In this era, People with a mental illness suffer significant disadvantage in accessing appropriate services, and are vulnerable to exploitation and neglect if safeguards do not exist to protect their rights. The reform of services over recent decades has aimed to redress this inequity and ensure that people with mental illness have every opportunity to live and participate fully in the community. (Collinson& David, 2004)

The mental health need of the society is much higher for all age groups. Especially this need of the Australian society is the reflection of problems facing by the various sectors of the society (Collinson& David, 2004).

 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. The organization of mental health services and the principles of clinical practice are aimed at achieving these objectives. (Collinson& David, 2004)

Nowadays Psychological disorders are mainly holding exactly the third position subsequent to cardiac diseases and cancer as the largest roots of burden in Australia and it is considered as the largest single cause of disability (Proctor, Landsverk, Aarons, Chambers, Glisson & Mittman, (2008). One of the most critical issues in mental health services research is the gap between what is known about effective treatment and what is provided to consumers in routine care (MacNella, Clinton & Place, 2009).

It is substantiated that the mental health service provided by the health sector in Australia is not satisfying the clients. Several researches are put forwarded with plans and policies to support 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. This essay will reveal about the reasons why the clients are dissatisfied with the accessibility of mental health services and what are the possible solutions to cut down the problem.

These days community health care sector is facing big crisis with the mental health services and community is not satisfied with the mental health services which are provided by the government. Initially the people with psychiatric disorders have already reported their displeasure with the excellence and extent of medication information given by the professional health workers. (Happell, Manias & 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. Culture is an important factor in accessing, diagnosis and treatment of behavioral disorders. (Bell, Aaltonen, Airaksinen & Volmer, 2010) Wide ranges of epidemiological studies have reported that Australia faces many of the same problems of mental health care as other western industrialized countries (Collinson& David, 2004).

According to the Australian bureau of statistics there is almost 19% Presently suffering from mental illness and also contributes 19% to Australia s total disease burden, which is placing ahead of cardiovascular disease and cancer; and still now it is comparatively under-researched—receiving less than 9% of national medical research funding (Jorm, Griffiths, Christensen & Medway, 2002).

The significant of incorporating concerns of race, culture and society into mental health services research, education and clinical training are attaining attention now a day(Evans, 2006).

Providing for the mental health of Australians is a challenge that requires coordination at every level from government to service providers. A key component in meeting this challenge is ensuring that mental health research is appropriate to the prevalence, burden, and cost of the mental illnesses that affect Australia. (Collinson& David, 2004)

This study confirmed the high level of morbidity associated with mental illness including dementia, depression, schizophrenia, suicide and anxiety disorders and the significant burden that such disorders impose on the community at large (Collinson& David, 2004). Presently, no explicit set of priorities or system of assigning goals is in place to meet this need, a problem that has been compounded by lack of agreement about key areas for mental health research and disproportionate allocation of available funds to particular disorders at the expense of others (Jorm et al., 2002).

The significant distances between Australian cities and individual commonwealth, state and territory priorities in education, research and healthcare have led to the establishment of specialized research and mental health care facilities and new approaches to the study of serious mental illnesses (Collinson& David, 2004).

Providing mental health services in a multilingual nation, with large numbers of new immigrants and refugees, presents special challenges (Kirmayer & Minas, 2000). The psychiatric issues associated with indigenous Australia continue to present one of the greatest challenges to Australian society (Collinson& David, 2004).

Among the many needs, the limited availability of community-based rehabilitation services, supported accommodation and employment opportunities are particularly pressing (Collinson& David, 2004).

In terms of treatment, there has been growing recognition that mental health literacy, community knowledge of mental disorders, is one of the main determinants of the effectiveness of intervention strategies for problems such as depression and suicide (Collinson, & David, 2004).

The National Mental Health Plan (Australian Health Ministers 1992) identified several problems with the provision of mental health care to migrant communities. These problems were related to beliefs about the causes and the treatment of mental illness, distrust of psychiatric services, lack of familiarity with the health system, trying to solve the problem with in the family, giving more preference to use traditional healthcare methods, facing difficulty in the way of communication, stigma and shame, the perceived cultural incompetence of health care providers. (Wynaden, Chapman, Orb,McGowan & Zeeman, 2005)

The government had put forwarded many plans and actions to prevent such issues facing in mental health services. The Mental Health Action Plan for Europe recognizes the importance of developing primary mental health care services, including the need to provide greater access to psychotropic medications in community settings.(World Health Organization Regional Office for Europe, 2005)

The development of community pharmacy services for people with mental health disorders is consistent with the need to improve models of primary mental health care. People experiencing psychiatric symptoms may seek help from community pharmacists without consulting other health care professionals (Linden, Wurzendorf, Ploch& Schaefer, 2008)

In 2001, ATSIC, the peak body of Aboriginal and Torres Strait Islander representation, commissioned an evaluation of the emotional and social wellbeing of indigenous Australians as part of a national initiative to improve the effectiveness of mental health organizations and services for indigenous people all over Australia. (Collinson& David, 2004)

The development of this concept has been assisted by the Government adoption of beyondblue, a national initiative arising from the National Action Plan for Depression which is designed to address the causes, treatment and stigma of depression(Collinson& David, 2004).

