

# Australian mental health report highlights a systemic crisis

Margaret Rees  
28 December 2019

The Victorian Royal Commission into Mental Health delivered a 680-page interim report last month, describing the state's system as one of acute crisis but offering nothing immediate to address the catastrophe.

“Consumers, carers and those working in the mental health system, including psychiatrists, are being traumatised by an under-resourced system,” the report stated. It criticised patchworked and fragmented services. “There are service gaps, insufficient services to meet demand and inequities in who can access services.”

While an estimated 3.1 percent of the Australian population lives with severe mental illness, Victoria only offers enough public specialist mental health services for about half that number—an estimated 1.16 percent of the state's people. The national average is 1.8 percent, which is shameful in itself, but Victoria remains the lowest.

On these figures, the state should be providing specialist clinical services for an additional 105,000 people. To do so, the state Labor government's mental health expenditure would need to be 107 percent higher.

This situation is the product of deliberate government policy, by successive governments, both Labor and Liberal, including that of Premier Daniel Andrews, who has been in office since December 2014.

If Victoria's funding had even reached the national average, it would have meant an additional \$1.44 billion in 2016–17. The report estimates this would have provided an additional 1,500 medical officers (including psychiatrists), 8,000 more mental health nurses, 2,700 additional diagnostic and allied health professionals and 70 more consumer or family care workers.

The report notes that one expression of the crisis has

been a marked shift away from mobile crisis assessment and outreach services toward community-based clinics and hospital emergency departments.

There was an 82 percent increase in mental health-related presentations to emergency departments between 2008–09 and 2017–18, while non-mental health-related presentations increased by only 27 percent. This places an enormous strain on resources and staff in emergency departments.

In contrast to the glaring social need outlined in the report, its recommendations are marginal. They include just 170 additional youth and adult acute inpatient mental health beds by 2021–22; 60 new graduate placements for allied health and other professionals; and 120 additional graduate placements for nurses.

These measures are totally inadequate. The Victorian government's own “Inspire” report of June 2018 found that 20,000 Victorians attempt suicide every year. A Department of Health and Human survey last year found there were about 460 vacancies in the mental health nursing workforce, with some services reporting a more than 20 percent vacancy rate.

In 2018, there were approximately 4,215 full-time equivalent (FTE) nurses working in the Victorian public mental health system. This represented an increase of 31 percent since June 2003, but Victoria's population expanded by 34 percent during the same period.

Australasian College for Emergency Medicine President Dr John Bonning said his members remained “concerned about the lack of immediate relief for people presenting in acute need to emergency departments [EDs], as well as the welfare of the health professionals in EDs who are trying to advocate for access to safe and effective care.”

Bonning said previous studies had shown that “across

Australia and New Zealand, system-wide failures have resulted in an overdependence on EDs to provide mental health care and services. This is despite EDs not being recognised as integral parts of the mental health service system.”

For almost two decades, Labor and Liberal governments—both federal and state—have been warned about the systemic risks facing the mental health system due to workforce shortages. In December 2003, for example, a report prepared for the National Mental Health Working Group and the Australian Health Workforce Officials Committee stated: “The mental health nursing workforce is experiencing a shortage of adequately qualified employees and the situation is becoming increasingly acute.”

In 2014, Health Workforce Australia predicted that by 2030, across Australia, there would be a shortfall of 11,500 mental health nurses, representing a 61 percent gap of workforce supply. It is no wonder the workforce feels overstretched and unable to cope.

However, this disastrous gap does not affect many wealthier households that can afford private insurance. They can access an array of inpatient and outpatient services that far exceed those in the public system, including lengthier stays as inpatients.

To fund its proposals, the royal commission report proposes that the Victorian government institute a levy or tax. It cites the examples of the Transport Accident Commission, which is funded by a levy on Victorian motorists when they register their vehicles each year, and the Fire Services Levy imposed on ratepayers after the catastrophic bushfires of 2009.

Ominously, it also refers to the National Disability Insurance Scheme (NDIS), which is partly funded by increased Medicare levies on taxpayers. Introduced by the last federal Labor government in 2013, the NDIS has been a vehicle for privatising services, denying decent care to thousands of disabled people.

Such a levy would set another precedent for imposing an inequitable burden on working class households to pay for an essential service. Meanwhile, state Labor government spending is expanding on the police and prisons. The interim report indicates that the average annual growth in expenditure on mental health from 2007–08 to 2016–17 was 3.0 percent, while for corrections services it was 8.9 percent.

The report also ignored obvious underlying issues.

Launch Housing chief executive Bevan Warner commented: “It is disappointing to see no mention of housing or homelessness in the interim report’s recommendations. Evidence has shown time and again that unless a person has secure housing, mental health programs will be largely ineffective. People need a stable place to recover.”

The interim report has brought a worsening crisis into plain view, but provided no resolution. To address the disaster would mean impinging on the corporate profit system, which demands ever-lower social spending from the governments, Labor and Liberal, that serve its interests.



To contact the WSW and the  
Socialist Equality Party visit:

**[wsws.org/contact](https://www.wsws.org/contact)**