The Royal Australian & New Zealand College of Psychiatrists

Your Health in Mind

Improving mental health
RANZCP Election Statement
May 2019

Improve the mental health of communities

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Royal Australian and New Zealand College of Psychiatrists

RANZCP Election Statement

The RANZCP calls for a shift in the design and investment of the mental health system to a recovery-oriented model, where people with mental illness are supported in the community and by intensive services when needed. As psychiatrists, our aims are to prevent and treat mental illness, and to support and promote good mental health. We are committed to providing the highest-quality treatment and care for people in need. For this, we need a mental health system that is fit for purpose, and responsive to community needs.

This requires investment in mental health services to meet the needs of Australian community, with particular urgent investment targeting:

- *Comprehensive perinatal care*
- *More alcohol and other drug services*
- *A refreshed strategy to close the gap*
- *An expanded dementia care sector*
- *More accessible private services.*

This also requires:

- *A National Mental Health Workforce Development Strategy*
- *Equitable outcomes for all Australians.*

Snapshot

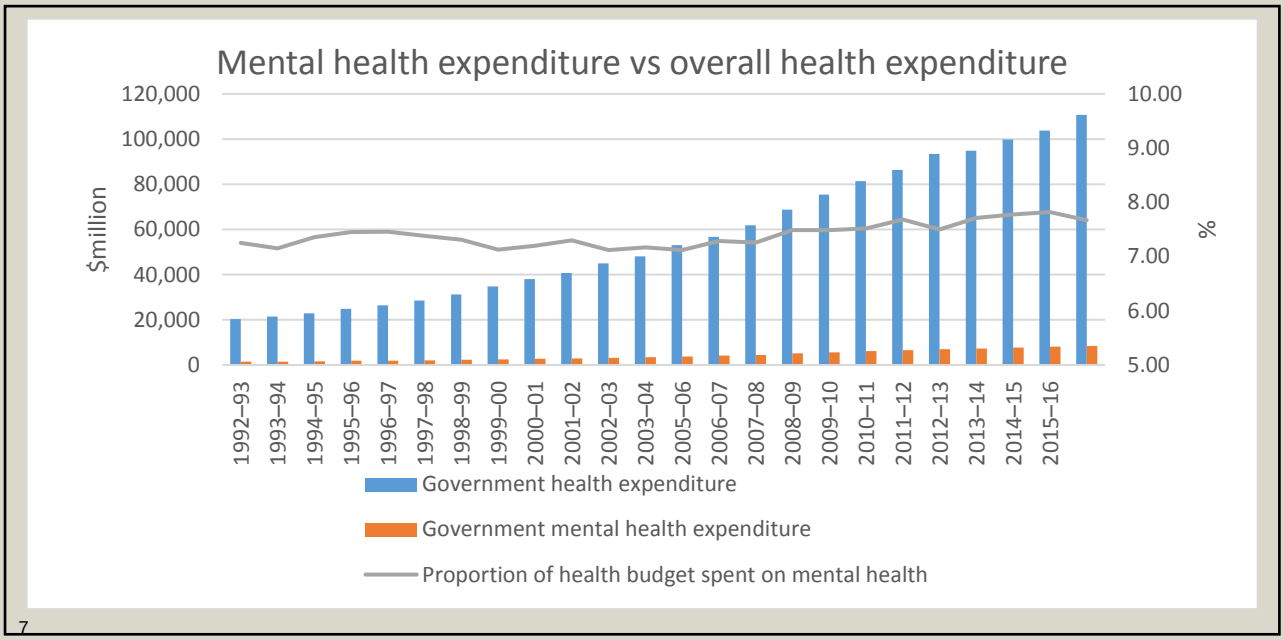
Mental health is now the most common reason Australians see their GPs,[1] and the biggest concern of young Australians.[2] Yet, mental health funding has stagnated at 7.5% of health funding[3] for decades. At the same time, many of the social determinants of mental health, like poverty, housing and the climate, continue to present risks for our mental health.

Even though almost half (45%) of all Australians experience one or more mental illness in their lifetime,[4] less than half of those (46%) access treatment each year.[5]

20% of Australians have a mental health disorder each year
14.4% anxiety disorders
6.2% affective disorders (including depression)
5.1% substance use disorders
2.3% thought about suicide[6]

Fund mental health services to meet the needs of Australian communities

Funding is urgently needed for more mental health services across Australia. The proportion of health expenditure that was spent on mental health has increased by less than 1% over the last three decades.



