PART THREE: RESULTS OF SURVEYS

After the Mental Health Council of Australia (MHCA) launched its national review of mental health services in Australia in 2003 ("Out of Hospital, Out of Mind!"), it set about gathering more specific data from government agencies about the status of mental health services at local, regional and state/ territory levels. Together with the Brain and Mind Research Institute (BMRI), the MHCA developed two surveys as tools to collect the relevant information. This process was completed prior to the commencement of community consultations with the Human Rights and Equal Opportunity Commission.

The following data summarises the results of those surveys.

3.1 SURVEY ONE: A REVIEW OF IMPLEMENTATION OF COMMUNITY PRIORITIES IN MENTAL HEALTH

The first survey, conducted over 2004-04, sought the views of mental health stakeholders about the progress in the implementation of community priorities in mental health. The survey was divided into three sections:

- The first asked some demographic information about the respondent and their service.
- The second asked the respondent to rate how the priorities have been implemented or supported within their LOCAL area.
- The third asked respondents to rate how the priorities have been implemented or supported at a STATE level.

3.1.1 SURVEY ONE - NATIONAL DATA SET

As of 2 November 2004, 714 complete surveys had been received. The majority of respondents described their role within the mental health sector as public providers of specialist treatment (n=246, 34%). This is followed by consumers and carers (n=162, 22%) and then non-government community service providers (n=74, 10%). Across Australia, most respondents were located in New South Wales (NSW; Table 3.1.1.1).

Table 3.1.1.1: Total number of respondents by state; N=714.

STATE	TOTAL NUMBER (%) OF RESPONDENTS
New South Wales	239 (33%)
Victoria	134 (19%)
Western Australia	99 (14%)
Queensland	95 (13%)
South Australia	69 (10%)
Australian Capital Territory	43 (6%)
Tasmania	26 (4%)
Northern Territory	9 (1%)

With regards to the national priorities as identified in "Out of Hospital, Out of Mind!", respondents rated the extent to which they have been implemented or supported in their LOCAL areas (Table 3.1.1.2).

Table 3.1.1.2: Implementation or support for priorities at a LOCAL level; N=714.

	No action taken or no support N (%)*	Discussion and planning or low level support PLUS implementation begun or moderate support N (%)*	Nearly complete or high level support PLUS fully implemented or full support N (%)*
1. Implementation of early intervention services	171 (24%)	414 (58%)	121 (17%)
2. Development of innovative services for people with mental health and alcohol or substance abuse disorders	244 (34%)	379 (53%)	77 (11%)
3. Development of a wider spectrum of acute and community-based care settings	213 (30%)	406 (57%)	85 (12%)
4. Implementation of the national standards for mental health services	158 (22%)	421 (59%)	110 (15%)
5. Programs that promote attitudinal change among mental health workers	225 (32%)	399 (56%)	67 (9%)
6. Increased support for stigma reduction campaigns	265 (37%)	352 (49%)	73 (10%)
7. Development of specific inter-governmental service agreements (e.g. Between health, education, housing, employment, and social security)	173 (24%)	414 (58%)	99 (14%)
8. More genuine consumer participation	172 (24%)	413 (58%)	114 (16%)
9. Direct support for 'innovation', 'research' and 'service evaluation' in mental health	260 (36%)	358 (50%)	81 (11%)
10. Introduction of specific schemes to enhance access to mental health specialists	235 (33%)	379 (53%)	83 (12%)
11. More genuine carer participation	176 (25%)	400 (56%)	121 (17%)
12. Support for enhanced role of non-government organisations in all aspects of care	184 (26%)	440 (62%)	70 (10%)
13. Clear accountability for expenditure of mental health strategy funds	235 (33%)	361 (51%)	76 (11%)
14. Specification of clear primary care and specialist workforce roles	223 (31%)	378 (53%)	90 (13%)

*Where numbers do not tally to 714 (100%), respondents have either responded "Don't know" or left the question blank.

Next, respondents rated the extent to which priorities have been implemented or supported within their STATE (Table 3.1.1.3).

Table 3.1.1.3: Implementation or support of priorities at a STATE level; N=714.

	No action taken or no support N (%)*	Discussion and planning or low level support PLUS implementation begun or moderate support N (%)*	Nearly complete or high level support PLUS fully implemented or full support N (%)*
1. Development of specific inter-governmental service agreements (e.g. between health, education, housing, employment, and social security)	184 (26%)	410 (58%)	89 (13%)
2. Direct support for 'innovation', 'research' and 'service evaluation' in mental health	190 (27%)	438 (61%)	73 (10%)
3. Introduction to specific schemes to enhance access to mental health specialists	195 (27%)	433 (61%)	68 (10%)
4. Support for specific disease prevention initiatives (e.g. In anxiety, depression, alcohol or substance abuse)	178 (25%)	445 (62%)	79 (11%)
5 Support for general mental health promotion	185 (26%)	437 (61%)	81 (11%)
6. Support for enhanced role of non-government organisations in all aspects of care	191 (27%)	421 (59%)	81 (11%)
7. Clear accountability for expenditure of mental health strategy funds	221 (31%)	380 (53%)	75 (11%)
8. Ongoing support for suicide prevention campaigns	175 (25%)	424 (60%)	97 (14%)
9. Development of datasets for monitoring the quality of local services	173 (24%)	421 (59%)	98 (14%)
10. Service development for those in forensic (i.e. prison-based) services	201 (28%)	395 (56%)	81 (11%)
11. Specification of clear primary care and specialist workforces	210 (30%)	406 (57%)	68 (10%)
12. Service enhancement for persons from culturally – and linguistically-diverse backgrounds	173 (24%)	440 (62%)	85 (12%)
13. Support for community leadership in mental health	172 (24%)	447 (63%)	67 (9%)
14. Support for professional leadership in mental health	196 (28%)	435 (61%)	64 (9%)
15. Development of specific procedures for reporting Human Rights abuses or neglect	211 (30%)	397 (56%)	73 (10%)
16. Increased support for stigma reduction campaigns	151 (21%)	463 (65%)	77 (11%)

*Where numbers do not tally to 714 (100%), respondents have either responded "Don't know" or left the question blank.

