Mental disorder is a major cause of distress in the community. It is one of the remaining major public health issues in Australia and New Zealand. It is costly to individuals, families and the community.

The US National Advisory Mental Health Council estimates that 2.8 percent of the adult population and 3.2 percent of children and adolescents experience a severe mental disorder in a one year period. In this context, the definition of severe mental illness is based not only on diagnosis, but also on other criteria, including duration, danger to life (self or others), interference with functioning, and interference with emotional and mental development. At least another 20 percent of the population suffer from mental disorders and mental health problems which impair functioning and cause significant distress and anguish to sufferers and their families. These conditions are treatable and early intervention can prevent the development of serious mental illness (the term which will be used throughout this document).

The aim of psychiatry (psychological medicine) is to prevent and treat mental disorder and to facilitate mental health.

The Royal Australian and New Zealand College of Psychiatrists is the principal body for psychiatrists in Australia and New Zealand. The Fellowship of the College comprises medical practitioners who have completed an extensive and demanding system of supervised training and examination to qualify for Fellowship and recognition as consultant psychiatrists.

The College is committed to the achievement of the highest quality psychiatric treatment and care in public and private services in Australia and New Zealand for the most number of people in need of these services on an equitable basis and in the most efficient and effective manner.

This document expresses the College view on the requirements for an adequate system of mental health services to provide quality treatment and care so as to cure illness and reduce suffering and disability in those people affected by mental disorder.

The College is fully supportive of the aims of the Australian National Mental Health Policy which was adopted by the Health Ministers of the Commonwealth, States and Territories of Australia in April 1992. The aims of this Policy are:

- promote the mental health of the Australian community and, where possible, prevent the development of mental health problems and mental disorders;
- reduce the impact of mental disorders on individuals, families and the community;
- assure the rights of people with mental disorder.
The College policy on mental health services incorporates a number of principles which attempt to fulfil these aims. The focus of the College's interest and expertise is on mental disorder in particular. This policy is premised on a commitment to the ethical, efficient practice of psychiatry with the best interests of patients at its core.

The principles of the College policy fall into four main categories:

- Service delivery
- Workforce
- Consumer rights
- Research and prevention

Each of the principles has a number of annotations which help to clarify the nature of the principle and to expand on its meaning.

1. SERVICE DELIVERY

1.1 Principle 1

Mental health services should be easily accessible, readily available, high quality, culturally appropriate and provide a comprehensive range of services. Particular disadvantaged groups should have targeted mental health services.

1.2 Principle 2

Any person suffering from mental disorder or having mental health problems should have access to service. Nevertheless, affirmative action should apply to maintain services to the most seriously ill, especially when resources are limited.

1.3 Principle 3

Mental health services should be an integral part of overall health services and should be administratively and clinically integrated and collocated where possible.

1.4 Principle 4

An appropriate mix of public and private services should be maintained. These services should be complementary and work cooperatively to address the overall needs of people with mental disorders and mental health problems.

1.5 Principle 5

Mental health services should be responsive and accountable to the community.

1.6 Principle 6

Treatment for mental disorder should be provided in the least restrictive way consistent with good clinical care and with assessment and treatment in the community available as a first option.
2. WORKFORCE

2.1 Principle 7

Mental health services should be provided by a skilled, multi-disciplinary workforce which is supported by continuing education.

2.2 Principle 8

The mental health workforce should be distributed appropriately to meet community needs, be adequately remunerated, have an available career path and be adequately resourced.

2.3 Principle 9

The mental health workforce should work ethically with full accountability to their professional group and to the community.

2.4 Principle 10

Primary mental health services are usually provided by General Practitioners and Community Nurses. These primary health care providers must be suitably trained and appropriately remunerated and resourced if they are to perform this central role adequately.

2.5 Principle 11

Carers and non-government organisations carry a substantial body of care for those with mental disorder. Carers and non-government organisations should be acknowledged as full members of the mental health community.

3. CONSUMER RIGHTS

3.1 Principle 12

The rights of people with mental disorders should be assured.

3.2 Principle 13

The stigma attached to those with mental disorder, their carers and mental health workers should be addressed and rectified.

3.3 Principle 14

Affirmative action is required to redress situations where people with mental disorder have not been treated equitably by government and non-government agencies.

4. RESEARCH AND PREVENTION

4.1 Principle 15

Prevention and early intervention strategies should have a high priority.
4.2 Principle 16

I In view of the very high cost to the community of mental disorder funding for research in mental disorder should be substantially increased commensurate with the cost to the community of mental illness.