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Increased investment is needed across the board, reaching into all communities and spanning the entire lifespan. However, there are some particular areas where urgent investment would be best targeted.

Mother–baby units in each state/territory

"we need at least one mother–baby unit for every 15,000 deliveries"

Evidence shows that people are at their most vulnerable in the first 1000 days of life, beginning with conception.[8] Perinatal mental health services are crucial to identifying at-risk mothers, and supporting them through their pregnancies to develop the foundations they need for good mental health.

Mother–baby units allow for women experiencing mental disorder to be treated with their babies alongside them. Currently, there are no publicly funded mother–baby units offering 24/7 inpatient care in New South Wales,[9] Northern Territory, Australian Capital Territory or Tasmania, and not enough in the remaining states.

Investment in dedicated 24-hour mother–baby units across the country is vital. Evidence suggests a minimum of one eight-bed unit for every 15,000 deliveries.[10] At a cost of approximately $5 million per unit, this would cost $30 million to ensure each state and territory had at least one unit, with three in New South Wales.

Problem: New mothers are being forced to choose between their health and their newborns.
Solution: Urgent investment in dedicated 24-hour mother–baby units across the country, with at least one mother–baby unit for every 15,000 deliveries.

More alcohol and other drug services

"less than half of Australians who need treatment for alcohol and drug issues can get help when they need it"

Substance use disorders are a core concern for psychiatrists. There is currently an urgent need for expansion of alcohol and other drug (AOD) services to get Australians off waiting lists and into the services they need, when they need them. There is a chronic shortage of public services in Australia to help people manage their substance use. Many regions of Australia are simply out-of-reach of AOD services. Most are provided in the private sector, many of which do not have psychiatric expertise.[11]

200,000: Number of people who are able to access treatment for substance use issues each year

412–756,000: Number of people who need treatment

26–48%: Therefore, at best, less than 50% people who need treatment are getting it[12]

Without sufficient public services that can provide care, people with substance use issues are increasingly ending up in hospitals and emergency departments.

Developing a nationally coordinated and evidence-based response to harmful substance use is an important investment, with significant potential for economic returns. Research shows that every $1 invested in AOD services saves Australian communities $7 in flow-on effects.[13] At the same time, Australian governments spent less than $1 billion a year on AOD services[14] while the social costs of substance use disorder are estimated to be in excess of $20 billion.[15]

Problem: The majority of Australians with substance use issues can't access treatment

Solution: Increased investment in public addiction services so people can access treatment when they need it.

A refreshed strategy to close the gap

"closing the gap requires a refreshed strategy based on meaningful collaboration with Aboriginal and Torres Strait Islander communities"

The need to prioritise Aboriginal and Torres Strait Islander mental health has been widely recognised.[16.17] Indigenous Australians report high or very high levels of psychological distress at almost three times the rate of non-Indigenous Australians.[18] 25–29-year-old Indigenous males have the highest reported suicide rate in the world at 90 per 100,000,[19] (compared with the Australian average of 12.6[20]) 35–44-year-old Indigenous adults are 5.7 times more likely to die from mental and behavioural disorders compared to non-Indigenous Australians.[21] Mental health and substance use disorders are the leading cause of the total (19%) and non-fatal (39%) burden of disease for Indigenous Australians,[22] and this is worsening.

Years lived in ill-health in Aboriginal and Torres Strait Islander populations, 2003–2011[23]	
↑ 4.5% Mental health conditions and substance use	↑ 1.0% Suicide & self-inflicted injuries
↓ 1.0% Musculoskeletal conditions	↑ 10.8% Anxiety disorders
↑ 5.3% Respiratory conditions	↑ 10.7% Depressive disorders
↑ 60.9% Injuries (including suicide and self-harm)	– 0.0% Schizophrenia
↓ 4.5% Cardiovascular conditions	↓ 2.9% Alcohol use disorders
↓ 12.8% Infectious diseases	↑ 13.6% Other substance use disorders

We also need a renewed focus on addressing the social determinants of mental health to support the development of truly wraparound services. Closing the gap requires a sustained commitment to working with Aboriginal and Torres Strait Islander communities. The government should also commit to costing, funding and implementing health plans like the *2017 National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing* which sets out a stepped care model built in collaboration with Aboriginal and Torres Strait Islander stakeholders.

