Improve the mental health of communities
About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) 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 is the peak body representing psychiatrists in Australia and New Zealand and as a bi-national college has strong ties with associations in the Asia-Pacific region.

The RANZCP has more than 6900 members including more than 5100 qualified psychiatrists and over 1800 members who are training to qualify as psychiatrists. Psychiatrists are clinical leaders in the provision of mental health care in the community and use a range of evidence-based treatments to support a person in their journey of recovery.

Introduction

As announced by the Minister for Health, the Hon Greg Hunt MP in June 2019, the Australian Government is developing a 10-year National Preventive Health Strategy (the Strategy). The Strategy will provide the overarching, long-term approach to prevention in Australia by building systemic change to ensure the best outcomes for all Australians. The Strategy will identify areas of focus for the next 10 years and outlines evidence-based approaches to underpin future priorities.

The Strategy will recognise that health is not just the presence or absence of disease or injury – more holistically, it is a state of wellbeing. The Strategy will not be disease specific in its approach but rather, it will focus on system wide, evidence-based approaches to reducing poor health.

A Consultation Paper was released in mid-2020 for public feedback. The RANZCP provided a response to the Consultation Paper identifying numerous gaps, namely mental health and the potential impacts of climate change on physical and mental health.

The Australian Department of Health has released a draft National Preventive Health Strategy for public consultation.
RANZCP response to survey questions

What is your organisation?

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) 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.

Vision

The Strategy includes a high-level vision that is outlined on page 8.

| Vision: To improve the health of all Australians at all stages of life, through early intervention, better information, targeting risk factors and addressing the broader causes of poor health and wellbeing. |

1. Do you agree with the vision of the Strategy? Please explain your selection

- [ ] Strongly agree
- [ ] Agree
- [ ] No opinion
- [ ] Disagree
- [ ] Strongly disagree

The RANZCP agrees with the vision in the draft Strategy. However, we would suggest the addition of ‘To improve the physical and mental health of all Australians.’ in order to recognise, and stress the importance of both.

Aims

The Strategy outlines four high-level aims. Each aim includes a measurable target/s in order to track the Strategy’s progress in achieving the vision. The aims and targets are outlined on page 8.

<table>
<thead>
<tr>
<th>Aims</th>
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<tbody>
<tr>
<td>1. Australians have the best start in life.</td>
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<tr>
<td>This Strategy recognises the value of a life course approach, which emphasises the significance of prevention in the early years. Improving the prevention of risk factors for chronic conditions, injuries and infectious disease in childhood is critical in order to create strong foundations for later in life.</td>
</tr>
<tr>
<td>Target: The proportion of the first 25 years lived in full health will increase by 2% by 2030</td>
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| 2. Australians live as long as possible in good health. |
| A strong focus on preventive health and health promotion can extend the quality of life and life expectancy of Australians. Opportunities for prevention change as individuals age and this Strategy will support holistic action across the wider determinants of health to prevent chronic conditions, injuries, and infectious disease across the life course. |
| Target: Australians will have an additional two years of life lived in full health by 2030 |

(Continued on next page)
2. Do you agree with the aims and their associated targets for the Strategy? Please explain your selection.

- Strongly agree
- Agree
- No opinion
- Disagree
- Strongly disagree

The RANZCP supports the aims and broader targets for the Strategy. However, the RANZCP would propose it be amended to read: Australians live as long as possible with good physical and mental health. Not including mental health in the Strategy has the potential that it relegates mental health as ‘less important’. With the recent Government expenditure on mental health services for the impacts of COVID-19, it is more important than ever to emphasise the role of prevention in mental health and wellbeing. A further suggestion is the addition of a clear definition of what is meant by ‘full health’ which might also be beneficial.

As the RANZCP described in our submission to the National Children’s Mental Health and Wellbeing Strategy, there are current deficiencies in the Australia care system, including a lack of targeted and effective prevention and early intervention programs, as well as a lack of integration between health, social and education systems. We would urge the Department to include mental health and resilience building in the aims and targets in the Strategy. A key requirement of preventive health is ensuring children have firm foundations to support their wellbeing in adulthood. As mentioned in our previous submission, Adverse Childhood Experiences (ACEs) are a range of complex negative experiences experienced in childhood which may increase risk to poor adult health and wellbeing outcomes.[1] The Strategy must recognise the importance of prevention activities in childhood in influencing positive health and wellbeing outcomes in adulthood.

