



***Mental Illness Fellowship***  
*North Queensland News*  
**ELECTION SPECIAL**  
*September 2006*

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Hello Everyone,

Election Time!! Election Time!

Mr. Peter Beattie has called an early election for Queensland on Saturday, 9<sup>th</sup> September. This is less than a week away and we at the Fellowship believe that it is very important that we know what the policies are of those who are seeking to be part of the government. This newsletter has been put together to give the major political parties an opportunity to outline their policies on mental health and wellbeing, mental illness. Time and space does not allow us to present details from minor parties or independent candidates, however, I would encourage you to ask those seeking election in your area **“What will you do to improve mental health and illness?”**

Mr. Beattie is talking about the biggest budget item being health. However, although in the mini-budget in October 2005 he outlined \$40 million to the mental health sector, only \$5 million of this was directed to the non-government sector (services such as SOLAS and MIFNQ, Mainstream Community Assoc, Mental Health Resource Centre) None of this money has been allocated as yet, though the non-government services are the ones in the front-line of the

“recovery focused” journey towards wellbeing for people with a mental illness, their families and the community all around.

It is in the community, in people’s own homes and neighbourhoods that real recovery occurs. It is through being part of the community, participating in community, having the respect of the community, being acknowledged by the community but more importantly, being accepted within our communities that wellbeing may be achieved and maintained.

All citizens have the right to vote. All citizens have the right to share in the wealth and wellbeing of the state of Queensland, and YOU are a citizen.

I hope that the following pages will help to identify for us all those people who will be doing the best they can for each and every one of us.

Best wishes,

Lyn Tyson

The following email was sent to the leaders of the Labor, National, Liberal and Democratic Parties a couple of days after the election was announced.

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The Mental Illness Fellowship North Queensland Inc is the largest community based non government mental health organisation in a region covering almost half Queensland from Mackay north and out to the Northern Territory border. Each year we provide mental health and mental illness education and information to thousands of people across the north and individual counselling and support on over 3000 occasions. The Fellowship recently won the Housing Award sponsored by Housing Qld for our community housing programs and has received international recognition for innovative service development and best practice in rural and remote areas. We have a financial membership of approximately 300 individuals, families, government and non-government organisations, and estimate our total membership to be around 2000 people.

Recent interest in mental health from both State and Federal governments has been welcomed; however, we have been concerned by the lack of real understanding of the issues, the lack of real leadership and the lack of direction in the allocation of new money to the sector. Our belief and our experience is that people with mental illness live and recover in the community. Clinical and crisis services are an important part of the spectrum of care needed to help individuals and families live with and recover from the impact and effects of mental illness. However, without a significant increase in funding to specialised community based non-clinical recovery services, such as those providing education, rehabilitation, employment, psychosocial support and housing, the increased funding to the clinical sector will not bring about significant benefits or improvements for individuals with mental illness. Research shows that money invested in non-clinical community services will reduce demand on expensive clinical mental health services, especially hospital based services. The Fellowship and its members would like to see evidence of a reallocation of funding to support the growth and sustainability of the non-clinical community sector, to a level of at least 35% of the mental health budget, bringing it into line with countries like New Zealand, long held up as a model of Best Practice (and best outcomes) in mental health.

The coordinated provision of biological, psychological and social services and supports (the biopsychosocial model of care) has proven effective and efficient throughout the world and there are many good examples of this model currently in Australia. The model is based on an equal

partnership between clinical (government) and non- clinical community (NGO) services, the individual and their family and support networks. As we move rapidly towards the State election, the Fellowship will be publishing a Special Election Edition of our newsletter, to be delivered to our 300 members plus a further 750 professional service providers and organisations throughout North Queensland. We would like to provide our members and supporters with information on your Party's proposals for Mental Health reform and development and would invite you to submit your policy documents electronically by close of business on Thursday 24<sup>th</sup> August 2006.

One in five people will develop a mental illness but five in five lives will feel the impact of mental illness either personally or as close family members, friends, employers, employees, neighbours or colleagues. We believe therefore that a good mental health policy and plan backed by appropriate resourcing are vitally important to all Queenslanders. I look forward to being able to publish your mental health policy and plan in our newsletter so that our members and supporters can make an informed decision when casting their votes on September 9th.