ANNOTATIONS ON THE POLICY PRINCIPLES

SERVICE DELIVERY

1 Principle 1

Mental health services should be easily accessible, readily available, high quality, culturally appropriate and provide a comprehensive range of services. Particular disadvantaged groups should have targeted mental health services.

1.1 All communities and groups should have access to high quality, culturally appropriate services.

1.2 Services should be readily available to all.

1.3 Services should be adequately resourced.

1.4 Services should provide an integrated and comprehensive service catering for both acute episodes and longterm needs. Services for those experiencing acute episodes should include emergency assessment, community and homebased acute care, acute hospital care, and day treatment. People with longterm mental disorders require outpatient treatment, social and vocational rehabilitation, varying degrees of residential and other disability support and long term care.

1.5 A comprehensive mental health service system must provide for continuity of care so that consumers can move between services as their needs change, thus ensuring that they receive the most appropriate service at any time.

1.6 Adequate resources should be made available to meet the needs of special 'at risk' groups in communities. Groups which have been identified in these categories include older people, children and adolescents, people from non-English speaking backgrounds, indigenous people, people living in remote and rural areas, women at risk, mentally ill offenders and people with dual disability. The needs of special groups are likely to vary between communities and over time, and it is the responsibility of those planning and allocating resources within an area/region to assess priorities for resource allocation in that area/region according to the demography and in consultation with the relevant groups.

1.7 In rural and remote areas, achievement of this Principle will require an improvement in the workforce distribution. It might also require funding and new initiatives which improve links between mental health and general health services, and linkages between urban and rural and remote mental health services.
2 Principle 2

Any person with mental disorder or mental health problems should have access to service. Nevertheless, affirmative action should apply to maintain services to the most seriously ill, especially when resources are limited.

2.1 The College recognises that all those with mental health problems or mental disorder should have access to services. There is evidence, however, that those with serious mental disorder are underserviced and, without needlessly prejudicing others in need, those with serious mental disorder should have a priority in receiving mental health services.

2.2 It is appealing but simplistic to argue that all that is needed is more resources for mental health services. But whatever funding is allocated, resources are finite and eventually a level is reached where choices have to be made about who gets what services out of the mental health dollar. It is a responsibility of psychiatrists to ensure that they use resources, including their time, wisely and efficiently.

3 Principle 3

Mental health services should be an integral part of overall health services and should be administratively and clinically integrated and colocated where possible.

3.1 Mental health services should be part of the mainstream health system.

3.2 Identification within the mainstream health system will reduce the stigma attached to people with mental health problems and mental disorders.

3.3 The quality of mental health services will be potentially enhanced by incorporation with mainstream health services.

3.4 Reduction in stigma will encourage people to seek help early.

3.5 Integration with mainstream health services will enhance access of people with mental disorder and mental health problems to other health services.

3.6 Colocation with general health services will achieve more decentralised mental health services closer to family, community and cultural networks.

3.7 Within the mainstream health services, there should continue to be a full range of mental health services which are integrated within an identifiable mental health program.

3.8 There should be an identifiable and guaranteed mental health budget to prevent erosion within the mainstream health budget.

4 Principle 4

An appropriate mix of public and private services should be maintained. These services should be complementary and work cooperatively to address the overall needs of people with mental disorders and mental health problems.

4.1 The current level of health funding in Australia is amongst the lowest in the western world as a proportion of the GDP and yet provides a quality of service...
comparable with most OECD countries. In part this is because of the public/private mix of service provision.

4.2 The communication between private and public sectors should be enhanced to ensure optimum use of resources to meet the needs of people with mental disorder and mental health problems.

4.3 The public sector is still mainly institution-based with a significant number of allied mental health professionals and relatively few psychiatrists. In Australia, by contrast, the private sector is psychiatrist rich, in relative terms, and poorly resourced by other mental health professionals skilled in dealing with mental disorder.

4.4 Linkages between public and private sectors should be increased to ensure integrated care for those with mental disorders.

4.5 Constraints on private mental health services offering a comprehensive range of services should be removed.

5 Principle 5

Mental health services should be responsive and accountable to the community.

5.1 All mental health services should have in place active programs which ensure high quality service provision.

5.2 There should be development of national outcome standards for mental health services and systems for assessing and reporting whether services are meeting these standards.

5.3 Innovative models of service delivery should be developed.

5.4 There should be development and application of optimal clinical standards.

5.5 Appropriate professional bodies should be supported in developing protocols for clinical treatment.

5.6 There should be more public accountability of the national/State/Territory Medical Boards and similar professional registration bodies.

