

COMPREHENSIVE MENTAL HEALTH SUPPORT FOR A DECENT LIFE

What Australia needs

Let's build a society in which people with mental health issues are supported in their recovery and can attain the foundations for a contributing life – quality health care, stable housing, and employment and educational opportunities. As a nation we need to reduce barriers facing people who are at risk and experiencing social and financial disadvantage, understanding that mental health needs intersect with other core social services and supports.

Why it matters

One in five Australians experiences a mental illness in any given year. The *Fourth National Mental Health Plan 2009-2014* provides a framework for the following areas that are crucial to providing a high quality support system for Australians experiencing a mental illness:

- Social inclusion and recovery;
- Prevention and early intervention;
- Service access, coordination and continuity of care;
- Quality improvement and innovation; and,
- Accountability - measuring and reporting progress.

Many factors contribute to recovery, including access to good clinical treatment, a safe home, strong relationships and financial security. Many factors can stop recovery or impede progress, such as discrimination, prejudice, and lack of understanding. These are unacceptable in today's Australia and we need to shift our culture to one of understanding, hope and optimism which recognises people's capabilities and contribution.

The support for 60,000 people with a mental illness through DisabilityCare Australia is welcome. DisabilityCare is about opportunities for every person with a disability. Recovery, in the mental health sector, is about regaining hope and control. For people to make informed choices they need information that is timely and accessible.

Community based mental health services have provided assistance with the development of policy and contribution from their funding base to DisabilityCare Australia. Federal Government needs to ensure that the potential unintended consequences on state clinical services and state budgets, in catering for those people who are not eligible for DisabilityCare, are resourced.



Mental health reform should also focus on the physical health of people living with a mental illness, and consider the person as a whole. People with schizophrenia suffer coronary heart disease at nearly twice the rate of the general population under the age of 55, and rates of diabetes and stroke are significantly high, which has led to the life expectancy of people with schizophrenia being reduced by 18 to 25 years compared to the general population.

What Government can do

Implement the *National Mental Health Plan* and continue support for the projects that are associated with this, in particular:

- Improve coordination between primary care and specialist mental health services;
- Facilitate 'wrap around' service provision;
- Develop integrated programs between mental health support services and housing; and,
- Develop integrated approaches between the housing, justice, community and aged care sectors to facilitate access to mental health programs for people at risk of homelessness and other forms of disadvantage.

Continue support for the important role of the Mental Health Commission to keep policy makers, funders and service providers honest and informed in order to ensure the needs of people with mental health issues are addressed.

Maintain adequate federal funding for community based mental health services for those who are not eligible for DisabilityCare Australia.