Yours sincerely,

Philippa Harris

Coordinator

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**The information that follows is as sent by each Party and is presented in alphabetical order**

## **Australian Democrats**

Mental health services are failing many Australians and, while governments of all levels are talking about mental health reform, their proposals and funding commitments are still woefully inadequate.

In March 2005 the **Australians Democrats** successfully initiated a Senate Inquiry into mental health services in Australia. The Inquiry, which was supported by all parties, took over 1 year and covered every state and territory.

The Committee, chaired by **Senator Lyn Allison**, leader of the Democrats, received over 600 submissions and 10,000 pages of written material.

Many people described the tragic outcome of a mental health system that failed them.

## **Why urgent action is needed**

The inquiry highlighted that:

- the system continues to be grossly under funded,
- people are still not receiving the services they need; and
- Australia is lagging behind many other countries in adopting prevention and early intervention services, which could not only halt disabling illness but save billions of dollars in welfare costs and lost earnings.

It has been estimated that close to one in five people in Australia will be affected by a mental health problem at some stage in their life.

Between 14 and 20% of children and young people have also been estimated to experience mental health difficulties, including anxiety, attention deficit disorder and depression.

At present mental illness is responsible for about 13 per cent of Australia's disease burden but receives only about 7 per cent of health funding, which is about half as much as the spending in comparable OECD countries.

62% of people with mental disorders do not use mental health services, because amongst other things, there are not enough services, they are difficult to access, cost too much and do not provide the right types of treatments and assistance.

Of the 38% of people who do access care, this is mainly through GPs. The decline in bulk-billing is making it even more difficult for people with mental illness to obtain even basic primary care services.

### **CoAG's National Action Plan on Mental Health – not good enough**

The PM has announced an extra \$1.9 billion over 5 years for mental health. In July 2006 the states outlined their plans bringing the total up to almost \$4 billion. But it's still not enough.

And it's more patchy, ad hoc programs with no independent oversight of progress. We need a fundamentally different approach to providing mental health care – one that is community not hospital-based and focused on promoting well-being and prevention and early intervention.

The fight must go on

The Democrats will work towards

- community-based **mental health centres** (one per 60,000 people) focused on

primary mental health and early intervention services, staffed by psychiatrists, psychologists, GPs, psychiatric nurses, occupational therapists and social workers (funded jointly by the state and federal governments)

- more services for **young people** aged between 12 and 25 to progressively provide intensive recovery-based services focusing on early psychosis, and mood, substance use, eating and personality disorders
- evidence-based public education programs to **reduce stigma** and promote **preventive** strategies, tailored for a variety of settings including schools, workplaces and the general community
- **mental health first aid training** for those routinely in contact with people who may have mental health problems, starting with those working in general health services, teachers and police
- training clinicians in **screening** people for co-occurring substance use and mental illness
  - national **clinical standards** for treatment of patients in hospitals
  - coordinated **discharge planning** procedures, accompanied by increased community follow-up for people with a mental illness
- expanded and improved community based **supported accommodation**, including short, medium and longer term options to foster recovery and help prevent relapse
- screening all **prisoners** for mental illness, guaranteed access to appropriate treatment in prison if diversion is not possible and provide forensic hostels on release providing 'step down' accommodation and support
- establishment of a specialised forensic mental health unit for seriously ill **female prisoners**
  - support for **carers and families**, including increasing respite care allowances, and increased carer benefits
- adequate resourcing of key **consumer groups** and organisations which provide crucial advocacy, support, education and resources to consumers, the community and health professionals
- commit to measurable **benchmarks and targets** for, for example, reducing the necessity for hospital admission, reducing suicide rates, achieving higher rates of employment and lower levels of medication, for people with mental illness

## Labor Party

.....The Beattie Government recognizes that Mental health is a key health priority in Queensland. This recognition has been demonstrated by the dramatic jump in funding since the Beattie Labor Government began its first term in 1998. Spending on mental health was \$240million in 1997-8, yet by 2005-06, spending had increased to \$505.9 million. This is a

110% increase.