5.7 Each professional group involved in mental health services should develop and promulgate a code of ethics.

6 Principle 6

Treatment for mental disorder should be provided in the least restrictive way consistent with good clinical care and with assessment and treatment in the community available as a first option.

6.1 At times people with serious mental disorder become a danger to themselves and to the community. They may need some restriction on their liberty which may include community based treatment orders.

6.2 Any restriction of personal freedom should be for the shortest possible time and for the purpose of providing treatment.

Adopted: May 1994 (GC1/94, R10. Item 4.15)
Currency: Reviewed every 3 years (Review by GC1/97, May 1997)
6.3 An independent body should have the final say with regard to maintenance of such restriction.

6.4 Appropriate legislation, carefully drafted, should exist to avoid abuse and to clarify the rights of those with serious mental illness.

WORKFORCE

7 Principle 7

Mental health services should be provided by a skilled, multi-disciplinary workforce which is supported by continuing education.

7.1 Psychiatrists are the most comprehensively trained of any mental health professionals. Psychiatrists must remain an integral part of service delivery and planning and should have a leadership role in those processes.

7.2 The College has an extensive and demanding system of supervised training and examination to qualify for Fellowship and recognition as a consultant psychiatrist.

7.3 The College accepts as axiomatic that a Fellow should be committed to continuing professional development and accepts its role in this process through the development of a wide-ranging, high quality continuing medical education program.

7.4 The College expects that other professional groups will follow a similar path.

7.5 The College is determined to continue its efforts to enhance public confidence in psychiatrists and the benefits that psychiatrists can provide.

7.6 Psychiatrists have too often been isolated from the planning of mental health services.

7.7 The College asserts that psychiatric input is essential for full development of high quality mental health services.

8 Principle 8

The mental health workforce should be distributed appropriately to meet community needs, be adequately remunerated, have an available career path and be adequately resourced.

8.1 Workforce maldistribution has been a major concern in the mental health field. This particularly impacts on already disadvantaged groups previously mentioned in Annotation 3.1.

8.2 Active programs should be developed to facilitate the movement of mental health services into these specific areas.

8.3 Attention should be paid to remuneration arrangements and conditions of employment to assist in attracting and retaining workforce in the most appropriate areas.

8.4 The work of a mental health provider is demanding and at times distressing. It is the responsibility of those planning mental health services to provide adequate
resources and support to providers to allow them to continue functioning in the most effective way and with a manageable case load.

9 Principle 9

The mental health workforce should work ethically with full accountability to their professional group and to the community.

9.1 The College has developed and promulgated (August 1992) a Code of Ethics as a guide to good professional conduct in psychiatric practice.

9.2 The College expects that the practice of psychiatry by all Fellows in public and private services is of high quality and that all Fellows will participate in appropriate quality assurance activities.

9.3 The College expects that all Fellows adhere to high principles and standards of practice and ethics and has established processes, accessible to the public, to deal with instances of transgressions of acceptable behaviour and clinical practice.

9.4 The College endeavours to inform and educate Fellows on issues related to the maintenance of professional standards and appropriate conduct.

9.5 The College expects that all professional groups working in the mental health field will develop similar programs.

10 Principle 10

Primary mental health services are usually provided by General Practitioners and Community Nurses. These primary health care providers must be suitably trained and appropriately remunerated and resourced if they are to perform this central role adequately.

10.1 There are a number of factors, including training and financial matters, which restrict General Practitioners in their capacity to deal with people with mental disorder and mental health problems. Private psychiatrists also have financial constraints in providing consultation services directly to primary health care workers.

10.2 The Royal Australian College of General Practitioners together with The Royal Australian and New Zealand College of Psychiatrists recognises these factors and is endeavouring to address them.

10.3 Considerable attention needs to be given to increasing the skills of both undergraduate and graduate levels of primary health care providers to improve their capacity for assessment, diagnosis, treatment and referral of people with mental health problems and mental disorders.

10.4 Workers in other sectors, such as police and teachers, can assist in the identification and referral of people with mental health problems and mental disorders and can participate in their management. These workers need to be adequately informed and resourced to enable them to perform this role appropriately.

10.5 The effectiveness of primary care workers in dealing with people with mental health problems and mental disorders is improved when they have access to specialist...
mental health professionals. This is a particularly important issue in rural and remote areas where the scarcity of specialised mental health services has meant that primary care workers have had a greater role in the treatment and care of people with mental health problems and mental disorders.

11 Principle 11

Carers and non-government organisations carry a substantial body of care for those with mental disorder. Carers and non-government organisations should be acknowledged as full members of the mental health community.

