Joint Statement

The sytem is failing. Fear is not the fix.

Thursday 29 October, 2026: Our hearts are with Helen Haines, her family and the Wangaratta community. The attack on Helen was an unimaginable tragedy and demands a strong response from governments to keep our communities safe from violence.

While we will not speculate on details of this individual case while it is before police and the courts, it is clear that the alleged attacker slipped through the gaps between multiple systems, including the mental health system.

When a crisis such as this occurs, it is understandable that people reach for easy answers and simple solutions.

As the peak bodies representing people who experience mental health challenges, we have been concerned about the recent debate directly connecting mental health and violence and advocating for more coercive treatment for those living with mental health challenges, including re-institutionalisation.

We understand there is fear in our movement and our community due to the discriminatory language in the media recently. We demand that commentators and the media who talk about us focus on the facts.

Here are the facts:

- Most people who experience psychosis are never violent. In a study of nearly 25,000 people with schizophrenia, about nine in ten men and 97% of women had no violent conviction in the five years after diagnosis.[1] People with mental health challenges are far more likely to be harmed than to harm others. People with mental health challenges are almost 12 times more likely than the general population to be victims of violent crime,[2] and in studies that measured both, victimisation was three to five times more common than violence towards others.[3]
- With the right care and support, most people who live with mental health challenges are able to live healthy lives. More than two in five Australians (42.9%) have experienced mental health challenges in their lifetime, while about half as many (21.5%) experienced one in the past 12 months.[4]
- There's no evidence that more compulsory treatment makes communities safer. Trials found it doesn't reduce arrests or hospital re-admissions.[5] [6] What makes the difference is regular, ongoing care: in the one trial where court-ordered treatment reduced violence, it worked only when people had frequent contact with a clinician.[7]

Helen used her first speech in Parliament to call for access to mental health care, especially in the regions, saying, "Timely access to mental health care should not be reliant on your postcode nor your ability to pay."

There are currently 500,000 Australians who need long-term mental health support and cannot receive it. As people who use these services, we know what that action needs to include.

We call on governments to:

1. Fund care for everyone who needs it. Community mental health care and long-term support to meet the need, starting with the next National Agreement.
2. Guarantee follow-up after every discharge and make community care available before crisis.
3. Build care that fits people, whatever box they fall into. That includes people living with mental health challenges and alcohol or drug use, as the Productivity Commission recommended for the next National Agreement.
4. Invest in peer-led and consumer-run services, non-clinical crisis alternatives and safe, secure housing, alongside clinical care.
5. Give consumer peak bodies a formal role in shaping any response, including every review of safety and services.

We are ready to work with governments, clinicians and families. We want safe communities too. We live in them.

-ENDS-

Language Matters: We ask media to follow the Mindframe guidelines when reporting on mental health challenges.

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Signatories:

1. Indigenous Australian Lived Experience Centre (IALEC)
2. National Mental Health Consumer Alliance (the Alliance)
3. ACT Mental Health Consumer Network (ACT)
4. BEING – Mental Health Consumers (NSW)
5. Consumers of Mental Health WA (WA)
6. Mental Health Lived Experience Tasmania (Tas)
7. Rise – Mental Health Lived Experience Peak Queensland (Qld)
8. Victorian Mental Illness Awareness Council (Vic)
9. Lived Experience Leadership & Advocacy Network (SA)
10. Lived Experience NT (NT)

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3. Choe JY, Teplin LA, Abram KM (2008). Perpetration of violence, violent victimization, and severe mental illness: balancing public health concerns. Psychiatric Services 59(2): 153–164. Link
4. Australian Bureau of Statistics (2023). National Study of Mental Health and Wellbeing, 2020–2022. Link
5. Kisely SR, Campbell LA (2014). Compulsory community and involuntary outpatient treatment for people with severe mental disorders. Cochrane Database of Systematic Reviews, CD004408. Link
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7. Swanson JW, Swartz MS, Borum R et al. (2000). Involuntary out-patient commitment and reduction of violent behaviour in persons with severe mental illness. British Journal of Psychiatry 176: 324–331. Summary