Problem: The mental health of Aboriginal and Tores Strait Islander communities is worsening
Solution: Include mental health targets in a refreshed Close the Gap Strategy, designed and implemented in collaboration with Aboriginal and Tores Strait Islander communities

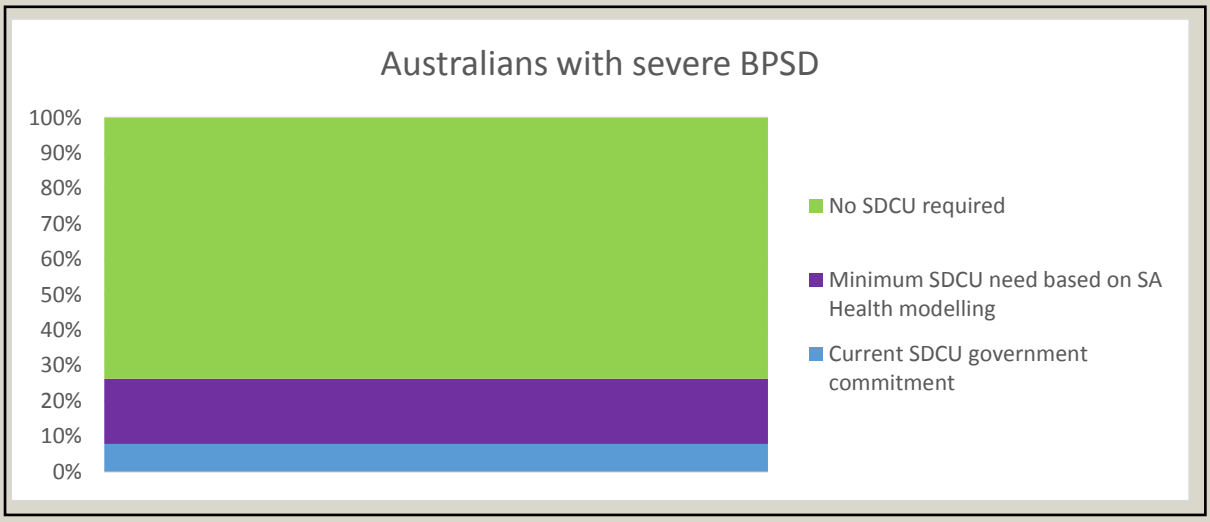
An expanded dementia care sector

"increased investment in dementia care is required to deal with Australia's ageing population"

Australia's ageing population has profound implications for mental healthcare provision as psychiatrists are often involved in the treatment of people living with dementia. The number of Australians aged 65 and over will more than double by the 2050s at which point older people will comprise around one-quarter of the population. [24]

Although Specialist Dementia Care Units (SDCUs) are being introduced around the country to provide services for people with very severe (tier 6) behavioural and psychological symptoms of dementia (BPSD), there is an urgent need to increase the planned number of Specialist Dementia Care Units (SDCUs) to at least 500, at an additional cost of $25 million per year.

Very severe BPSD is present in up to 1% of all people with dementia[25] – that is around 3500 Australians.[26] Although this modelling has been accepted by the Department of Health as 'the most widely accepted service planning framework for people with BPSD', [27] only 372 SDCU beds are being proposed. 25–40% of people with very severe BPSD will require care in an SDCU unit. [28] This equates to a need of around 900–1400 beds.



Problem: Australia does not have adequate facilities to meet the mental health needs of our ageing population

Solution: Increased investment in public psychogeriatric services, including increase in planned number of Specialist Dementia Care Units to at least 500.

More accessible private services

"with a public system too overwhelmed to treat most Australians, safeguarding the affordability of private care is critical"

With 55% of psychiatrists working in private practice, private psychiatry consultations make a significant contribution to our mental health system; however, access to private psychiatry services is deteriorating due to increasing out-of-pocket costs. Rebates for psychiatry services under the MBS have not kept pace with the increasing costs of healthcare delivery. Almost half of Australians who don't get specialist care when they need it cite out-of-pocket costs as the reason.[29]

An accessible private system is necessary to fill the gaps of our increasingly overburdened public sector which is simply not able to provide care to everyone. Often, people experiencing mental illness have complex needs and benefit from longer consultations on an ongoing basis. But with limited funds, most public services simply do not have the time and resources for long-term treatments. As a result, many people are unable to access specialist psychiatric care, either in the public or private sector, even though their disorders are highly treatable.

