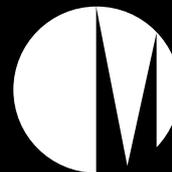




A 21st Century Approach

to Mental Health Care for Australia

2010 Maurice Blackburn Oration



Moreland City Council



In June 2010 The Australian Federal Police (AFP) hosted an artistic workshop to bring together people from different faiths within the Melbourne community to create a mosaic celebrating the diversity and beauty of different communities.

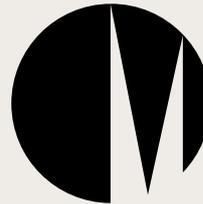
The Mosaic is titled *Tree of Life* and is representative not only of growth and renewal, but of all humanity. Like the unique diversity and beauty of all the coloured leaves, so too is our community diverse.

Moreland City Council Mayor, Cr Stella Kariofyllidis, attended the workshop and participated in creating the Mosaic.

Introduction



Cr Stella Kariofyllidis
Moreland City Council



Moreland City Council

It is a great privilege for me to introduce the 18th Maurice Blackburn Oration, *A 21st Century Approach to Mental Health Care for Australia* to be presented by Professor Patrick McGorry.

The origin of this lecture series is found in the generosity and spirit of two great Australians, Maurice and Doris Blackburn.

Maurice Blackburn devoted his life to the cause of social justice, trade union rights, civil liberties and international peace. He was a Victorian representing the seat of Burke in the federal Parliament - an area now part of Moreland. Maurice Blackburn took the notion of public service, particularly service to progressive social movements very seriously.

Doris Blackburn became one of Australia's first women parliamentarians. She was a pioneer advocate of Aboriginal rights in the Federal Parliament and was committed to peace and social justice. Doris was an early campaigner for women's rights and a promoter of pre-school education.

Professor Patrick McGorry joins an illustrious list of speakers who have delivered the Maurice Blackburn Oration, including the President of Timor Leste, Xanana Gusmao, Larissa Behrendt, Professor of Law and Indigenous Studies at the University of Technology, Sydney, award winning Australian author Thomas Keneally, civil rights lawyer Julian Burnside QC, Indigenous leader and former head of the Aboriginal and Torres Strait Islander Commission, Dr Lowitja O'Donoghue, human rights academic Professor Hillary Charlesworth and the former Australian Prime Minister Bob Hawke. Each of these eminent people have presented a unique perspective on contemporary human rights issues.

Patrick McGorry is Executive Director of Orygen Youth Health, Australia's largest youth mental health organisation, comprising a world-renown research centre and a clinical service targeting the needs of young people with emerging serious mental illness. He is also Professor of Youth Mental Health at the University of Melbourne and founding member of the National Youth Mental Health Foundation (headspace) board.

Professor McGorry is a world-leading researcher in the area of early psychosis and youth mental health. His innovative, ground-breaking research has played an integral role in the development of safe, effective treatments that have helped transform the lives of tens of thousands of young people the world over. Orygen Youth Health's early psychosis service, known as EPPIC, was founded by Professor McGorry in 1992, and has been hugely influential internationally. Its evidence-based model has been adopted in many countries, and early intervention in psychosis has become one of the major growth points in international mental health reform. Professor McGorry has played a major role in mental health reform in Australia as a key adviser to the *Because mental health matters: Victorian Mental Health Reform Strategy 2009-19*, and is frequently asked to advise on youth mental health policy internationally.

Professor McGorry also has interests in the areas of homelessness, refugees and torture survivors, youth suicide, youth substance use and the treatment of emerging personality disorder. He has published over 300 papers and book chapters, edited five books, and has been the recipient of numerous awards, including: Australian of the Year 2010, the Melbourne Award for contribution to community in 2009, the Castilla Del Pino Award in recognition of his significant contribution to the field of Psychiatry in Spanish-speaking countries in 2009, the Australian Government Centenary Medal in 2003 and the Founders' Medal of the Australian Society for Psychiatric Research in 2001.

Moreland City Council is pleased to welcome Professor McGorry to present the Maurice Blackburn Oration, which is occurring in the same year when the First International Youth Mental Health Conference which was held in Melbourne in July. It is important to focus on mental health. As the fourth national mental health plan: an agenda for collaborative government action in mental health 2009-2014¹ states 'mental illness is widespread in Australia, as it is in other developed countries, and has substantial impact at the personal, social and economic levels. Results from the *2007 National Survey of Mental Health and Wellbeing*, conducted by the Australian Bureau of Statistics (ABS), indicate that one in five people aged 16 to 85 years experience one of the common forms of mental illness (anxiety, affective or mood disorders, and substance use disorders) in any one year. Australia has signed and ratified important human rights treaties which explicitly recognise the right of everyone to the highest possible mental health care.

