

Pandemic intensifies growing mental health crisis in Australia

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The Australian government last month unveiled a National Mental Health and Wellbeing Pandemic Response Plan, supposedly addressing the rising mental ill health and suicides resulting from the social and economic impact of COVID-19.

In reality, the pitiful \$48.1 million outlay announced by Prime Minister Scott Morrison amounts to more window dressing in the face of a worsening mental health crisis and the lack of essential services over decades. Even before the pandemic, one in four young Australian was affected by a mental health illness every year.

Contrasted with the hundreds of billions of dollars allocated for business rescue packages, the small promised spending displays the contempt of the ruling elite for the millions of working people being financially and psychologically devastated by mass unemployment and under-employment.

Little of the planned outlay is for frontline services. It consists of \$7.3 million for research and data collection, \$29.5 million for “outreach” to vulnerable communities such as the elderly and \$11.3 million for public relations, including an advertising campaign called, “It’s OK not to be OK.”

The government said the package built on about \$500 million for mental health announced since late January, including for suicide prevention, preventative services and telehealth consultations. But these sums, promised to be spent over several years, are woefully inadequate.

Warning of the fallout from the pandemic, the Brain and Mind Centre (BMC) at the University of Sydney modelled the possibility of an extra 750 to 1,500 more suicides per year. The latter “worst-case scenario” was based on an unemployment rate of 15.9 percent and youth unemployment of 35 percent.

BMC co-director of health and policy Professor Ian

Hickie commented: “Public awareness campaigns, helplines and more entry systems that do not connect with specialised care are of little value.”

Hickie said the government had outlined no investment or timetable to provide the badly-needed “big ticket items.” These were “more specialised care outside of hospitals, aftercare of those who have self-harmed and information-technology based coordination and delivery of care.” Hickie concluded: “As decisive and timely actions are not yet on the agenda, many are left to ask: if not now, when?”

There is a deepening underlying crisis in mental health, made worse by what Hickie called a “highly dysfunctional” system, where treatment is mainly accessed through hospital emergency departments or community-based clinics.

Over the past decade, since the global financial breakdown of 2008–09 and the subsequent bailout of the banks and big business at the expense of the jobs and conditions of workers, there has been a rise in mental illness.

By 2016, the BMC warned of a “national emergency.” It pointed to areas with high numbers of job losses and economic insecurity as among the worst hit by suicides. By 2018, there were 2,046 deaths by suicide, or 12.1 per 100,000 people. For every death, as many as 30 suicide attempts were made—approximately 65,000 per year.

There is a long history of governments, both federal and state, severely under-funding mental health services. In 1983, a state Labor Party government in New South Wales spearheaded “deinstitutionalisation.” Cynically exploiting the poor conditions in under-funded psychiatric hospitals, governments shut down these institutions, falsely claiming they would be replaced by more humane forms of community-based

care.

Despite windfall funds from the sale of the lands of the former psychiatric hospitals, Labor and Liberal-National governments alike made ongoing spending cuts to mental health. By 1993, the Human Rights and Mental Illness Report by Brian Burdekin proved that thousands of displaced psychiatric patients had become homeless, been relegated to squalid boarded houses or imprisoned.

Regardless of repeated five-year national mental health plans, this immense social problem has intensified. The crisis is reflected in a 68 percent increase in mental health-related presentations to already over-stretched hospital emergency departments, from 2008–09 to 2017–18, when the total reached 286,985.

On average, 90 percent of all emergency department patients left within seven hours, but for mental health patients the figure was 11.5 hours. This wait could be unendurable for many. In 2016–17, 6,827 people with mental illness left emergency departments before finishing treatment. They were categorised as “Left at Own Risk.” That is, they left with their ill-health untreated.

This is only the tip of the iceberg. Homelessness, substance abuse or ending up in the hands of police can cause people to fall through a huge gap. Among young people, only 31 percent of young women and 13 percent of young men with mental health problems access professional help.

Now, amid ever-more glaring social inequality and the impact of increasingly casualised jobs in the “gig economy,” and with the trade unions working hand-in-glove with the government and employers to further restructure working conditions, the mental ill-health toll will grow.

At the same time, the threat of war is rising, with the Australian government committed to the provocative US campaign against China, casting a pall over the lives of workers and young people.

To create a mentally well society—to tackle unemployment, housing insecurity and financial distress—what is required is the fight for a socialist program, that is a society based on human need, not the dictates of corporate profit and the accumulation of private wealth.



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