Given that less than half of Australians with one or more mental illness access treatment, there is an urgent need to reduce the barrier of out-of-pocket costs on accessing evidence-based psychiatric services. This may be achieved through increasing Medicare rebates for psychiatry services to 100% of the schedule fee. This is consistent with changes to general practice where a 100% rebate was introduced to improve affordability. Supports to assist psychiatrists in digital preparedness would also be consistent with financial subsidies provided to support the efficiency of general practices. Expanding telehealth eligibility would also help to improve accessibility to psychiatry services, particularly in rural and remote areas.

At 1.64% of total expenditure, psychiatry services make up a very small proportion of MBS services, particularly when compared to the mental health needs of the population. At the same time, the use of psychiatry item numbers remains steady or modestly increases each year, with some recent increases in mental health-related services provided by other health professionals. Redesigning and re-costing MBS psychiatry item numbers would have a relatively minor impact on total MBS expenditure while providing significant benefits for the prevention, early intervention and treatment of mental disorder by better accommodating the needs of Australians who are unable to access care in the public sector.

Problem: Too many Australians can't afford private services and can't access public services
Solution: Increased Medicare rebates and other supports for private psychiatric services

Develop a National Mental Health Workforce Development Strategy

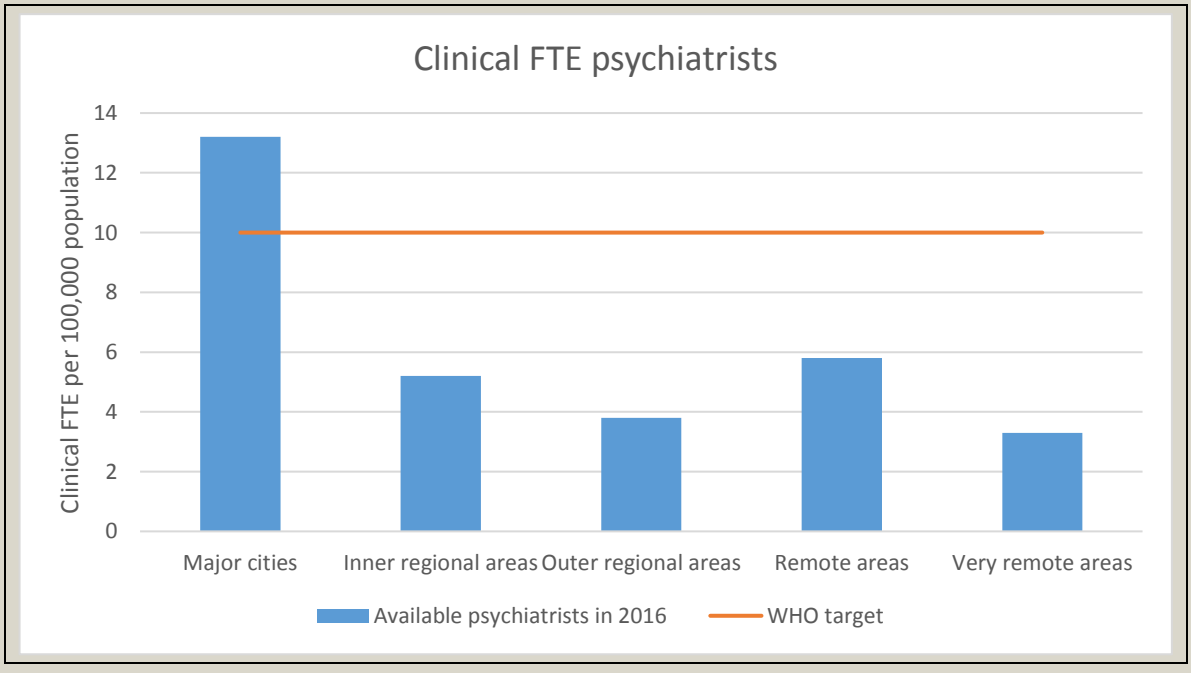
"a workforce strategy must be supported by an implementation and monitoring framework to ensure it is followed through with real action"

To staff the mental health sector of the future, a national workforce strategy is required. The recent commitment of $1 million over 2 years to develop a National Mental Health Workforce Strategy is a positive development, and must be pursued in a comprehensive and meaningful manner – that is, it should be developed through consultation with peak workforce bodies, subject to an implementation and monitoring framework, and followed through with concrete actions and investment.

