

MENTAL HEALTH COUNCIL OF AUSTRALIA

MEDIA UPDATES

16 APRIL 2010



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Note about Media Updates

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Promoting the mental health of all Australians



NATIONAL

Roxon defends hospitals reform process

Australian Broadcasting Corporation

Broadcast: 15/04/2010

Reporter: Tony Jones

Federal Health Minister Nicola Roxon joins Lateline to discuss the Rudd Government's hospital takeover and negotiations to gain consensus with the states at the upcoming COAG meeting.

TONY JONES, PRESENTER: And to discuss the politics of health policy I was joined just a short time ago by the Federal Minister for Health Nicola Roxon. She was here in our Sydney studio.

TONY JONES: Nicola Roxon thank you for joining us

NICOLA ROXON: It's a pleasure.

TONY JONES: Only a few days to COAG, we though the big states bottom lines or we are getting closer. What is the bottom line of the Federal Government?

NICOLA ROXON: Well you're right four more sleeps is not far to go and there has been a long process leading up to this COAG meeting. We are very concerned that some of the proposals that are coming forward from the states do seem to be focused on keeping business as usual and frankly we are not prepared to continue to provide a blank cheque to the states and territories and we're particularly not prepared to when it's almost an open secret that health ministers across the country in states, bureaucracies fight with the treasurers to even make sure that they can spend money allocated to health on health. Now we want to be able to invest more in health but we want to be 100 percent confident that our money is going to health as it should be and is not just put in a bucket for state treasurers to slosh it around into another area...

TONY JONES: Is what you're saying happening? Do you have any evidence that state treasurers are siphoning off money into other areas?

NICOLA ROXON: Well I think if you ask any state health minister they would tell you that they are constantly fighting to make sure that money allocated to health is spent on health. Now maybe in these negotiations they may not be as frank but you can ask most bureaucrats, you can ask all people working in the health system, we are constantly been told by this.

TONY JONES: Well do you have any evidence; I mean you've been under attack from John Brumby for example. You're saying this is happening in Victoria?

NICOLA ROXON: Well what we have certainly seen happen amongst a number of states is that if we increase our federal contribution to a particular type of project that that then mysteriously



disappears from a commitment that the states had previously made to some of those expenditure.

Now I do not think it is constructive because we are determined to be able to negotiate with the states and territories to say this was the problem here and this was the problem there. The fact that our proposal mentions means there is no question it couldn't happen in the future, I think is a real strength of our proposal.

And really I don't think the states have put up a good argument why money allocated for health should not be set up and paid in a way dedicated for health. We believe that should be direct at the hospitals...

TONY JONES: Do you have any evidence that individual states Victoria for example has been siphoning off health money for other purposes?

NICOLA ROXON: Well the evidence that I certainly do have is the conversations I have had with many of my state health counterparts over even the period of time that we have been in Government to say that they have the fight for their expenditure even when we nominate.

TONY JONES: Are you talking about Victoria as well as other states?

NICOLA ROXON: I'm talking about all the states and territories. This is an issue for everyone. Now I think when you have an enormous number of issues in the community that are under serviced to think that we may allocate health money and not necessarily have that spent on health or that we might allocate health money and a state might take the opportunity to reduce it.

Now I don't think this happens commonly because I think the demands are so high that states need to meet those demands as well but we want to be able to pay our money directly to local hospital networks because that would provide a guarantee not just to the Commonwealth but to the public, that health money that the Commonwealth has flagged will be spent on health.

TONY JONES: Why not do what the two big states are suggesting and have a pooled funding arrangement where it's absolutely obvious and transparent where all the money is coming from, the state money and the federal money in one pool then allocated specifically to these bodies. Could that work?

NICOLA ROXON: Well I think there are a lot of different ways that you could set up funding that could work and could provide that accountability but from our point of view there is absolutely no way that is going to be set up through us signing a black cheque to state treasuries for them to be able to then administer it. We are not confident that that's worked in the past; we are not prepared to go with the same old same old. And this will have to change in the future.

