

# Australia: Top mental health adviser resigns

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In the midst of yesterday's political turmoil in Canberra, a group of professionals and lobbyists arrived at parliament house to present a letter to the Australian Labor government calling for urgent reform of the country's badly underfunded mental health system. Hastily readdressed to the new prime minister, Julia Gillard, the letter called on the government to make "its core policy objective in mental health achieving ready access to quality mental health based on need."

The letter follows the resignation of the government's chief mental health adviser John Mendoza last Friday. It is another symptom of the collapse of support for the Labor government that helped fuel yesterday's ouster of Kevin Rudd as prime minister, and reflects the bitter disappointment of those who had illusions that Labor would be a positive improvement over the previous Coalition government of prime minister John Howard.

In his resignation letter, Mendoza declared that the Labor government had "no vision or commitment" for the mental health sector and was claiming credit for increases in mental health spending that had been made by the Howard government. He told Radio National's "AM" program on Monday: "[T]he government's been in power for two and a half years. It's made a lot of commitments in relation to mental health reform and at the end of the day all we see is a paltry investment of about \$30 million per annum when the real level of investment that's needed is about a billion per year."

In a comment published in the *Australian* on Tuesday, Mendoza declared that "mental health services across Australia remain in crisis". He cited a series of damning statistics, pointing out that every day, on average:

- \* about 330 Australians present to emergency departments with serious mental illnesses, only to be turned away, with less than one in 15 referred to any other services.

- \* more than 1,200 Australians are refused admission to a public or private psychiatric unit.

- \* at least seven people die of suicide in Australia (whereas road accidents account for less than four deaths per day), with more than one-third involving those discharged too early and/or without care following hospitalisation.

- \* another 180 Australians attempt suicide (one every eight minutes), and of these 84 are hospitalised.

Mendoza called for a series of basic measures to be implemented, including services and programs oriented to youth, children's mental health, suicide prevention and housing. He pointed out that youth-oriented services such as Headspace would have only 40 percent of necessary capacity by 2013-14, and that the Early Psychosis Prevention and Intervention Centre pioneered by Australian of the Year Patrick McGorry had received "only token funding from the Rudd government".

McGorry, one of the signatories to the letter handed to the government yesterday, told Radio National earlier this week that Mendoza's resignation reflected "a very deep level of frustration and disappointment in the sector of being locked out of the health reform process. I think the government needs to communicate what it intends to accomplish and make a commitment to equity in health care so that mental health gets the same access to quality care as physical health."

In a comment in the *Sydney Morning Herald*, SANE executive director Barbara Hocking described Mendoza's resignation as "a courageous step [that] reflects the enormous frustration and impotence felt by very many in the sector who held out great hope for reform when the Rudd government was elected almost three years ago."

Hocking pointed out that the government's own statistics confirmed that mental health problems accounted for about 14 percent of the country's "health burden" but received only 6 percent of funding. "[W]hen funding is inadequate, it basically comes down to rationing of healthcare. It becomes a brutal mechanism to deny or delay care to everyone except for those who are extremely unwell, and sometimes not even then."

Those with mental health problems are a large and particularly vulnerable segment of the population, and far more likely to be on a lower income than the average Australian. A survey carried out by SANE last year found that more than half of mental illness sufferers were living on less than \$A30,000 a year and 38 percent had an income of less than \$20,000. More than half said that they had been unable to afford the treatments recommended by their doctors and many said there were times when they could not afford essentials such as food.

Mental health services have been particularly hard hit as part of the general rundown of public health care by Labor and Coalition governments at the state and federal levels over the past three decades. Under the banner of "deinstitutionalisation", psychiatric hospitals have been systematically shut down, with the number of beds plunging from around 30,000 to less than 7,000, despite an increasing population. According to an Australian Institute of Health and Welfare report last year, the number of beds in specialised psychiatric wards of public hospitals in 2006-07 was around 4,200, while the number of stand-alone public psychiatric hospitals beds was just over 2,200.

Mental illnesses, including drug addiction, are complex phenomena involving physical disorders compounded by acute social stresses and requiring a broad range of services. However, the closure of psychiatric hospitals and beds has not been matched by the provision of other community-based facilities, leaving many patients with little or no help. In his *Australian* article, Mendoza pointed out that 60 percent of the country's homeless, or about 63,000 people, had severe mental health problems. Others ended up in prison.

Hopes that the Rudd Labor government would address the issue and boost funding for mental health services have been dashed. A Health and Hospital Commission report last December identified mental health and dental

health as the two highest healthcare priorities. But as Mendoza, McGorry and other health professionals have noted, the government has offered little more than vacuous acknowledgements that "more had to be done".

In a bid to revive his waning political fortunes, Rudd announced in March, amid great fanfare, major new health "reforms" that would "deliver better health and better hospitals for all Australians". Far from improving public health care, the aim was to slash costs through the imposition of market mechanisms to set an "efficient national price" for hospital services to "help ensure the long-term sustainability of Australia's finances". The plan will lead to the rationing of health care, the closure or amalgamation of hospitals and expand the profit-making activities of private hospitals and insurance funds.

At a meeting of federal and state leaders at the Council of Australian Governments (COAG) meeting in April, the state governments, with the exception of Western Australia, agreed to the federal government plan to alter funding arrangements and for a greater federal role in health care. Mental health professionals who had been led to believe that the proposals would include an expansion in the funding of their sector were angered by the Rudd government's failure to provide any more than lipservice. While figures like Mendoza and McGorry argue for a greater share of health care funding for mental health, in reality it is the entire public health and hospital system that needs billions more in order to provide free, high quality health care for all.

Yesterday's installation of Gillard as prime minister will only result in further cutbacks to public spending, including on health. In her first speech, she pledged to keep the government's commitment to returning the budget to surplus, even as she offered to cut a deal with the major mining corporations that will inevitably lead to a loss of revenue from the proposed super profits tax on mining. Although he publicly denied the comments, Finance Minister Lindsay Tanner reportedly told Labor insiders last week that there was "no money" left for further spending on mental, dental or aged-care services.



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