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Mental Health and Community Services Perspective

Introduction

Mental health continues to be one of the most formidable public issue challenges that the government of Australia is yet to completely tide over. It is important to address and contain the growing trend of mental illness in the country because it not only creates a turmoil in the lives of those affected and their families but also costs dearly on the national exchequer through loss of probable man days and contribution of rising unemployment in addition to resources allocated to the treatment and welfare of mental health patients. A study conducted in the recent past indicated that one out of every five Australians had faced symptoms of some mental illness within a year preceding the survey (ABS 2007). That implies 20% of the population had bouts of mental health issues and this trend is expected to continue in the near future. According to other studies conducted in this area, mental illness is Australia's third biggest disability burden and it is estimated that 27% of total years lost happens because of lack of mental wellbeing (Mind Frame, 2014). Therefore this is an issue which cannot be overlooked or ignored. Over the years response to mental health issues has undergone a transformation from asylum based approaches to more community service approaches with Commonwealth, State and Territorial governments adopting different policies to support recovery procedures of patients. Yet several loopholes still exist, mostly at the implementation level, which dilutes the impact of followed practices. This paper intends to look back at the transformation of treatment methods for those suffering from mental illness and also discuss the lack which continues to exist. In doing so the paper argues

that community service remains a viable method of reaching out to patients in the sub-urban and rural areas and hence this sector should be focused on and prepared to overcome challenges.

History of approach to mental health issues

This paper looks at the evolution of mental illness treatments from the beginning of the nineteenth century till the current times. The main focus is on this period of two hundred years because prior to it neither was mental health issues taken with the degree of seriousness as the later years nor were there any proper method of addressing such issues. Estimates related to mental health problems were not available during the early years and therefore this area of health and wellbeing remained in the dark. According to many historians and sociologists these years represent the transgression from classical age to initiation of the modern age and are therefore important to explore (Scull 1993). Experts also opined that tracing the history of mental health and psychiatry beyond this period will be confusing and not return desired results (Foucault 1972). Medicines to treat such diseases were developed towards the end of the eighteenth century and the research that went into such development procedures framed the discipline associated with mental health in current times. This period is also significant because sequestration of employability due to mental health issues came into practice and asylums were setup for housing and treating patients (Giddens 1991). Prior to it individuals showing signs of mental instability were kept within domestic confinement often chained to prevent their movement. However since the 1800s and over the next hundred and fifty years asylums sprung up for confinement. Asylums, funded by local authorities, became centers were the patients were kept segregated from rest of society under the supervision of staffs and psychiatrists (Mellet 1982).

In the Australian context, even during the start of the nineteenth century, mental illness was considered akin to madness, and character flaws were thought to be the root cause. The mode of treatment included confinement, isolation and imposing physical restrictions on movement. In keeping with this the Australian Lunatic Asylum was setup in 1811 (Happell 2007). These asylums had no formal treatment methods and were staffed by untrained caregivers. By the mid of the century approach to mental health issues started transforming with treatment philosophy being centered around proving human care. Around 1867 Parliament enacted legislation to have patients inducted into asylums rather than prisons and this probably arose because of the gradual acceptance of mental health issues as a disease (Happell 2007). By the start of the next century more results started emanating from the transformation. Mental illness and mental retardation were separately defined and training of staffs by medical superintendents was also rolled out. By mid twentieth century more structure was introduced into the treatment of mental health issues. Nursing training to develop specialized nurses were introduced as treatment focus changed from restrictions and confinement to cure. Patients also started receiving therapeutic assistance from nurses individually and in groups. Towards the end of the century attempts were made to dismantle the institutionalized approach and focus on community based care with specialized caregivers attending to patients within local setup. Management of patients showed improvement and many of them never got admit to institutions like hospitals but continued treatment through community based centers. In 1992, initiatives were undertaken by Australian Health Ministers to commit increased expenditure towards treatment of mental health issues, do away with neglect and human rights abuses and also increase the reach of community services in providing care to patients (CDHA 2002).

Shortcomings and impact

Though the approach towards treatment of mental health issues has undergone structural changes over the years yet it is plagued by flaws, reducing its effectiveness and impact. Recent findings suggest that community based approaches are failing to provide the support and service required for recovery patients and are also short of protecting them from becoming subjects of human rights abuse (Groom, et. al. 2003). Reports suggest that this more a failure of implementation than a policy one. Significant investments are still inadequate in the areas of innovation and adequate disease prevention measures and this implies that a significant percentage of Australians will continue to remain outside the periphery of community assistance stigmatized, neglected and confined. While the current spending on mental health is around 7%, urgent enhancement to 12% is required (Groom, et. al. 2003). Failure of implementation authorities to provide required support to community based centers can reduce the efficiency and thus the effectiveness of these centers. A case in point is the support available to dementia affected senior citizens in regional and rural areas where community service nurses are the only support systems available to families. Remedial measures are few and this accentuates the problem (McMurray & Clendon, 2015). In such areas community nurses also guide family members how to attend to mental health patients. But where the problem lies is in the detection of such patients and understanding their precise requirements. Community nurses rely on evidence based care giving which is not best suited in such cases. Such conclusions tend to be clouded by the perception of the ones evaluating and hence reliability becomes an issue. This system is however what is put to practice adding to the complexity of cases (McMurray & Clendon, 2015). Community services currently lack professionalism which makes redistribution of resources to cater to a wider population a lesson yet to be learnt. This implies failure in utilizing the full potential of

community resources to provide support and also create societal awareness towards prevention. Existing community service facilities are not geared up to meet the complex future where rates of mental illness are expected to scale up (Groom, et. al. 2003). The disjointed picture of Australia's mental health initiative is aptly captured in the Mental Health Council Review which states the absence the health care system which is accessible and is effective. Across all levels existence of apathy, unaccountability and absence of commitment was observed with communities still continuing to shun mental health patients (Groom, et. al. 2003). These will only compound the problem as focus of management will no longer be on cure but more towards isolation and confinement.

Conclusion

Mental health constitutes an important area of Australia's health care problems. While successive governments have adopted policy measures to rectify the neglect patients have to endure, gaping lapses exist in the implementation process. Lack of funding by the State and Territorial Governments seems an issue. Shortage of adequate investments has left the community service units resource deficient impacting the quality of service and support available to patients and their families. This accentuates the problem and has to be addressed forthwith. Providing resources to community service facilities and supporting them in upgradation should become the focus and proper implementation of initiatives should be ensured. The future years are expected to witness an increase in number of patients with mental health issues. With de-institutionalization being a reality, community service will be main delivery vehicle of treatment, care and support. It is therefore important to keep the vehicle well oiled so that patients can avail quality treatment and care irrespective of geographical distance. Hence Commonwealth, State

and Territorial governments should work together in empowering the community services to realize the change they are seeking to.

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