Finally, respondents living and/or working in regional or rural and poorly resourced areas were asked to rate the extent to which such factors have been implemented or supported within their STATE (Table 3.1.1.4).

Table 3.1.1.4: Implementation or support for regional or rural and poorly resourced areas.

	Nearly complete or high level support PLUS fully implemented or full support
1. IN YOUR STATE, what is the level of support for service development in rural and regional areas? (n=366)**	25 (7%)
2. IN YOUR STATE, what is the level of support for service development in poorly resourced areas? (n=369)**	7 (2%)

** The total number of respondents answering this question reduced from 714 depending on whether the respondent identified as living in either a rural or regional area (n=366) or a poorly resourced area (n=369).

Table 3.1.1.5: Implementation or support of TOP TEN national priorities at a LOCAL level; N=714.

	No action taken or no support N (%)*	Discussion and planning or low level support PLUS implementation begun or moderate support N (%)*	Nearly complete or high level support PLUS fully implemented or full support N (%)*
1. Implementation of early intervention services	171 (24%)	414 (58%)	121 (17%)
2. Development of innovative services for people with mental health and alcohol or substance abuse disorders	244 (34%)	379 (53%)	77 (11%)
3. Development of a wider spectrum of acute and community-based care settings	213 (30%)	406 (57%)	85 (12%)
4. Support for service development in rural and regional areas (n=372)**	94 (26%)**	243 (66%)**	25 (7%)**
5. Implementation of the national standards for mental health services	158 (22%)	421 (59%)	110 (15%)
6. Support for service development in poorly resourced areas (n=373)**	133 (36%)**	227 (62%)**	7 (2%)**
7. Support for programs that promote attitudinal change among mental health workers	225 (32%)	399 (56%)	67 (9%)
8. Increased support for stigma reduction campaigns	265 (37%)	352 (49%)	73 (10%)
9. Development of specific inter-governmental service agreements (e.g. Between health, education, housing, employment, and social security)	173 (24%)	414 (58%)	99 (14%)
10. More genuine consumer participation	172 (24%)	413 (58%)	114 (16%)

*Where numbers do not tally to 714 (100%), respondents have either responded "Don't know" or left the question blank.

** The total number of respondents answering this question reduced from 714 depending on whether the respondent identified as living in either a rural or regional area (n=366) or a poorly resourced area (n=369).

Conclusions

The responses of local providers of services, and many consumers, carers and non-government organisations, indicate clearly that the key community priorities for national mental health reform have not been implemented. The results are an indicator of the performance of government in turning mental health policy into real local action in Australia. Very basic structural issues of implementation of the National Mental Health Standards, accountability for funds, involvement of consumers and carers and engagement and support of the non-government sector have not been attained. Real program development such as implementation of early intervention strategies, management of concurrent alcohol and drug problems and development of a greater range of acute care settings remain largely on the drawing board. Rural and regional areas and areas within states with low levels of other resources still appear to be neglected. The perceptions of the providers and users of services continue to reinforce the data originally described in "Out of Hospital, Out of Mind!".

As there are likely to be significant variations by both region and state in the degree of mental health reform, this same data is presented on a state-by-state basis.

3.1.2 SURVEY ONE - NEW SOUTH WALES

Table 3.2.1.1: Implementation or support for priorities at a LOCAL level in NSW; N=239.

	No action taken or no support N (%)*	Discussion and planning or low level support PLUS implementation begun or moderate support N (%)*	Nearly complete or high level support PLUS fully implemented or full support N (%)*
1. Implementation of early intervention services	58 (24%)	143 (60%)	36 (15%)
2. Development of innovative services for people with mental health and alcohol or substance abuse disorders	90 (38%)	121 (51%)	23 (10%)
3. Development of a wider spectrum of acute and community-based care settings	71 (30%)	140 (59%)	26 (11%)
4. Implementation of the national standards for mental health services	50 (21%)	147 (62%)	33 (14%)
5. Programs that promote attitudinal change among mental health workers	80 (34%)	131 (55%)	19 (8%)
6. Increased support for stigma reduction campaigns	92 (39%)	111 (47%)	27 (11%)
7. Development of specific inter-governmental service agreements (e.g. Between health, education, housing, employment, and social security)	54 (23%)	144 (60%)	32 (13%)
8. More genuine consumer participation	57 (24%)	137 (58%)	40 (17%)
9. Direct support for 'innovation', 'research' and 'service evaluation' in mental health	94 (39%)	115 (48%)	24 (10%)
10. Introduction of specific schemes to enhance access to mental health specialists	82 (34%)	126 (53%)	26 (11%)
11. More genuine carer participation	49 (21%)	141 (59%)	43 (18%)
12. Support for enhanced role of non-government organisations in all aspects of care	52 (22%)	154 (64%)	26 (11%)
13. Clear accountability for expenditure of mental health strategy funds	71 (30%)	126 (53%)	27 (11%)
14. Specification of clear primary care and specialist workforce roles	77 (32%)	119 (50%)	35 (15%)

*Where numbers do not tally to 239 (100%), respondents have either responded "Don't know" or left the question blank.

Next, respondents rated the extent to which priorities have been implemented or supported within their STATE (Table 3.2.1.2).

Table 3.2.1.2: Implementation or support of priorities at a STATE level in NSW; N=239.

