Mental disorders have a large impact on individuals, families and communities. Until recently, mental health remained undefined, unmeasured, and therefore unrecognized at the level of governments and nongovernmental organizations. In 1999, the Surgeon General, then David Satcher, conceived of mental health as “a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with people, and the ability to adapt to change and to cope with adversity”. (U.S. Public Health Service,1999).

The impact of mental illness within the Australian population has become increasingly apparent. In 2007, the Australian Bureau of Statistics completed the national mental health survey. The results found that 20% of adults in the community had a mental disorder in the 12 months before the survey. When mental illness has an impact on a person’s capacity and ability to function, this places more burden on individuals, and has an impact on the welfare state. Loss of income occurs, as can an increase in physical illness, contributing to the burden of disease. (WHO, 2007).The burden of disease and injury in Australia study identified mental disorders as constituting the leading cause of disability burden in Australia. (Edward, Munro, Robins & Welch, 2011).

 The Australian Institute of Health and Welfare (2009) has established the need to focus on improving mental health. It is now one of the national health priorities for the Australian Government. In 2004, the World Health Organization published a historic first report on mental health promotion, conceptualizing mental health as not merely the absence of mental illness. It is the presence of “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.(World Health Organization, 2004).

World Health Organisation defines mental health as, “a state of well being in which every individual realises his or her own potential can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

The Australian Government has conducted a national survey on mental health and well being on 2007. This survey provides information on the prevalence of mental disorders in Australian population. As per the survey, almost half of the total population (45.5%) experienced a mental disorder at some point in their lifetime. It is estimated that nearly one million had anxiety disorders and over 800,000 had substance use disorders. (Slade, Johnston, Teeson, Pirkis & Saw, 2009).

This essay is a literature review of the current mental health services and finds whether it serves the interests of the client or the society in the treatment packages they offer. The literature reviewed included Australian and internationally peer-reviewed journals and mental health web sites including those related to government and non-government organisations published between January 2004 and 2011 that had a focus on mental health illness and services. A wide variety of articles were reviewed. The majority of the articles were sourced from electronic databases, including PubMed Central, ProQuest Health and Medical Complete, BioMed Central , EBSCOhost Electronic Journals Service and other health related sources using the Ballarat University Library services.

It is estimated that one in four people will be affected by mental disorders at some point in their lives. Although many effective interventions for the treatment of mental disorders are known and awareness of the need for treatment of people with mental disorders has risen, the proportion of people who do not receive mental health remains high.

This disengagement of clients from mental health services is due to many reasons. They are as follows: (Wagstaff, 2011).

1. Bad experience of services
2. Medicalisation of care
3. Desire for independence
4. Lack of participation in care
5. Discrimination by staff
6. Experience of symptoms of illness

Among this discrimination by staff or stigmatising attitudes from health professionals is most common. Like the rest of the community, people experiencing mental illness aspire to lead lives that are fulfilling. People often experience stigma, isolation, discrimination, low self esteem etc. Some people disengage from statutory mental health services because of perceived discrimination and insensitivity from mental health staff.

Recently Mental Health Care of Australia published a report based on quantitative and qualitative survey of stigma and discrimination experienced by Australian mental health consumers. The report concludes that many consumers are subjected to stigmatising attitudes from various health professionals from various health professionals. This level of stigma is dangerous and unacceptable. ( Wahi & Cohen, 2009).

Mainstreamed services are introduced in the mental health services to reduce the stigma frequently associated with accessing mental health services. Here comes the role of community support services. One of the main emphases of the national mental health strategies in Australia is based on community based mental health care. There is a wide range of services that aims to help people and their carers to remain independent in their own homes under Commonwealth funding.

In 2003, the report “ out of hospital, out of mind ” by the mental health council of Australia, first address the need of community mental health services. These services can offer intensive support for people experiencing mental illness. Recovery is not only the cure of mental illness but also addressing individual needs. People needs to be active participants in their recovery ie, for setting goals and to achieve them. These services helps in recovery by identifying mental illness earlier and address the individual needs of the person in a holistic way. (Department of Human Services, 2010).

Another major reason is the inability of the health care services to respond to the needs of the clients. Buckley (2006) points out that people with severe mental illness can experience poor physical health and self care as well as higher rates of aggression and suicide. This affect the capacity of health care services to respond to the needs of the client groups.

This so called ‘ Treatment Gap ‘ is estimated to reach about 76 – 85 % for low and middle income countries and even 35 – 50% for high income countries. The main reasons for this increased rate are public health priorities, lack of a mental health policy and legislation in many countries and lack of financial and human resources as well as inefficient resource allocation. ( Patel & Prince, 2010).

