad indictment on the Territory's mental health services that "currently appear unwilling or unable to help (her)".

The disturbed young woman found herself back at Berrimah prison in August after lashing out at shoppers at the checkout of a supermarket in Katherine after being caught stealing bocconcini cheese. She had been committing random assaults since she was 16 but had not received appropriate treatment.

It was a typical pattern of offending for Ellis, who has variously been diagnosed as schizophrenic or having a severe personality disorder.

When she got to Berrimah on August 12, Ellis was medicated and placed in the prison's A Wing, where she was locked up for more than 20 hours each day.

On September 22, she again snapped and assaulted a prison nurse, pulling her by the hair, bruising her arms and legs and causing abrasions to her elbows and knees.

Ellis was sentenced to seven months in prison last week after pleading guilty to several assault charges. The chief magistrate "requested strongly that mental health services do something to treat Ms Ellis and the community as a whole".

But because of a lack of mental health beds or an appropriate facility in the women's prison, Ellis is back today in A Wing in a 22-hour lockdown.

North Australian Aboriginal Justice Agency principal lawyer Glen Dooley said he had advised Ellis to plead guilty because he did not want her to suffer the same fate as another client, Cindy Bouge, who pleaded not guilty to a minor assault charge on the basis of mental illness.

Bouge was before court on December 10, when Chief Justice Martin used her case to illustrate the "extremely urgent need for an appropriate facility to house people with (mental) conditions (which) would not normally warrant long periods in jail".

Bouge's not guilty plea had resulted in her being subject to supervision orders, which have, during the months since she pleaded guilty, varied between custodial and non-custodial in nature. If she breaches the order, which is designed to ensure she takes her medication, she risks being thrown in prison.

There are just eight beds in Darwin Hospital's only secure facility for mentally ill inmates, the Joan Ridley Unit. The inmates who can't find beds there are taken to prison -- often the isolation unit, A Wing.

The NT Government is planning to build a forensic mental health unit as part of its planned new prison, but Mr Dooley said he feared that the facility would become a holding house for the mentally ill, who should be receiving care in a residential facility.



#### Reform call for mental health care

Author: Peter Gregory, Law Reporter

Publisher: Fairfax

Publication: The Age, Page 7 (Tue 9 Dec 2008)

Keywords: Mental (10)

Edition: First

Section: News

### Community orders 'degrading'

VICTORIA leads the world in making orders to detain and treat mental health patients, a report has revealed.

The report - the first of its kind in Australia - also said patients involuntarily held or given treatment under orders made by the Victorian Mental Health Review Board often felt humiliated and degraded by the process.

Some believed they were powerless when appearing before board panels, and patients complained about a lack of access to their files and that they received little communication about their medical reports.

Unnamed respondents said in the study that the panel hearings appeared to be "rubber stamp" exercises that upheld the views of psychiatrists who had seen them.

One interviewee, referring to an annual review process for the orders, told researchers: "I feel like I'm on trial every 12 months and I already know the verdict: I'm guilty.

"How does it make me feel? Like I'm virtually a bonded slave."

The study was compiled by the Mental Health Legal Centre, which called for sweeping changes to be made to the system of deciding on involuntary care for mental health patients.

The changes included reform of hearings held at the board, a shortening of review times after orders were made, greater information access, training for panel members and clear explanations of decisions.

The report said community treatment orders were developed after the deinstitutionalisation of mental health services, which started in the mid-1980s.

"The goals of deinstitutionalisation - moving treatment from institutions to treatment in the community - are indeed admirable," it said. "Stand-alone institutions were known to be houses of horror, rife with abuse and neglect; they must never be re-created."



The report quoted comments made in October by board president John Lesser that the 5473 orders granted in 2007-08 was a higher number than in any other jurisdiction.

The figure was up on the 5099 Victorian orders made in 2005-06, and almost three times the 1995-96 result for similar orders.

The report said the orders helped ensure admissions to hospital psychiatric units were kept to a minimum, but argued that they were overused, and were sometimes made for patients who were prepared to be treated voluntarily.

Victorian Public Advocate Colleen Pearce said she would support many of the points made in the report. She said she would like to see the focus placed on prevention and recovery within the mental health system.

Representatives from the Mental Health Review Board were unavailable for comment.

#### **KEY POINTS**

- Patients treated under mental health orders often felt humiliated.
- Reforms called for by the Mental Health Legal Centre.
- Three times more orders made than 12 years ago.
- Orders helped reduce hospital psychiatric unit admissions.

