Handout 11: Current Service Issues in Mental Health

The nature of work in the mental health sector has been influenced by changing views about the nature of mental health and also debate about the most effective way to manage a mental illness/disability.

One current service issue is **deinstitutionalisation**. This refers to the movement of patients, particularly long-term patients, from hospital to the community. Advocates of this policy argue that it is better for the mentally ill person and the community because people no longer spend long periods confined to hospitals. This normalises mental illness allowing the person with a mental illness to participate in the life of their community while receiving treatment in a familiar environment.

While in theory it is a great idea, in practice there have been lots of undesirable consequences for people with a mental illness including:

- insufficient services such as appropriate accommodation and support services for people with a mental illness living in the community;
- increased burden on carers;
- failure by governments to redirect the financial gains from closing hospital beds to community mental health services;
- not enough long-term psychiatric hospital beds for those people with a mental illness who cannot live in the community;
- community rejection and discrimination.

Another issue is the policy of 'mainstreaming': incorporating public psychiatric services into mainstream health services rather than being physically and organisationally separate. For example, acute psychiatric inpatient care should be located within general hospital settings. This has the following advantages:

- It could be a means of removing the stigma still associated with mental illness
- It could significantly improve medical care for people who have a mental illness
- It may encourage people with a mental illness to seek help earlier
- It could mean that mental health services would be located closer to people's family, community and cultural networks

On the other hand, there are some disadvantages:

- Mental health budgets may be eroded by the demands of the larger and more expensive health services in general hospitals
- Psychiatric services may become more 'medicalised' at the expense of psychosocial approaches to treatment
- Mental health services may be marginalised within the mainstream health service
Another service issue currently of importance in the mental health sector is *accommodation*.

There is a scarcity of adequate and affordable accommodation in the community for people with a mental illness, who often end up homeless or in crowded, run-down boarding houses. People discharged from psychiatric hospitals may not have families to look after them, and may be referred to homeless refuges or hostels, which are not equipped to appropriately care for them (e.g., supervise medication).

Support from government mental health services for people with a mental illness living in refuges/hostels is frequently minimal due to under-resourcing of the services and lack of culturally appropriate services. Mental health services, diagnostic tools and treatments in Australia are what is called 'ethno-centric': that is, they are based on Western ideas of mental illness and treatment which may not be appropriate for people from backgrounds with different ideas about 'mental health' and 'mental illness'.