	No action taken or no support N (%)*	Discussion and planning or low level support PLUS implementation begun or moderate support N (%)*	Nearly complete or high level support PLUS fully implemented or full support N (%)*
1. Development of specific inter-governmental service agreements (e.g. between health, education, housing, employment, and social security)	58 (24%)	145 (61%)	30 (13%)
2. Direct support for 'innovation', 'research' and 'service evaluation' in mental health	66 (28%)	150 (63%)	19 (8%)
3. Introduction to specific schemes to enhance access to mental health specialists	61 (26%)	145 (61%)	28 (12%)
4. Support for specific disease prevention initiatives (e.g. In anxiety, depression, alcohol or substance abuse)	56 (24%)	153 (64%)	28 (12%)
5 Support for general mental health promotion	67 (28%)	146 (61%)	25 (11%)
6. Support for enhanced role of non-government organisations in all aspects of care	69 (29%)	137 (57%)	25 (11%)
7. Clear accountability for expenditure of mental health strategy funds	70 (29%)	128 (54%)	28 (12%)
8. Ongoing support for suicide prevention campaigns	57 (24%)	142 (59%)	39 (16%)
9. Development of datasets for monitoring the quality of local services	55 (23%)	144 (60%)	32 (13%)
10. Service development for those in forensic (i.e. prison-based) services	75 (32%)	131 (55%)	23 (10%)
11. Specification of clear primary care and specialist workforces	72 (30%)	136 (57%)	20 (8%)
12. Service enhancement for persons from culturally – and linguistically-diverse backgrounds	55 (23%)	157 (66%)	25 (11%)
13. Support for community leadership in mental health	54 (23%)	154 (64%)	21 (9%)
14. Support for professional leadership in mental health	60 (25%)	154 (64%)	16 (7%)
15. Development of specific procedures for reporting Human Rights abuses or neglect	81 (34%)	126 (53%)	22 (9%)
16. Increased support for stigma reduction campaigns	47 (20%)	152 (64%)	33 (14%)

*Where numbers do not tally to 239 (100%), respondents have either responded "Don't know" or left the question blank.

3.1.3 SURVEY ONE - VICTORIA

Table 3.1.3.1: Implementation or support for priorities at a LOCAL level in VIC; N=134.

	No action taken or no support N (%)*	Discussion and planning or low level support PLUS implementation begun or moderate support N (%)*	Nearly complete or high level support PLUS fully implemented or full support N (%)*
1. Implementation of early intervention services	32 (24%)	71 (53%)	28 (21%)
2. Development of innovative services for people with mental health and alcohol or substance abuse disorders	39 (30%)	74 (56%)	15 (11%)
3. Development of a wider spectrum of acute and community-based care settings	39 (29%)	70 (52%)	21 (16%)
4. Implementation of the national standards for mental health services	35 (26%)	67 (50%)	23 (17%)
5. Programs that promote attitudinal change among mental health workers	45 (34%)	70 (53%)	12 (9%)
6. Increased support for stigma reduction campaigns	53 (40%)	59 (44%)	12 (9%)
7. Development of specific inter-governmental service agreements (e.g. Between health, education, housing, employment, and social security)	37 (28%)	72 (54%)	15 (11%)
8. More genuine consumer participation	32 (24%)	80 (60%)	19 (14%)
9. Direct support for 'innovation', 'research' and 'service evaluation' in mental health	43 (32%)	69 (52%)	19 (14%)
10. Introduction of specific schemes to enhance access to mental health specialists	37 (28%)	74 (56%)	17 (13%)
11. More genuine carer participation	37 (28%)	76 (57%)	16 (12%)
12. Support for enhanced role of non-government organisations in all aspects of care	40 (30%)	76 (57%)	12 (9%)
13. Clear accountability for expenditure of mental health strategy funds	49 (37%)	62 (46%)	9 (7%)
14. Specification of clear primary care and specialist workforce roles	44 (33%)	69 (52%)	13 (10%)

*Where numbers do not tally to 134 (100%), respondents have either responded "Don't know" or left the question blank.

Next, respondents rated the extent to which priorities have been implemented or supported within their STATE (Table 3.1.3.2).

Table 3.1.3.2: Implementation or support of priorities at a STATE level in VIC; N=134.

	No action taken or no support N (%)*	Discussion and planning or low level support PLUS implementation begun or moderate support N (%)*	Nearly complete or high level support PLUS fully implemented or full support N (%)*
1. Development of specific inter-governmental service agreements (e.g. between health, education, housing, employment, and social security)	42 (31%)	63 (47%)	16 (12%)
2. Direct support for 'innovation', 'research' and 'service evaluation' in mental health	33 (25%)	76 (57%)	22 (16%)
3. Introduction to specific schemes to enhance access to mental health specialists	36 (27%)	84 (63%)	8 (6%)
4. Support for specific disease prevention initiatives (e.g. In anxiety, depression, alcohol or substance abuse)	35 (26%)	84 (63%)	12 (9%)
5 Support for general mental health promotion	35 (26%)	79 (59%)	16 (12%)
6. Support for enhanced role of non-government organisations in all aspects of care	37 (28%)	74 (55%)	17 (13%)
7. Clear accountability for expenditure of mental health strategy funds	45 (34%)	59 (44%)	14 (10%)
8. Ongoing support for suicide prevention campaigns	35 (26%)	70 (53%)	21 (16%)
9. Development of datasets for monitoring the quality of local services	40 (30%)	67 (50%)	17 (13%)
10. Service development for those in forensic (i.e. prison-based) services	41 (31%)	53 (40%)	26 (19%)
11. Specification of clear primary care and specialist workforces	35 (26%)	71 (53%)	18 (14%)
12. Service enhancement for persons from culturally – and linguistically-diverse backgrounds	32 (24%)	76 (57%)	21 (16%)
13. Support for community leadership in mental health	34 (26%)	76 (57%)	16 (12%)
14. Support for professional leadership in mental health	38 (28%)	77 (58%)	14 (10%)
15. Development of specific procedures for reporting Human Rights abuses or neglect	39 (29%)	65 (49%)	16 (12%)
16. Increased support for stigma reduction campaigns	33 (25%)	80 (60%)	13 (10%)

*Where numbers do not tally to 134 (100%), respondents have either responded "Don't know" or left the question blank.

3.1.4 SURVEY ONE - QUEENSLAND

Table 3.1.4.1: Implementation or support for priorities at a LOCAL level in QLD; N=95.

