The mental health diseases are considered as one of the major public health issues in Australia and many other countries. Such problems are often neglected by the policy makers, organizations and the health professionals. In spite of being accountable for a great level of incapacity, psychological conditions are repeatedly under-diagnosed and under treated in high or low economic countries. (Ormel, Petukhova, Chatterji, Aguilar-Gaxiola, Alonso, Angermeyer …Kessler, 2008)

The mental health need of the society is much higher for all age groups at all times. Especially this need of the Australian society is the reflection of problems facing by the various sectors of the society. (Collinson & Corpolov, 2004) Surprisingly 10% of the adult population is suffering with mental and behavioural problems at any one point of time in Australia. In spite of that, 12% of the global disease burden is contributed by the mental health disorders. (Ormel et al, 2008)

Psychological disorders are holding the third position after cardiac diseases and cancer, as the largest roots of burden in Australia and it considered as the largest single cause of disability (Cosgrave, Yung, Killackey, Buckby, Godfrey, Stanford & Mc Gorry, 2008). The National Survey of Mental Health and Wellbeing, 2007 conducted by the Australian Bureau of Statistics reported that, 20% of the Australian population (3.2 million Australians) is suffering from mental illness (Australian Institute of Health and Welfare, 2011).

It is evidenced that the mental health services provided by the health sector were not satisfying the consumers. Several researches are emerged with plans and policies to encourage the mental health services which are provided in recent years. Because of some reasons the mental health services could not achieve the maximum result which they are up to. In fact the providers cannot reach to the consumers of mental health services successfully in some countries.

This essay reviewed the reasons of dissatisfaction of the clients who had in accessing mental health services in past and the possible solutions to the problem and the actions taken by the government and the effectiveness of such programs in the society.

Good health is considered as the basic right of every human being and individuals have the right and accountability to engage in planning and action of their own health. To attain such goals, the authorities and the government should establish national policies, plans and strategies, which should support the current primary health care system. (Goodwin & Happell, 2007)

The community and the individual were not satisfied with the mental health services which were provided by the government. Initially the people with psychiatric disorders have reported their displeasure with the excellence and extent of medication information given by the professional health workers, especially the pharmacists. (Happell, Maniar & Roper, 2004)

The sub-optimal attitude and inadequate communication of health professionals with mentally disabled people may affect the service delivery to such population (Bell, Whitehead, Aslani, Sacker & Chen, 2006). In some countries the unavailability of the supporting data is a barrier for the facilitators of mental health care (Hwang, Myers, Abe-Kim & Ting, 2008). Culture is an important factor in accessing, diagnosis and treatment of behavioural disorders (Bell, Aaltonen, Airaksinen, Volmer, Gharat, Muceniece, … Chen, 2010).

Wide ranges of epidemiological studies have reported that Australia faces many of the same problems of mental health care as other western industrialised countries (Collinson & Copolov, 2004). Cooperation from the government and service providers are a key component in delivery of mental health services accurately. A challenge to meet this need is appropriate mental health research to the incidents, burden and the expenses of mental illness. Unfortunately, the mental health sector is receiving only 9% of the national research funding. (Collinson & Copolov, 2004)

The high morbidity rates due to psychiatric conditions affect community to an extent. That may results in decreased accessibility of mental health services. Moreover that the community based reintegration services, supported living and job options are very less. (Collinson & Copolov, 2004)

Australia is a multilingual nation with a good number of refugees and immigrants, so the provision of mental health is a challenge to the providers (Kirmayer & Minas, 2000). Moreover that, psychiatric problem of indigenous Australians are considered very hard to solve for health services (Collinson & Copolov, 2004). Parents are failed to attend or involve in the treatment is an issue which may lead to the implementation of ineffective treatment interventions in childhood and adolescent psychiatric health (Watt & Dadds, 2007).

On the other hand the mental health literacy is very poor among the general population. That may affect the effectiveness of the diagnosis treatment intervention and evaluation. (Collinson & Copolov, 2004)

It is identified that, the migrant population are suffering with many problems rather that the common population. They are mainly about the beliefs about the disease, distrust on psychiatric services, unfamiliarity with the system and communication difficulties etc. (Wynaden, Chapman, Orb, McGowan, Zeeman & Yeak, 2005) Surprisingly studies have reported that, the consumers and the care givers have little chances for effective and meaning full participation in the mental health services (Goodwin & Happell, 2007).

People with a mental illness suffer significant disadvantage in accessing appropriate services, and are vulnerable to exploitation and neglect if safe guards do not exist to protect their personal rights (Department of Human Services, 2006). These are considered as the contributing factors for the unsuccessful mental health services to an extent.

To manage the situations the government and the concerning authorities worked together and many action plans have been established. The reform services over recent decades have aimed to redress the inequity of services and ensure that people with mental illness have every opportunity to live and participate fully in the community. All levels of government policy and legislation focus on developing high quality mental health service systems that are accessible, responsive to consumer need, and which build on evidence of effectiveness. (Department of Human Services, 2006)

The Mental Health Action Plans for Europe recognised the significants of establishing the primary mental health delivery services, which include the supply of psychiatric medicines in community settings (World Health Organization Regional Office for Europe, 2005).