Mental health disorders are the most prevalent of all health conditions in Moreland. The main disorders are depression and anxiety. To reduce the prevalence of depression and anxiety; issues of social inclusion, social support, social participation and political participation need to be addressed. One protective factor associated with mental wellbeing is the ability to be resilient, to be able to bounce back after a traumatic experience. Providing programs, support, and access to services provides a supportive environment and being connected to a community is an essential element of resilience.

¹ <http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-f-plan09-toc~mental-pubs-f-plan09-con~mental-pubs-f-plan09-con-mag>



The Moreland Health and Wellbeing Plan 2010-2014 aims to improve the health, safety and wellbeing for the people who live, work and play in Moreland and this means achieving "a state of complete physical, social and mental wellbeing, and not merely the absence of disease or infirmity."² The number one objective is to enhance mental health and wellbeing. It commits Council and our partners to provide opportunities for people to be involved in and connect with their community.

The official health statistics show us that there are approximately 20,000 people in Moreland who are treated for mental health disorders. This is one in seven people. However, it is estimated that the number of people who experience mental illness is much higher, with one in five people likely to suffer from a mental illness at some stage in their life.

Over the past two years Moreland City Council has worked in partnership with residents and 25 organisations to develop a Community Mental Health promotion plan titled "Mental Health is Everybody's Business". Leadership is needed to mobilise community action for a prevention agenda and to bridge understanding that mental health and illness is everybody's business. Tonight's oration is one example of such leadership.

² Ottawa Charter for Health Promotion. World Health Organisation (WHO), Geneva, 1986.

One element of the Mental Health Promotion Plan is a project titled "Act Belong Commit: Mentally Healthy Hume and Moreland" – a campaign which aims to break down isolation in our community, by encouraging people to do something new, get involved in community events or become a volunteer. The aim of this campaign is to promote good mental health by encouraging all people in our community to have active and fulfilling lives. It also aims to break down isolation for people with a mental illness by encouraging all people in our community to connect.

The Maurice Blackburn Oration is one small, but important, forum for promoting understanding and dialogue about human rights. Mental Health is a human rights issue. It is with much pleasure that I present the 18th Maurice Blackburn Oration, delivered by Professor Patrick McGorry.



Cr Stella Kariofyllidis, Mayor
Moreland City Council



Maurice and Doris Blackburn

Maurice McCrae Blackburn (1880 - 1944) was born to a middle class family. However, in 1886 his father died of typhoid, leaving his widow and four children with very little means of support. Although Maurice matriculated in 1896, due to financial constraints he had to wait ten years before he graduated in Arts and a further three before he earned a Law degree. Maurice Blackburn was a clever man who, despite his financial circumstances, was sufficiently well-connected to have succeeded in a comfortable, conventional legal career. Instead, he chose to throw in his lot with the exploited and the under-privileged. He took from his middle class background the notion of public service and transformed it into service to the labour movement.

Maurice Blackburn did not move to the centre stage of political activity until his studies were completed. In 1911, he joined the Victorian Socialist Party. However, when the party decided not to stand candidates at elections, Maurice, along with a number of others, chose to join the Labor Party. In 1914, against the odds, Blackburn won the seat of Essendon and so began his time as a Labor member of the Victorian Parliament. His opposition to conscription placed him completely beyond the pale of a patriotic society. Conversely, it elevated him immediately to the status of labour hero. Maurice lost his seat in a campaign marked by vicious personal attacks. In the following four years as the labour movement throughout Australia was struggling to clarify and redefine its aims and practices, Maurice played a major role in the Labor Party's development. After winning the seat of Fitzroy, he re-entered the Victoria Parliament in 1925 and remained there

until 1933. In 1934, he served as the Federal Member for Burke, which then covered large parts of the Moreland area. In the Federal Parliament, Blackburn relished the opportunity to speak on war and peace, industrial and civil rights issues. He remained in federal politics until 1943.

