

Responding to the Australian experience of depression: the view of the Mental Health Council of Australia



AS A RESULT OF THE National Mental Health Strategy (1993–2003), the reform of Australian mental health services has come a long way.¹ Specifically, issues highlighted by consumers and carers (increased access, commitment to equity, improved quality of services, promotion of choice and active participation by consumers and carers in national and local planning and decision-making) have been increasingly

recognised. The time has now come to move from recognition of these issues to service changes that meet the identified needs, expectations, and standards of the wider community.²

The aim of consumer and carer participation is to improve the quality of service delivery and increase the level of consumer and carer satisfaction. The Mental Health Council of Australia, which is the peak, national, non-government organisation established to represent and promote the interests of the Australian mental health sector, has played a key role in the development of national policy on consumer and carer participation. Improved health outcomes are achieved when consumers and carers play an active role in decision-making and treatment programs and are given the opportunity to work in partnership with service providers in determining effective treatment options.³

It is no longer acceptable for healthcare professionals and policy makers to dismiss the input and deny the participation of consumers and carers in healthcare systems. Consumers and carers are entitled to access to equitable and quality healthcare services which offer choice and participation in selecting the most appropriate treatment options in the most empowering settings.

The provision of effective and empowering healthcare services requires healthcare professionals to:

- foster an understanding of effective treatment options and treatment guidelines;
- be aware of how mental illness is perceived and experienced by the individual and the community; and
- ensure participation of, and provision of information to, people who experience mental illness and their carers.

The material provided in this Supplement should assist practitioners in these tasks.

Mental health services must aim to assist the individual back into active participation in community life by promoting independence and autonomy. Listening to what consumers and carers want from service delivery, taking account of what their needs are, and involving them in treatment and management plans is simply the starting point. If we are to move beyond “tokenism” to “a respected and affirmed role” for consumers and carers,² then we need mental health service providers to be more informed, more engaged and more willing to enter active partnerships with people whose lives are affected daily by mental illness.

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1. Commonwealth Department of Health and Aged Care. National Mental Health Report 2000: Sixth Annual Report. Changes in Australia's Mental Health Services under the First National Mental Health Plan of the National Mental Health Strategy 1993–98. Canberra: Mental Health and Special Programs Branch, Department of Health and Ageing, 2000.
2. Thornicroft G, Betts V. International Mid-term Review of the Second National Mental Health Plan for Australia. Canberra: Mental Health and Special Programs Branch, Department of Health and Ageing, 2002.
3. Kemp R, Kirov G, Everitt B, et al. Randomised controlled trial of compliance therapy: 18-month follow-up. *Br J Psychiatry* 1998; 172: 413-419. □