## Police to stop transfer of patients

Author: Julie Robotham, Medical Editor

Publisher: Fairfax

Publication: Sydney Morning Herald, Page 3 (Thu 4 Dec 2008)

Keywords: Mental (4)

Edition: First

Section: News and Features

POLICE will no longer transfer disturbed, mentally-ill people between hospitals, in a decision doctors say puts patients as well as hospital and ambulance staff at increased risk of harm.

The withdrawal of police leaves ambulance officers - some of them insufficiently trained - to transfer people who may be violent and difficult to restrain. Typically, such people have been brought to an emergency department and then need to be admitted to a psychiatric ward at a different hospital.



In a letter to area health service bosses, NSW Health's deputy director-general, Richard Matthews, acknowledged the change was going ahead before the ambulance service was ready. "I am advised that the prerequisite training for paramedics to fulfil their powers of detention will not be complete until 2011," he wrote.

Police withdrew the service from this week in metropolitan local area commands, and will do so from February 1 in rural commands.

Tony Joseph, the chairman of the NSW faculty of the Australasian College for Emergency Medicine, said the change would, "increase the risk of harm and injury to patients and staff. We've always viewed this as an issue of police responsibility. People working in the emergency department have the right to be protected."

Police were better trained in restraining people safely than any other agency, Dr Joseph said. In rural areas in particular, transfers could be as far as 200 kilometres, further underlining the need for fully-trained staff.

A spokesman for the Ambulance Service of NSW said paramedics were "sufficiently trained to manage the clinical care of behaviourally disturbed patients who are being transferred between health facilities", but were "not expected to provide a security service . . We will be closely monitoring this to ensure that risks are always assessed and that paramedics do not inappropriately undertake high-risk transfers."

Superintendent David Donohue, commander of the mental health intervention team at NSW Police, said police were the wrong agency to transfer patients within the health system.

"Putting them in the back of a truck is exacerbating their conditions and continues to place a stigma on mental health patients," he said. "Why are we using the police to provide a security function in a mental health setting?"

But Supt Donohue said there was "room for discretion. We won't be putting anyone at risk".

A spokeswoman for Barbara Perry, the Minister Assisting on Health (Mental Health), said safety assessments would occur before patients were transferred.

"Depending on the level of risk identified . . . assistance and care could be provided by a greater number of clinical staff or a request could be made to the police," she said. Private security firms would not be engaged to transfer patients, she said.

The shadow health minister, Greg Aplin, said it was, "staggering that the state Labor Government would jeopardise patient and staff safety in this cavalier manner".

"The Garling report was highly critical of the pressures on hospital emergency departments - the state Labor Government has just made this a whole lot worse."



## **Websites**

Websites and documents related to mental health services in Australia:

#### **Documents:**

Australian Institute of Health and Welfare: Mental Health Services in Australia

http://www.aihw.gov.au/mentalhealth/index.cfm

### **National links:**

Australian Government: Mental Health and Wellbeing

http://www.health.gov.au/internet/mentalhealth/Publishing.nsf/Content/Home-1

Mental Health Council of Australia

www.mhca.org.au

#### State based links:

Victoria's Mental Health Services

http://www.health.vic.gov.au/mentalhealth/

Queensland Mental Health Services

http://www.health.qld.gov.au/mentalhealth/

**ACT Mental Health Services** 

http://www.health.act.gov.au/c/health?a=da&did=10051295

WA Mental Health Services

http://www.health.wa.gov.au/services/category.cfm?Topic ID=5

**NSW Mental Health Services** 

http://www.health.nsw.gov.au/policy/cmh/pubs.html

**SA Mental Health Services** 

http://www.health.sa.gov.au/mentalhealth/



## **Fact Sheets**

The following related fact sheets are available online at <a href="www.mindframe-media.info">www.mindframe-media.info</a>:

Fact Sheet A1: Mental Illness in Australia: Facts and Statistics

Fact Sheet A2: Attitudes and Myths Surrounding Mental Illness

Fact Sheet A3: Mental Illness and the Risk of Violence

Fact Sheet A4: Mental Illness and the Media

Fact Sheet A5: Mental Illness - Glossary of Terms

Fact Sheet A6: Language Guide for Mental Illness

Fact Sheet D5: Journalism Codes of Practice