



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists

## Submission to the Independent Review of Aid Effectiveness in Australia

February 2011

working  
with the  
community

## Executive Summary

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to respond to the independent review of aid effectiveness in Australia.

The RANZCP welcomes the establishment of an independent review of aid effectiveness as a way of ensuring that funding delivered through Australia's aid programs is used in an effective and efficient way. The RANZCP believes that mental health requires increased priority in terms of delivery of aid programs to ensure long term beneficial outcomes both in terms of societal and economic benefits.

Delivery of aid requires greater focus on the introduction of programs that support the development of mental health care. There are presently minimal psychosocial inputs in general health and non-health programs (e.g. disaster recovery), as well as minimal input into mental health specific programs.

The RANZCP supports introduction of programs that support the development of mental health care generally, and in response to emergency situations and disaster recovery. Empowering people with the skills to understand and care for their community's mentally ill members, and supporting people with adequate resources to provide care in emergency situations, can all contribute to preventing and diminishing the social and economic effects of mental illness.

Australia has an obligation to ensure that a comprehensive and coordinated aid program is in operation. In its response to this inquiry, the RANZCP has provided general comments in regard to the Australian aid program and its relevance to mental health care, and made recommendations for making progress in terms of improving mental health support through the structure and delivery of future aid programs.

Key principles for the provision of effective aid that supports and improves mental health are:

- "There is no health without mental health" - global health initiatives must focus on mental health and lift attention to the same level as physical health
- Increased psychosocial inputs into all general health and non-health aid programs
- Focus on mental health promotion and prevention
- Involvement of local communities in development of agencies to support and develop mental health programs
- Systemic efforts to upgrade the amount and quality of mental health training for health workers in the developing world and ensure that practitioners are able to implement these skills to improve service delivery.

*"Unless the needs of people with disability, including those with mental illness, are met, it will not be possible to achieve the targets of the Millennium Development Goals by 2015",* The Hon. Bob McMullan, MP, Parliamentary Secretary for International Development Assistance, Australian Government, 2010.

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## **1. About the RANZCP**

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is the professional body that represents over 4000 psychiatrists in Australia and New Zealand. It sets the standards for psychiatry, trains and assesses against those standards as well as advocating and working with other organisations for fair, equitable and assessable mental health services for all.

The RANZCP is a leader amongst Australasian medical colleges in developing partnerships with the community, including consumers and family and other carers, in respect to excellence of service provision. The RANZCP has established an International Affairs Initiative to develop and formalise existing links with key strategic nations in the Asia-Pacific region and to enhance existing relationships with relevant international medical colleges, associations and societies. This initiative is overseen by the International Affairs Working Group that aims to forge links and increase collaborations with the College's near neighbours in South East Asia and the Pacific region and to enhance current relations across the international mental health sector.

## **2. What is the role of psychiatry in aid provision?**

Psychiatrists have a critical role and responsibility in promoting the physical, psychological and social aspects of health care and wellbeing. This includes advocacy for improved mental health services.

Psychiatrists are well placed to provide high level consultancy, leadership and management to work alongside and support other mental health professionals in delivering high quality mental health care. Psychiatrists in Australia and New Zealand are well placed, and have a key role to play, in investing in mental health capacity in developing countries, particularly in the Asia-Pacific Region. A key role includes that of educating and promoting improved service delivery.

The reliance of developed countries on doctors and nurses trained in much poorer countries has generated controversy and diversity of opinion[1]. Whilst it is accepted that this migration enhances the workforce capacity in Australia, the RANZCP seeks to ensure that promotion of psychiatry is done in a sensitive manner that does not seek to attract psychiatrists from developing countries where their skills are also needed.

