Current Challenges in the Provision of Mental Health Services in Australia

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Mental health is an important aspect of a person's wellbeing, as the World Health Organisation (WHO) defines the term as not only the absence of a mental problem but a state in which one is able to adapt to the different stresses of life, and, in the process, would help an individual become a productive member of the society (WHO, 2010). It is crucial for an individual to achieve the optimum level of mental wellbeing so that one would be equipped with the proper social and intellectual skills to cope with the daily life challenges, bringing forth self-esteem and confidence to the person (Varcarolis & Halter, 2010). However, individuals with mental disorders are one of the most discriminated and vulnerable group in the Australia (National Mental Health Consumer and Carer Forum [NMHCC], 2010).

Recognising the significance of promoting a sound psychological wellbeing, it is only right that issues a propos the provision of effective and appropriate services regarding mental health services in Australia must be prioritised. As the Australian Institute of Health and Welfare (AIHW) had reported that one-fifth of the population of Australia experience a symptom of a mental disorder every year, and also an estimate of seven million people being afflicted by a mental problem throughout their lives (AIHW, 2011). Moreover, Sveticic, Milner and De Leo (2011) had found out that approximately 35 percent of Australians with a mental illness sought professional help in the last twelve months, and that among casualties due to self harm, only 53 percent had talked about the suicide with a health care professional. It is also significant to note that the researchers have found out that there is a higher incidence rate of suicide and mental illnesses among Indigenous Australians.

This essay will discuss the current situation of mental health care system in Australia. Central to the discussion is the suitability of the mental health services the country is currently offering to the population, and the factors that affect the provision of the services. A comprehensive examination of two big issues in mental health – social stigma and deinstitutionalisation – is also tackled, and how these two are involved and interrelated the care of the mentally-ill persons. A critique of some services offered by the government would also be discussed, and a number of proposals for improving the

existing policies and framework will be presented. Finally, a summary of the whole discussion will be presented at the end of the essay.

A consequence of a great number having to suffer mental disorders is the issue of stigma. Historically, a Canadian sociologist named Erving Goffman had pioneered the study for one of the most fundamental ideas in mental health, as the sociologist had conducted a social observation in asylums back in 1963 (Goffman, 1963). The results of Goffman's study had revealed that a stigmatised person seem to have certain attributes that renders one to be looked down upon in a particular social context. In a general way of speaking social stigma comprises of any untoward emotional responses, disapproving attitude and discrimination towards a member of a subgroup (Mak et al., 2007). In fact, Mak et al. (2007) had found out that the correlation between stigma and mental disorders is much stronger and more commonly observed in Australia and European countries as compared to some parts in America.

Stigma, therefore, is one of the biggest barriers for people diagnosed with psychiatric disabilities that affect all aspects of one's life (Szeto & Dobson, 2011). Corrigan (2005) stated that mental disorders could impose stigma on a person which could jeopardize one's personal growth, such as being able to obtain or sustain a job or being able to feel safe in one's own environment. According to the Boston Consulting Group (BCG), a mere 25 percent of the working-age people in Victoria who are suffering a psychotic disorder are the only ones that are employed (BCG, 2006), and in a survey conducted by SANE Australia (2007) regarding stigma, the organisation had found out that 74 percent of the sample had experienced stigma.

It is indeed a positive matter when a client gets well enough to function once again as a productive member of one's society. It is acknowledged in Australia that seclusion has long term negative effects on patients, so the current mental health policies is geared towards a less restrictive approach in dealing with mental illness (Happel & Koehn, 2010). This is where the concept of deinstitutionalisation, as defined by Fakhoury & Priebe (2007) as the process by which an institutionalised person would then be released back to the community, comes in. According to Mak et al. (2007), deinstitutionalisation has dramatically changed services in the mental health sect. The

authors also stated that, in general, the cost of deinstitutionalisation is the same compared to hospitalisation, and it is even lower for services in the community setting. The question, however, lies on what one has to face in the efforts to regain one's life once again. For example, a psychiatric client who had stayed in a mental institution for a long time may not have any family or friends to take one in and provide the support that one needs; some of the clients may end up homeless, out on the streets without getting the help one might need (Fakhoury & Priebe, 2007). Moreover, the concern that the client may have not been properly educated and prepared for their lives outside asylums must also be considered (Fakhoury & Priebe, 2007). This is further aggravated by the fact that the clients may face social stigma for having been admitted into an institution. Mak et al., (2007) emphasised that stigma affects how a person adjusts and grows in one's environment rather than exacerbating the mental disorder *per se*. The effect of discrimination on an individual who is already vulnerable to this sort of stress would most likely aggravate or remission of one's mental disorder, or reinforcing suicidal thinking and behaviour (Mindframe National Media Initiative [MNMI], 2011). Stereotyping might also lead to lowered self-esteem and health-seeking behaviours, social rejection (Szeto & Dobson, 2011; MNMI, 2011). With no one to help them in their recovery, if the clients are not informed of the services one could actually go for help, or if the community is not very welcoming to persons with mental disorders, the consequences for the affected people are disastrous.

