

The roadmap to mental health reform

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Robert Williams represents the Australian Council of the RFDS on Council of the NRHA, but presented this paper on behalf of the Mental Health Council of Australia.

Robert Williams has worked in rural health since 1987, having lived in Beechworth, Alice Springs and Cairns. He joined the RFDS Queensland Section in June 1996 following a successful study examining the feasibility of providing mental health services in conjunction with the RFDS. From 1996 to 2007 Robert managed a range of mental health and allied health initiatives in the RFDS Queensland Section, including clinical and non-clinical mental health programs, a general health promotion program, a health promotion field day program, health promotion capacity building projects and a number of Indigenous health focused projects.

In the RFDS Queensland Section Robert played a key role in the expansion of primary health care services, led and participated in a number of health strategic planning initiatives, was involved in the development of systems and processes to support health service development, and became familiar with the RFDS corporate business at both state and national level.

In May 2007 Robert took up the role as National Health Program Manager at the RFDS National Office, which has a coordinating role across the four RFDS operating sections. He has core responsibilities for program management of the RFDS Traditional Services and Rural Women's General Practice Service contracts, as well as a policy development and strategic planning role. Part of his role is to represent RFDS nationally as a Council member of the NRHA. Robert's current role provides an opportunity to continue his strong commitment to health in rural and remote Australia.

The Gillard Government appointed the first ever federal minister for mental health in November 2010. The Hon Mark Butler inherited a system in crisis at worst; or fragmented and under stress at best.

Minister Butler also has at his finger tips more reports, inquiries and recommendations than any previous person with responsibility for health/mental health. In short, the Government is all too aware of what needs to be done, but the question is, do they know how to deliver a new, reformed mental health system?

In rural and regional Australia, mental health services are ad hoc and uncoordinated. Indigenous communities in particular have barely workable or accessible services and the shortage of bulk billing doctors, mental health nurses and access to specialist services is furthering the geographic divide between the 'haves' and 'have nots'.

The Government's reform agenda needs to address the chronic problems in rural Australia – but how is this achievable when the history of mental health policy has been a blanket or 'cookie-cutter' approach to service deliver?

This presentation will look at options such as e-Health and the possibilities of enhanced services being delivered as part of the National Broadband Network; as well as workforce and service issues critical to regional and rural Australia.

Mental Health reform cannot be just about our cities and outer-Metropolitan areas. Rural mental health services must be flexible, adaptable and innovative. This means a radical shift in the way the Government and the Department of Health and Ageing operates and delivers its funding programs. It also means a change in accountability and governance structures.