3. Health equity for target populations.

The burden of ill health is not shared equally amongst Australians. This Strategy will result in overall greater gains for parts of the Australian community who are burdened unfairly due to the wider determinants of health.

**Target:** Australians in the two lowest SEIFA quintiles will have an additional three years of life lived in full health by 2030

**Target:** Australians in regional and remote areas will have an additional three years of life lived in full health by 2030

**Target:** The rate of Indigenous-specific general practitioner health checks increases 10% year-on-year across each age group.

4. Investment in prevention is increased.

Health expenditure is currently spent primarily on the treatment of illness and disease. Investment in prevention needs to be enhanced in order to achieve a better balance between treatment and prevention in Australia, as outlined in Australia’s Long Term National Health Plan.

**Target:** Investment in preventive health will rise to be 5% of total health expenditure by 2030
Six principles are included in the Strategy to underpin the Framework for Action by 2030. The principles are designed to guide implementation and strengthen current efforts. They are outlined on page 8.

### Principles

**Multi-sector collaboration:** In recognition of the wider determinants of health, multi-sector collaboration must inform policy to improve health and wellbeing outcomes. Action by different sectors will be coordinated and aligned, to support integrated solutions to complex prevention challenges.

**Enabling the workforce:** The health workforce is enabled to embed prevention across the health system. Action must enable the health workforce to engage in promoting health and preventing illness through multi-disciplinary health care and utilising full scope of practice for all health professionals. This includes ensuring that the workforce is available, fully trained and capable of providing safe and responsive care.

**Community engagement:** All communities – including neighbourhoods, cultural and social groups, workplaces, schools and interest groups, along with non-government organisations and community-controlled organisations (such as Aboriginal Community Controlled Health Services [ACCHSs]) – are engaged to drive prevention across the life course. Place-based approaches are led by communities, in recognition that local individuals are best placed to understand local needs and improve health outcomes for their communities.

**Empowering and supporting Australians:** All Australians, from all socioeconomic and cultural backgrounds are enabled and supported to make the best possible decisions about their health. Action must focus on appropriate and targeted information, health promotion, and on the environmental factors which impact individual autonomy.

**Adapting to emerging threats and evidence:** Emerging threats to health, as well as the development of new science, are reviewed continuously to ensure prevention efforts minimise harms to health and achieve the greatest health gains possible. To determine where efforts should be prioritised, knowledge translation is vital.

**The equity lens:** Preventive health action considers the inequities that exist across Australia including the need for equitable access to healthcare. Action must focus on the external barriers that impact on health.

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3. **Do you agree with the principles? Please explain your selection.**

- [ ] Strongly agree
- [ ] Agree
- [ ] No opinion
- [ ] Disagree
- [ ] Strongly disagree

The RANZCP supports the principles mentioned in the draft Strategy. All of the proposed principles are important in supporting good physical and mental health. We welcome the addition of ‘adapting to emerging threats and evidence’ and suggest that climate change would fit under this principle as per our original submission.

**Enablers**
Mobilising a prevention system is a key driver in achieving systemic change and better health outcomes for all Australians. Seven system enablers are identified in the Strategy that are critical to creating a more effective and integrated prevention system for Australia over the next 10 years. Each enabler is accompanied by desired policy achievements by 2030. The enablers and the policy achievements are outlined in more detail on pages 31-42.

The seven enablers to mobilise a prevention system, outlined in more detail from page 32, are:

1. Leadership, governance and funding
2. Prevention in the health system
3. Partnerships and community engagement
4. Information and health literacy
5. Research and evaluation
6. Monitoring and surveillance
7. Preparedness

1. Do you agree with the enablers? Please explain your selection.

- [ ] Strongly agree  [ ] Agree  [ ] No opinion  [ ] Disagree  [ ] Strongly disagree

The RANZCP supports the seven enablers proposed in the draft Strategy and the recognition, within the draft Strategy, of the interconnection in achieving the outlined Strategy aims.

