Australian Mental Health Leaders Unite to Demand Action on Treatment Gaps
Joint statement from Orygen, Black Dog Institute, Australian Society of Psychiatrists, and Mental Health Victoria

We are deeply saddened by the horrific attack on Helen Haines. Our thoughts are with Helen, her family, the broader Wangaratta community at this difficult time. A week on from the attack, we now know that Helen has suffered life altering injuries, and her family, friends and broader community will be learning to live with this new reality and managing the trauma that such terrible events carry.

The circumstances of this attack remain under investigation. We must not speculate about the alleged perpetrator's mental health or assume that mental illness played a role. However, we do know that violence like this can cause new or trigger existing mental health challenges, right across a community.

We simply cannot ignore the longstanding gaps in Australia's mental health care system, particularly in rural, regional and outer-metropolitan Australia.

What we are witnessing across the Australian mental health landscape is a profound lack of connectivity to ongoing effective care.

More than one in five patients discharged from acute public psychiatric units do not receive follow-up from public community mental health services within a week. One in eight is readmitted to acute psychiatric care within just 28 days. We also know that people are often left waiting when early effective treatment could mean their condition never worsens to the point of them needing admission to hospital. At both ends the system is under immense pressure.

Behind these figures are people struggling to get treatment, families desperately seeking help, and clinicians and mental health workers striving to deliver the best quality care in overstretched services.

We have effective treatments for severe mental illness. Too often, the problem is not what medicine knows, but whether people can access that care when they need it.

The overwhelming majority of people living with mental illness are not violent. We must not allow individual tragedies to fuel stigma or reinforce harmful stereotypes.

But neither should we accept a system in which people with severe mental illness struggle to access timely treatment and sustained clinical care. We simply do not, and would not, accept this for other major illnesses like cancer and cardiac disease.

We need greater investment in delivery to patients of effective treatments, the development of new treatments, stronger community mental health services, the rebuild of the residential facilities across the full spectrum, and accountability for the quality and continuity of care people receive. Organisations like ASoP, Black Dog Institute and Orygen work every day to make this a reality. Together, we call on all governments across Australia to find and fund solutions now.

People with severe mental illness deserve more than a system that waits for a crisis before responding. Regional and rural communities deserve mental health care and services that truly support them.

Quotes from organisational leaders

Dr Pramudie Gunaratne, Executive Director and CEO, Australian Society of Psychiatrists, said:
"Too many Australians never get the essential mental healthcare they need.

We wouldn't accept cancer patients being routinely denied proven treatments because of where they live. Yet that's exactly what we tolerate in mental healthcare. Too often, the treatment someone receives is determined not by what they need, but by what happens to be available at their local service.

We know what good care looks like. The scandal is how often we fail to deliver it. And it's people living with severe mental illness, their families and sometimes entire communities who bear the consequences."

Prof. Patrick McGorry, Executive Director, Orygen, said:
"Deinstitutionalization meant that Australia lost 90% of its psychiatric hospital beds. This step was meant to pave the way for a modern system of care in which there was a strong range of community mental health services and a spectrum of smaller, acute recovery and longer-term beds. State and federal governments have failed to build a replacement for the 19th century asylum system, and the people who have suffered the most have been people with serious mental illness. Thousands upon thousands of these people are languishing in the community, in homeless settings, and in prison. And not only the patients themselves, but their families and the wider community are at risk. These patients die 15 to 20 years earlier than the rest of Australians from suicide or serious medical conditions. A small percentage of people in an acute episode of psychosis will pose a risk to others, whether it's their family members or strangers. We've seen a series of tragedies, some of which receive media attention, and the majority which do not. It's time for Australia to grasp the nettle and rebuild a system of mental health care that's fit for purpose, at the right scale, and quality."

Prof. Sam Harvey, Executive Director and Chief Scientist, Black Dog Institute, said:
"Right now, the public mental health system is at breaking point, and the clinicians and mental health workers striving to support their communities need more support to do so. There are solutions to these problems. We have effective treatments, including many that have been pioneered in Australia. The fact that so many Australians cannot access good quality, timely mental health care is not acceptable. We have spent too many years talking about mental health. Now is the time for action, so that help can be provided to those in need, particularly in regional and rural Australia."

Phillipa Thomas, CEO of Mental Health Victoria, said:
There is no absence of information or evidence about what is required, no debate about the need. The question for us as a country is why we are so moved to encourage each other to seek help, so heartbroken for those who have gone without it, and yet so profoundly stubborn and unable commit to doing what needs to be done. It's simply a choice that needs to be made.