TONY JONES: Alright now, the premiers are saying, some of them at least, that you've rushed them into this, that the detail has come too late, that it's all part of a media strategy to eke out



the reforms bit by bit over the six week period that right at the very last minute you give them all the detail. Now they've been supported in this by Professors Dwyer, McGorry, Mendoza, Hickie, Moody, Daube and Oliver among others, representing the Public Health Association, the Preventative Health Taskforce and many other groups, why have you done it like this?

NICOLA ROXON: Well, I disagree with that assessment. Have a look at the process that we've undertaken. We had an 18 months health reform commission process where they did extensive consultations; they provided us with 123 recommendations. The Prime Minister and I and the junior health ministers consulted with more than 100 communities in the last six months of last year. We have consulted with the states and territories in that process. We have announced first up six weeks ago the financial reforms, the structural reforms, the governance reforms. And then we've made announcements almost all of which are recommendations of the Health Reform Commission.

TONY JONES: Yes but they've been sprinkled out over six weeks almost like a like media strategy rather than a health reform strategy. I mean you couldn't deny part of this is due to a media strategy?

NICOLA ROXON: No I think what it is about though is making sure that each step of the process can be absorbed. Now we understood that it got to a point where the states and territories said please put forward all of your plan now. We did that on Monday.

I defy you or any of the state premiers to find a last time a comprehensive plan was released so far ahead of

COAG to enable all of these discussions, to enable treasuries to do their costing, that's not how COAG works and this is actually a very good process for a complex negotiation and we are confident that a large number of the Health Commission reforms that have been publicly available for a long time, ideas that we have tested, picked up and put in our plans have easily been able to be absorbed by the states and territories.

TONY JONES: Let's look at what is in the plan because you released as you say the stage two document on Monday, an explanation all the sweeteners...

NICOLA ROXON: They are reforms but they are an advantage to the states and territories but the patients.

TONY JONES: There is one big hole, mental health. There is no mental health reform plan contained there. Why not? Did you run out of money?

NICOLA ROXON: Well, there is a significant component that does affect mental health which is our proposal to take on 100 per cent of primary care services. We've requested that that include community mental health services. It was one of the very contested areas with the states and



territories because there was an argument about what should be included in primary care. There's been negotiations with officials between the states. We're concerned, we do appreciate that there needs to be more investment in mental health. But if we don't get...

TONY JONES: When are you going to see it though that is the critical thing because it's not a full plan in the way that the 12 recommendations of the National Health and Hospitals Reform Commission have set forward? So when is that full planning go to come out?

NICOLA ROXON: Let me make my point, the point is of course that we've got the platforms right, that similarly to what we're saying with some of the other areas of reform we want to be able to be fully responsible for community mental health. We think that people are falling between gaps that are either privately Medicare funded and funded by the Commonwealth or run by the States and territories.

We think you should be able to bring that together. We want to have an agreement with the states and territories about that so we know that platform we are working with and that will be on the table on Monday.

TONY JONES: Okay, but what about if the premiers demand a fully costed mental health reform package along the lines of the recommendations for the National Health and Hospitals Reform Commission, do you have one?

NICOLA ROXON: Well we certainly have done a lot of work on costing and proposals in the Health Reform Commission. We've done work with the states and territories. I think they would all have very different ideas about what should be put forward. It is one of the problems in mental health there are different standards of care across states and territories and different proposals for how they can be fixed. I actually think our house is not in order here.

We have very big programs that the Commonwealth runs that fall between health and the Department of Family and Community Services. We've got no way of properly combining that and I'd like to if our proposal to take on community mental health is accepted so there is a lot of work that needs to be done.

We have got options that can be discussed but we need to have the agreement we believe of the states and territories to get that part of the system in our care as a responsibility for us to be able to make decisions about further investments.

TONY JONES: You would be aware of statistics, mental illness is the largest driver of instability and the third largest driver of illness after heart problems and cancer so it is a massive cost to the states if they demand a fully costed mental health plan do you have one there? Is it up for negotiation if they want it?

NICOLA ROXON: There is absolutely on the table for Monday a very detailed discussion about mental health. We think this is a serious problem.



