

**Submission to Senate Inquiry into Mental Health
School of Nursing and Midwifery
University of South Australia**

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This submission is guided by terms of reference G and I. Specifically,

(G) The role and adequacy of training and support for primary carers in the treatment, recovery and support of people with a mental illness.

(I) Opportunities for reducing the effects of iatrogenesis and promoting recovery-focussed care through consumer involvement, peer support and education of the mental health workforce, and for services to be consumer-operated.

We argue that as mental health problems have high levels of morbidity and mortality considerable clinical and administrative leadership in nursing is required to meet the significant challenges that lay ahead for South Australia. Universities provide HECS and fee paying programs limited by their reach. Additional coherent research and education programs are needed to workforce development across a range of practice settings in South Australia.

Given our current state of knowledge government funded mental health nurse education and research is needed to advance mental health reform. The challenge faced by South Australia is to be able to provide evidence based state-wide education and training programs for general and psychiatric nurses that are consumer focussed, timely and useful in clinical practice.

Background

Hickie et al (2005)¹ identify a range of epidemiological and social factors contributing to a deterioration of mental health and wellbeing in our community. These will be briefly summarised here: In 2003, people aged between 25 and 49 years accounted for 56% of all suicides in Australia, and rates were highest in men aged 25 to 29 years (31.1 per 100 000). At the same time 60% of all health-related disability costs in 15–34-year-olds are attributable to mental health problems, and 27% of all years lived with disability in Australia are attributable to mental disorders. Less than 40% of people with mental disorders receive any mental health care in a 12-month period compared with almost 80% for other common physical health problems. Currently, 75% of that mental health care is provided in the primary care sector, with limited access to specialist support. Additionally, almost 50% of people with mental disorders are not recognised by their general practitioner as having a psychological problem.

Early intervention for mental illness is a major challenge. Most psychotic disorders commence before age 25, and there is commonly a delay of 2–8 years before first presentation for treatment. It has been estimated that up to 60% of cases of alcohol or other substance misuse could be prevented by earlier treatment of common mental health problems.

South Australia

In recent months mental health care in South Australia has been heavily scrutinised. The reputable charity 'Sane Australia' has (for example) reported that there are far too many sufferers of mental illness ending up in South Australian prisons instead of receiving treatment. At the same time funding for more progressive programs of community accommodation and community support services have been reduced to 0.4 per cent and 1.9 per cent of the health budget respectively (*Australia's Mental Health Report, Sane Australia, 2004*).

Major changes are planned for South Australian mental health care during 2005-2006:

- The 330 bed psychiatric facility of Glenside Hospital will close over the next 7 years as part of South Australia's long term mental health plan.
- The Margaret Tobin Centre – a 40-bed acute mental health facility at the Flinders medical Centre – will be completed before the end of 2006.
- Repatriation Hospital – is due to receive 30 beds from Glenside's closure for an aged acute mental health facility during 2005/06.

¹ Hickie, I. et al (2005) Australian mental health reform: time for real outcomes, MJA, 182: 401-6



- Noarlunga Hospital will be doubling the number of mental health beds to 35 over the coming year 2005/06.

Why South Australia needs a Professor of Mental Health Nursing

South Australia currently has government sponsored professors in speciality areas such as psychiatry, and child and family nursing. There is no government funded professor of mental health nursing and this is a concern when we know that community demand for appropriate and accessible mental health services is likely to grow over the coming years due to increased aging plus increasing incidence of mental disorders in young people. Clearly, there will be increased demand being placed upon general and psychiatric nurses to assess and care for increased numbers of presentations for care, and more disturbed behaviour, often in association with alcohol or other substance misuse problems. Hickie et al 2005 assert that the incidence of illness will continue to increase, particularly among younger people, partly because of the adverse effects of current social and environmental factors. These include increased family breakdown, decreasing participation in other community-based structures such as churches, sporting and recreational associations and social clubs, and increased exposure to substances such as cannabis and illicit stimulants.

These conditions are significant in terms of prevalence and disease burden, and have far-reaching impacts for families, carers and others in our community. Nurses see people with mental health problems at the very point of their distress. The mental and general health workforce should be equipped to deliver services in to meet the needs of carers and consumers. Our view is leadership from a Professor of Mental Health Nursing can and will contribute to the State's capacity to promote and deliver the National Mental Health Strategy by giving leadership direction to South Australian nurses. Specifically this position will:

- Map existing and potentially new partnerships in mental health teaching, research and practice between the three South Australian Universities and Department of Health (DoH);
- Identify existing teaching and research activity containing mental health and strengthen the association between them, and DoH mental health needs and priorities;
- Initiate and strengthen existing partnerships by having key stakeholders including Consumers and Carers comment and provide advice on program content and delivery. The catalyst for this open discussion will be the *National Mental Health Plan 2003-2007*;
- Initiate and ensure success in attracting competitive grant funding for research that is applied, interventionist and interdisciplinary in outlook and delivering mental health consumer benefit;
- Establish innovative connections between each SA university teaching and research activity and industry relevance and partnership;
- Ensure that DoH develop marketing and promotional materials to market mental health programs reflect teaching and community service strengths within each university, reinforcing key brand messages - quality, innovation, industry relevance and partnership in mental health practice.

Leadership will be across a range of fronts and sectors. It will formalise government relationships distinctive in promoting the mental health of the Australian community, reduce the impact of mental disorder on individuals, families and the community and help assure the rights of people with mental disorder.

The position requires strong advocacy for, and representation of, the interdisciplinary mental health sector, leading to the development of strategic partnerships and collaborations with external communities and stakeholders. Success will be measured by:

- Increased service and community sector feedback on the improvement of mental health content, teaching leadership and community service dividend arising from state wide research and education programs;
- Ensured carer and consumer participation in research and education delivery;
- Ensured delivery of workforce development in mental health is of the highest quality; meets students' expectations; meets the needs of a multicultural society, and is well regarded by carers, consumers and academic peers, and

Partnership reviews will also assess the success of the strategic and corporate model adopted for the position as well as better preparation of DoH employees as new leaders in professional practice.



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