For this financial year (06/07), a record \$6703.7 million has been allocated to mental health. Funding allocated to mental health services through the Beattie Government's Health Action Plan and more recently through its endorsement of the Council of Australia Government's (COAG) National Action Plan on Mental Health 2006-11 will ensure that there will be dramatic improvements in Queensland's mental health system over the next couple of years.

This combined with a commitment to furthering progress on mental health priorities forms the basis of the Queensland Government's commitment to Mental Health

For your information I have attached an outline of the Queensland Government's position on mental health reform, including the mental health priorities. I trust that this information will emphasise the significance that the Government has placed on reforming and improving the mental health system in Queensland.

### **KEY MENTAL HEALTH PRIORITIES FOR THE BEATTIE GOVERNMENT:**

1. To ensure that a state-wide mental health plan is developed and implemented to provide a strategic plan for improving the provision of all mental health services in Queensland, including within the NGO sector.
2. to increase and strengthen the number of collaborations within and between government agencies, the non-government mental health care sector, and consumers and carers, to optimise patient care across the care continuum.
3. To reduce the pressure on in-patient mental health beds by improving the non-government sector's capacity to provide accommodation and rehabilitation support to individuals with a mental illness in the community.

The Queensland Government is committed to ensuring that the Non-Government Organisations (NGO's) are integrated, in a sustainable manner, into a state-wide approach to improving the delivery of mental health services.

### **Funding**

Over the past year the Queensland Government has increased targeted funding for the NGO sector by 72%. Under the ALP, NGO funding has increased from 5% to 7% of its total mental health budget, consistent with the Australian national average. Our aim is to increase this percentage as funding becomes available. This commitment started with the recent allocation of an additional \$25 million to the NGO sector over the next five years.

### **Partnership and Collaboration**

Importantly, the Queensland Mental health Strategic Plan (2006-2011), is currently under development. NGO's together with Mental health Consumers and Carers, have had input into its development. If re-elected, the Labor Government will ensure that a stakeholder group is formed and includes the non-government sector, consumer's carers and primary care service sector, This group will enhance communication amongst stakeholders and strengthen the role that the NGO sector will play in implementation of the Mental health Strategic Plan.

### **Commitment to the NGO Sector**

The Queensland Government is aware that much of the national crisis in acute mental health is due to the inability to discharge clients with chronic mental health conditions to admit clients with more acute mental health illnesses. This means that nationwide, there is an inappropriate use of the acute mental health beds that exist. If the Beattie Government is re-elected we are determined to change this by increasing NGO sector involvement in decision making processes relating to mental health service delivery and to improve funding to this sector.

The Government has already, and will continue to, invest in improving the mental health system to benefit people with mental illness and their families. It recognizes the valuable insight both consumers and carers provide into the quality of mental health services and is committed to incorporating their input into the mental health system decision making framework. Examples include:

- The Mental Health Strategic Plan. By using a untied approach – that includes carers and consumers – to the implementation of this Plan, the Government will ensure that benefits for Queensland's mental health system and its clients are and directed to priority areas of need within the mental health service delivery continuum.
- By including carers and consumers in the 'stakeholders' group, communication with this group will improve and their views will be heard and taken into account when decisions are made regarding services the state's mental health system.
- The Government is aware that only 40% of people with mental illness report getting treatment. This has been attributed to the stigma our society still attaches to mental illnesses. The Beattie Government will take an active role in ensuring that the public are presented with more accurate images and will investigate ways the public are presented with more accurate images and will investigate ways to better education the public. This will reduce social pressures and antagonism towards both consumers and carers of people with mental illness.

Finally, if this Government is re-elected, funds committed through the Health Action Plan and 2006-07 budget will continue to be invested over the next five years thereby benefiting consumers and carers by improving the available le mental health services, These initiatives across Government are as follows:

- Promotion, prevention and early intervention - \$6.9 million across early years initiative's school based prevention, dual diagnosis and Transcultural activities
- Integrating and improving the care system - \$289 million through rural, domestic violence,

indigenous and children's services and funding to relieve pressures on acute services and enhanced community mental health services. Also includes funding to clinical mental health networks, alternatives to admission, forensic mental health services, homelessness strategies and mental health intervention teams.