Throughout his political life, Maurice devoted his considerable intellectual abilities to the cause of social justice, civil liberties and international peace. In many ways he served as a conscience for the Australian Labor Party. Maurice Blackburn always stood firm in defence of democratic values both in society at large and within the party. Tolerant, cheerful and unambitious for high office, he was admired inside and outside the labour movement for his integrity and commitment.

Doris Amelia Blackburn (1889 - 1970) shared her beginning with the early campaign for women's rights. She went on to promote pre-school education in conjunction with an enduring involvement in the peace movement. She was the Federal Member for Burke from 1946 to 1949. Doris played a central role in the establishment of organisations for the advancement of Indigenous Australians.

Derived from Maurice Blackburn -
the man and the legend by Carolyn Rasmussen Ph.D.



Maurice Blackburn
(1880 - 1944)



Doris Blackburn
(1889 - 1970)

Maurice Blackburn Lecture 2010

A 21st Century Approach to Mental Health Care for Australia

Professor Patrick McGorry AO



Professor Patrick McGorry
Monday 15 November 2010
Brunswick Town Hall



Opening

Members of the Moreland City Council, distinguished guests, and fellow Australians, I am deeply honoured to have been invited to deliver the Maurice Blackburn Oration for 2010 and for this opportunity to speak to you all tonight. The social justice principles and values that guided the life and career of Maurice Blackburn are the very same ones that have inspired me and so many other Australians. These collectivist values shaped Australia and helped to make it a unique nation in the new world, in sharp contrast to the United States. Although the iconic term the “socialist objective” has become unfashionable, the values of social justice and collectivism are as relevant as ever and especially in relation to the mental health and the mental wealth of Australia and the modern world.



Context

So what is mental health?

Mental health is the lens through which we experience our lives. It's also the means by which we shape our lives. Mental health is not only the absence of mental illness but ideally has positive valence that enables us to flourish. If we're mentally healthy we live longer, achieve more, have a better family life and more friends, and contribute to a safer, more creative and productive Australia. Mental health leads to mental wealth.

On the other hand, mental ill health all too often results in an inability to work or study, broken relationships and isolation, concerns about our body image, binge drinking and drug use, experiences with bullying and violence and severe emotional distress and even loss of contact with reality through psychosis. Mental ill-health weakens workplaces, burdens families and drives the largely preventable loss of life from suicide. It is the biggest killer of young Australians and the major health problem faced by emerging adults on the threshold of productive life.

So we owe it to ourselves to protect the precious resource of our mental health that so profoundly impacts on our individual lives and on our Australian society. Encouragingly, it is clear that as a community

we are now experiencing an awakening about our need to do so. Australians, better than any other nation, increasingly understand the futility of persisting with an outdated approach to healthcare than prioritises bodies and neglects minds. 35% of Australians in a recent international survey compared with 10% of Europeans and Americans, regard mental health as one of the major challenges facing society. We know that a truly 21st Century understanding of health must embrace the principle of the World Health Organisation that "there is no health without mental health."

One of the most exciting things about living in Australia today is that we have the solutions at our disposal to put such 21st Century thinking into practice. We no longer need to wait for new discoveries in the health sciences – there are proven models of care available to us now. As a society, we have now reached a tipping point where our need for a new approach to mental health is now matched by our desire and capacity to deliver it.

We must seize this opportunity.

III. Subject

So, today I am going to talk about how Australia can adopt a 21st Century approach to mental health.

IV. Agenda

In this address, I will take you through three steps:

- Describing what a 21st century approach to mental health must achieve
- Giving examples of 21st Century models of mental health care
- Identifying what we can all do to make a 21st Century approach to mental health a reality for Australians

V. Body

To begin with we should be clear about what every day problems a 21st Century approach to mental health must address.

Every day, Australians are up to 3 times less likely to access quality care for mental ill-health than for physical ill-health.

Every day, Australians lose over 1,000 years of healthy life to mental ill-health.

Every day, Australians with serious mental ill-health die 20 years earlier than the average from cardiovascular disease, cancer and suicide.

Every day, about 330 Australians with mental ill-health present in desperation to emergency departments. The last and only resort for so many. Most are turned away without expert help.

Every day, 7 Australians die by suicide. Many more attempt suicide or self-harm.

Every day, thousands of Australians are homeless or in jail largely because of poor and/or delayed responses to their mental health needs.

Every day, we miss opportunities to prevent future mental ill-health by not adequately or appropriately responding to the needs of Australian children at risk.