	No action taken or no support N (%)*	Discussion and planning or low level support PLUS implementation begun or moderate support N (%)*	Nearly complete or high level support PLUS fully implemented or full support N (%)*
1. Implementation of early intervention services	29 (31%)	49 (52%)	15 (16%)
2. Development of innovative services for people with mental health and alcohol or substance abuse disorders	37 (39%)	47 (50%)	9 (10%)
3. Development of a wider spectrum of acute and community-based care settings	32 (34%)	53 (56%)	7 (7%)
4. Implementation of the national standards for mental health services	22 (23%)	51 (54%)	18 (19%)
5. Programs that promote attitudinal change among mental health workers	33 (35%)	48 (51%)	8 (9%)
6. Increased support for stigma reduction campaigns	33 (35%)	46 (48%)	13 (14%)
7. Development of specific inter-governmental service agreements (e.g. Between health, education, housing, employment, and social security)	25 (26%)	54 (57%)	11 (12%)
8. More genuine consumer participation	33 (35%)	46 (48%)	12 (13%)
9. Direct support for 'innovation', 'research' and 'service evaluation' in mental health	38 (40%)	40 (42%)	13 (14%)
10. Introduction of specific schemes to enhance access to mental health specialists	35 (37%)	45 (47%)	11 (12%)
11. More genuine carer participation	32 (34%)	41 (43%)	18 (19%)
12. Support for enhanced role of non-government organisations in all aspects of care	34 (36%)	48 (51%)	8 (8%)
13. Clear accountability for expenditure of mental health strategy funds	36 (38%)	38 (40%)	12 (13%)
14. Specification of clear primary care and specialist workforce roles	34 (36%)	46 (48%)	10 (11%)

*Where numbers do not tally to 95 (100%), respondents have either responded "Don't know" or left the question blank.

Next, respondents rated the extent to which priorities have been implemented or supported within their STATE (Table 3.1.4.2).

Table 3.1.4.2: Implementation or support of priorities at a STATE level in QLD; N=95.

	No action taken or no support N (%)*	Discussion and planning or low level support PLUS implementation begun or moderate support N (%)*	Nearly complete or high level support PLUS fully implemented or full support N (%)*
1. Development of specific inter-governmental service agreements (e.g. between health, education, housing, employment, and social security)	25 (27%)	54 (57%)	10 (11%)
2. Direct support for 'innovation', 'research' and 'service evaluation' in mental health	22 (23%)	58 (61%)	11 (12%)
3. Introduction to specific schemes to enhance access to mental health specialists	23 (25%)	57 (61%)	10 (11%)
4. Support for specific disease prevention initiatives (e.g. In anxiety, depression, alcohol or substance abuse)	26 (27%)	49 (52%)	15 (16%)
5 Support for general mental health promotion	19 (20%)	54 (57%)	18 (19%)
6. Support for enhanced role of non-government organisations in all aspects of care	20 (21%)	55 (58%)	14 (15%)
7. Clear accountability for expenditure of mental health strategy funds	26 (27%)	52 (55%)	10 (11%)
8. Ongoing support for suicide prevention campaigns	19 (20%)	55 (58%)	14 (15%)
9. Development of datasets for monitoring the quality of local services	19 (20%)	57 (60%)	15 (16%)
10. Service development for those in forensic (i.e. prison-based) services	23 (25%)	47 (50%)	16 (17%)
11. Specification of clear primary care and specialist workforces	28 (30%)	48 (51%)	13 (14%)
12. Service enhancement for persons from culturally – and linguistically-diverse backgrounds	23 (25%)	49 (52%)	17 (18%)
13. Support for community leadership in mental health	24 (25%)	57 (60%)	7 (7%)
14. Support for professional leadership in mental health	29 (31%)	51 (54%)	11 (12%)
15. Development of specific procedures for reporting Human Rights abuses or neglect	21 (22%)	56 (59%)	11 (12%)
16. Increased support for stigma reduction campaigns	20 (21%)	62 (65%)	7 (7%)

*Where numbers do not tally to 95 (100%), respondents have either responded "Don't know" or left the question blank.

3.1.5 SURVEY ONE – SOUTH AUSTRALIA

Table 3.1.5.1: Implementation or support for priorities at a LOCAL level in SA; N=69.

	No action taken or no support N (%)*	Discussion and planning or low level support PLUS implementation begun or moderate support N (%)*	Nearly complete or high level support PLUS fully implemented or full support N (%)*
1. Implementation of early intervention services	15 (22%)	49 (71%)	5 (7%)
2. Development of innovative services for people with mental health and alcohol or substance abuse disorders	27 (39%)	36 (52%)	6 (9%)
3. Development of a wider spectrum of acute and community-based care settings	21 (30%)	40 (58%)	8 (12%)
4. Implementation of the national standards for mental health services	20 (29%)	44 (64%)	5 (7%)
5. Programs that promote attitudinal change among mental health workers	20 (29%)	45 (65%)	4 (6%)
6. Increased support for stigma reduction campaigns	31 (45%)	34 (49%)	4 (6%)
7. Development of specific inter-governmental service agreements (e.g. Between health, education, housing, employment, and social security)	20 (29%)	40 (58%)	9 (13%)
8. More genuine consumer participation	15 (22%)	43 (62%)	11 (16%)
9. Direct support for 'innovation', 'research' and 'service evaluation' in mental health	27 (39%)	38 (55%)	4 (6%)
10. Introduction of specific schemes to enhance access to mental health specialists	24 (35%)	39 (57%)	6 (9%)
11. More genuine carer participation	21 (30%)	38 (55%)	10 (15%)
12. Support for enhanced role of non-government organisations in all aspects of care	14 (20%)	49 (71%)	6 (9%)
13. Clear accountability for expenditure of mental health strategy funds	30 (44%)	34 (49%)	5 (7%)
14. Specification of clear primary care and specialist workforce roles	20 (29%)	41 (59%)	8 (12%)

*Where numbers do not tally to 69 (100%), respondents have either responded "Don't know" or left the question blank.

Next, respondents rated the extent to which priorities have been implemented or supported within their STATE (Table 3.1.5.2).

Table 3.1.5.2: Implementation or support of priorities at a STATE level in SA; N=69.