- Participation in the Community and Employment, including accommodation - \$64.3 million through housing, NGO funding, capacity building in the disability respite sector, employment and training initiatives and mental health service in prisons.
- Increasing workforce capacity - \$6.1 million through increased workforce remuneration, and training such as transition to practice nurse education.

Through these initiatives we are employing more staff, relieving pressure off the acute and community settings, better supporting the non-government sector and improving coordination and continuity across mental health and medical services.

Ref: Facsimile: Anna Bligh MP Office , (07) 32296042

## **Liberal Party**

Mr Lawrence Springborg MP Leader of The Coalition  
Leader of The Nationals  
Member for Southern Downs  
Dr Bruce Flegg MP Leader of The Liberals  
Shadow Minister for Health  
Member for Moggill  
Forensic Mental Health

### **THE CHALLENGE**

In its fine tradition of cover-ups, crises and concealment, the Beattie Labor Government has used its majority in Parliament to prevent the Coalition from tabling a letter from the mother of a young woman killed by an insane man. The victim's family wished to make public their concerns about Queensland's Mental Health Tribunal. Queensland's Mental Health Act prevents victim's families from speaking publicly, threatening fines or a two-year jail term if they do so. The victim's family was frightened and angry that their daughter's killer was granted community release by the Mental Health Tribunal, and by the fact that the decision to release an insane killer is kept secret.

Under Labor's Mental Health laws, killers who claim they are insane are being allowed back on to the streets and the public, including their victims' families, have no right to be told.

The Beattie Labor Government is failing in its fundamental responsibility, which is to protect the community. The Queensland Mental Health system is in disarray, and instead of addressing the real issues, the Beattie Government inflicts more pain on victims' families.

### **THE SOLUTION**

A Coalition Government will amend the law so that insane killers will face a jury, which will decide whether they are to be dealt with by the criminal justice system, or the mental health system. Under a Coalition Government, if an insane killer is dealt with through the Mental Health system, then s/he would be forced to serve a minimum period of time in a secure facility and once this minimum period has been served, their release into the community would be determined by the judicial system, in public, with victims' families being given the right to make

public submissions to the contrary.

The Beattie Government's failure to deal effectively with criminals with mental health issues damages the community's understanding and response to mental health issues.

The Coalition believes the significance of mental health, as an element of the overall health system cannot be overstated. The cost, both direct and indirect, will increase dramatically in the future unless reform and restructure is undertaken with a visionary and innovative approach.

The Beattie Labor Government has done nothing to advance community tolerance of mental health issues by covering up the failings of Queensland's Mental Health system.

Text Box: POLICY 068

## **National Party**

### **NATIONAL PARTY QLD MENTAL HEALTH POLICY 06**

#### **3.2.13 Mental Health**

The Nationals believe the significance of mental health as an element of the overall health system cannot be overstated.

The cost, both direct and indirect, will increase dramatically in the future unless reform and restructure is undertaken with a visionary and innovative approach, which is client-focused. By the year 2020, depression will be the number one illness in the world. One in five Australians will suffer from a mental illness some time in their life and one in two Australians have had contact with someone with a mental illness. Substance abuse has contributed to a massive increase in psychotic illnesses, crime and anti-social behaviour. Youth suicide is on the increase, as is suicide among the male population. The indirect cost of mental illness within our current society is evidenced by the involvement of other agencies and areas of the health department, law enforcement agencies, non-government organisations, welfare agencies, family law, and disability services.

#### **3.2.14 Administration**

Under a Nationals' led Government a Strategic Mental Health Task Force will be formed, on a 12 month tenure, to oversee the implementation and development of policies and re-structuring of Mental Health Services.

Accountability is a responsibility and obligation of management.

In Government, The Nationals will:

§ Realign administrative infrastructure so that resources are directed to patient contact areas.

§ Reduce administrative impediments to the delivery of quality client-focused health care delivery.

§ Increase front-line services – nurses, doctors and allied health - by transferring savings to these areas.

§ Reintroduce discipline specific roles.

§ Provide consumers and staff with improved accessibility to administration and management.

### **3.2.15 Clinical Services**

Increased training enhances and promotes skilled staffing. Identified service areas of need will be provided with specialized quality staff with enhanced communication skills. Clients of the Mental Health Service need to be assured that they will be treated by appropriately skilled clinicians using evidence-based best practice.

