

26 May 2010

Standing Committee on Finance and Public Administration  
PO Box 6100  
Parliament House  
Canberra ACT 2600

By email: [fpa.sen@aph.gov.au](mailto:fpa.sen@aph.gov.au)

Dear Committee

### **Re Inquiry into the Council of Australian Governments reforms relating to health and hospitals**

Thank you for inviting the Royal Australian and New Zealand College of Psychiatrists' (RANZCP) to provide a written submission to the Inquiry into the Council of Australian Governments reforms relating to health and hospitals. The RANZCP has considered the terms of reference of the inquiry and will be limiting its comments to those relating to mental health matters [item (j)].

The RANZCP has consistently contributed to the consultation process that resulted in the publication of the National Health and Hospitals Reform Commission (NHHRC) Report and recognises the interest and emphasis the Commission has placed on mental health [1, 2]. Mental illness continues to be a major health and social issue with one in five Australians experiencing a mental illness in any one year [3]. The RANZCP continues to advocate that mental health and well-being is central to all aspects of physical healthcare and that mental illness cannot be approached effectively as a reform issue separate from broader health outcomes.

Mental health funding and services should be integral to planning and reforming the health system and the RANZCP is concerned that implementation of health and hospital reform continues to neglect the needs of those with mental illness. The RANZCP sets out below key areas that must be addressed to make improvements to mental health care.

### **An integrated system of mental health care across all age groups and spectrum of disorders**

Successful mental health services require a whole of sector and community approach. Diagnosis, treatment and community support services should be seamless for patients, their carers, and mental health professionals. With the current labyrinth of confusing, overlapping, and under-funded federal and state programs trying to meet the needs of people with mental illness, this is simply not the case.

An improved system requires improved health service availability, accessibility and navigability for those who require mental health support, and provision of a range of services across all age groups including hospital, secure and community-based services. These should all offer a range of options for treatment and support.

This requires broad mental health reform delivered by an adequately funded comprehensive, simpler, and evidence-based mental health system that includes close collaboration with drug and alcohol and dementia services. Improved linkage between the public and private sectors is also necessary to ensure integrated care and strengthen system effectiveness.

Care for people suffering mental illness should be a genuinely socially inclusive system whereby mental health services work in collaboration with rehabilitation, training, housing, employment, education, disability, and other services so that people with a mental illness are valued and can contribute to the community. This requires close engagement between the government's health reform and social inclusion agendas.

## **Funding**

As a priority, the RANZCP urges the Australian government to urgently consider further funding for mental health as part of its overall health system reform.

Current funding for mental health is inadequate. Funding for mental health should be reflective of the burden of disease attributable to mental health. At least 14% of all health care funding should be directed towards mental health care, rather than the inadequate 6% it currently receives. This is essential to make improvements to mental health.

As part of its May 2010 budget, the government announced additional funding for health services. Whilst funding was allocated for specific programs and initiatives in regard to mental health care (i.e. for the Headspace initiative), and this is very welcome, the overall funding allocated to mental health is woefully inadequate when compared to funding allocated to health as a whole. Over five years, the additional funding allocated to mental health amounts to \$120 million, compared to \$7.3 billion for health in generally. This equates to just two percent of the total funding package to deliver reform to people with mental illness. Quality and integrated mental health services cannot be achieved through such a piecemeal approach to funding. These funding differentials will only serve to widen the gap further between mental health and other health services.

There is also an inherent unmet need within the population that must be considered; approximately 60% of those with mental disorders receive no specific mental health care [3]. Concurrent to this projections suggest that mental health related disease burden will grow markedly as a proportion of overall disease burden [4], and 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 affected by mental illness in the short and longer term, but also bring broader community benefits such as increased productivity and workforce participation.

## **Prevention and early intervention**

Prevention and early intervention programs across all age groups are essential. Investment in prevention is vital to reduce the burden of mental illness across the community. This must include interventions for a range of factors linked to mental disorders such as substance misuse and child abuse. Such prevention and early intervention programs must be systematically evaluated and implemented based on best available evidence.

## **Quality performance – the need for research**

A critical missing step in the reform process is detailed research into service models that deliver long-term outcomes and enhance the quality of life for people with a mental illness and their families. It is strongly recommended that increased focus is given not only to researching evidence-based models and care, but also commitment to implementing these properly.