Having raised these concerns, the development and provision of anti-stigma strategies must be created and prioritised to eradicate the social injustices that have been occurring in the community. Different policy-makers, private organisations and most especially the media must work together to help change the public's view of persons diagnosed with psychiatric disorder. The Mindframe National Media Initiative (MNMI) had talked about the importance of media particularly in influencing the attitude the people with regards to mental health and mental illness (MNMI, 2011). According to the organisation, there have been several studies connecting negative image of mental disorder in the mass media and how it affects the ideas among members of the a group. In this sense, media could also be used to promote a better representation for the mentally-ill, such as launching advocacies against discrimination of people with mental

disorders. By doing this, the fear of being diagnosed as a mentally-ill would hopefully be decreased, as more and more people will then accept that mental disorders are common althroughout the world. Moreover, the Swedish governing bodies had understood the power of media both in stopping discrimination and encouraging in-patients to go out into the community (Sjöström, Zetterberg & Markström, 2011). Sjöström et al. (2011) had said that by depicting deinstitutionalisation as positive risk-taking behaviour, mental health providers could actually persuade persons with mental health problems in a very empowering manner.

One commendable program in England for attenuating stigma is called *Time to Change*, a campaign that aims to influence the community's perception of mentally-ill people by providing evidences of the damaging effects of biases and discrimination towards individuals with mental problems as well as a variety of ways in which a person could extend their help in any way one can, proving that one does not have to be a nurse or psychiatrist to make lives of the marginalised group better life (Szeto & Dobson, 2011). It might be a good idea to adapt this advocacy in the country.

As for criticisms in the current practise of deinstitutionalisation, it is necessary to point out that the responsibility of nurses and physicians must not end even when the client is already outside the asylum. After the individual is debriefed from the mental hospital, another facility in the community setting must then rigorously monitor the condition of the client, checking if the person has a family or a relative to go to, if one could get a job of one's choice, or if that person even has a house to go live at. In the Mental Health Reform Strategy 2009-2019 in Victoria, it was emphasised that Psychiatric Disability Rehabilitation and Support Services must be created to support the transition to the outside world and the maintenance of a decent life of person with a mental disorder (Department of Human Services [DHS], 2009). The author strongly suggests that this must be implemented on a national level.

Several critiques have been raised regarding the suitability of the services for the Australian population. Different literatures argue that the present mental health care system in Australia is not as strong compared to other developed countries in various aspects (Quinlan, 2008). Looking at a bigger picture, the country boasts its ambulatory

community services, stand-alone psychiatric and general hospital psychiatric units; however, it has been noted that there is a lack of coordination between different policy makers and independent psychiatrists and practitioners in the implementation of a coherent system that caters to the needs of all people from different walks of life (National Youth Commission, 2007; Council of Australian Governments, 2008). For example, Sweden has recognised long ago that in making policy frameworks, a multi-faceted approach must be observed to come up with effective strategies that are coherent and specifically targeted to the needs of different subpopulations, especially with psychiatric clients (Sjöström, Zetterberg & Markström, 2011). One distinct feature of the Swedish mental health care system is the practise compulsory community care which basically providing compulsory care outside of hospital setting (Sjöström et al., 2011). The researchers believe that compulsory community care is a less restrictive way of dealing with people with mental disabilities, especially when a sudden exacerbation of one's condition occurs. In this way, the general public is also kept safe from any untoward incident that the mentally-ill person might perpetuate. This could address the problem of managing the Indigenous population of mental patients, as the group is more used to being free and having their own set of cultural imperatives. It is crucial for the effectiveness of a policy to be sensitive to the traditional beliefs of a group; otherwise, all the effort that the government is exerting will be useless. To do this, more knowledgeable and well-trained mental health professionals must be encouraged, and more importantly, the involvement of Indigenous mental health workers is strongly advised to provide a more culturally-secure environment for the Indigenous mental patients (Sveticic et al., 2011).

As with any other policy, the government must also consider the cost in the implementation of an improved strategy and policy framework. The author believes that the current mental health care services must be transformed drastically, and adequate funding for various projects must be granted.

As part of a holistic approach in caring for such clients, nurses and other health care professionals must have enough knowledge and training in helping the clients achieve the optimum level of wellbeing, especially for those individuals who are transitioning

back to the community. Slade (2009) had come up with an extensive and well-thought strategy called Personal Recovery Framework, which consist of one hundred ways to assist mentally-ill patients back to recovery, from helping oneself to have a positive outlook of one's illness, promoting the formation of support groups to empower the clients more and encourage socialisation with other people with the same problems, to pushing a drastic change in the health promotion and prevention of mental health problems on a national level. The author believes that it is an excellent idea that this framework be reviewed by the Australian government.

To sum up the discussion, the provision of mental health services in Australia still has a long way to go as compared to other developed countries. The author believes that radical changes must be formulated to create more comprehensive and suitable treatment packages for those who need it, with a special focus on reducing stigma in the community and improving the deinstitutionalisation process clients have to undergo to serve their interests. Also, the importance of focusing on the cultural sensitivity of the provisions Australia has to make must be considered for the Aboriginals and Torres Strait Islander people. Lastly, advocating the rights of the mentally disabled people must be done, so that each person would know that though someone is suffering from a mental illness, one's quality of life must never be compromised because of it.

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