2. Do you agree with the policy achievements for the enablers?

- [ ] Strongly agree  [ ] Agree  [ ] No opinion  [ ] Disagree  [ ] Strongly disagree

The RANZCP supports the policy achievements for the enablers in the draft Strategy. In particular, we support changes to funding arrangements mentioned as a policy achievement under the ‘leadership, governance and funding’ enabler. As mentioned in the RANZCP’s submission to the Productivity Commission’s Final Report, current weaknesses in funding arrangements and unclear sector responsibilities are ongoing barriers to better service implementation, not only directly impacting health but all areas of need (education, disability, justice, housing, etc).
Focus areas

The Strategy identifies seven focus areas, where a stronger and better-coordinated effort will enable accelerated gains in health, particularly for communities experiencing an unfair burden of disease. These focus areas have been identified to boost prevention action in the first years of the Strategy and to impact health outcomes across all stages of life. Specific targets and desired policy achievements are also identified for each focus area. The focus areas are outlined in more detail on pages 43-65.

The seven focus areas, outlined in more detail from page 43, are:

1. Reducing tobacco use
   
   Targets:
   
   • Achieve a national daily smoking prevalence of less than 10% by 2025 and 5% or less for adults (≥18 years) by 2030
   
   • Reduce the smoking rate among Aboriginal and Torres Strait Islander peoples (≥18 years) to 40% by 2023

2. Improving access to and the consumption of a healthy diet

   Targets:

   Halt the rise and reverse the trend in the prevalence of obesity in adults by 2030
   
   • Reduce overweight and obesity in children aged 5-17 years by 5% by 2030
   
   • Adults and children (≥9 years) maintain or increase their fruit consumption to an average 2 serves per day by 2030
   
   • Adults and children (≥9 years) increase their vegetable consumption to an average 5 serves per day by 2030
   
   • Reduce the proportion of children and adults’ total energy intake from discretionary foods from >30% to <20% by 2030
   
   • Reduce the average population sodium intake by 2030
   
   • Increase the proportion of adults and children who are not exceeding the recommended intake of free sugars by 2030 50% of babies are exclusively breastfeed until around 4 months of age by 2030

   (Continued on the next page)
3. Increasing physical activity

Target:
Reduce the prevalence of insufficient physical activity amongst children, adolescents and adults by 15% by 2030

4. Increasing cancer screening and prevention

Targets:
Increase participation rates for bowel screening to 53% by 2025
• Increase participation rates for breast screening to 65% by 2025
• Increase participation rates for cervical screening to 64% by 2025
• Eliminate cervical cancer as a public health issue in Australia by 2035

5. Improving immunisation coverage

Targets:
• Increase immunisation coverage rates to 95% of children aged 1, 2 and 5 years by 2030
• Increase immunisation coverage rates to 96% of Aboriginal and Torres Strait Islander children aged 2 years by 2023, and maintain high rates of immunisation for children aged 1 and 5 years
• HPV immunisation rate increased to 85% for both boys and girls by 2025

6. Reducing alcohol and other drug harm

Targets:
• 10% reduction in harmful alcohol consumption by Australians (≥14 years) by 2025
• 15% decrease in the prevalence of recent illicit drug use (≥14 years) by 2030

7. Protecting mental health

Target:
• Towards zero suicides for all Australians
3. Do you agree with the seven focus areas (in the above table)? Please explain your selection.

- Strongly agree  - Agree  - No opinion  - Disagree  - Strongly disagree

Overall, the RANZCP supports the seven focus areas described in the draft Strategy as important elements of preventive health measures. We recognise and appreciate the inclusion of mental health as a focus group as recommended by the RANZCP in its initial submission in October 2020.

Of particular relevance to the RANZCP are the focus groups on reducing tobacco use, reducing alcohol and other drug harm and protecting mental health. We are pleased to see the draft Strategy mentions the high prevalence of smoking found in people with mental and behavioural conditions. The RANZCP supports harm minimisation methods for people with mental health conditions who may struggle to cease smoking. Please see the RANZCP Position Statement 97: E-cigarettes and vaping for more information.

The target to reduce the smoking rate among Aboriginal and Torres Strait Islander peoples to 40 per cent by 2023 (p. 44) should be supplemented by further targets in subsequent year. The RANZCP would welcome the opportunity to work with the Department of Health in developing targets as part of the Equally Well initiative.

4. Do you agree with the targets (in the table above) for the focus areas?

- Strongly agree  - Agree  - No opinion  - Disagree  - Strongly disagree

While the RANZCP broadly supports the seven focus areas, there are amendments we would suggest to the proposed targets which include:

- Inclusion of reduction in national per capita alcohol consumption under Focus Area 2 Improving access to and the consumption of a healthy diet. This might allow for a component of restoring a national requirement for total wholesale alcohol sales to be reported.