In Government, The Nationals will:

§ Develop clearly defined roles of service.

§ Reintroduce discipline-specific services.

§ Increase front-line personnel – doctors, nurses and allied health.

§ Increase training positions for all disciplines.

§ Develop illness-specific programs and modes of treatment.

§ Ensure effective and relevant ‘English comprehension’ assessment tools are established as a priority for the employment of IMGs [International Medical Graduates] upon application, in conjunction with established requirements of the Medical Board of Queensland.

§ Ensure there are regular, optimum and clinically appropriate reviews of clients of in-patient facilities with all relevant staff of the multi-disciplinary team.

### **3.2.16 Target groups**

The Nationals will identify priority areas, targeting specific groups, illnesses and demographics requiring specialized attention. These actions will be taken in collaboration with Federal Government initiatives.

§ Depression.

§ Mental illness identified within Public Health system for both inpatients and outpatients.

§ Indigenous Mental Health.

§ Transcultural Mental Health.

§ Child and Youth, with particular emphasis throughout the schooling system

§ Mental Illness within custodial/forensic systems.

§ Mental Illness identified during judicial processes, including family law court.

§ Drug and Alcohol services and identified concomitant Mental Illness.

§ De-institutionalised patients returned to the community.

§ Personality Disorders.

§ Abuse – physical, emotional and sexual.

§ Dual Diagnosis – involving Disability Services Queensland.

### **3.2.17 Community**

An expanded role of the mental health service is needed to more adequately cater for 24 hour care. Private housing facilities need to be of a standard expected by the community when accommodating mentally unwell clients of the mental health service. Post-discharge programs, ‘step-up’ and ‘step-down’ programs will result in fewer acute facility admissions and provide a more cost effective, therapeutic means of maintaining an individual in the community. ‘Return to Work ‘ programs will alleviate the pressures on

the welfare system and the community, providing the client of the service with another right – that of employment.

In Government, The Nationals will:

§ Identify staffing needs for client-focused service delivery and implement strategies to adequately resource planned actions.

§ Reintroduce discipline-specific services.

§ Develop and implement 'alternatives to admission' programs.

§ Provide, where possible, 24 hour care.

§ Reduce non-clinical workload.

§ Prioritise post-discharge accommodation and care requirements.

§ Ensure that in conjunction with appropriate governmental departments, requirements and expectations of private housing facilities for discharged clients of the service are increased to meet community standards. The proprietors of these facilities will have increased accountability.

§ Develop post-discharge programs and facilities for clients who are being re-introduced to the community and develop 'Return to work' programs for clients.

§ Establish respite/care/treatment facilities for identified target groups, in conjunction with NGO's such as 'GP Connections', GP's, Private Hospitals, Volunteer Organisations.

### **3.2.18 Rural, Regional and Remote Mental Health**

Greater provision for care in locality of residence is needed. Not only does this improve the possible efficacy from treatment by reducing the impact of relocation it also has the potential to reduce the long-term costs of transport and hospitalisation. This action will result in specialised and skilled staff being needed in additional locations, an opportunity that has not previously existed. Greater co-operation between services and departments in rural, regional and remote

areas is essential for improved outcomes. The aim will be to maintain clients in their local area whenever possible, without the necessity for removal to other facilities.

In Government, The Nationals will:

§ Improve and expand telehealth services to provide greater access to resources provided by larger regional and metropolitan areas.

§ Develop an incentive program for the recruitment and retention of all disciplines within mental health.

§ Prioritise expeditious treatment and transfer of mentally unwell clients to appropriate facilities.

§ Ensure short term, pro-interim care of acutely unwell clients in their locality of residence is implemented.

§ Ensure that regular visitations and review by experienced and qualified mental health personnel to rural, regional and remote facilities become standard.

§ Provide a scheme for relatives and carers' assistance packages, when needed in the overall care of clients should they be required to be transferred to other facilities.