Whilst it would be impractical and unethical to block international medical migration, developed countries must do more to assist with the process of capacity development in poorer countries[1]. This includes improvements in working conditions and careers structures for health professionals in developing countries. The RANZCP is looking to develop its role further in contributing to plans and programs in the developing world, and believes that psychiatry as a profession has a role in advising and assisting capacity building for mental health in poorer countries. Programs that the RANZCP would be pleased to assist in the introduction and facilitation of include:

- Opportunities for trainee, retired, and consultant psychiatrists to work overseas to develop services, and train specialist and primary care staff
- Capacity building through research – collaboration between research psychiatrists, academic institutes and local investigators to improve clinical practice
- Development of reciprocal relationships between area health services and regions in the developing world – ongoing continued support, staff release, assistance with strategic development plans, and assistance in applying for project funds.

- Health professionals from developing countries invited to work in Australia or New Zealand to enhance leadership and other skills that can be implemented upon return.
- Encouragement of health services to release staff on paid long-leave or facilitate short-leave in emergency situations

Such initiatives should be supported in a systematic manner, always in collaboration with local institutions and be properly accredited. Such initiatives should not be limited to psychiatry but extended beyond specialists to include the community and general health workers at the front line of primary health care. Core funding for this should be made available from government, and be proportionate to the economic saving Australia makes from employing health professionals it has not had to train.

The Royal College of Psychiatrists (UK) runs an initiative to encourage trainee psychiatrists and retired psychiatrists to work in developing countries by accrediting up to 12 months of supervised training abroad and maintains a database of developing country institutions which welcome trainees and retired psychiatrists. The RANZCP is looking, through its International Affairs Working Group, to develop similar strategies in Australia and New Zealand.

### **3. Mental health in the developing world and aid programs**

The RANZCP is concerned that mental health is given very low priority in respect of the overall aid budget when compared to physical health programs. Addressing mental health problems is an integral part of health system interventions. Achieving the Millennium Development Goals requires a focus on mental health, an issue that has remained a largely ignored issue in global health [2]. Although it is accepted that mental health is slowly beginning to receive some attention, for example through the 2011 UN resolution on global health and foreign policy which, for the first time, highlights mental health as a major issue of importance, there is still more that can be done.

Mental health is a critical aspect of health; globally there is a need to achieve equal access to quality care between physical and mental health. Mental health disorders encompass diverse conditions and ages from autism, intellectual disability, substance abuse, schizophrenia, depression, bipolar disorder and dementia. Such mental disorders are highly prevalent in many low- and middle-income countries. Apart from the mental anguish these conditions bring, mental disorders have a large effect on other health issues and on the social and economic opportunities of the sufferer [3]. Mental health is the foundation for individual well-being and the effective functioning of a community and, in terms of aid provision, this should be recognised.

Mental health services in every country in the world struggle to meet the demands of people needing support. This is exacerbated in developing countries and cultures where people living with mental illness are amongst the most vulnerable. The limited resources in developing countries has meant that a large proportion of their population has been deprived of even basic mental health services [4]. Well-trained practitioners are scarce, and drugs and psychosocial interventions are often unavailable or of poor quality. In some countries the human rights of those suffering mental disorders are severely compromised and mental health care is too often associated with social control [5]. This realization demands that any effective change in global mental health will have to prioritise moral transformation, cultural change, and emphasise protection of the rights and responsibilities of patients[6].

Stigmatisation of people with mental illness is widespread in Asia and other developing countries [7]; people with mental illness are considered as dangerous and aggressive which in turn increases the social distance. The pathway to care is often shaped by scepticism towards mental health services and

the treatments offered. Stigma experienced from family members is pervasive and social disapproval and devaluation of families with mentally ill individuals are an important concern. Lack of available mental health services outside major urban areas is also a major barrier to help-seeking and contributes to stigmatization [7].

The majority of overseas aid in Australia is directed at the Asia Pacific region. Many of the aid organisations fund programs in the Asia-Pacific region with local NGOs as well as work with Ausaid as a partner or provider in aid programs throughout the region.

It is difficult to determine the exact percentage of Australian aid programs that are directed at mental health as none of the organisations have clearly stated amounts. However organisations such as the Centre for International Mental Health and Mind fund solely mental health aid programs.

