MENTAL HEALTH DISORDERS; EFFECTIVE TREATMENT AND COMMUNITY SUPPORT

NOTE: Mental health disorders includes mental illness.

The Public Health Association of Australia acknowledges that:

1. People with mental health disorders often have poor physical health, experiencing higher rates of major physical illnesses such as cancer and heart disease, and die earlier than expected for those without mental disorders. Additionally, the physical illness of someone known to have a mental disorder is less likely to be diagnosed. (13)

2. National surveys undertaken through the National Mental Health Strategy have shown that many Australians experience mental ill health, however, less than 40% seek and receive professional help for their condition. (1)

3. In 1997, around one in five (18%) of a sample of the Australian population 18 years and over reported having a mental health problem in the previous 12 months, including anxiety and depression. (2) However, only 38% of this group made use of a **health service with** just half seeing a mental health professional. General practitioners were the health practitioners most commonly consulted. (2) A further 3% of adults with serious mental illness such as a psychotic disorder were found to be leading impoverished lives without contact with relevant treatment and rehabilitation services. (3) Lastly, in 2000, a survey of Australian children and adolescents aged 4 to 17 years showed that approximately 14% had mental health problems, with only a quarter receiving professional help. (4)

4. Mental health disorders accounted for around 30% of the non-fatal disease burden and are the third highest contributor to disease burden after heart disease and cancer. (5)

5. In 2002, Australia spent only 7% of its health budget on mental health, which is low in comparison with other comparable countries such as Canada and New Zealand, which in 2001 spent 11% on mental health, and the United Kingdom 10%. Since the National Mental Health Strategy was initiated in 1992, the proportion of Commonwealth's share of total expenditure on mental health has grown from 27% in 1992-93 to 35% in 1999-00. 68% of the increase was for psychiatric drugs provided through the Pharmaceutical Benefits Scheme (PBS). Expenditure on psychiatric drugs through the PBS has grown by 402% since 1992-93. (7)

6. Per capita expenditure on mental health services by States and Territories varies considerably and inevitably affects what services are available and the extent to which National Mental Health objectives can be met. In 1999-00, the national average expenditure on mental health services/treatment was $81.76 per capita, with the lowest level being $67.38 per capita in the ACT and the highest $95.87 in WA. (8) The two most populous states, NSW and Victoria, spent $76.92 and $84.54 respectively. (8)

The Public Health Association of Australia notes that:

7. Lack of access to timely and effective treatment and to community support for people with mental health disorders has been identified as a major problem. (9) Access

varies markedly across jurisdictions. Other issues affecting access to quality services include lack of disposable income, living in rural and remote areas, being Indigenous or not having English as a first language. While there is a good level of knowledge about the range of services and clinical care required for effective treatment of different mental disorders, not all States and Territories have met the structural reform objectives of the First National Mental Health Plan that ran from 1993-98. (10) The slow progress in providing locally accessible inpatient and community-based clinical services is of particular concern.

8. Community resource and support needs are also well understood and include access to stable low cost housing, practical help with everyday living tasks, planned and emergency respite care, social activities, pre-vocational programs and job placement and support. Most of these services are provided by non-government organisations but, in some jurisdictions, this sector has yet to be fully developed. (11) Insufficient funding under the Commonwealth State Disability Agreement (CSDA) specifically directed to services for people with psychiatric disability is a major hurdle to service expansion. In 2002, only 7.4% of CSDA-funded services catered for people with psychiatric disability compared to 61% for those with intellectual disability and 12% with physical disability. (12)

9. The key role played by a person's family and friends in assisting recovery is now well recognised. (14) Both carer advocacy and education are needed so that carers are better supported in this role. This includes opportunities to participate in multiple family groups and to obtain information and education about mental health disorders and their treatment, including relapse prevention strategies.

10. Gaps in the current and future workforce have been well documented. (15) The current workforce is ageing and there are insufficient well-qualified recruits to meet demand, especially in mental health nursing. The current workforce also needs re-skilling to meet the demands of contemporary mental health practice.

11. Several national reports have highlighted the need in most jurisdictions to upgrade the standard of forensic mental health care. (16) Forensic patients are a group with special needs who are particularly vulnerable within mainstream correctional programs and facilities.

12. Stigma remains a major problem. However, the Commonwealth has shown a commitment to funding national anti-stigma programs. (17)

The Public Health Association affirms the following principles:

13. All Australians with mental health disorders, including depression and anxiety as well as psychotic disorders, should have access to affordable, timely and effective treatment and community support sufficient for their needs. This includes treatment for health as well as mental health problems. The rights and responsibilities of consumers as articulated in the National Mental Health Statement of Rights and Responsibilities should continue to be upheld. (18) This document stresses the right of consumers to participate in the planning, evaluation and delivery of mental health services.

PHAA recommends the following:

14. The Commonwealth Government should provide national leadership through the development and implementation of a robust, well-funded and strategic National Mental Health Plan 2003-2008. This plan should renew the pace of reform by setting national standards and benchmarks, ensuring the objectives of the National Mental Health Strategy are met in all jurisdictions and by establishing an independent National Mental Health Commission to monitor progress on mental health reforms and establish next steps. (19)

15. Targets under the National Mental Health Plan and the National Mental Health Strategy should give priority to the most vulnerable and currently under-served individuals and communities including those on low incomes, rural and remote communities, Indigenous populations and those from culturally and linguistically diverse backgrounds.

16. The Commonwealth and States and Territories should give priority under structural reform to developing locally accessible inpatient and community based clinical services.

17. The Commonwealth Government should take a leadership role in developing inter-sectoral support for those with mental health disorders, including the provision of low cost housing and adequate community based care and social activities, planned and emergency respite care, pre-vocational programs and job placement support.

18. Where services for people with mental health disorders and their families are provided through non-government organisations, the Commonwealth and State and Territory Governments should provide sufficient funding for the NGOs to meet demand at agreed levels of service.

19. The Commonwealth and State and Territory governments should work in partnership to ensure an adequate and skilled workforce for clinical and community support services through providing sufficient places in pre-service programs at universities and TAFEs, and implementing the National Practice Standards.

20. National forensic mental health standards should be incorporated in the National Mental Health Plan and priority should be given by State and Territory governments to establish modern forensic mental health services. These should be benchmarked nationally.

21. The Commonwealth should continue to develop, fund and evaluate well targeted national programs designed to reduce stigma and discrimination.

23. Advocate for and support the establishment of a National Mental Health Plan for 2003–2008 including the establishment of an independent National Mental Health Commission to monitor its implementation.

24. Advocate for effective and equitable access to evidence-based mental health treatment and care for all Australians with mental health problems and mental disorders.

25. Advocate for the provision of carer advocacy and education, and adequate

support for families and other carers.

26. Advocate for a higher proportion of the national health budget, the CSDA and other cross-sectoral budgets (eg public housing) to be allocated to meeting the treatment and support needs of people with mental disorders so that there is a better match between the level of disease burden and prevention, treatment and support requirements.

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