TONY JONES: Is there the money available after you have made all these other reforms and spending on aged care, diabetes, et cetera, et cetera, is there the money available to actually do the big mental health reforms you think are necessary?

NICOLA ROXON: I think you need to do it step by step. I think we would need to reach the agreement and then implement those changed responsibilities. We do think that we are already spending a lot on mental health at the Commonwealth level. Some could be restructured in a way which would be more effective and our overall commitments deliver a significant extra investment for acute and subacute beds let alone how you would structure your first point of call in primary community health care.

TONY JONES: Nicola Roxon we'll have to leave it there, much more to discuss. Hopefully we can speak to you as negotiations continue. Thank you for joining us tonight.

NICOLA ROXON: Thank you very much.

Fed Govt must support mental health: Hickie

Australian Broadcasting Corporation

Broadcast: 15/04/2010

Reporter: Tony Jones

Professor Ian Hickie of the Brain and Mind Research Institute joins Lateline to discuss the non-committal of the Federal Government in its reform plans to fund 100 per cent of mental health.

TONY JONES, PRESENTER: Well to discuss the Minister's comments on mental health policy we're joined now by Professor Ian Hickey from the University of Sydney's Brain and Mind Research Institute.

He is also a member of the National Advisory Council on Mental Health. Thanks for being here.

PROFESSOR IAN HICKIE, BRAIN AND MIND RESEARCH INSTITUTE: Thanks Tony.

TONY JONES: You've heard the Minister. What is your response?

IAN HICKIE: I'm very glad to hear the Minister absolutely for the first time clarify the Federal Government's position. It wasn't in the original document. It wasn't in Monday's release which had only four lines on page 92. She has just said the most critical things the Government has said. It seeks to have 100 percent of funding. The Prime Minister has not said that before the minister has not said that before. That is community mental health funded by the Commonwealth 100 percent. If the Federal Government goes with that commitment then we'll have a national mental health program, then we'll have some national health reform.

TONY JONES: You actually sound excited and I have to say fascinated by what you've just



heart but there is obviously a caveat to that. She's saying there is a serious problem getting the states to agree to this.

IAN HICKIE: Well I don't think the states have not heard of anything in quite that form before. It hasn't been in the public domain in quite that form before. I think a number of the premiers; Kristina Keneally in particular has picked up the mantle left by Morris Iemma about mental health reform. Colin Barnett in Western Australia has established a new mental health commission.

John Brumby has a plan with no funding in Victoria so if they say the Commonwealth will fund 100 percent of community mental health that's a different ball game to what's previously been discussed. Where everything else has been GP care, primary care and not those complex community programs, mental health, drug and alcohol and those other services.

So the States have been worried that they'll be left with the bill, now the minister is saying they're offering 100 percent funding. That is a big number and it has not been released yet that the costing of that funding would be.

TONY JONES: Do you have any idea? It means clearly from your point of view, extra funding on top of what's been announced in the package and yet both the Prime Minister and Nicola Roxon have been saying that package is everything?

IAN HICKIE: Well I think if you go to page 92 you'll see some big things left out. Mental health, dental health, prevention, e-health. They're all big numbers really. Estimates of community mental health which is the bit the minister just talked about are in the order of \$250 million, that's the rough estimate for the early intervention programs, the comprehensive community programs in the health sector.

They are backed up housing, social security and employment support but that's what's currently required. The Minister also said a very important thing which she said as the Opposition Leader, they need to put their own house in order. There are new programs particularly psychology which have run far beyond their previous estimates. She said that when she was in Opposition that they would fix those programs.

They need to fix their programs and as she just said put their own house in order plus put the new money in and I totally agree with her that the states failed previously to deliver mental health. When I was associated with the previous human rights reports associated with mental health it was a state failure in those areas so the Commonwealth needs to put the 100 percent of money in and then be accountable for those community mental health programs then we might get somewhere.

TONY JONES: Okay let's look over the costing; you've just said a quarter of a billion dollars a year. All of the figures that are there for everything, diabetes for example they're putting out



\$440 something million over four years so if your figures are correct that is roughly a billion over four years which would make it one of the biggest ticket items...

