

Australia: Dire conditions to continue in Victorian mental health system

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With much media fanfare, the Labor Party government in the Australian state of Victoria tabled the final report of its Royal Commission into the Mental Health System in March, and claimed it would implement all 65 recommendations, financed by a payroll levy on businesses.

Even if this promise were to be kept, however, the shocking conditions in the under-funded and over-stretched public mental health system will only worsen.

For example, the report recommended that funds be provided for 100 new mental health beds across Victoria. Yet the Royal Australian and New Zealand College of Psychiatrists specified that at least 477 new beds were needed to lift Victoria up to even the Australian average.

Likewise, a much-vaunted stream of inpatient beds for 18- to 25-year-olds is to be created by “reorganising” existing inpatient beds for adults, including the 100 new beds.

While welcoming the report, the chair of the inquiry’s expert advisory committee, Professor Patrick McGorry of Youth Mental Health at the University of Melbourne, outlined the shortcomings that have plagued the state’s mental health system.

McGorry referred to an under-resourced, overworked and crisis-ridden system and workforce, with a “missing middle” of an estimated 94,500 people, who fell between primary care and specialist services, and were unable to obtain help in 2019–20. He described an inequitable and poorly-integrated service system, typified by a “postcode lottery” that made accessing care dependent on where people lived.

McGorry stated: “These local failings have led to a profound human toll of many thousands of preventable deaths, blighted lives and immeasurable suffering.”

The brunt of the disaster has been borne by hospital

emergency departments, which have seen mental health presentations grow by over 60 percent since 2008. There has been a qualitative deterioration over the last two years. In regional Victoria, patients requiring mental health care routinely spend over 24 hours waiting. In metropolitan Melbourne, the number of such patients is spiralling, without the necessary increase in trained staff.

Premier Daniel Andrews’ state Labor government convened the Royal Commission in early 2019, in order to deflect widespread fury about the dire state of the mental health system.

One inquiry submission pointed out that while the government funded \$710 for each mental health hospital bed per day, the actual cost was \$1,100. That left a deficit of \$390, or \$142,000 annually, with the result that community mental health teams were being bled, to fund acute bed-based services.

The Royal Commission delayed its final findings due to the outbreak of the COVID-19 pandemic, which has exacerbated the mental health crisis.

Despite all the media promotion of the report, its recommendations did not go to the heart of the problems, which have been compounded by years of deliberate neglect and the privatisation of essential public services.

The report called for the establishment of 22 adult mental health and wellbeing services for integrated treatment, with consultations available 24/7. These are to be developed in partnership with non-government organisations, continuing the outsourcing of services.

Hospital emergency departments are to be “given resources” for “improved ability to respond to mental health crises,” but no detail is provided on what “given resources” will be allocated.

There is a recommendation for one “highest level

emergency department per region” for mental health, to be combined with alcohol/drug dependency treatment. The rest of the hospitals are to be left to battle with queues as before.

By the end of 2022, money is to be allocated for “safe spaces”—one family and carer-led centre in each of the state’s eight regions—all through non-government organisations.

Over the next decade, some social and affordable housing is to be provided to people with mental illness, with 500 places for young homeless people, with mental illness co-designed by Homes Victoria. This does not guarantee that the mainly privately-built and run accommodation will be affordable to those who need it.

The report called for united action with the federal government to implement suicide prevention. The worth of that recommendation can be judged by the 2021–2022 budget of Prime Minister Scott Morrison’s Coalition government.

It allocated a paltry \$298.2 million for suicide prevention *for the whole country*, with \$158.6 million for aftercare for those attempting suicide. Yet Victoria alone recorded 719 deaths by suicide in 2019 and 698 in 2020. Nationally, 3,318 people took their lives in 2019.

The report proposed training for members of workforces likely to come in contact with people experiencing suicidal behavior, and support for businesses to invest in workplace suicide prevention and response programs, beginning with high-risk industries.

No amount of training, however, could compensate for the increased pressure and workload imposed on workers throughout all industries, causing depression, anxiety and despair.

Another recommendation is that triple-zero emergency calls for help regarding mental health should be diverted to Ambulance Victoria, rather than Victoria Police, and that paramedics should lead the response teams, not police. There is, however, no proposal for increased funding, staffing and ambulances to meet what would be a sharp increase in the required responses.

The Royal Commission called for a new Mental Health and Wellbeing Act by mid-2022, to replace the Mental Health Act and remove the central focus on

compulsory assessment and treatment. It recommended the end of seclusion and restraint within ten years.

But the report and the 2021–2022 state budget do not address the underlying social crisis responsible for increased mental illness. The budget expenditure of \$3.8 billion on mental health is to be funded by a levy on the largest 5 percent of corporations. Businesses with wage bills over \$10 million will pay an extra 0.5 percent of payroll tax, and those over \$100 million will pay another 0.5 percent.

This is a tiny fraction of the superprofits gouged by these corporations, boosted by the massive transfer of wealth to the financial elite over the past four decades, which has accelerated during the pandemic. The impost is minuscule compared to the more than \$450 million in subsidies and tax concessions handed to business by the federal, state and territory governments over the past year.

Discontent is mounting among public health workers. After participating in limited rolling stopworks for the past three months, they were due to hold a state-wide stopwork on May 26 over their poor pay and conditions.

However, the Health and Community Services Union (HACSU), which covers these workers, postponed the stoppage to June 23, because of the current partial COVID-19 lockdown in Victoria. The union has only called the stopwork to “let off steam” and promote illusions in appealing to the Andrews Labor government, even though it has announced a public sector wage freeze.



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