Every day, young Australians are let down by a health and social system that is weakest where it needs to be strongest. Between the ages of 12 to 25, Australians have the highest need for and worst access to mental health care.

75% of mental disorders appear before the age of 25 years. Up to 50% of young people experience mental ill health during this period. Only 25% of those affected obtain any kind of professional help from our health system, and this drops to as low as 13% of young men.

Every day, Australian mental health services attempt the impossible task of addressing 14% of Australia's health burden with just 6% of the health budget.

Every day, the creation of new knowledge and promising new therapies is held back with just 3.5% of the national health research budget allocated to mental health research. There is a rich talent in mental health research in Australia but we simply do not have a level playing field. There is an urgent need for serious reform in our national health and medical research approach to reverse this lopsided situation.

A 21st Century approach to mental health means either solving or substantially alleviating each of these problems.

A 21st century approach to mental health means that each of us understands what it means to be mentally healthy and is able to recognise, as we do with heart disease and cancer, the earliest signs of mental ill health.

A 21st century approach to mental health means that responses to mental ill-health from family, friends, workmates and health professionals are supportive and skilful. Instead of being uncertain about how to respond to distress and disturbance, we are equipped with the knowledge and skills to respond in a helpful way, the same as when someone sprains their ankle, has an asthma attack, faints or develops chest pain.

A 21st century approach to mental health means feeling comfortable about sharing our experiences of mental ill-health with those close to us and asking for help when it is needed. To help foster such open discussion, we need to place stigmatising and abusive phrases like “nutter”, “schizo” and “psycho” in the same dustbin of history as racist and sexist language.

A 21st century approach to mental health means access to stigma-free, comprehensive community mental healthcare that is closely linked to primary care, with assertive mobile teams available 24 hours a day, just like other emergency services. Such supports will stem the flow of desperate Australians with mental ill-health into emergency departments.

A 21st century approach to mental health means that people with mental ill-health receive high quality physical health care, so that their life expectancy comes to equal to that of the rest of the population.

A 21st century approach to mental health means better care for Australian children and tackling the key drivers of later mental ill-health, such as social disadvantage, child abuse, bullying, and poorly treated mental illness and addictions in the parents.

A 21st century approach to mental health means young Australians in transition from childhood to adulthood access a stigma free system of care which provides youth-friendly, integrated and multidisciplinary expertise and which creatively uses new technologies.

A 21st century approach to mental health means setting targets for reducing the suicide toll and a national suicide prevention strategy on the same scale as the successful and heavily resourced campaign to reduce the road toll.

A 21st century approach to mental health means that all Australians with persistent serious mental illness are able to live in a safe and secure environment, namely their own home, and to expect a meaningful social role with freedom from poverty and social exclusion.

A 21st century approach to mental health means strong investment in applied as well as basic mental health research that improves treatments through innovation in drug therapies, psychological interventions and social care.

So how can we put a 21st Century approach to mental health into practice? Let's start with some design principles.

Design Principle One – The right app at the right time.

21st Century mental healthcare should be as user friendly, effective and desirable as one of the icons of our times – the iPhone.

The breakthrough behind this modern device is that it simply brings together in a single platform so many of the key tools we need to function in the modern world. It is engaging, efficient and hence popular. Everyone wants one. The benefits are obvious.

21st Century mental healthcare is based on the same simple idea – the one stop shop where the main applications that Australians need to protect or recover their mental health can be found. There's a range of applications provided by multidisciplinary teams of doctors, allied health professionals, drug and alcohol clinicians, educational/vocational experts and other back up programs such as community awareness and outreach. This principle can be tailored for different stages of life and subcultures.

Every community wants and needs one of these too.

Design Principle Two – Staging.

The same principles that we use to guide interventions in general medicine for example in cancer medicine can be applied to reform and optimise our treatment approach in mental health. Simpler and safer interventions for the early stages of illness and more complex, and yet inevitably less effective treatments for later stages. This underlines the importance of early diagnosis in psychiatry as elsewhere. It helps us to simplify our complex and unwieldy diagnostic system in psychiatry and to make it useful and free of stigma at the front end. People in trouble need somewhere to go, to be listened to and to receive help that is safe and stage appropriate. This design principle deals with fears of over-medicalisation of life crises and emotional distress while enabling early intervention for the more potentially serious emerging mental illnesses, like psychosis and severe mood disorders, which in early stages resemble more transient periods of mental ill health which are

reactive and resolve with simpler interventions or self help. As in cancer and cardiovascular medicine, we need to facilitate timely assessment of a mix of conditions which may be benign but could just as easily be malignant without early treatment. This can done in stigma-free settings with stepwise models of diagnosis and care.