IAN HICKIE: Well, the Prime Minister took out another \$3 billion this week to make it sweet another \$500 million on Monday afternoon for elective surgery. There are big number out there at the moment. The Commonwealth released this year a \$2 billion new national cancer plan. Cancer is one of the best funded areas in Australia, one of the best performing part of our health system it's in a hospital.

What the premiers and Prime Minister are currently arguing about is a national hospital plan. What the Australian community needs and what we desperately need are mental health, and alcohol and drugs services and in other areas in Indigenous health in primary care is a national health plan not a national hospital plan so I think \$1 billion over 4 years or \$250 million a year sound big but in the context health costs \$100 billion a year in Australia. It is about to become 10 percent of GDP.

TONY JONES: What is your judgement out of that if you break it out as to what mental illness costs?

IAN HICKIE: Well estimates of the real cost of mental illness every year are up in the \$15 billion a year category. It's hard to work it out because so much is lost in income and carer support and productivity so the Prime Minister's focus on young people being in school or education an employment for 18 to 25 year olds, 60 percent of the disability in that age group is for mental illness or alcohol and substance abuse.

One in 5 Australian every year is going to struggle through mental health problems or drug and alcohol related problems. They're the reasons young people do not go to school, work, are not productive. When you talk about productivity and skills in the Australian economy mental illness is right at the top.

TONY JONES: The Minister talks about it being a step by step process so community health taking over 100 percent is the first step. What other steps are necessary in your view to have true mental health reform, because there are 12 recommendations from the commission?

IAN HICKIE: The commission was straight forward. This is one of the biggest areas of equality and nothing from the Commonwealth as to what it would be involved which is staggering in terms ever what the Bennett committee said. They said look do it right, do the early intervention that Pat McGorry has championed, support primary care, provide the step up, step down types of facilities, support employment for people with mental health problems and then make sure the acute system run by the hospitals is accountable but we are in danger of having a left leg without a right leg.

Mental health and drug programs drive emergency presentations, they drive hospital



admissions all those things the Prime Minister wants the reduce. If you do not address drug and alcohol you will never address these depths emergency department presentations or acute care hospitals.

TONY JONES: What do you say to the premiers that will face the Prime Minister on Monday at COAG, what should they do about this issue?

IAN HICKIE: The Minister has just offered them a fantastic opportunity and I assume on behalf of the Prime Minister that they will take over 100 percent of mental health care to the tune it needs to be fund it to the tune it needs to be funded if that happens there is a real chance we would have mental health reform in this country.

And I think the Prime Minister is right to say we are sick to debt of no reform or the states saying things are the same. In mental health in all areas we need national health reform not hospital reform. If the states accept that offer and I think Kristina Keneally, Colin Barnett and even John Brumby would be very interested in the funding number that goes with that reform.

TONY JONES: Okay Ian, we will have to leave you there and we will come back to see how this turns out actually after these discussions next week.

Govt pledges to take 100 per cent of primary care services

Publication: aap Australian General News (Fri 16 Apr 2010 6:57:36 AM)

The federal government has flagged a further major concession in another bid to win approval for its health reform package.

With Monday's Council of Australian Governments meeting fast approaching .. Health Minister NICOLA ROXON says the government is willing to take on 100 per cent of primary care services.

She says Canberra wants to take on full responsibility for community mental health .. and this will be on the table at Monday's key meeting with state and territory leaders.

IAN HICKIE .. of University of Sydney's Brain and Mind Research Institute .. has praised the move .. saying it could lead to the biggest reform of mental health.

He says if the federal government proceeds .. Australia will have a national health program.



Professor HICKIE says the costs of taking 100 per cent of community mental health from the states would be about 250-million dollars a year.

National health scheme needs careful diagnosis

Author: By The Canberra Times

Publication: The Canberra Times, Page 19 (Fri 16 Apr 2010)

The national health reform issue of most public and professional concern is the pressure on the hospital system. The problem, however, is not that the states can't run hospital systems and that, all evidence to the contrary notwithstanding, the Commonwealth can somehow do it better. The pressure on the hospital system comes from a progressive financial squeeze associated with insufficient steps to reduce the demand for hospitals, inappropriate hospitalisation of some elderly patients, and a more intensive hospital system where length of stay is reducing while the intensity and complexity of care is increasing.