	No action taken or no support N (%)*	Discussion and planning or low level support PLUS implementation begun or moderate support N (%)*	Nearly complete or high level support PLUS fully implemented or full support N (%)*
1. Development of specific inter-governmental service agreements (e.g. between health, education, housing, employment, and social security)	21 (30%)	43 (62%)	4 (6%)
2. Direct support for 'innovation', 'research' and 'service evaluation' in mental health	22 (32%)	43 (62%)	4 (6%)
3. Introduction to specific schemes to enhance access to mental health specialists	22 (32%)	40 (59%)	6 (9%)
4. Support for specific disease prevention initiatives (e.g. In anxiety, depression, alcohol or substance abuse)	19 (28%)	48 (70%)	2 (3%)
5 Support for general mental health promotion	20 (29%)	45 (65%)	4 (6%)
6. Support for enhanced role of non-government organisations in all aspects of care	24 (35%)	41 (59%)	4 (6%)
7. Clear accountability for expenditure of mental health strategy funds	27 (39%)	37 (54%)	5 (7%)
8. Ongoing support for suicide prevention campaigns	22 (32%)	41 (59%)	6 (9%)
9. Development of datasets for monitoring the quality of local services	26 (38%)	38 (55%)	5 (7%)
10. Service development for those in forensic (i.e. prison-based) services	24 (35%)	41 (59%)	2 (3%)
11. Specification of clear primary care and specialist workforces	27 (39%)	39 (57%)	3 (4%)
12. Service enhancement for persons from culturally – and linguistically-diverse backgrounds	23 (33%)	42 (61%)	4 (6%)
13. Support for community leadership in mental health	27 (39%)	39 (57%)	3 (4%)
14. Support for professional leadership in mental health	26 (38%)	40 (58%)	3 (4%)
15. Development of specific procedures for reporting Human Rights abuses or neglect	25 (36%)	38 (55%)	6 (9%)
16. Increased support for stigma reduction campaigns	16 (23%)	47 (68%)	6 (9%)

*Where numbers do not tally to 69 (100%), respondents have either responded "Don't know" or left the question blank.

3.1.6 SURVEY ONE – WESTERN AUSTRALIA

Table 3.1.6.1: Implementation or support for priorities at a LOCAL level in WA; N=99.

	No action taken or no support N (%)*	Discussion and planning or low level support PLUS implementation begun or moderate support N (%)*	Nearly complete or high level support PLUS fully implemented or full support N (%)*
1. Implementation of early intervention services	26 (26%)	47 (48%)	26 (26%)
2. Development of innovative services for people with mental health and alcohol or substance abuse disorders	30 (30%)	54 (55%)	15 (15%)
3. Development of a wider spectrum of acute and community-based care settings	35 (35%)	50 (51%)	13 (13%)
4. Implementation of the national standards for mental health services	18 (18%)	62 (63%)	17 (17%)
5. Programs that promote attitudinal change among mental health workers	30 (30%)	57 (58%)	12 (12%)
6. Increased support for stigma reduction campaigns	31 (31%)	56 (57%)	11 (11%)
7. Development of specific inter-governmental service agreements (e.g. Between health, education, housing, employment, and social security)	25 (25%)	54 (55%)	18 (18%)
8. More genuine consumer participation	22 (22%)	61 (62%)	15 (15%)
9. Direct support for 'innovation', 'research' and 'service evaluation' in mental health	36 (36%)	50 (51%)	12 (12%)
10. Introduction of specific schemes to enhance access to mental health specialists	34 (34%)	47 (48%)	17 (17%)
11. More genuine carer participation	23 (23%)	60 (61%)	15 (15%)
12. Support for enhanced role of non-government organisations in all aspects of care	31 (31%)	57 (58%)	10 (10%)
13. Clear accountability for expenditure of mental health strategy funds	32 (32%)	53 (54%)	12 (12%)
14. Specification of clear primary care and specialist workforce roles	31 (31%)	54 (55%)	13 (13%)

*Where numbers do not tally to 99 (100%), respondents have either responded "Don't know" or left the question blank.

Next, respondents rated the extent to which priorities have been implemented or supported within their STATE (Table 3.1.6.2).

Table 3.1.6.2: Implementation or support of priorities at a STATE level in WA; N=99.

		No action taken or no support N (%)*	Discussion and planning or low level support PLUS implementation begun or moderate support N (%)*	Nearly complete or high level support PLUS fully implemented or full support N (%)*
1.	Development of specific inter-governmental service agreements (e.g. between health, education, housing, employment, and social security)	25 (25%)	56 (57%)	16 (%)
2.	Direct support for 'innovation', 'research' and 'service evaluation' in mental health	29 (29%)	58 (59%)	11 (11%)
3.	Introduction to specific schemes to enhance access to mental health specialists	28 (28%)	60 (61%)	11 (11%)
4.	Support for specific disease prevention initiatives (e.g. In anxiety, depression, alcohol or substance abuse)	22 (22%)	63 (64%)	14 (14%)
5	Support for general mental health promotion	26 (26%)	64 (65%)	9 (9%)
6.	Support for enhanced role of non-government organisations in all aspects of care	29 (29%)	58 (59%)	12 (12%)
7.	Clear accountability for expenditure of mental health strategy funds	32 (32%)	58 (59%)	8 (8%)
8.	Ongoing support for suicide prevention campaigns	23 (23%)	67 (68%)	9 (9%)
9.	Development of datasets for monitoring the quality of local services	22 (22%)	62 (63%)	15 (15%)
10.	Service development for those in forensic (i.e. prison-based) services	22 (22%)	69 (70%)	7 (7%)
11.	Specification of clear primary care and specialist workforces	31 (31%)	59 (60%)	8 (8%)
12.	Service enhancement for persons from culturally – and linguistically-diverse backgrounds	21 (21%)	68 (69%)	9 (9%)
13.	Support for community leadership in mental health	13 (13%)	76 (77%)	9 (9%)
14.	Support for professional leadership in mental health	23 (23%)	63 (64%)	12 (12%)
15.	Development of specific procedures for reporting Human Rights abuses or neglect	29 (29%)	60 (61%)	9 (9%)
16.	Increased support for stigma reduction campaigns	18 (18%)	72 (73%)	8 (8%)

*Where numbers do not tally to 99 (100%), respondents have either responded "Don't know" or left the question blank.