So what does putting these principles into practice look like?

As one example of a 21st Century approach to mental health that is already available – to some Australians - I am going to pick the exciting youth mental health model which is emerging around Australia.

This model is built around two closely linked components – headspace for young people with mild to moderate mental ill-health and EPPIC for young people with more complex and potentially serious mental illnesses.

Headspace is an enhanced form of primary care based in the heart of the community and gift wrapped in a youth friendly environment. Real expertise without stigma or strings attached.



There are many young people with more complex or severe forms of mental ill health who need access to additional applications such as hospital or residential care, 24 hour home based interventions, access to specialist psychiatrists or specialised clinics. Hence the need for an integrated back up system for headspace.

This backup is EPPIC, which provides more specialised care aimed at maximising recovery from serious mental illnesses, especially psychotic disorders, during the challenging early years of illness when great therapeutic tenacity and sophisticated scaffolding is essential.

EPPIC has been so successful in reducing the disability, mortality and costs of potentially serious illnesses, like schizophrenia, that it has been developed in hundreds of locations across the developed world. Yet ironically, in Australia, where EPPIC was invented and pioneered, it is available to only a tiny fraction of the young Australians who need it. Headspace can't function properly without this back-up system, and it is therefore very welcome news that all major political parties and the National Health and Hospitals Reform Commission have endorsed a national rollout of EPPIC alongside headspace. A serious concern however is that it will not be funded adequately and implementation will ultimately fail. The government has only allocated a small fraction of the funding required to establish and operate these services. Unless the reform is fully funded it is doomed to fail and undermine confidence in evidence-based reform, not to mention consigning thousands of young Australians to treatment delay and potentially harmful service models. We cannot have cardboard cut-out reform. It is akin to breast cancer screening with no surgeons, radiotherapy or chemotherapy programs.

Just as the wonder of the iPhone was made possible by some innovative engineering, so too the 21st Century model of youth mental health represented by headspace and EPPIC is based on the very latest in smart design and cutting edge understanding of young people and their mental health.

So what are these distinctive innovations?

Well let's start with the youth focus. Traditionally mental health services have been divided between services for under 18s and over 18s. This makes no sense - we know that the emerging adult phase of 12 to 25 is distinct from early childhood or older adulthood. So headspace and EPPIC focus on this age range, with a youth friendly culture that can engage young people, and offer flexible and agile responses.

Early intervention is a key principle, which means as soon as problems emerge they are recognised and responded to. Early intervention is an established principle in general medicine, but in mental health it is only now breaking into the mainstream.

New technologies especially internet-based information and therapies are features and headspace and EPPIC seek to work in collaborative and complimentary partnership with other innovative youth mental health services like Reach Out and young beyondblue.

The approach of headspace and EPPIC is holistic and multidisciplinary with a range of health and other professionals involved, including GPs, psychologists and other allied health professionals, drug and alcohol counsellors and vocational and educational programs.

Families are welcomed and supported as a key resource in a young person's recovery.

Youth participation is a hallmark – headspace and EPPIC are services that innovate new ways of being accountable to young clients and incorporating their ideas in further service improvements.

Finally, headspace and EPPIC are optimistic with a recovery focus. There is real faith in the resilience of young people while ensuring they still receive the most expert and specialised help. The aim is to provide some of the extra scaffolding and specific interventions that so many young people need to lead healthy and fulfilled lives.

There is still only one EPPIC, now broadened (“EPPIC plus”) to cover severe mood and borderline personality disorders and known as Orygen.

So what does all this redesign mean for a young person who needs help?

Let's look at the story of Jack, a 19 year old student who has become more withdrawn and flat in recent weeks. He is worried himself but it is his friends who press him to open up and he shares his experiences of deepening depression with them. After getting online and gleaning some key information from websites like reachout! beyondblue and headspace, Jack talks with his mother and sister and he makes an appointment at the local headspace. He feels at home when he turns up for his first visit and is encouraged by the friendly welcome from the young reception staff and the youth access team who he meets on arrival, the décor and the general “vibe” of the place. It really is the “vibe”!

