MENTAL HEALTH STRATEGY

In 1984, the then Federal Minister for Health, Dr Neal Blewett, was advised of the need for a national policy on mental health services through reports provided by the Royal Australian and New Zealand College of Psychiatrists and the Australian National Association for Mental Health.

As a result of this a consultancy was commissioned to report on mental health services in Australia. The document, *A National Mental Health Services Policy* (the Eisen/Wolfenden Report), was submitted to health ministers in March 1988.

The Australian Health Ministers' Advisory Council (AHMAC) established a mental health working party in May 1989 to develop a discussion paper as the basis for consultation around Australia. Consultation was held in all States and territories in December 1989 and January 1990, and consumers, carers, non-government organisations, and professional staff from both private and public sectors expressed support for the development of national mental health policy goals.

The working party presented its report on guiding principles and policy goals for a national mental health policy to AHMAC in May 1990. The report is called *National Mental Health Strategy Statement, Policy, Goals and Action Proposals*. Copies of the statement are available from the Federal Department of Community Services and Health.

The statement endorses the following principles:

1. The definition of mental health is as follows: “Mental health embraces both inner individual experience and interpersonal group experience. Any definition of mental health therefore must reflect the kind of people we think we should be, the goals we consider desirable, and the type of society in which we aspire to live. Mental health has not been considered in terms of presence or absence of mental disorder.”
2. The first priority in mental health policy and service delivery is consumer outcomes (consumers' needs and rights).
3. Preventive approaches to health care should receive high priority.
4. Public sector mental health services should give priority to the needs of those with serious mental disorder and the socially and economically disadvantaged.
5. Mental health is an intersectoral issue, and requires collaboration with such areas as housing, social welfare and employment and training.
6. A comprehensive national mental health data strategy should be developed.

Priority for action was identified in the following areas:

- Adoption of the National Mental Health Strategy Statement.
- Development of a consumers’ charter of outcomes.
- Improvement of the range and quality of service delivery.
- Development of a national mental health data strategy.
- Renegotiated Federal/State roles in mental health.

The final version of the strategy statement is expected to be presented to the Australian Health Ministers' Conference in 1992.

CONCLUSIONS

The National Mental Health Strategy Statement foreshadows important changes in the ways in which mental health services will be delivered in Australia. The emphasis is on prevention, flexibility in service delivery, and consumer satisfaction. The socially disadvantaged and the most seriously mentally ill have been identified as those most in need of public mental health services.

A national mental health strategy will enhance cohesion in the provision of services in the monitoring of areas of service deficiency, and in encouraging more efficient co-operation across public, private and voluntary sectors.

The delineation of respective Federal and State roles in relation to mental health, and the development of an adequate national mental health data base, as well as the provision of services in remote areas, are major issues which require further definition and clarification.

It is encouraging, however, that Australia appears finally to be in the process of developing an integrated, nationwide policy in one of the most neglected of all areas in health.

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