Secondly the development of community based pharmacy services in order to improve the basic mental health care. The main aim of the service was to supply medications to psychiatric patients without consulting the doctor. To an extent the community never utilize the service much; distrust on the pharmacist was the main problem. (Linden, Wurzendorf, Ploch & Scharfer, 2008)

In 2001, the Council for Aboriginal and Torres Strait Islander population established a program for the assessment of the social and emotional wellbeing of Aboriginal Australians and the main aim of the program was to encourage the efficiency of mental health organizations and their service delivery (Collinson & Copolov, 2004).

The National Alliance on Mental Illness (NAMI), Child & Adolescent Action Centre (CAAC) works to develop the conditions of kids and youths living with psychological disorders and their families through encouragement, provision and training (National Alliance on Mental Illness, 2011).

The Council of Australian Government’s Action Plan on Mental Health have a joint effort for the betterment of mental health and the support to mentally ill person, their families and the care givers (Council of Australian Government, 2007).

Many programs are initiated to support carers. The Council of Australian Government’s Mental Health Respite Initiative aims to increase the number of mental health professionals to improve the quality of health care delivery. It also endeavours to meet the personal needs of carers and the recipients in different regions of the country. (Council of Australian Government, 2007)

The researchers found that, there is a potential benefit in adult and community learning on the improvement of mental health delivery and the wellbeing of the clients. These types of community based educational services help them to establish a good social network, improvisation of employment options and enhance the self esteem of ones. On the other hand, it may also help to improve the physical health of a person and can lead to decrease the risk of depression. (Robotham, 2011)

Additionally, the government’s recently published mental health plan, “No Health without Mental Health” has identifies the role of adult and community based learning in the improvement of mental health delivery. It emphasises the duty of the department of Business, Innovation and Skills (BIS) in providing adult and community learning to support mental health and wellbeing. Indeed, the government has appeared supportive of adult learning programmes. (Robotham, 2011)

For the quality service delivery, some set of standards nationally for the mental health work force. These principles are mainly focused on the largest professional group in the mental health labour force, such as nurses, psychiatrists, social workers and psychologists. The standards identify the core knowledge, skills and attitudes that all mental health clinicians should acquire within two years of commencing work in mental health services. (Department of Human Services, 2006)

The standards are rights, responsibilities, safety and privacy; active participation of client and care giver; understanding of diversity; the diseases conditions and problems of psychiatry; prevention and enhancement of care; early diagnosis and treatment; assessment, integration and support; planning, development and management; documentation and information system; research and evaluation; professional accountability. (Department of Human Services, 2006)

The Victorian strategy for safety and quality in public mental health services 2004–2008 provides a framework and plan for developing a safe, high quality, public mental health system. Working and practising safely is a critical aspect of quality. When people are mentally unwell, they can respond unpredictably. Mental health service environments and clinicians need to be prepared to predict and respond appropriately to aggression, violence and risk. Responding to risk and maintaining workplace safety are shared responsibilities of services and clinicians. (Department of Human Services, 2006)

All services are expected to have structures and activities in place to promote consumer and carer focused mental health care, the safety and quality of practice, and system improvement and accountability. Most services have a quality coordinator and processes that examine practice and service delivery to determine what is working well and what might be improved. (Department of Human Services, 2006)

Another model would be that the children and adult psychiatrists, primary health care staff and general practitioners should be trained in all major health issues which affect young people. Then they could have an efficient health care system to respond to their problems. (Cosgrave et al, 2008) On the other hand the health professionals need to understand the cultural competence and its relationship with the health services and the client satisfaction (Wynaden et al, 2005)

With the establishment of National Mental Health Strategies 1992, the mental health service delivery has changed a lot. The aim of the National Mental Health Strategies is for the Commonwealth to Provide Leadership in Steering Mental Health Reforms at the State and territory level. A significant change to mental health delivery, which began in the first National Mental Health Strategy and has continued throughout each National Mental Health Strategy, is a partnership within service delivery development and reform. (Happell, Cowin, Roper, Foster & McMaster, 2008)

For a better and improved service delivery, the active participation of the carer and the client is essential. There are ways which are suggested to improve the participation of health professionals in the planning and service delivery include; (1) enhancement of carer advocates including consultants as paid employees; (2) education of the consumers and care givers about their basic rights as giving feedback on services; (3) representation of consumers or carers in the management committees and board. (Department of Human Services, 2006)

After many years of hard working of Australian government’s policy and planning, mental health impairment is considered as a most important health issue today. An organized method is needed to address the mental health issues facing by the Australians with a long lasting benefit.

The availability and the accessibility of the mental health services may increase, that will help the general public to have a quality service. The research and the prioritization of goals are important to understand the shortcomings and the future interventions in mental health service. The mental health services should be equal to other health services which are provided by the health system of every country.

The organisations and the mental health department should encourage, develop and promote mental health plans and actions to provide a quality care to the clients. Pointless to say, the action plans cannot be successful without awareness and participation of the clients. On the other hand the care givers should involve in the intervention plans for the success of the services.

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