11.1 Many people with mental disorders are cared for in the community by "unpaid" carers.

11.2 Non-government organisations have performed a key role in educating and supporting carers and providing support services to those with mental health problems and mental disorder and in advocating for services to be more responsive.

11.3 More support should be given to the development and expansion of non-government organisations to assist carers and promote self help and consumer advocacy, through information provision and opportunities to participate in mental health service decision-making and funding.

11.4 There should be an expansion of community-based support for carers including improved crisis care and additional respite services.

11.5 There should be improved domiciliary nursing care benefits.

11.6 There should be better communication between health professionals and carers.

11.7 There should be the development of better support services for parents with mental disorders and their children.

CONSUMER RIGHTS

12 Principle 12

The rights of people with mental disorders should be assured.

12.1 The rights and civil liberties of people with mental disorders should be guaranteed and protected.

12.2 Mental health services should be delivered in the most facilitative environment, with an emphasis on privacy, dignity and respect.

12.3 Consumers should have access to information on their rights, to advocacy services to ensure their rights and to mechanisms for complaint and appeal.

13 Principle 13

The stigma attached to those with mental disorder, their carers and mental health workers should be addressed and rectified.
13.1 People with mental disorders and their carers experience substantial stigma. This discourages people with mental health problems from seeking help early. It has led to their isolation in the community, to discrimination and problems of access to services. Furthermore, it has led to inadequate resourcing of mental health services.

13.2 A reduction of stigma and discrimination can be addressed partly by codifying the rights of people with mental health problems and mental disorders, and partly by changing the approach to service delivery towards greater community-based care.

13.3 Health insurance funds should not discriminate against those with mental disorder.

13.4 Public education programs should be undertaken to dispel ignorance and misconceptions about mental disorder.

13.5 Insurance and superannuation schemes should not discriminate against people with mental disorder.

14 Principle 14

Affirmative action is required to redress situations where people with mental disorder have not been treated equitably by government and non-government agencies.

14.1 Traditionally, people with mental disorder have not had their rights respected in terms of access to generic health and welfare support services.

14.2 Equitable funding for social and vocational rehabilitation programs should be targeted to people with a psychiatric disability.

14.3 People with mental disorder should have equitable access to public housing, including priority housing.

14.4 Access to supported accommodation for people with serious mental disorder should be improved and staff of supported accommodation services better trained to respond to clients with serious mental disorder.

14.5 Encouragement should be given to employers to increase employment opportunities for people with mental disorder and to develop more flexible models of employment support.

14.6 There should be better educational opportunities for people with serious mental disorder and psychiatric disabilities.
RESEARCH AND PREVENTION

15 Principle 15

Prevention and early intervention strategies should have a high priority.

15.1 Society's attitude to mental illness and mental health issues augments the impact of a mental health problem or a mental disorder on individuals and their families. The public has remained largely uneducated about mental disorder. This situation needs to be redressed by disseminating information on the types and effects of mental disorder, its prevalence in the community, treatment methods and prevention.

15.2 Primary prevention and early intervention measures have been shown to be of value in particular groups. Targeted prevention programs focusing on the special needs of groups such as women, older people and young homeless people, should be established.

15.3 There should be promotion and development of systematically evaluated prevention programs.

15.4 Provision of early intervention and rehabilitation programs is regarded as central to mental health care. Early diagnosis and intervention are particularly effective as are programs which assist people to deal with life events which may place their mental health at risk.

16 Principle 16

In view of the very high cost to the community of mental disorder, funding for research in mental disorder should be substantially increased commensurate with the cost to the community of mental illness.

16.1 Psychiatric research has traditionally been given a low priority in gaining access to research resources.

16.2 Progress in achieving better consumer outcomes in mental health depends significantly on adequate research into the causes of mental disorders and evaluation of the effectiveness of various service interventions. In psychiatry these research and evaluation issues are particularly complex as they are grounded in knowledge from many fields, including the biomedical, psychological and social sciences.

16.3 The College has established a Board of Research and is committed to the encouragement of research in mental health by its Fellows. The College assists in the following ways:

16.3.1 direct grants to encourage and support young researchers
16.3.2 dissemination of information through scientific meetings and publications
16.3.3 coordinating knowledge about research activities.

16.4 More resources should be devoted to basic research as it is only here that there are likely to be gains for fundamental new knowledge.

Adopted: May 1994 (GC1/94. R10. Item 4.15)
Currency: Reviewed every 3 years (Review by GC1/97, May 1997)