### **3.2.19 Acute Facilities**

The Nationals believe clearly defined roles of service within acute care facilities will provide the best treatment modality employed in the most appropriate setting by discipline-specific skilled staff. The benefit will be to have skilled personnel available where and when they are needed. A significant area of need is Emergency Departments and this will have the effect of:

- Reducing waiting time/triage time.
- Reducing pressure and stress on Emergency Department personnel.
- Enhancing safety for Emergency Department clientele and staff.
- Expediting assessment, intervention, treatment and transfer.
- Increased safety for mental health client.

In Government, The Nationals will:

§ Ensure guidelines for admission and care of the hospitalised patient will be developed, accessible and implemented.

§ Encourage evidence-based best practice and 'least restrictive' practices will be maintained and encouraged.

§ Ensure new facilities are designed to adequately cater for the needs of staff and clientele.

§ Ensure protocols, procedures and policies reflect the identification of 'best' modality of treatment in the most suitable and efficacious therapeutic environment, and ensuring all legislative requirements are met in relation to

the application of The Mental Health Act 2000 and associated laws

§ Provide triage and acute services in Emergency Departments with appropriate specialised personnel.

§ Provide flexibility of treatment, engaging family and significant others in the clients' care.

### **3.2.20 Extended Inpatient Services**

The Nationals recognise the development of extended inpatient services will reduce the strain on acute facilities in public hospitals. By reducing the demands on other staff and resources, as well as community mental health and acute mental health, best possible positive outcomes for mental health clients will occur. Protection and safety of the vulnerable mental health clients is essential. This service will legitimately reduce bed days and occupancy rates of acute facilities, as well as increasing the number of beds available for acutely unwell patients.

§ Beds available for longer term rehabilitation and care will be increased.

§ Staffing in clinical areas will be increased.

§ Administrative infrastructure will be reduced.

§ Impediments to admission and transfer to facilities will be reduced or removed.

§ Guidelines and expectations of the rehabilitation process will be developed.

§ Ensuring transition to community is appropriate for the clinical need of the client and

the ensuing follow-up care is optimum, with the implementation of inter-sectorial linkage between the stakeholders of the clients care, will be a priority.

### **3.2.21 Tertiary Facilities**

Tertiary facilities provide the most efficacious treatment of the chronically mentally ill client, and a cost-effective and compassionate means by which those neglected and at-risk are cared for. This would result in reduced workload and involvement of other Government and non-government organisations that, by necessity thus far, have been required to involve themselves in areas outside their particular scope of practice. Improved treatment would reduce the impact the chronically mentally unwell individual has on the welfare system and the community.

§ The systematic closure of tertiary facilities would immediately cease.

§ Bed numbers would be increased by re-opening dormant or temporarily closed wards/units within tertiary facilities.

§ Rehabilitative programs within these facilities would be developed.

§ A funding initiative, with the Commonwealth Government, would be sought for the transition of welfare payments to the support and maintenance of clientele within tertiary facilities for the alleviation of direct Commonwealth Health Funding for this particular section of the Mental Health client base.

§ Appropriate staffing for these facilities, including residential care workers, less qualified personnel and volunteer/community agencies, will be planned.

§ Establish day respite/care programs for clients

§ A 're-introduction to society' focus and plan, paying particular attention to training and re-training, education and up-skilling, for the purpose of return to the workforce and re-introduction to the community where possible will be continued. Non-government and non-profit organisations will be involved in the development and facilitation of these programs.

§ Strong intersectorial linkages with other agencies, both government and private sectors, will be developed.

### **3.2.22 Forensic services**

The Nationals believe community, client, and staff safety is paramount. The cost and demands on staff and facilities within government sectors [Corrective Services, Legal System, Queensland Police Service, Emergency Departments and Acute Mental Health Facilities] are increasing and overwhelming. There is an urgent need for policies and procedures to facilitate more adequate sharing of relevant and vital information.

Enhanced linkages and interfacing between agencies will result in less confusion.

§ Forensic facilities will be utilised appropriately by establishing clear client base criteria.

§ Direct admission to forensic facilities must be available.

§ Assessment and treatment in mental health forensic facilities will be provided for those who require care unavailable in correctional facilities.

§ Mental health assessment and care in custodial/correctional settings must be further

developed and improved.

