

Mental health: targeting new investment

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The Royal
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College of
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The Victorian mental health care system is at a critical point.

A history of chronically under-funded services have led to a system which is not meeting the needs of people with a mental illness.

Recent funding commitments announced in the 2018/19 budget are a welcome step in the right direction to provide acute care, especially in drug and alcohol addiction services. Unfortunately, it is not enough.

Victoria spends the least amount of money on mental health services per person than any other state or territory and has lagged behind the national average for the past 10 years.¹

Investment is urgently needed across the whole sector, followed by long-term successive commitments to increase funding until Victoria achieves at least parity with other states.

Right investment in the right places

Mental health care is important for all Victorians and the enormity of the impacts of mental illness cannot be underestimated. We have a duty to look after those who need care and it's also good economics. Improving mental health is an invest-to-save issue.²

Almost half of all Victorians (45%) will experience mental illness in their lifetime³, and 3% have a severe and complex mental illness.

Only 1.1%⁴ of Victorians are receiving public mental health care, which is less than any other state.⁵ This means that two out of three people who need specialist mental health services to treat their severe and complex mental illness can't access them in the public system.

In Victoria, private psychiatrists provide an important level of service to people in our community with mental illness. However, public services must be available to those who are unable to fund their own treatment or do not have family members who are in a position to do so.

With the right investment in the right places, Victoria can provide quality care to people with mental illness to improve the lives for all Victorians.

Without further investment, the mental ill health of Victorians will only deteriorate. Alongside more funding in community services, the RANZCP Victorian Branch is calling for increased funding in all public health services.

1.

Invest in more public acute beds

At a minimum, an extra 477 public mental health beds are needed to bring Victoria in line with the rest of the country

Victoria has far lower numbers of publicly funded hospital psychiatric beds for people with severe mental illness than the national average. To bring Victoria up to par with the rest of the country, an extra 477 public mental health beds need to be provided at a minimum, including over 100 acute beds.⁶

Acute admissions are essential for people with severe mental illness who have complex needs.⁷ Community mental health services are also struggling to meet demand and they cannot completely replace inpatient care.

While mental health workers do the best they can, without a significant increase in the number of appropriately staffed public beds available, including older persons' beds, the 120,819 Victorians who are currently not able to access public psychiatric care⁸ will continue to be left untreated.

2.

Increase forensic services

Prisoners are two to three times as likely to have a mental illness

Most people who have a mental illness will never commit a crime or present with violent tendencies. However, those that do commit crimes while mentally ill deserve the right to be treated by an appropriate service. By under-funding forensic services, we are failing the people who need treatment and putting the safety of the public at risk.

More beds are needed at forensic psychiatric hospitals to treat people who have committed serious crimes while mentally ill. While an increase of 18 beds at the Thomas Embling Hospital⁹ is welcome, it is not going to be enough to meet current demand, let alone safeguard future needs. Dozens of people are waiting over six months to get the treatment they need and deserve, but the system is failing them.¹⁰ A number of the additional acute beds identified (See: 1. Invest in more public acute beds) need to be based within the forensic system and additional Secure Extended Care Units need to be provided for non-forensic patients with unremitting and severe symptoms of mental illness or disorder who require treatment and rehabilitation.

Prisoners are two to three times as likely as those in the general community to have a mental illness and are 10 to 15 times more likely to have a psychotic disorder.¹¹ They are entitled to mental health treatment and research shows that treatment reduces rates of recidivism.¹²

In addition, there is a need to provide appropriate services to forensic patients with intellectual disabilities or cognitive impairment, who have been found unfit to stand trial, yet still end up in prison.

3.

Establish more child and adolescent psychiatry training positions

We need another 12 child and adolescent psychiatry training positions to staff our mental health system

It's crucial that psychiatrists are trained in child and adolescent psychiatry to improve the mental health of the population, both now and in the future. 75% of mental health problems begin before 25 years of age and the prevalence and severity of mental health problems during infancy, childhood and adolescence are increasing.¹³ Furthermore, issues that can lead to mental illness in adulthood are often first noticed in adolescence.

To become a psychiatrist, a trainee needs to complete a six month placement in child and adolescent psychiatry. However, there aren't enough child and adolescent psychiatry training places, creating a bottleneck of trainees and restricting the overall number of psychiatrists that are trained in Victoria. There are currently 31 child and adolescent psychiatry training places available and it is estimated we need another 12 places to match the number of trainee psychiatrists needed to staff our mental health system.