He sees a GP who seems to know how to put him at ease even though he doesn't really feel like talking much. He also sees a young psychologist at the same visit and is offered a series of counselling sessions. It is agreed he doesn't need medication at this stage. He also gets some advice on use of drugs and alcohol and an appointment is made for him see the vocational expert who plans to help him hang in there with his studies with which he has been struggling in recent months.



Despite all these efforts Jack finds himself sliding further into a deeper depression and, after about 8 weeks in, consideration is then given to whether he might benefit from a trial of some antidepressants. Because he has also developed some warning signs of psychosis he is assessed at headspace by a psychiatrist linked to the integrated youth specialist mental health service. He recommends trying antidepressants, some omega 3 fatty acids, and specialised cognitive behaviour therapy in an evidence-based effort to turn things around.

This course of action begins to work and within a couple of weeks Jack has turned the corner and is on the road back. He and family and friends know this is a still a risky period and he is monitored carefully, with back up from the home treatment team, for any suicidal risk which can occur sometimes, paradoxically as young people are on the improve. He doesn't end up needing hospital care but if that had been necessary it would have been easily arranged within the headspace linked specialist youth mental health system.

Everyone with an iPhone, every community with headspace and EPPIC!

This is a snapshot of the immediate future, a future that is now in place some parts of Australia and within easy reach of the whole society. It doesn't depend on new advances, just political will and funding. It contrasts starkly with the many tales of misery and tragedy I've heard this year. The vast majority of this is frustratingly preventable.

There are many other tasks facing us of course in mental health reform. As well as stemming the tide through early intervention, we must ensure that those who have already been swept away are rescued from the scrapheap of social exclusion. I met such a person earlier this year, a hugely impressive man of 42 years who was working in a vocational recovery program in Melbourne in paid employment . He was handsome, personable, tall and athletic.

He told me that 6 months earlier he had been 50kg heavier, sleeping 20 hours per day on large doses of medication and living with his elderly mother. A change of medication, a fitness program, some who cared enough to connect him with the vocational recovery program known as the Madcap Café, and his own resilience changed his life.

This man had been ill with schizophrenia since 19 and spent two decades on the scrapheap and at times homeless. There are two lessons in this story of Awakening. There is hope for everyone affected by mental illness – we should never give up. Secondly how different would his life have been if he had had early intervention and quality care from the outset?



So, what do we need to do to make 21st Century mental health care a reality for all of us?

Actions for All Australians

We can challenge and defeat stigma whenever we encounter it. It's vital that every Australian who has been touched by mental ill health share these experiences in an open and unashamed way – that's the first step. In fact we can all talk openly about both mental health and mental ill-health with family members, friends and colleagues.

We can do a mental health first aid course to increase our skills and confidence about responding to the mental health needs of the people around us.

We can donate money – philanthropists big and small should support mental health research, innovation and advocacy.

We can organise and go on marches, like the huge one last Australia Day organised by a bereaved Mum who had lost her son through suicide.

And if you or your family have already been let down by our mental health system, take action and let people know why you want a 21st Century mental health system – headspace, EPPIC and innovative models for all ages accessible in your community. Write to the papers, ring talkback radio, arrange to meet your local MPs State and Federal, form a local action group, grill the local candidates on their mental health policies, and even consider running for election yourself. Whatever you decide to do, take the first step today – perhaps by joining the 100,000 Australians who have already committed to action for mental health at www.getup.org.au

Actions for all of us who work in mental health

All of us working in mental health services have a critical role to play. The most useful thing we can do is to be open to innovation and change.

We must also remain united. We have unprecedented unity in the field with more than 60 organisations signing the personal letter to the former PM after The Council of Australian Governments (COAG) and in solid advocacy ever since.

People mostly choose a career in mental health because it is an opportunity to express compassion directly – to help people going through tough times to pick up the pieces and reclaim their lives. For many people in our field, working in a crisis-ridden system built on the wartime principal of triage is a bruising experience. All too often it means the quality of care provided is not as it should be. We need regeneration and renewal.

So as the Australian community and Australian Governments mobilise behind a new vision of mental health – it is an opportunity for all of us who work in mental health to deliver the quality care we genuinely want to provide. We should seize this opportunity and work with Governments and the community to create a world class, 21st century model of mental health care that becomes the inspiration to the rest of the world. In Maurice Blackburn's lifetime, especially in the early 20th Century, Australia inspired the world with its egalitarian policies and social justice strategies. We can do this again in so many ways, starting with mental health reform.