The majority of aid is directed at minimising poverty, setting up infrastructure and health education and support. Ausaid, Oxfam and Amnesty all run a range of programs aimed at general health and education. Examples of activities that focus on mental health include:

- Training health professionals in mental health and peer support training to educate health care systems on proper mental health treatment.
- Provision of mental health training program for social workers
- Developing long term health services
- Improved understanding and education in mental health issues in the medical and social work professions.

Although these initiatives are encouraging, the RANZCP believes that more priority should be given to programs such as these as a way of improving mental health services within the developing world. There is a need for focus on the support and introduction of programs that support the development of mental health care generally, and the response to emergency settings and disaster recovery specifically. These two aspects of mental health care, whilst related, should be considered separately.

#### **4. Improving mental health services in the developing world**

Whilst there has been an increased acknowledgement of mental health in developed countries in recent years, it remains that many global health initiatives continue to neglect mental disorders. This in part is due to stigmatization, but also contributing is the view that mental health is not relevant to global health, where the focus remains firmly on physical health and infectious disease.

Many mental disorders, including depression and schizophrenia, have cost-effective treatments and can often be prevented. This confirms the need for mental health services to be developed that are culturally appropriate and get the best value from scarce mental health resources. The developing world has far fewer mental health specialists per head of population than the developed world although focus still remains mainly on hospital based patient management. This is not a cost-effective use of resources.

Evidence suggests that, in the developing world, it is most effective to focus care into community settings and use the skills of informal health workers. Through the Asia-Pacific Community Mental Health Development Project, Mongolia has identified local best practice such as the 'Ger' project that provides community psychosocial rehabilitation, which has been adapted according to local conditions and culture [8]. Further studies on interpersonal therapy in Uganda, community based psychiatric rehabilitation services in China and treating drug addiction in Malaysia also support this [9].

Services for at risk groups are also important and require development. Key at risk groups include women, who are especially at risk from mental health problems associated with family restructuring, deprivation and selective abortion etc., and children and adolescents who are at risk of being affected by exploitation, family conflict, and malnutrition [5].

Evidence is also emerging for the effectiveness of mental health promotion in public health [10]. Effective interventions across the lifespan include support for parents of infants, school-based interventions, workplace and unemployment programs for adults, and activity programs for the elderly. Interventions are needed that focus on developing assertiveness and self-reliance and appropriate participation [10].

## **5. Mental health response to emergency situations**

In providing a mental health response to emergency situations, there is a need to provide culturally and contextually sensitive, integrated and co-ordinated interventions, informed by qualitative and quantitative assessment of needs, urgency and resource availability [11].

Mentally ill survivors can be identified as among the most vulnerable. Several factors generally contribute to their vulnerability including lack of necessary psychotropic medication, lack of appropriate psychological support, scarcity of mental health workers (in particular in situations where such workers require help themselves or do not survive the situation) that leads to mental illness not being detected and treated; the stress of event causing a relapse in illness.

For those who suffered no mental illness previously, the conflicts and natural disasters involve substantial psychological and social suffering in the short term, which if not adequately addressed can lead to long-term mental health and psychosocial problems. These can threaten peace, people's human rights and development.

However, when communities and services provide protection and support, most individuals have been shown to be remarkably resilient. The *Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings* state that protecting and promoting mental health and psychosocial well-being is the responsibility of all humanitarian agencies and workers [12]. These guidelines provide the framework for a coherent, systematic approach that can be applied in large emergencies that have facilitated a more co-ordinated response in recent years.

Social interventions and supports and the importance of building on local resources such as teachers, health workers, healers, and women's groups to promote psychosocial well-being, and focusing on strengthening social networks are all valuable strategies. The guidelines include attention to protection and care of people with severe mental disorders, including severe trauma-induced disorders, as well as access to psychological first aid for those in acute distress. However, further research and monitoring of response in terms of whether this response empowers affected survivors and the longer term impacts[11].