The key actions required are to get the incentives right, to keep people as healthy as possible, and to reduce distortions between the different forms of care (hospitals, GPs, community health, aged care, mental health) due to divided responsibility for different forms of care. That points inevitably to some form of integration of services at a regional level. While those associated with local hospitals may welcome the idea of small local hospital networks, the likely consequence is too many networks, which are too small to function effectively not to mention the perpetuation of the fundamental dysfunctional divide between hospital and other services.

The current national health reform proposals offer few benefits and carry substantial risks. Running hospitals is not a cinch and if you get it wrong, the consequences are immediate and very public. Those expressing reservations about the scheme are not wild-eyed radicals who are agin the government but seasoned professionals like Stephen Duckett, a former secretary of the federal Health Department, and John Deeble, one of the principal architects of Medibank and Medicare.

In the public mind at least, the Commonwealth will inevitably own most of the problems arising from any new national scheme, so particularly at this late stage, there is an absolute need to get it right. The main problems with the proposed scheme are that it is likely to increase rather than decrease administrative costs, reduce rather than improve the efficiency and effectiveness of hospital administration, establish dysfunctional hospital networks that are too small for sensible service delivery and are not integrated with primary care and other services, and the incentives are to increase admissions rather than keep people healthy and out of hospital not to mention the widely recognised limitations of casemix as a universal method of funding of hospital care. Further, there is no reason to believe that it would fix the blame game or deal adequately with the funding pressures on hospitals.

The essential elements of a successful national scheme are: Commonwealth and state funds pooling; Regional agencies for integrated service delivery with populations of 500,000 or more



in urban areas and less in rural areas; The regional agencies would be responsible for all forms of care hospital, primary health care including GPs and community health, aged care, and mental health; Funding for regional agencies on a weighted per capita basis where the weights adjust for higher service delivery costs due to remoteness, disadvantage or other factors, as well as patient flows between regions; and Payments for selected acute hospital admissions on a casemix basis with block or other funding for small or remote hospitals and for hospitals with statewide responsibilities. One of the problems with direct funding of hospital networks on a casemix system is that the incentive is to increase admissions. Funding of regions on a weighted per capita basis puts the incentive on keeping people healthy.

Regions can then promote hospital efficiency by funding appropriately selected acute admissions on a casemix basis from their global allocations. Funds pooling and integration of care reduce the blame game and promote efficient allocation of resources between different types of services and coordination between them as well as enhancement of the quality of services. While these arrangements offer prospects of better health and health care in the medium to longer term, the immediate question is the level of funding.

It is of interest that the healthiest country in the world, Japan, has traditionally spent less on health as a percentage of GDP than have Australia and other Western nations. It should also be noted that, despite the acknowledged pressures on the hospital system, Australia is one of the healthiest countries in the world and there are many positive aspects about its health system. However, more funding is required if the pressure on the hospital system is to be reduced in the short term.

The priority to be given to for extra funding on health at this stage, as against other forms of expenditure, including repayment of the debt, is one of the key responsibilities of government. Ian Ring is Professorial Fellow at the Centre for Health Service Development, University of Wollongong



COAG meeting no love-in

Publication: The Canberra Times, Page 19 (Fri 16 Apr 2010)

Author: Danielle Cronin

Not so very long ago, COAG was a love-in. Premiers and chief ministers would gather in Parliament House and deliver an entertaining performance before the Prime Minister, John Howard, hurled quite a few bucks into their hats. Howard should have been a hostile audience, given his political differences with the Labor premiers and chief ministers.

But as the end of the Howard era approached, the state and territory leaders embraced the Prime Minister and he reciprocated at the Council of Australian Governments' meetings. Where has that love gone? The states and territories have long pushed for health reform but the Howard government was reluctant to make major changes in the system. Kevin Rudd is willing but wants in return one-third of the GST revenue that currently streams into state and territory treasuries.

