

Report review

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Not for service: experiences of injustice and despair in mental health care in Australia

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IT IS ONLY BY EXAMINING the impact of public policies on the lives of people that we can begin to assess the success or failure of those policies. With this as a starting point, *Not for service* presents an extensive (just over 1000 pages) and balanced picture of the impact of policies on the lives of people with mental illness and their families and friends. The authors take care to state that their research is not a rigorous examination of the extent to which the National Standards for Mental Health Services have been implemented, but do observe that the “volume and consistency of the information demonstrate the gaps and difficulties governments have had in meeting these standards” (p 14). The report is lengthy, but is well laid out and “easy” to read, although the content will leave any reader feeling uneasy about the current state of our mental health system. There is also a shorter (96 page) summary report available.

Information was collected from a series of 19 open forums across the country with almost 1200 people attending in 2004, consultations with individuals and organisations, 351 written submissions, two national surveys (totalling 942

respondents), and opportunities for all governments to respond to a draft report. The result is much more than a catalogue of the many failures and occasional successes of mental health policy across Australia: it is vital a window into the lives of people with mental illness and their families and what happens when the existing policies succeed and fail.

The overarching framework for *Not for service* is human rights, and it includes efforts to track Australian progress in mental health policy and service provision against several benchmarks including progress since the 1993 Burdekin report, and in relation to the 2001 World Health Organization recommendations for mental health reform. Additionally, the first of the two surveys focused on reviewing the implementation of community priorities in mental health, with the second survey examining consumer and carer experiences. Results are also analysed in relation to the top ten national community priorities in mental health, and against the National Standards for Mental Health Services. Significantly this includes analysis by states and territories, and illustrates the wide variations between jurisdictions, with each one doing well in some areas and poorly in others. While this structure has made for a long report, the multi-point benchmarking makes for convincing and robust analysis. It also provides considerable information on policy content, policy implementation and its impacts, which is invaluable for the next round of national/state policy development and implementation signalled in the February 2006 Council of Australian Governments meeting.

The persistent failure of Australian governments to implement effective mental health policies is well presented in both the numerous accounts of preventable deaths and lives unnecessarily limited by inadequate access to timely quality service provision, and the data presented

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on broader systemic issues. The authors summarise it thus: "What this cumulative data shows is that after 12 years of mental health reform in Australia, any person seeking mental health care runs the serious risk that his or her basic needs will be ignored, trivialised or neglected" (p 14). From people with mental illness and their families, the authors also observe that "pleas for the provision of basic care with dignity were almost universal" (p 40). The report emphasises the hard work of front-line professionals in trying to deliver services and make the system work for people. It also includes descriptions of many innovative and successful policies and services, and examples of positive consumer and family caregiver experiences.

Within this report, the persistent under-funding of mental health services is seen as the major source of frequent policy and implementation failures. The authors point out that while overall health spending has increased, the proportion of mental health spending within health has remained static at 6.5%, although the estimated mental health burden is about 15%. A large portion of the report provides data and analysis which demonstrate that it is the people with mental illness, their families and ultimately their communities that pay the price for these failures. Good access to mental health services (public and private; community, residential and acute), would translate not only into reducing death and improving quality of life for those with mental illness, but also to improve the emotional, social, physical and financial costs to families and the community more generally.

One of the strengths of *Not for service* is that it is inclusive of the vital role and perspective of families and friends of people with mental illness. The findings are consistent with other reports and surveys in which families and friends of people with mental illness regularly state that timely access for the person with mental illness to good quality services is the thing that would benefit families the most.¹ Many of the quotes from families and friends also confirmed what has been found in other studies regarding difficulties associated with guilt, grief, daily coping and the

problems associated with accessing information/education, and inclusion in planning and treatment decisions.^{1,2,3} Other common issues, such as lack of support in managing behavioural problems and being ignored when seeking early intervention or assistance when the person with mental illness is showing the first signs of relapse, are also seen in many quotes throughout and some of the key findings in the report.

Not for service is essential reading for anyone involved in mental health policy and service delivery, and is highly recommended for those working in other sectors which intersect with mental health such as housing, criminal justice, health and social services. While many will find the summary report more inviting, the level of detail in the main report is essential for effective policy reform, and the structure facilitates its use as a reference to: key policy initiatives; the current situation in each state and territory including summary lists of strengths and weaknesses; and, perhaps most importantly, sobering insights into what happens when people with mental illness and their families seek assistance.

References

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