The psychiatry workforce is facing significant shortages both now and into the future.[30] The number of psychiatrists available to the community is simply not keeping up with community needs which are increasing due to population growth, ageing, and clinical trends. With the mental health nurse workforce experiencing similar trends, development of a holistic mental health workforce strategy is an important investment to ensure the mental health system can grow to meet rising needs.

46: Projected shortage of psychiatrists in 2020
74: Projected shortage of psychiatrists in 2025
124: Projected shortage of psychiatrists in 2030

The shortage of psychiatrists in regional Australia is of particular concern. While major cities in Australia have around 13 clinical FTE psychiatrists per 100,000 population, this figure is less than 6 in non-metropolitan areas and a mere 3.3 in very remote areas.[31] This is well below the World Health Organization's target of 10 psychiatrists per 100,000 people, and is worsening over time.



Focus on achieving equitable outcomes for all Australians

"addressing the social and environmental determinants of health is likely to have the greatest impact on mental health"

The most cost-effective way of treating mental disorder is preventing it from developing in the first place.

As mental health is informed by the social, economic and physical environments in which we live,[32] good mental health requires efforts beyond the mental health sector.

While many of the underlying determinants of mental health (like the economy and the climate) affect all Australians, some groups are more at-risk than others, including culturally and linguistically diverse populations, and LGBTIQ+ people. By addressing the social and environmental determinants of health, we could ensure that all Australians have an equal opportunity for good mental health, thus supporting everyone to lead productive lives in the community, and avoiding unnecessary healthcare costs.

Support the constitutional establishment for a First Nations Voice

"Aboriginal and Torres Strait Islander peoples hold a unique place in this country and it is important as a nation for that to be enshrined in our constitution"

Constitutional recognition has the potential to improve the health and wellbeing of Aboriginal and Torres Strait Islander communities. The Uluru Statement from the Heart calls for the constitutional establishment of a First Nations Voice that would give Aboriginal and Torres Strait Islander peoples the unassailable right to participate in the political decisions that affect their lives – an essential prerequisite for improving the mental health and wellbeing of Indigenous Australians.

Guarantee that Australians who are ineligible for the NDIS will not lose access to support

"improvements in disability service provision should not be made at the expense of people with mental disorder"

The National Disability Insurance Scheme (NDIS) is a game-changing reform, which stands to improve the lives of countless Australians. However, the transition to the NDIS has left a significant gap in service provision for many people with mental disorder. This is because the majority of non-clinical support services are transitioning into the NDIS, but not all of those who currently access those supports are eligible for funds according to NDIS criteria.

The Government's recent commitment of $80 million over 4 years for the National Psychosocial Support (NPS) measure to provide psychosocial support services for these individuals is therefore very welcome. To ensure the NPS achieves its objectives, the government should ensure evaluation is conducted by Primary Health Networks at local levels to investigate service gaps so funding is appropriately targeted to ensure no one loses access to supports they currently receive. Clarification of referral pathways and services throughout relevant health networks is also required to optimise continuity in service provision for those not ineligible for the NDIS and effected by the transition. This should include communications through primary, secondary and tertiary health points.

Close immigration detention centres

The RANZCP opposes the mandatory and prolonged detention of asylum seekers. Studies have consistently shown immigration detention centres are unsafe environments. Mental disorders are complex to treat and require specialist interventions, resources and settings which are not available in detention centres.

Subject to security assessments, all refugees must be released from detention centres immediately and supported to live in the Australian community. Asylum seekers with outstanding applications should be processed as fast as possible while they are residing in the community to minimise risks to mental health and wellbeing.

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is the principal organisation representing the medical specialty of psychiatry in Australia and New Zealand and is responsible for training, educating and representing psychiatrists on policy issues. The RANZCP represents more than 6500 members, including more than 4500 qualified psychiatrists, and is guided on policy matters by a range of expert committees.

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