This is the root cause of the complaints from some premiers threatening to scuttle the reforms. Former Labor Prime Minister Paul Keating remarked that the most dangerous place in politics was between a premier and a bucket of money. Rudd has taken it a step further, planning to take out billions of dollars out of the bucket to bankroll reforms to the health system.

As part of the new National Health and Hospitals Network, he wants the Commonwealth to take full responsibility for aged care and primary health care. The Commonwealth will also become the dominant funder of public hospitals, picking up 60 per cent of the tab but channelling the money through new local networks set up to run small clusters of hospitals. States and territories will lose GST revenue and control of the public hospital system but still be forced to chip in 40 per cent to pay the bills potentially more if care isn't provided for an "efficient price" determined by an independent umpire.

It sounds like a pretty bad deal for the states and territories but there are sweeteners to help the medicine go down. The Commonwealth pledges to relieve the "growing fiscal pressure" from spiralling health costs, starting with a projected \$15.6 billion between 2014-15 and 2019-20. It will also provide \$3 billion for emergency departments, elective surgery, diabetes care, doctor training and aged care from 2010-11 to 2013-14.

Mental health and dental care are glaring omissions but the document outlining Rudd's final offer states the Commonwealth will "continue to make further investments in the National Health and Hospitals Network ... and in additional important areas such as mental health, dental care and preventive health". If states and territories reject his plan, Rudd will withhold the new investment and call a referendum to seek a mandate from voters.



It is likely to fail, which leaves the COAG meeting. At this stage, Queensland, South Australia, the Northern Territory and ACT seem prepared to sign up. NSW is inching into the yes camp but cabinet will meet today and is expected to reach its final decision.

Western Australia and Victoria are firmly in the no camp. It can be dressed up in many different ways but the sticking point is money. At this stage of the negotiations, Western Australia and Victoria don't want to hand back tax revenue and the Commonwealth isn't prepared to hand out "blank cheques" to fund business as usual in the health system.

It's an old-fashioned stand-off, which characterised COAG meetings in another era. COAG begins on Monday, with the Prime Minister and premiers prepared to meet for "as long as it takes" to reach an agreement. Memo: bring bottled water, tinned food and survival kit to work next week.

Barring a spectacular and unexpected U-turn by one of the central players, COAG will end with a stalemate. Federal, state and territory leaders may produce an in-principle agreement, continue negotiations and reconvene COAG later this year. It is unreasonable to expect premiers and chief ministers to blithely accept the offer when the Commonwealth has taken months to consider recommendations from its hand-picked National Health and Hospitals Reform Commission.

States and territories only received Rudd's final proposal on Monday seven days before COAG. It makes cooperative federalism seem like an oxymoron. There are positive and negative implications if Rudd cannot strike a deal.

He will be condemned by opponents and health groups for failing to deliver on his promise to fix the hospital system. It was a key commitment in the last federal election. But he can blame those recalcitrant states and spend the upcoming campaign talking up his plan to overhaul the health system a topic considered core Labor territory and attacking his opponent's track record.

Opposition Leader Tony Abbott instigated limited reform when he was health minister in the Howard government. But Abbott can rightly point out that Rudd has broken a series of election promises on health, including trying to impose a means test on private health insurance rebates and becoming a skilled player in the "blame game" after he vowed to end it. In all the political argy-bargy, the patients suffer the most.

Billions of dollars annually are squandered in health care as a result of waste, duplication and inefficiency. Billions of dollars can be saved if decision-makers invest more in preventive health care. It's cheaper to check if someone is prone to heart disease and help them reduce their risk factors rather than wait until they have a heart attack and need expensive, intensive care in hospital.



The health system is still overwhelmingly geared to respond to crises the smoker who develops lung cancer, the person with a mental illness who is involuntarily hospitalised, the alcohol abuser suffering from liver disease. Investing in prevention generates savings that can be used to help rectify situations that see patients waiting too long in emergency departments or on elective surgery waiting lists. The health system needs significant reform.