4.

Prioritise evidence-based treatment in public mental health services

An injection of funding is required to provide psychotherapy to patients in the public sector

The amount of psychotherapy provided within the public sector is minimal, with significant restrictions on frequency and duration. This is generally insufficient to adequately treat complex mental disorders, such as depression, bipolar disorder, eating disorders, schizophrenia and personality disorders, as well as severely limiting training psychiatrists' exposure to this treatment form.

When there is inadequate or limited mental health sector funding, prioritisation is given to containment of risk and acute stabilisation, leaving little time or resources for psychotherapy, which may actually be the first-line evidence-based treatment for some conditions.

An injection of funding is required to provide psychotherapy to patients in the public sector. The amount of psychotherapy should also be reported in Victoria's Mental Health Services Annual Report tabled in Parliament.

5.

Properly fund psychiatrists to address the high and increasing impact of addiction

Treatment facilities must be staffed with addiction psychiatrists

Harmful use of alcohol and other drugs is a major public concern and a significant issue for the health and justice systems. More than a third of people with an alcohol or other drug (AOD) disorder have at least one comorbid mental health problem.¹⁴

Addiction psychiatry is a critical tool in managing addiction, with addiction psychiatrists uniquely trained to focus on both the psychological and physical health of the patient, as well as to understand the social context and public health approaches to problems.

Yet, Victoria's services in this area are grossly inadequate and in need of extensive attention and reform. There are approximately four publically funded psychiatry positions across the whole state to treat this growing problem, despite increasing interest in this speciality.

Recent announcements to build new residential rehabilitation treatment facilities are welcomed by the RANZCP Victorian Branch as they are urgently needed.¹⁵

However, they must be appropriately staffed with addiction psychiatrists to ensure that people are receiving the expert treatment they need to limit their addictive behaviour, address their vulnerabilities and maintain their recovery.

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is the peak body representing psychiatrists in Australia and New Zealand. It is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental health care.

The RANZCP Victorian Branch represents almost 1500 members including over 1000 qualified psychiatrists and nearly 400 members who are training to qualify as psychiatrists.

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- ⁵Australian Institute of Health and Welfare (2018) Table KPI.8.1
- ⁶Australian Institute of Health and Welfare (2018) Table FAC.13. In 2015/16 Victoria had 7.5 public sector specialised mental health hospital beds less per 100,000 population than the national total. Figures are based on Victoria's population of 6,358,900 as at September 2017.
- ⁷Allison et al (2017) When should governments increase the supply of psychiatric beds? *Molecular Psychiatry*, 00, 1-5.
- ⁸1.9% of Victoria's population are not receiving care for their severe and complex mental illness: 120,819 people based on current population rates.
- ⁹<http://www.forensicare.vic.gov.au/2017/02/20/media-release-additional-beds-reduce-waiting-times-thomas-embling-hospital/>
- ¹⁰www.theage.com.au/national/victoria/no-room-thomas-embling-hospital-for-victorias-mentally-ill-prisoners-a-crisis-17-years-in-the-making-20171215-h05clq.html and www.bendigoadvertiser.com.au/story/5219811/psychiatric-bed-shortage-leaves-bendigo-man-in-prison-system/ and www.abc.net.au/news/2017-06-28/mental-health-services-for-vic-prisoners-totally-under-resourced/8659488
- ¹¹Royal Australian and New Zealand College of Psychiatrists (2017) Position Statement 93 Involuntary mental health treatment in custody. Available at: [www.ranzcp.org/Files/Resources/College_Statements/Position_Statements/PS-93-Involuntary-mental-health-treatment-in-c-\(2\).aspx](http://www.ranzcp.org/Files/Resources/College_Statements/Position_Statements/PS-93-Involuntary-mental-health-treatment-in-c-(2).aspx)
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- ¹³Thabrew H, Henderson S, Hazell P, Moor S, Kowalenko N, Kenn F (2017) Is it time for child psychiatry to grow up? *Australian and New Zealand Journal of Psychiatry* 51: 971-3.
- ¹⁴comorbidityguidelines.org.au/guidelines/
- ¹⁵www.budget.vic.gov.au/program_project/historic-action-mental-illness