## **Mental health workforce needs and issues**

Delivery of good mental health services requires an adequate mental health workforce. There is a need for committed investment to increase and enhance the capacity of the mental health workforce and allow it to be distributed appropriately to meet community needs.

Psychiatrists have a critical role and responsibility in leading the physical, psychological and social aspects of health care and wellbeing. The contributions of other members of the mental health workforce are critical to the effective model of multi-disciplinary delivery care. The roles of carers, consumers and Indigenous mental health workers should be acknowledged, and workers in other sectors, such as police, teachers, prison officers and welfare staff, should be adequately trained, informed, and resourced to enable them to assist in the identification and referral of people with mental health problems and participate in their management.

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

## **Facing inequities: addressing the needs of the most vulnerable**

Within any mental health system, adequate and specific 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; people living in rural and remote areas; the homeless; mentally ill offenders; and people with a dual disability

All services must accept their responsibility for taking steps to redress inequity and improve Aboriginal and Torres Strait Islander health and wellbeing. Mental health and alcohol and drug morbidity are high in this vulnerable population, and there is an added high relative risk for mental health problems in children of Aboriginal and Torres Strait Islander parents suffering from chronic disease. Enlisting of existing Indigenous community health services is an effective way to improve awareness and treatment acceptance.

Ongoing changes in the population profile and increasing proportion of people from culturally and linguistically diverse (CALD) backgrounds requires an improved emphasis on culturally appropriate services. Enhanced availability of interpreter and other culturally sensitive services at point of service delivery is essential in meeting the emerging need. Early case finding and effective treatment by skilled mental health services will assist in reducing the long term morbidity and disability.

As the population ages, the diagnosis of dementia and age related illnesses such as Alzheimer's will also increase. Urgent support and investment is required for those in aged care facilities that are socially excluded and have limited opportunity to access specialty mental health and dementia care services.

Access to mental health services in rural and remote areas also warrants direct and special attention.

### **Conclusion**

Having a progressive mental health system in place in Australia is essential to ensure that high quality and easily accessible services are available to those who require it. The RANZCP supports the implementation of progressive models of change to achieve adequate services for those suffering mental illness. Although it is recognised that there are no simple solutions to reforming the mental health sector, nor will reform directions be able to be uniformly applied, the RANZCP strongly believes that it is essential to undertake this investment now to ensure far reaching benefits in the future, not only for those with mental illness but for society more generally.

The RANZCP would welcome the opportunity to work with the Australian Government in the implementation of these health reforms. If you require further information, or would like to discuss this matter further, please contact Felicity Kenn, Policy Officer, via [felicity.kenn@ranzcp.org](mailto:felicity.kenn@ranzcp.org) or (03) 9601 4958.

Yours sincerely

Professor Louise Newman  
**President**

Ref 1628

## **Background information about the RANZCP**

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 has responsibility for the training, examining and awarding the qualification of Fellowship to medical practitioners. There are approximately 3000 fellows of the RANZCP who account for approximately eighty-five per cent of all practising psychiatrists in Australia and over fifty per cent of psychiatrists in New Zealand. There are branches of the RANZCP in each state of Australia, the ACT and New Zealand.

Through its various structures, the RANZCP accredits training programs and administers the examination process for qualification as a consultant psychiatrist; supports continuing medical education activities at a regional level; holds an annual scientific congress and various sectional conferences throughout the year; publishes a range of journals, statements and other policy documents; and liaises with government, allied professionals and community groups in the interests of psychiatrists, patients and the general community.

## **References**

1. Royal Australian and New Zealand College of Psychiatrists. Submission to the National Health and Hospitals Reform Commission: Interim Report, 2009.
2. Royal Australian and New Zealand College of Psychiatrists, Submission to the National Health and Hospitals Reform Commission. 2008.
3. Australian Bureau of Statistics. National Survey of Mental Health and Wellbeing: Summary of Results, 2007.
4. Begg SJ, Vos T, Barker B, Stanley L, Lopez AD, Burden of disease and injury in Australia in the new millennium: measuring health loss from diseases, injuries and risk factors. *The Medical Journal of Australia* 2008; 188:36-40.