If federal, state and territory leaders get bogged down in talking only about money or displaying their chest-beating skills to constituents on Monday, COAG will be a failure and Australians will be let down once again after Rudd built up expectations that he could heal what ails the health system.

Danielle Cronin is Political Correspondent.

LETTERS TO THE EDITOR

Publication: The Australian, Page 13 (Fri 16 Apr 2010)

Early intervention

IN "Youth mental health: make the message clear" (10/4), Melissa Raven makes a number of inaccurate assertions regarding the benefits of early-intervention treatments for young people with a mental illness. A significant body of evidence clearly demonstrates the clinical and economic benefits of early intervention, which is integral to the way health service models are now developed across the world.

These models have provided substantial benefits, including much less invasive treatments, for a range of health conditions. It is a model that has equal validity as an approach to mental ill-health. To argue without evidence that it is potentially harmful is perplexing.

What are the alternatives? Late intervention? No intervention? Raven's claims contribute nothing useful to better meeting the health needs of young people.

Patrick McGorry, Parkville, Vic



Mentally ill man dies in handcuffs -- EXCLUSIVE

Author: TONY KOCH

Publication: The Australian, Page 1 (Fri 16 Apr 2010)

A MENTALLY ill father of three was handcuffed by police in a north Queensland hospital yesterday before suffering respiratory failure that claimed his life.

Police Ethical Standards officers were due to meet today with the family of Townsville man Lyji Vaggs, 27, who went voluntarily to the local public hospital's mental health unit several times on Wednesday seeking to be admitted. He was told by hospital staff there were no beds available and that he should go home and take his medication.

Family members said yesterday that Mr Vaggs, a nephew of Aboriginal academic and activist Gracelyn Smallwood, had bipolar disorder and schizophrenia, and that he told hospital staff he needed help because he was "hearing voices".

It is understood Mr Vaggs became "boisterous", was forcibly restrained by security staff and police were called. He was handcuffed and injected with anti-psychotic drugs, at which point he stopped breathing.

Associate Professor Smallwood has been asked to speak on behalf of the family. She will attend today's meeting with police.

The Australian understands the police officers who responded to the call for assistance were involved in only a minor way with restraining Mr Vaggs, but did handcuff him.

"We were told several of the mental health orderlies and security staff held him down and sat on Lyji until the police came, and when he was needed he stopped breathing," a family member said. "A mental health doctor later came out to a roomful of us who were waiting and said he could not figure out what caused Lyji to stop breathing, but it was probably when they restrained him."

Professor Smallwood said last night she was unable to comment on her nephew's death because she had not been told all the details, but she would be asking why police were called when there were enough orderlies to handle the situation.

Professor Smallwood is Australia's most senior indigenous nurse, with 42 years' experience, and is employed at the Townsville hospital.

"If we are going to close the gap, as Prime Minister Kevin Rudd suggests, places like Townsville with a large black population need 24-hour Aboriginal health workers at the hospital," she said.



“This boy was like my own son. He did not need to die. He was calling out for help. Now his wife Stacey is left with three little boys -- and we all want to know why.”

Professor Smallwood is one of the nation's most respected indigenous spokespeople and has a history of speaking out against injustice to her people.

In 2000, she successfully sued the Queensland Police Service after she was arrested, handcuffed and thrown into the back of a police van and driven to a watchhouse, where she was strip-searched. When a police officer searched her handbag and found her security pass to the university stating she was an associate professor, he asked where she stole the handbag.

Mentally ill man dies after confrontation with police

By Niki Lyons

ABC Online

16 April 2010

A 27-year-old mentally ill man from Townsville in north Queensland has died after he stopped breathing while being restrained by police earlier this week.

Police say the man turned violent towards medical staff after checking himself into the Townsville hospital about 3:30pm AEST on Tuesday.

Medical and security staff tried to restrain him and called for police assistance.

Police helped to restrain him with handcuffs and he was sedated, at which point he stopped breathing and was resuscitated.

He died yesterday.

The Police Ethical Standards Command Unit has launched an investigation into the action of the officers.

The Queensland Police Union says the four officers did everything they could to save the life of the man they restrained during the violent attack.

Police will prepare a report for the coroner.

