Improving mental health in Australia and New Zealand

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One in five people will experience a mental illness at some stage in their lives and mental illness continues to be a major health and social issue. The Royal Australian and New Zealand College of Psychiatrists (RANZCP) believes that with appropriate commitment and investment it is possible to improve the mental health of the community. The RANZCP has identified eight areas that must be improved and outlines key principles for improving mental health.

Priority outcomes:

Consumer, carer and community focus: Mental health care must have the consumer as the centre, prioritise recovery and reduce the stigma associated with mental illness.

Accessibility and availability of mental health services: Access to and availability of services must be undertaken across the lifespan and must be equitably implemented across all ages, patient groups and settings.

Equality, social inclusion and human rights: People with mental disorder must be treated equitably and those from disadvantaged groups must have adequate services and support available.

To be achieved by:

Funding and service delivery: Current funding for mental health is inadequate. Funding for mental health should be at least reflective of the burden of disease attributable to mental health problems to allow adequate service delivery.

Liaison: Successful mental health services require a whole of community and whole of government approach.

Prevention and early intervention: Prevention and early intervention programs across all age groups are essential to reduce the burden of mental illness across the community.

Workforce: An adequate and collaborating mental health workforce will lead to improved care.

Research: A substantial increase in research funding will lead to fundamental new knowledge, care and treatment options.

The focus of this document is on aspects of mental health that are external to the RANZCP, but on which the RANZCP can have influence. The RANZCP will work with the government, consumers, families and carers, non-government organisations, and the community at large to improve mental health in Australia and New Zealand using these principles as its framework for discussion and progress.

Consumer, carer and community focus

- Mental health services must place consumers as the centre of care and have a recovery focus, not just a focus on clinical outcomes.

- Clinical services provided in the mental health sector should be informed by the evidence and patient preference, and be provided in the least restrictive environment, to maximise patient benefit.

- Mental health promotion should focus on resilience and recovery, while reducing stigma and fear. This will assist in the prevention of mental illness, early intervention for people with mental illness and promote greater awareness of mental health issues.

- Research demonstrates that engaging carers in treatment processes greatly improves outcomes for consumers; carers must be engaged and included in all stages of mental health care, in an appropriate manner, and have a right to timely information, support and inclusion as well as the right to give information to assist in assessment, treatment and ongoing care.

- Self responsibility and empowerment is important; individuals need to be able to acknowledge their own role in health care

Accessibility and availability of mental health services

- There is a need for improved health service availability, accessibility and navigability for those who require mental health support, including equitable access for Maori people and Indigenous Australians.

- There is need for provision of a range of services across all age groups and settings including hospital, secure and community-based services, with close collaboration between all related services services.

- Successful mental health services require a whole of sector/community approach. Diagnosis, treatment and community support services should be seamless for patients, their carers and mental health professionals.

- Adequate delivery of mental health services requires a whole of government approach. Mental health services should be available close to family, community and cultural networks.

Equality, social inclusion, and human rights

- There is a need to achieve equal access to quality care between physical and mental health.

- People with mental disorder must be treated equitably and have their rights respected in terms of access to support services, funding for social and vocational rehabilitation programs, access to public housing and/or supported accommodation; and employment and educational opportunities.

- Excellent services and support should be available to meet the needs of disadvantaged population groups including: Indigenous people; older people; children and adolescents; people from low-socio-economic backgrounds; people from non-English speaking backgrounds; recent immigrants; people living in rural and remote areas; the homeless; mentally ill offenders; and people with all forms and combinations of disability.

Funding and service delivery

- Current funding for mental health is inadequate; mental health currently has 3% of research funding, 8% of the health budget and 14% of the burden of disease in Australia. In New Zealand mental health has nearly 9% of the health budget and 13.5% of the burden of disease. Funding for mental health should be reflective of the burden of disease attributable to mental health problems to allow adequate service delivery.

- There is an inherent unmet need within the population; approximately 60% of those with mental disorders receive no specific mental health care.   Concurrent to this, community expectation of mental health care is increasing as specific campaigns raise awareness and expectation of treatment.

- Substantial additional investment in the prevention, diagnosis and treatment of mental illness will achieve both health benefits for individuals and families and also broader community benefits, such as increased productivity and workforce participation.

- An integrated system of mental health care across all age groups and spectrum of disorders is necessary, and that this can only be achieved by progressive reform

Liaison

- Better coordination is needed between health and other sectors, i.e. drug and alcohol services, social security, employment, housing, education and disability services

- Improved linkages between public and private sectors will ensure integrated care and strengthen system effectiveness

- Multidisiciplinary care models are supported – there is case for the development of a national case management model. Multidisciplinary models should be influenced by the sector as a whole including consumers, carers, cultural and clinical.

- Good service delivery requires a whole of government and coordinated approach, including liaison with other groups and those with lived experience.

Prevention and early intervention

- Prevention and early intervention strategies strongly assist in reducing the length and effects of episodes of mental illness and are essential across all age groups to reduce the burden of mental illness across the community.

- Programs must include interventions for the range of factors linked to mental disorders such as substance misuse and social exclusion

- Prevention and early intervention programs must be systematically evaluated and implemented based on best available evidence.

- Tools such as crisis plans, early intervention plans, relapse plans are essential in identifying and intervening early in any episodes of mental illness.

Workforce

- 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. However, this must not be brought about by reducing the treatment role provided by psychiatrists for those who need expert care

- Consumers and carers should be acknowledged as full members of the mental health community and workforce and should be considered an integral part of any multidisciplinary team.

- Indigenous mental health workers are an integral part of the multidisciplinary team; enlisting of existing Indigenous community health services is an effective way to improve awareness and treatment acceptance.

- Workers in other sectors, such as police, teachers, prison officers and welfare staff, can assist in the identification and referral of people with mental health problems and can participate in their management. These workers should be adequately trained, informed, and resourced to enable this role to be performed appropriately.

- As the mental health workforce expands it is essential that mechanisms are put in place to ensure sustainable networking, support and liaison.

- Mechanisms should be put in place to ensure clinicians, and those with expertise in other relevant areas, also with the lived experience of mental illness are able to articulate their perspective(s)

- There is a need for committed investment to increase and enhance capacity of the mental health workforce and allow it to be distributed appropriately to meet community needs

Research

- Current funding for mental health research is inadequate. Mental disorders represent the largest single cause of disability in Australia and New Zealand, accounting for nearly 30 percent of the burden of non-fatal disease. Mental health currently receives just 3% of total research funding and, in 2009, just over 9% of NHMRC research funding was directed to mental health compared to other disease areas in Australia. In New Zealand, health and social care receives 11.5% of total research funding and, in 2008/09, the Health Research Council of New Zealand allocated just 7.5% of this research funding to mental health and neurological disorders.

- Funding for mental health research must be increased substantially to be reflective of the burden of disease attributable to mental health.