3.1.7 SURVEY ONE – AUSTRALIAN CAPITAL TERRITORY

Table 3.1.7.1: Implementation or support for priorities at a LOCAL level in the ACT; N=43.

	No action taken or no support N (%)*	Discussion and planning or low level support PLUS implementation begun or moderate support N (%)*	Nearly complete or high level support PLUS fully implemented or full support N (%)*
1. Implementation of early intervention services	4 (9%)	30 (70%)	9 (21%)
2. Development of innovative services for people with mental health and alcohol or substance abuse disorders	7 (16%)	29 (67%)	7 (16%)
3. Development of a wider spectrum of acute and community-based care settings	5 (12%)	29 (67%)	9 (21%)
4. Implementation of the national standards for mental health services	7 (16%)	26 (61%)	10 (23%)
5. Programs that promote attitudinal change among mental health workers	6 (14%)	27 (63%)	10 (23%)
6. Increased support for stigma reduction campaigns	12 (28%)	27 (63%)	4 (9%)
7. Development of specific inter-governmental service agreements (e.g. Between health, education, housing, employment, and social security)	3 (7%)	27 (63%)	12 (28%)
8. More genuine consumer participation	6 (14%)	24 (56%)	13 (30%)
9. Direct support for 'innovation', 'research' and 'service evaluation' in mental health	6 (14%)	27 (63%)	9 (21%)
10. Introduction of specific schemes to enhance access to mental health specialists	10 (23%)	27 (63%)	5 (12%)
11. More genuine carer participation	9 (21%)	18 (42%)	16 (37%)
12. Support for enhanced role of non-government organisations in all aspects of care	6 (14%)	32 (74%)	5 (12%)
13. Clear accountability for expenditure of mental health strategy funds	5 (12%)	30 (70%)	7 (16%)
14. Specification of clear primary care and specialist workforce roles	7 (16%)	27 (63%)	8 (19%)

*Where numbers do not tally to 43 (100%), respondents have either responded "Don't know" or left the question blank.

Next, respondents rated the extent to which priorities have been implemented or supported within their STATE (Table 3.1.7.2).

Table 3.1.7.2: Implementation or support of priorities at a STATE level in the ACT; N=43.

	No action taken or no support N (%)*	Discussion and planning or low level support PLUS implementation begun or moderate support N (%)*	Nearly complete or high level support PLUS fully implemented or full support N (%)*
1. Development of specific inter-governmental service agreements (e.g. between health, education, housing, employment, and social security)	7 (16%)	24 (56%)	11 (26%)
2. Direct support for 'innovation', 'research' and 'service evaluation' in mental health	11 (26%)	26 (61%)	5 (12%)
3. Introduction to specific schemes to enhance access to mental health specialists	10 (23%)	30 (70%)	2 (5%)
4. Support for specific disease prevention initiatives (e.g. In anxiety, depression, alcohol or substance abuse)	8 (19%)	29 (67%)	5 (12%)
5 Support for general mental health promotion	8 (19%)	26 (61%)	8 (19%)
6. Support for enhanced role of non-government organisations in all aspects of care	4 (9%)	31 (72%)	8 (19%)
7. Clear accountability for expenditure of mental health strategy funds	8 (19%)	28 (65%)	7 (16%)
8. Ongoing support for suicide prevention campaigns	10 (23%)	28 (65%)	4 (9%)
9. Development of datasets for monitoring the quality of local services	5 (12%)	27 (63%)	11 (26%)
10. Service development for those in forensic (i.e. prison-based) services	7 (16%)	31 (72%)	5 (12%)
11. Specification of clear primary care and specialist workforces	8 (19%)	28 (65%)	6 (14%)
12. Service enhancement for persons from culturally – and linguistically-diverse backgrounds	7 (16%)	29 (67%)	7 (16%)
13. Support for community leadership in mental health	9 (21%)	24 (56%)	9 (21%)
14. Support for professional leadership in mental health	10 (23%)	28 (65%)	5 (12%)
15. Development of specific procedures for reporting Human Rights abuses or neglect	7 (16%)	28 (65%)	8 (19%)
16. Increased support for stigma reduction campaigns	9 (21%)	28 (65%)	6 (14%)

*Where numbers do not tally to 43 (100%), respondents have either responded "Don't know" or left the question blank.

3.1.8 SURVEY ONE – NORTHERN TERRITORY

Table 3.1.8.1: Implementation or support for priorities at a LOCAL level in the NT; N=9.

		No action taken or no support N (%)*	Discussion and planning or low level support PLUS implementation begun or moderate support N (%)*	Nearly complete or high level support PLUS fully implemented or full support N (%)*
1.	Implementation of early intervention services	2 (22%)	6 (67%)	0 (0%)
2.	Development of innovative services for people with mental health and alcohol or substance abuse disorders	2 (22%)	5 (56%)	1 (11%)
3.	Development of a wider spectrum of acute and community-based care settings	4 (44%)	4 (44%)	1 (11%)
4.	Implementation of the national standards for mental health services	2 (22%)	6 (67%)	0 (0%)
5.	Programs that promote attitudinal change among mental health workers	2 (22%)	5 (56%)	1 (11%)
6.	Increased support for stigma reduction campaigns	4 (44%)	4 (44%)	0 (0%)
7.	Development of specific inter-governmental service agreements (e.g. Between health, education, housing, employment, and social security)	4 (44%)	3 (33%)	1 (11%)
8.	More genuine consumer participation	1 (11%)	7 (78%)	0 (0%)
9.	Direct support for 'innovation', 'research' and 'service evaluation' in mental health	5 (56%)	4 (44%)	0 (0%)
10.	Introduction of specific schemes to enhance access to mental health specialists	3 (33%)	6 (67%)	0 (0%)
11.	More genuine carer participation	2 (22%)	6 (67%)	0 (0%)
12.	Support for enhanced role of non-government organisations in all aspects of care	2 (22%)	5 (56%)	1 (11%)
13.	Clear accountability for expenditure of mental health strategy funds	5 (56%)	3 (33%)	0 (0%)
14.	Specification of clear primary care and specialist workforce roles	3 (33%)	6 (67%)	0 (0%)

*Where numbers do not tally to 9 (100%), respondents have either responded "Don't know" or left the question blank.