## 6. Response to the terms of reference of the inquiry

In developing its response to the terms of reference to the inquiry, the RANZCP has made comments and outlined guiding principles and recommendations that should be considered in developing of aid programs as they refer to mental health. These recommendations and comments are limited to the principles of aid provision, rather than a detailed account of the specific funding and organisational structure of the aid program. The background information provided in the sections above provides context and reasoning for these principles and recommendations.

### 6.1 The structure of the aid program

The RANZCP supports that the Australian aid program should focus its efforts primarily on the Pacific Islands and South East Asia, as those countries that are geographically closest to Australia. Australia should play a leadership role in ensuring coordinated aid is available to these countries. This does not mean that Australia should be responsible for delivery of all aid to these countries, or exclude Australian aid from being distributed to other areas worldwide.

The RANZCP supports the direction of the aid program to focus on low and middle-income countries. Country priority setting should be based on needs in each country and potential to improve. Middle-income countries are likely to require support in terms of assistance to improve education, distribution of funds, and furthering effectiveness of health resourcing where as low-income countries will require a high resource component for service delivery.

The sectoral focus of the program should give greater priority within health and social development to mental health. Specific priorities include:

- Participation with communities in the development of mental health programs
- Stronger focus on health programs generally, and mental health specifically, and lift funding to the same priority as education
- Incorporate mental health considerations into all activity
- Coordinated efforts to improve gender policies, eliminate violence towards women and empower women educationally and economically
- A focus on children and adolescents
- Systemic efforts to assess the global burden of substance abuse (alcohol and drugs), to reduce demand, and develop treatment and prevention programs
- Initiatives to attend to the causes and consequences of violence
- Increased focus on mental health promotion - developing assertiveness and self-reliance and appropriate participation are all components of mental health
- make the primary prevention of mental, neurological, behavioural and psychosocial disorders a major focus in health care services and policy
- Wider understanding of mental health concerns in peace and security programs
- Increased support for in-country training of health professionals with improved cross-country university collaborations.
- Raising awareness of mental disorders and patient's rights

## 6.2 Program efficiency and effectiveness

Program efficiency and effectiveness can be difficult to measure as there is generally a lack of objective outcome measures for aid programs. There is also a lack of follow-up aid funding to build on gains based on long term impacts. The key steps to improving effectiveness are:

- Involvement of local communities in development of aid programs
- Systemic efforts to upgrade the amount and quality of mental health training of health workers at each level of training, from medical students to doctors, and from nurses to village health workers
- Designing mental health care programs that can be delivered by non-specialists
- Building health system capacity for delivering care, particularly by frontline workers
- Increased psychosocial inputs into all general health and non-health aid programs
- Increased follow-up aid funding to build on gains based on long term impacts.
- Implementation of evidence-based programs for the prevention and early intervention strategies for the prevention and early detection of mental illness, including educational and parent support programs.
- Improved research to understand health needs and requirements including: developing culturally informed data bases for psychiatric illnesses and local patterns of distress; evaluating effectiveness of mental health services in primary care; and evaluating community-based psychiatric rehabilitation programs such as family and guardianship network programs.
- Strengthen local capacity for research and program development in low and middle-income countries; international aid agencies, private foundations, and non-governmental organisations will need to support this research in low-income societies.

## 7. Conclusion

The RANZCP believes that Australia should continue to further its aims in increasing aid coordination in the Asia-Pacific regions, ensuring an appropriate focus on preventative health and social development. To do this it is necessary to put a significantly enhanced focus on promotion of good mental health, and support for those suffering mental illness in developing countries, particularly in the Asia-Pacific region. Mental health should be regarded with the same importance as physical health in terms of Australia's aid programs. Psychiatrists have a role to play in supporting and delivering improved mental health to developing countries and, with appropriate funding and planning at a government level, have much to contribute. The RANZCP would be pleased to work with appropriate aid agencies to assist in developing initiatives in future.

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