To build the next generation of workforce, we need to recruit from the most gifted and the talented within our nation and to compete for them aggressively. I encourage Australians to actively consider a career in mental health – train to become a social worker, psychologist, occupational therapist, nurse or doctor; or volunteer your help. I'd say to medical students and young doctors – consider a career in psychiatry and you will help create the future. You won't burn out at 50. Psychiatry in my view is one of the best pathways to express altruism and lead to a fulfilling life in the medical profession!

Actions for political leaders

Our political leaders are not immune from the threat of mental ill health. A substantial minority of politicians, just like the rest of us, have experienced mental ill health. Through the courage of people like Geoff Gallop, Andrew Robb and John Brogden we have role models as well as champions for progress. They all found it hard to get the expert help they needed until pretty late in the game. Many other politicians have been supportive but mental health needs champions at the very top.

There are three immediate steps that our political leaders can take to kick start a process of national transformation on mental health.

1. Commit to ending the second class service, the apartheid in the health system, for Australians with mental-ill health.

All Governments should make their core policy goal in mental health ensuring that Australians have the same access to quality care for mental ill-health as for physical ill-health by 2020.

2. Make immediate good faith investments in proven models of care in which the government has full confidence.

The Prime Minister has made a commitment that mental health will be a priority for her Government during this parliament. Mark Butler is Australia's first minister for mental health. He is energetic, impressive, and seems committed and motivated to succeed. The Government is already framing next year's budget, which will be the real test of the Government's good faith and capacity to make good on its promises.

Yet so far, all we have heard from the Government on this subject is the same old refrain that "more" needs to be done in mental health. What "more" means, how much "more" is envisioned, and when "more" will arrive still remain a mystery

It would be unfair to hold the Prime Minister and Mark Butler responsible for mistakes that were made before they assumed their present roles. Neither were in their current posts when April's COAG agreement made the grossly irresponsible decision to invest almost the entire allocation for growth and reform funding in health to the already well-

funded system of physical health care. However, both Julia Gillard and Mark Butler now have a responsibility to reverse this lopsided and discriminatory trend. 100 days into the life of the government, it is now time to reveal the details about what they plan to accomplish.

Denial and playing for time will no longer cut it: there is simply no need for more consultation, reviews or other delaying tactics before real reform is implemented. The National Health and Hospitals Reform Commission (NHHRC) set out 12 mental health recommendations as an evidence-based blueprint for government investment. These best buys have overwhelming support from the mental health sector and the Australian community.

The NHHRC recommendations have two broad themes. The first theme is “turning off the tap” so that fewer Australians progress needlessly to long-term disability or premature death through mental ill-health, by enhancing community awareness and increasing access to specialised early intervention programs for young people. The second theme is “mopping up the mess” of previous neglect and irresponsible deinstitutionalisation by strengthening community mental health services, housing and vocational recovery programs for those people further down the track.

The Government should be enthusiastically championing and funding all these recommendations. Yet to date it remains equivocal – protesting it supports these measures whilst simultaneously seeming unable to find a way to implement them. The Government went into the last election promising a small fraction of the new mental health investment pledged by the Greens and the Coalition. As a result of such a self-imposed and poorly justified financial straight-jacket, the Government sabotaged its own efforts at mental health reform and shredded its credibility on the issue.

A \$3b over 4 year investment in mental health will build novel cost effective services, reduce suicide and disability, and build the capacity for further system reform. Such an investment should specifically support the implementation of the mental health recommendations of the National Health and Hospitals Reform Commission as well as implement additional research, workforce development and suicide prevention measures.

Mental health remains one of the defining tests of this Government’s credibility. It is a test that the Australian community are willing the Government to pass. Let’s hope Labor can respond to the pleas of Greg Combet, Rodney Cavalier and Doug Cameron, and rediscover not only its soul, but also its heart and ultimately its brains. Not only Maurice Blackburn, but a phalanx of former Labor heroes would be in wholehearted support.



3. **Work collaboratively to develop a 10 year reform and investment plan.**

All Australian Governments, working together and in partnership with the mental health sector need to finally face up to this national responsibility. They should develop a target driven, fully funded reform program that addresses the 5 key areas of leadership, funding, access, skills and standards:

Leadership – Sustained, committed leadership that is no longer afraid of setting priorities and targets for all levels of Government.