Next, respondents rated the extent to which priorities have been implemented or supported within their STATE (Table 3.1.8.2).

Table 3.1.8.2: Implementation or support of priorities at a STATE level in the NT; N=9.

	No action taken or no support N (%)*	Discussion and planning or low level support PLUS implementation begun or moderate support N (%)*	Nearly complete or high level support PLUS fully implemented or full support N (%)*
1. Development of specific inter-governmental service agreements (e.g. between health, education, housing, employment, and social security)	4 (44%)	4 (44%)	0 (0%)
2. Direct support for 'innovation', 'research' and 'service evaluation' in mental health	2 (22%)	7 (78%)	0 (0%)
3. Introduction to specific schemes to enhance access to mental health specialists	5 (56%)	4 (44%)	0 (0%)
4. Support for specific disease prevention initiatives (e.g. In anxiety, depression, alcohol or substance abuse)	3 (33%)	5 (56%)	0 (0%)
5 Support for general mental health promotion	3 (33%)	5 (56%)	0 (0%)
6. Support for enhanced role of non-government organisations in all aspects of care	4 (44%)	4 (44%)	0 (0%)
7. Clear accountability for expenditure of mental health strategy funds	5 (56%)	3 (33%)	0 (0%)
8. Ongoing support for suicide prevention campaigns	5 (56%)	2 (22%)	1 (11%)
9. Development of datasets for monitoring the quality of local services	3 (33%)	5 (56%)	1 (11%)
10. Service development for those in forensic (i.e. prison-based) services	3 (33%)	5 (56%)	0 (0%)
11. Specification of clear primary care and specialist workforces	5 (56%)	4 (44%)	0 (0%)
12. Service enhancement for persons from culturally – and linguistically-diverse backgrounds	5 (56%)	2 (22%)	1 (11%)
13. Support for community leadership in mental health	3 (33%)	5 (56%)	0 (0%)
14. Support for professional leadership in mental health	4 (44%)	5 (56%)	0 (0%)
15. Development of specific procedures for reporting Human Rights abuses or neglect	3 (33%)	5 (56%)	0 (0%)
16. Increased support for stigma reduction campaigns	3 (33%)	4 (44%)	1 (11%)

*Where numbers do not tally to 9 (100%), respondents have either responded "Don't know" or left the question blank.

3.1.9 SURVEY ONE - TASMANIA

Table 3.1.9.1: Implementation or support for priorities at a LOCAL level in TAS; N=26.

	No action taken or no support N (%)*	Discussion and planning or low level support PLUS implementation begun or moderate support N (%)*	Nearly complete or high level support PLUS fully implemented or full support N (%)*
1. Implementation of early intervention services	5 (19%)	19 (73%)	2 (8%)
2. Development of innovative services for people with mental health and alcohol or substance abuse disorders	12 (46%)	13 (50%)	1 (4%)
3. Development of a wider spectrum of acute and community-based care settings	6 (23%)	20 (77%)	0 (0%)
4. Implementation of the national standards for mental health services	4 (15%)	18 (69%)	4 (15%)
5. Programs that promote attitudinal change among mental health workers	9 (35%)	16 (62%)	1 (4%)
6. Increased support for stigma reduction campaigns	9 (35%)	15 (58%)	2 (8%)
7. Development of specific inter-governmental service agreements (e.g. Between health, education, housing, employment, and social security)	5 (19%)	20 (77%)	1 (4%)
8. More genuine consumer participation	6 (23%)	15 (58%)	4 (15%)
9. Direct support for 'innovation', 'research' and 'service evaluation' in mental health	11 (42%)	15 (58%)	0 (0%)
10. Introduction of specific schemes to enhance access to mental health specialists	10 (39%)	15 (58%)	1 (4%)
11. More genuine carer participation	3 (12%)	20 (77%)	3 (12%)
12. Support for enhanced role of non-government organisations in all aspects of care	5 (19%)	19 (73%)	2 (8%)
13. Clear accountability for expenditure of mental health strategy funds	7 (27%)	15 (58%)	4 (15%)
14. Specification of clear primary care and specialist workforce roles	7 (27%)	16 (62%)	3 (12%)

*Where numbers do not tally to 26 (100%), respondents have either responded "Don't know" or left the question blank.

Next, respondents rated the extent to which priorities have been implemented or supported within their STATE (Table 3.1.9.2).

Table 3.1.9.2: Implementation or support of priorities at a STATE level in TAS; N=26.

	No action taken or no support N (%)*	Discussion and planning or low level support PLUS implementation begun or moderate support N (%)*	Nearly complete or high level support PLUS fully implemented or full support N (%)*
1. Development of specific inter-governmental service agreements (e.g. between health, education, housing, employment, and social security)	2 (8%)	21 (81%)	2 (8%)
2. Direct support for 'innovation', 'research' and 'service evaluation' in mental health	5 (19%)	20 (77%)	1 (4%)
3. Introduction to specific schemes to enhance access to mental health specialists	10 (39%)	13 (50%)	3 (12%)
4. Support for specific disease prevention initiatives (e.g. In anxiety, depression, alcohol or substance abuse)	9 (35%)	14 (54%)	3 (12%)
5 Support for general mental health promotion	7 (27%)	18 (69%)	1 (4%)
6. Support for enhanced role of non-government organisations in all aspects of care	4 (15%)	21 (81%)	1 (4%)
7. Clear accountability for expenditure of mental health strategy funds	8 (31%)	15 (58%)	3 (12%)
8. Ongoing support for suicide prevention campaigns	4 (15%)	19 (73%)	3 (12%)
9. Development of datasets for monitoring the quality of local services	3 (12%)	21 (81%)	2 (8%)
10. Service development for those in forensic (i.e. prison-based) services	6 (23%)	18 (69%)	2 (8%)
11. Specification of clear primary care and specialist workforces	4 (15%)	21 (81%)	0 (0%)
12. Service enhancement for persons from culturally – and linguistically-diverse backgrounds	7 (27%)	17 (65%)	1 (4%)
13. Support for community leadership in mental health	8 (31%)	16 (62%)	2 (8%)
14. Support for professional leadership in mental health	6 (23%)	17 (65%)	3 (12%)
15. Development of specific procedures for reporting Human Rights abuses or neglect	6 (23%)	19 (73%)	1 (4%)
16. Increased support for stigma reduction campaigns	5 (19%)	18 (69%)	3 (12%)

