

Transcript of Presentation
by Professor Ian Hickie, Brain and Mind Research Institute
at the National Launch of the “Not for Service” Report
Wednesday, 19 October 2005

I am Professor Ian Hickie, I am the Executive Director here of the Brain and Mind Research Institute.

This is very unusual. I have patients and their families who have come with me from other places in mental health and they walk in the door here and they think they are in the wrong place! They think this can't be a mental health related facility. I say it is – and it is a very unusual one because it hasn't arisen in the traditional fashion - it has arisen because of co-operation between the private business sector (people like Mr Ryan Stokes, and our Foundation, Mr David Gonski, our University, direct support from the Howard Government). But to date not much or no direct support from State Governments. It has not taken the state health model. It has said that brain and mind sciences, the economic of social issues we face are national and require a general social coalition – a genuine partnerships of business, non-government organisations, the private sector, the community at large – to come up with new ways of delivering services, effective use of infrastructure, cost efficient delivery of services that we can actually achieve.

In most of the work we have done over the last several years with the Mental Health Council, and with other organisations such as beyondblue, what has changed since Burdekin is not the delivery of services but community attitudes. Community attitudes have shifted to a large degree in favour of doing something meaningful in the mental health area. Anyone who has been the parent of an adolescent child in the last ten years, anyone who deals with their family or their community, is now well aware of the issues that they are likely to face. This is not just an issue for the homeless, not just for those who have been in mental institutions in the past, not just for those in prisons – this touches every family – it touches everybody at some stage during their lives if they are open and willing to support those around them. Unfortunately our health system has not grown in that way.

What we have now is a challenge to the leaders in our country (and we do see the National Government as the leaders in our country) is actually a serious threat to the social and economic future of our country. Everyday the Federal Government deals with those issues - as Sev has said, in policy, law, in the social environment, but importantly in health. Right now the National Government is preparing for bird flu, if that appears as a problem, if that threatens our country, if it threatens the social and economic participation which it may. The Government is prepared, the Chief Health Officer has been prepared – big investments have been made for the possibility of illness.

Right now 27% of all health related disability in Australia is due to mental health. Only 7% of our national investment in health is in mental health. But beyond health this is the large cause of disability in 15 to 34 year olds. 60 per cent of disability in 15 to 34 year olds is due to mental health problems. That is the future of our country – that is the workforce. That is the education, training, social participation, family structures of our future. We have not attended to it.

What I have really enjoyed with my work with the Mental Health Council, dragged into it by Dr Grace Groom who is somewhere in the room, somewhat reluctantly for several trips around Australia; apparently I do have my own family to look after somewhere along the line, but I have spent most of the last three years in travels with Grace around the country to every community (most of which I have never heard of) to find people who are actually struggling with these issues who say with one voice that the national priority is early intervention – as in any other health area. It is blindingly simple, if you have a breast lump, if you go early, if it is treated, there is a strong chance of recovery, a strong chance of return to work, less loss of function. The same is true in mental health.

Our services however, are continued to be orientated (particularly at the state level) to the opposite. You must come when you have more than one problem. You must come when you are a threat to somebody else. You must come when you are most dysfunctional. Unfortunately we have raised the threshold for access to care. Quite the

contrary to every other direction in health, and quite against our own national, social and economic goals.

“Not for Service” is filled with the personal stories of lack of access to care, awareness of need, of coming forward and not receiving that service. On individual case basis, people tend to say well that’s an individual case. But this is an issue for the nation.

I saw Ross Gibbon’s report in the Herald earlier in the week that apparently next year will be the peak of economic participation – the workforce will be as big as it ever gets. After that the baby boomers will start retiring. If we do not have the youth to actually participate, if we do not have the youth complete education, if we do not have the youth to actually take up jobs and develop the economy on an ongoing basis, we will not have the society that we all seek.

Youth mental health lies underneath that - it lies at the heart of these issues, and early intervention as a service lies at the heart of these issues. The tragedy for us in Australia is that we have some of the best non-government organisations, some of the best clinicians, undoubtedly some of the best consumers, carers and family based movements anywhere in the world. We have the best potential for a social coalition to work with government to change those issues. What we need is the government leadership, the national leadership.

We have seen the Federal Government commit to a Youth Mental Health Foundation, and that is great. That is the right direction. But we need all of our services in mental health to pick up the bleedingly obvious – it is just not that hard to see the obvious of what needs to be done and to achieve it.

We live with a stigma in mental health that nothing can be achieved, that it is complex, that things do not change. As Ingrid has beautifully demonstrated, you get help, your life is back on track, you’re a mother, your working and the interest case mentioned you run your own business on an ongoing basis. People participate when they receive good health care. That is the fundamental aspect at stake here. And every community you go into, every time we surveyed a community, they are as aware.

What we need is the national leadership to back that. I am deeply grateful to Grace for the opportunity to have worked with this; to Sev for the leadership he has also shown; but really to the people who have been brave enough to stand up and tell their stories again.

We did make a commitment to those people who had told their stories many times before, often to state inquiries, to national inquiries. Some had been to Burdekin and had come back again. They just want someone to be accountable. They just want someone to see the obvious and not to blame them for the lack of services.

The most distressing thing I think we saw in the whole thing, in conversations particularly with unfortunately some state governments, was to say this was a problem of dealing with difficult people – they were hard to deal with. It is not the people with the illness fault. It is not the family's fault who have members with this illness.

We need as a community to get our act together and provide access to real care.

Thanks.