Earlier mental illness recovery was the aim of mental health services system. But now it gives way to ‘Positive Mental Health’. Positive mental health corresponds to feelings, thoughts and behaviours that are required for having a good life. It has an important societal value which in turn contributes to the function of society including overall productivity. It is also considered as an important resource for individuals, families, communities and nations since it contributes to the human, social and economical capital. (Provencher & Keyes, 2011).

Mental health service needs to change fundamentally the way they relate to the people who use them. People who use mental health services frequently being disempowered in the care and treatment they receive. The role of mental health services should be to support people to live the lives they want. (Bell, 2011). This makes the National Health Services (NHS) “No Health without Mental Health’’ as its motto in its recent mental health strategy. The NHS also sets a guiding principle of “Parity of Esteem ” for mental health with physical health. (HM Government, 2011).

To achieve this target WHO coined a new term “Global Mental Health” in its mental health strategy. It refers to the international perspectives on different aspects of mental health. The overall aim of the global mental health is to strengthen mental health all over the world by providing information about the mental health situation in all countries. It also identifies individualised mental health care needs to develop cost effective interventions to meet those specific needs. (World Health Organisation, 2010).

Australia’s health system is amongst the best in the world. The Australian Government is committed to build a stronger, more transparent, accountable, efficient and effective mental health system. This is to ensure people with mental illness, their families and carers have access to the services they need. (Australian Institute of Health and Welfare, 2010).

Since 1997, there have been marked changes in the way Australians perceive mental illness and in their knowledge and expectations of mental health services. There have also been significant changes in the way that services are provided. (Slade et al, 2009).

In May 2011, the Australian Government announced a 2.25 billion dollars mental health package to fund National Mental Health Reform. As per this reform, flexible funding will be provided to meet the client’s individualised needs. The funding will deliver genuine, practical and sustainable mental health reform. This is to ensure Australians living with mental illness get the care they need, when they need it. The Government also provides 2.2 billion dollars over five years for mental health services by combining with 2010 budget and election commitments. (Department of Health and Ageing, 2010)

The national health reform focus on five key areas: (Department of Health and Ageing, 2010)

* better care for people with severe and debilitating mental illness .
* strengthened primary mental health care services.
* prevention and early intervention for children and young people;
* encouraging economic and social participation, including jobs, for people with mental illness.
* improving quality, accountability and innovation in mental health services.

The treatment package they offer is based on the needs of the clients and : (Department of Health and Ageing, 2010)

* recognises the diverse impact of mental illness throughout a person’s lifetime;
* seeks to build resilient children;
* supports teenagers dealing with the challenge of mental illness;
* improves access to primary care; and
* targets more services to people living with severe mental illness.

Consumer Participation is a growing trend across the health industry. This helps to recognise people who use health services are well placed to give advice and direction about how a service should be provided. This is to ensure that what is delivered is more closely aligned what communities want, need and expect. (Happell, Cowin, Roper, Foster & McMaster, 2008).

Now mental health services are based on Consumer Perspective activities. The National Standards for Mental Health Services specify the right of consumers to be involved in care and treatment decisions and the right of consumers and carers to be involved in service reforms. There are consumer consultants, advisers and advocates in most mental health services across the country. (Happell et al, 2008).

Mental health services operated from the idea that mental illness is lifelong, permanent and disabling. National mental health policy signalled one of the major reforms to mental health services in Australian history. The National Inquiry into Human Rights and Mental Illness, commonly known as the Burdekin Report, also highlighted problems which affected consumers, their carers and members of the public. This report became an influential document in the evolution of mental health service provision in Australia. (Happell et al, 2008).

This report achieved three important outcomes: (Happell et al, 2008)

* people’s livid experience of mental illness and the mental health system were regarded for the first time as equally important to so – called Scientific Fact.
* An increased focus on human right issues which is a vital aspect of the consumer agenda and which brought consumers together.
* It exposed the mental health sector to a substantial and revealing critique.

The continuing aims of the National Mental Health strategy are to:

* promote the mental health of the Australian community.
* prevent the development of mental disorder where possible.
* reduce the impact of mental disorders on individuals, families and the community.
* Assure the rights of people with mental illness. (Department of Health and Ageing, 2005).

“Real consumer participation is not just inviting the match to sit beside the match box – it’s getting the match and the matchbox to interact so they will make something new – fire’’ (O’Hagan, 1994). In short, mental health services are based on the interests of the client. They are formulated in such a way that the client’s needs are met.

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