- Inclusion of a target reduction in smoking prevalence rates for people living with severe mental health conditions in Focus Area 1 Reducing Tobacco Use. This is an important demographic as people with severe mental health conditions are more likely to smoke than the general population.[1, 2]

- Amend target in Focus Area 6 Reducing Alcohol and Other Drug Harm which states ‘15% decrease in the prevalence of recent illicit drug use (≥14 years) by 2030’. The non-medical use of prescription medication is an increasing national and international concern, not only the use of illicit drugs. The Australian Institute of Health and Welfare reports that 1 in 25 Australians aged 14 years and over reported the non-medical use of prescription medication in previous months. [3] Prescription medication when used appropriately is very beneficial in treating a range of physical and mental health conditions. Long term effects of misuse of prescription medication can also be severe such as psychiatric co-morbidity and overdose.[4] The availability of prescription medications, and subsequent misuse, should be considered in Focus Area 6. As such, the measure of ‘illicit’ drug use as the standard may be stigmatising and possibly works against providing support for those experiencing addiction.
• While the RANZCP supports the target of zero suicides under Focus Area 7 Improving Mental Health, we would suggest there are other areas of mental health care and prevention which may be included such as reducing the disability burden of preventable mental health conditions.

5. Do you agree with the policy achievements for the focus areas?

☐ Strongly agree  ☐ Agree  ☐ No opinion  ☐ Disagree  ☐ Strongly disagree

The RANZCP supports the policy achievements outlined in the draft Strategy those proposed in the seventh focus area, protecting mental health. Community cohesion and social connectivity is crucial to curtailing loneliness, as evident during the lockdowns as a result of COVID19. The RANZCP looks forward to seeing how the policy achievements are to be implemented. We welcome any opportunity to contribute to this process.

As per Target Seven regarding a zero suicide target, Aboriginal and Torres Strait Islander communities should be supported and resourced to develop their own solutions to prevent suicide.

Continuing strong foundations

There are many effective and well-designed prevention-based programs and strategies developed by government, non-government organisations and communities that are currently in progress. This element of the Framework for Action acknowledges the immense activity that is already under way to better prevent illness and disease in Australia. It is outlined further on page 66.

Ensuring sustained action

There are many effective and well-designed prevention-based programs and strategies developed by government, non-government organisations and communities. This element of the Framework acknowledges the immense activity that is already under way to better prevent illness and disease in Australia. This activity is delivered by a number of prevention actors highlighted in Figure 6. Key lessons should be considered in order to continue strong prevention foundations including the need: to harness community mobilisation and action; for sustained participation; for enhanced investment and leadership; for partnerships; to commit to social, political and structural approaches to prevention; and to build and use evidence from multiple sources to continuously adapt and evolve. It is important to continue and build on current prevention activity by incorporating the lessons learnt over time, to ensure sustained action across the prevention system.

6. Do you agree with this section of the Strategy? Please explain your selection.

☐ Strongly agree  ☐ Agree  ☐ No opinion  ☐ Disagree  ☐ Strongly disagree

The draft Strategy is broad enough to provide flexibility over the next ten-year period. Table 8 also assists in understanding where the current evidence baseline will be to better determine movement on these issues. It may be useful to provide further clarity on this baseline figures to support the evaluation
to take place once the Strategy ceases in ten years. This will better assist with data collection at that time.

Feedback

7. Please provide any additional comments you have on the draft Strategy.

The RANZCP congratulates the Department of Health on the release of the draft Strategy as a well written, comprehensive document. We are pleased that feedback received in the first round of consultations has been utilised within the draft Strategy particularly the addition of mental health and the impacts of climate change.

The interaction and connection between physical and mental health should be highlighted throughout the Strategy as a key element of preventive health.

Population health strategies should be included to reduce the effects of alcohol use, gambling and fast food. This should include restricting advertising as has been done with smoking, and must include restrictions on sporting codes advertising.

Cumulative stress should be noted for Aboriginal and Torres Strait Islander communities but also for other specific populations such as those affected by natural disasters (such as bushfires). This ties back into the impacts of environment and climate change on preventing poor physical and mental health. The COVID-19 pandemic has created severe cumulative stress across the community particularly frontline health workers, older people and people with disability.

The RANZCP strongly supports the application of the Strategy to justice environments. Many prisoners in the justice system have mental health conditions and have reported substance use. [5] It is important that efforts be made to ensure better preventive measures are taken while in the justice system.

References