*Where numbers do not tally to 26 (100%), respondents have either responded "Don't know" or left the question blank.

3.2 SURVEY TWO: CONSUMER AND CARER EXPERIENCES OF CARE

This survey mechanism introduced through the Mental Health Council in 2004, seeks to record ongoing experiences of care by those who actually use mental health services. It extends a framework initially developed in other areas of heath care to measure the quality of services provided (Hickie et al 2003). It is in marked contrast to the mechanisms currently used or even proposed by the responsible governments. It relies on actual experiences of care and is not simply limited to critical incident reporting or ad hoc surveys of consumer participation or satisfaction with services.

As of 2 November 2004, 228 complete surveys have been received, including 127 (56%) from consumers, 58 from carers (25%) and 43 (19%) from family members or close friends. All respondents had experience (either direct or indirect) with mental health services during the previous twelve months. Forty-one percent (n=94) had contact with public health services, 30% (n=69) with private health services, and the remaining 29% (n=65) a mixture of the two.

Eighty percent (n=182) of the sample was female with an average age of 41 years. The majority of respondents (67%) resided in major urban areas, with only 13% of the sample from rural areas with populations less than 10,000. Across Australia, most respondents were located in Victoria (31%) and New South Wales (31%; Table 3.2.1).

Table 3.2.1: Total number of respondents by state; N=228.

STATE	TOTAL NUMBER (%) OF RESPONDENTS
New South Wales	71 (31%)
Western Australia	20 (9%)
Victoria	71 (31%)
South Australia	14 (6%)
Queensland	30 (13%)
Australian Capital Territory	14 (6%)
Tasmania	6 (3%)
Northern Territory	2 (1%)

Only 57% of respondents (mostly consumers and carers) said they were treated with respect and dignity nearly always or always (Table 3.2.2).

Table 3.2.2: The extent to which health professionals treated the consumer or someone close to them with respect and dignity.

	CONSUMER	CARER	FAMILY MEMBER OR CLOSE FRIEND
N	127	58	43
Always	32%	26%	16%
Nearly always	34%	29%	19%
Sometimes	20%	33%	42%
Not often	10%	12%	21%
Never	4%	0%	2%

The majority (69%) felt they did not have adequate access to services (Table 3.2.3), with 20% not being able to find a health professional to talk to about their concerns.

Table 3.2.3: The extent to which access to adequate services for mental health problems was achieved.

	CONSUMER	CARER	FAMILY MEMBER OR CLOSE FRIEND
N	127	58	43
Always	14%	10%	0%
Nearly always	26%	15%	9%
Sometimes	25%	40%	26%
Not often	25%	26%	58%
Never	10%	9%	7%

Over one third (41%) of participants felt they were given insufficient or no information about the condition or treatment. Of those respondents who wanted information given to family and friends, more than half (99/165) felt that not enough information was given. In situations were medication was prescribed for the mental health problem, only 24% responded that the purpose, benefits and side-effects were fully explained (Table 3.2.4).

Table 3.2.4: The extent to which medications prescribed for a mental health problem was explained in terms of purpose, benefits and/or side effects; N = 215.

	CONSUMER	CARER	FAMILY MEMBER OR CLOSE FRIEND
N	119	57	39
Yes, definitely	31%	19%	8%
Yes, to some extent	23%	23%	15%
Yes, a little	25%	26%	33%
No	21%	32%	44%

Approximately one third of the sample (35%) said that the health professionals involved agreed always or nearly always with one another. Over one third (39%) did not feel they had enough say in decisions about care and treatment (Table 3.2.5), and 19% had not had the diagnosis discussed with them (17% of consumers, 10% of carers and 37% of family members or close friends).

Table 3.2.5: Whether the consumer, carer or family member/close friend felt they had enough say in decisions about care and treatment.

	CONSUMER	CARER	FAMILY MEMBER OR CLOSE FRIEND
N	127	58	43
Yes, definitely	38%	19%	0%
Yes, to some extent	36%	33%	37%
No	26%	48%	63%

Eighty-seven consumers answered more detailed questions regarding their care and treatment. The majority (86%) had seen a psychiatrist in the previous 12 months (see Table 3.2.6 for ratings), only 26% a community psychiatric nurse and 70% had seen some other mental health professional. All but six consumers had taken medications for mental health problems in the last 12 months and 66% had received a talking therapy. Half the consumers (50%) had an after hours contact in a mental health service, and of these people 60% had used this form of crisis care in the previous 12 months.

Table 3.2.6: Consumer ratings of psychiatrists they had seen in the last 12 months; (n=72).

	Psychiatrist listened carefully to you	You have trust and confidence in the psychiatrist	Psychiatrist treated you with respect and dignity	Given enough time to discuss condition and treatment
Yes, definitely	54%	40%	54%	29%
Yes, to some extent	28%	29%	35%	33%
No	18%	31%	11%	38%

Only five consumers (6%) had received a care plan, which is a document that outlines mental health needs and who will provide services. About one third (33%) of consumers rated the healthcare received in the last 12 months as poor to very poor, 30% as fair to good, and 37% as very good to excellent.