Another ideal would be that adolescent and adult psychiatrists, other mental health and substance use professionals, and GPs and primary care staff could all receive a core specialized training in the major health issues affecting young people and provide clinical services within this new system. Then young people at last could have a functional health care system able to respond to their key health problems.(Cosgrave, Yung, Killackey & Buckby, 2008)

However, there remains a wide spectrum of ideas about what constitutes cultural competence. Therefore, health professionals need to gain a better understanding of the relationship between culturally competent health services, patient satisfaction, clinical outcomes and the health status of different communities.(Wynaden et al., 2005)

In the year 1997, National Survey of Mental Health and Wellbeing (NSMH WB) was the first nationally representative survey of mental disorders carried out in Australia. The National Survey of Mental Health and Wellbeing is characterized as a landmark study in the epidemiology of mental disorders in Australia and yielded a number of findings that have been integral to both mental health policy and research endeavors for the past 10 years. (Slade, Johnston, Browne, Andrew & Whiteford, 2009)

General practitioners were the primary health provider of mental health services; mental disorders were associated with significant disability and mental disorders co-occurred more often than would be expected by chance. Innovative reforms in Australian mental healthcare system are needed to establish new programs to provide better access to psychiatrists, psychologists and general practitioners for help with mental health problems. (Slade, Johnston, Browne, Andrew & Whiteford, 2009)

Health service use was a major component of the 2007 National Survey of Mental Health and Wellbeing (NSMHWB) and a detailed health service use section was constructed. This included questions on lifetime and 12 month hospitalizations and consultations with a range of health professionals such as general practitioners, psychiatrists, psychologists, other mental health professionals including mental health nurses and other professionals providing specialist mental health services on the other hand health professionals including specialist medical practitioners, other professionals providing general services and complementary and alternative therapists. That helped to find out the effectiveness of mental health services which exist. (Slade et al., 2009)

The nurses have predominant role in the sector of mental health services. The psychosocial work carried out by nurses is important in achieving the aim of helping service users achieve sustained independence in the face of stigma and isolation. Mental health nursing interventions in this domain of care are intended to promote rehabilitation and recovery. Theoretical perspectives on psychosocial care in mental health nursing have helped prompt policymakers’ adoption of collaborative, phenomenological approaches to recovery. Nurses’ wide-ranging role means that empathic perspective- taking must sit alongside clinical risk management, underlining the complex relationship between patient centeredness and a risk-oriented perspective based on psychopathology (MacNella, Clinton & Place, 2009)

The government had started a program for the young people who are in the mental health illness stress. The study took place at ORYGEN Youth Health (OYH), a public mental health service for young people aged 15 to 24 years. OYH services those living in the Western and Northwestern regions of Melbourne, Australia; a catchment of approximately one million people including some of the most socio-economically deprived areas of Melbourne. (Cosgrave, Yung & Killackey, 2008)

OYH comprises 3 treatment subprograms such as EPPIC, PACE and Youthscope. EPPIC is a program for young people experiencing the first episode of a psychotic illness. The PACE Clinic is a program for young people perceived to be at high risk of developing a psychotic illness. Youthscope is a program for young people presenting with non-psychotic disorders. The focus of the present study was on met and unmet need in young people presenting with non-psychotic disorders in this age group, so participants were recruited from referrals to Youthscope. Young people who were referred to PACE or EPPIC were excluded from the study. Given that these programs are for young people with low prevalence symptoms and/or disorders, they have the capacity to accept all referrals to their services who meet intake criteria. (Cosgrave et al., 2008)

In Australia it has recently been shown that the majority of people who consult any professional for a mental health problem choose a GP. GPs and other workers in the primary care sector need adequate training and support, particularly in managing young people with mental health problems. The recent studies states that, 64% of the most unwell Remediation and Natural Attenuation Services (RNAs) defined as having more than one current diagnosis or having made at least one suicide attempt in the past year were referred by other service providers. It means which was not referred by self, family or friends. It is possible that these other services providers referred these individuals because they did not feel they had the appropriate skills to treat them. (Cosgrave et al., 2008)

In case of the upstream and in the midstream It is now accepted that both the state and federal level, as well as in the wider community, that much greater investment is required in mental health care in Australia. Such investment has been delayed, partly because of a lack of confidence that it would result in health gain. (Cosgrave et al., 2008)

To sum up, after many years in the background of Australian government policy and planning, mental health is now recognized as a major public health problem. A coordinated approach is now required if the mental health issues facing Australia are to be addressed in a manner that has long lasting benefits to its citizens. It is likely that if more resources were available, far more of those young people presenting for help would be accepted into the service. The problem is therefore not one of insufficient psychopathology in those seeking help, but of limited service availability.

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