Funding – Progressively move mental health funding towards its share of the health burden. By 2020 mental health funding needs to be double as a proportion of the health budget what it is today.

Access – A plan to ensure every community has access to 21st century models of mental health care. Why should some communities have access to 21st century care like headspace and EPPIC and others not? Why should they have to wait? The 21st century is here.

Skills – Develop the skills and numbers of the mental health workforce and enhance our knowledge of what works by supporting research and innovation. Money will solve this too.

Standards – Set quality standards and establish accountability measures - including accountability to service users.



VI. Summary

A 21st Century approach to mental health will mean that you and your family will have access to knowledge, understanding, assessment and quality care when you confront mental ill-health.

A 21st Century approach to mental health is urgently required by millions of Australian families who are unable to access the mental health supports that they need and will deliver significant economic and social benefits to all of us. Mental health is national wealth. Lives will be saved, there will be many fewer bereaved relatives and friends and a happier much more productive Australia.

A 21st Century approach to mental health is achievable through a five point plan on leadership, funding, access, skills and standards with the aim of ending unequal access to quality care between mental and physical health by 2020

A 21st Century approach to mental health can be kick-started with an initial Australian Government investment of \$3b over 4 years

A 21st Century approach to mental health starts with you – so start taking action to achieve it today.

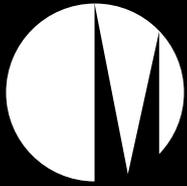
VII. Conclusion

A 21st Century approach to mental health will transform Australia. It will transform our understanding of ourselves, our family lives and the fabric of our communities. We can do it. We will do it.

So let's get started now.



Year	Speaker	Topic
1987	Bob Hawke	Speech by the Prime Minister Inaugural Maurice Blackburn Memorial Lecture
1988	John Bannon	The Relevance of Labor in Today's Australia
1989	Jean McCaughey, AO	Focus on Families
1990	Dr Jocelyne Scutt	In Praise of Dissent - Power, Politics and the Democratic Ideal
1991	Dr Carolyn Rasmussen	Maurice Blackburn - The Man and the Legend
1992	Jack Culpin, JP	Political Changes
1993	Dr Eric Willmot, AM	A New Dreaming
1994	Hon Chief Justice Alastair Nicholson, AO, RFD	The Australian Family - What is the Future?
1996	Right Reverend Michael Challen, AM	Person, Place and Power
1997	Dr Lowitja O'Donoghue, CBE, AM	Australians for Reconciliation
1998	Thomas Keneally	The Perils of Commonwealths
1999	Mary Crooks	Victoria 2000: Repairing the Social Democratic Fabric
2000	Xanana Gusmão	The Importance of Community Alliances in the Rebuilding of East Timor
2002	Julian Burnside, QC	Hypocrisy and Human Rights
2004	Dr Clive Hamilton	Consumer Capitalism: Is this as good as it gets?
2006	Prof. Hilary Charlesworth	Human Rights in the Age of Terror
2008	Prof. Larissa Behrendt	Reconciliation in a Civil Society: How do we make reconciliation meaningful after the apology?
2010	Prof. Patrick McGorry	A 21st Century Approach to Mental Health Care for Australia



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**This event is
wheelchair accessible.
Auslan interpreters and
hearing loop facilities
will be provided.**



Language Link

有關摩爾蘭德市政廳
電話號碼的詳情

9280 1910

Per informazioni sul Comune
di Moreland telefonare a:

9280 1911

Για πληροφορίες σχετικά με το
Αίμα Moreland τηλεφωνήστε στο

9280 1912

للوصول على معلومات عن بلدية مورلاند
اتصلوا على الرقم

9280 1913

Moreland Belediyesi hakkında bilgi
almak için aranabilecek telefon

9280 1914

Nếu muốn biết thêm chi tiết về Hội Đồng
Thành Phố Moreland, xin gọi tư vấn số

9280 1915

Para mayor información sobre la
Municipalidad de Moreland llame al

9280 1916

Za informacije o Općinskom vijeću
Općine Moreland nazovite

9280 1917

मेरलैंड सिटी काउंसिल के बारे में जानकारी
प्राप्त करने के लिए फोन करें :

9280 1918

All other languages

including 廣東話,

فارسی, Kurdi, Malti,

Македонски, Српски,

Somali, Tetum

9280 1919