§ Inter-sectorial linkages between forensic facilities and other relevant agencies and departments will be improved, particularly the custodial/correctional systems and law enforcement agencies.

§ Beds in current facilities and purpose built facilities will be increased.

§ An accredited, designated three-tiered facility system [low security, medium security, high security] will be developed. This three-tiered system will be for the assessment and treatment of clients covered under the relevant sections of the MHA 2000 and care will be provided by suitably qualified and skilled mental health personnel.

§ Provision will be made for the use of secure facilities in the short term, pro-interim hospitalisation and treatment of clients not covered under the relevant forensic sections of the MHA 2000, yet deemed to be of sufficient risk to themselves and/or others, as to require a more secure environment.

### **3.2.23 The Mental Health Act**

All employees of Mental Health Service must be sufficiently cognisant of The Mental Health Act 2000 and other related legislation. Best practice and least restrictive practice must be employed by all those involved in patient care.

§ A review of The Mental Health Act 2000 will be conducted and amendments to the Act, pertaining to forensic patients, will be considered.

§ Strategies to ensure The Mental Health Act 2000 is being correctly utilised and enacted will be planned and implemented. Education regarding The Mental Health Act 2000 and other relevant legislation will be increased to assist understanding and compliance.

§ Processes regarding complaints and concerns relating to the enactment of legislation will be improved.

### **3.2.24 Preventative and Primary Health Care**

Early identification and intervention will lead to improved prognosis and therefore a reduction in total long-term cost, greater positive health prospects for clients, an improvement in societal standards, and a reduction in the drain on other resources and agencies.

The Nationals believe:

§ Enhanced and effective inter-sectorial management between Education Department, Disability Services, Police Department, Department of Families, Department of Housing, and relevant Commonwealth Departments, will enhance co-operation and transfer of information.

§ Programs in schools and the workplace will improve early identification, intervention and referral processes.

§ Enhancement of 'consultation liaison' services in Public Hospitals will similarly improve early identification, intervention and referral processes.

### **3.2.25 Education and Service Development**

The Nationals believe support for staff is crucial. In Government The Nationals will continue to encourage career advancement by providing staff with the opportunity to attain skills required for continuous improvement of service delivery, which will in turn, assist with staff retention and satisfaction. Continuity of care and management will be enhanced through respect and value for the positions held with and responsibility attached.

In Government, The Nationals will:

- § Ensure that client focused health care with a measurable direct client outcome is standard.
- § Provide assistance for those wishing to specialise in Mental Health in conjunction with an increase in training positions.
- § Provide research opportunities within the organisation, without reduction in staffing.
- § Encourage ownership of innovative models of health care, associated programs and projects empowering those in front-line service delivery.
- § Re-evaluate the appointments of Project Officers to ensure that the clinically determined projects provide outcomes for those to whom they are applicable and those at the point of direct service delivery.
- § Ensure that each staff member is entitled to a quota of five days per year for clinical and discipline specific education, excluding mandatory training and the financial provision for this education will be quarantined from the overall organisational budget.
- § Encourage peer reviews and sharing of knowledge and expertise. Feedback and application of information obtained by those attending workshops, conferences and other sponsored educational programs will ensure that resources are correctly utilised and cost effective.

### **3.2.26 Outcomes**

The Nationals believe that the following outcomes are critical:

- § Greater awareness of mental illness, both in prevalence and impact.
- § Further de-stigmatisation of mental illness.
- § Protection for the sufferer of mental illness and the community.
- § Reduction in suicide, particularly youth suicide.
- § Respect and acknowledgment of an individual's inalienable rights.
- § Development of effective avenues of redress for unfair, unreasonable and unethical treatment by mental health services.
- § Provision for optimum mental health care.

## **CONGRATULATIONS IF YOU HAVE READ ALL THE ABOVE!!**

**Please consider what has been promised when you decide who should receive your vote. Find time to contact those standing for election in your electorate and ask “What are you going to do for mental health?” Just asking the question will help our politicians and**

**aspiring politicians realise that Mental Health and Illness is Everyone's Business and of vital importance to their constituents. Even if you have only had time to skim through the policy documents as presented by the major parties, please reflect on the contents when assigning your vote. Thank you. Philippa Harris, Coordinator, MIFNQ**