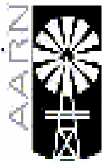
Australian Rural Nurses Inc.



Submission to the Inquiry by the Senate Select Committee on Mental Health

1. Introduction

The Association for Australian Rural Nurses (AARN), the Australian and New Zealand College of Mental Health Nurses (ANZCMHN) and Royal College of Nursing Australia (RCNA) welcome the opportunity to contribute a joint submission to the inquiry by the Senate Select Committee on Mental Health. The joint respondents believe that the provision of mental health care from the perspective of nurses is an intrinsic component of the connotations of coordination of services and the overall effectiveness of the implementation of the National Mental Health Strategy.

2. Background of the Association for Australian Rural Nurses Inc. (AARN), Australian and New Zealand College of Mental Health Nurses (ANZCMHN) and Royal College of Nursing Australia (RCNA)

AARN
The Association for Australian Rural Nurses is the peak body representing rural nurses in Australia. Established in 1991, AARN aims to 'promote quality health care through excellence in rural nursing practice'. AARN is currently working with rural nurses nationally to implement a 'Mental Health Emergencies Project' aimed at providing general and enrolled nurses and Aboriginal Health Workers with the skills to successfully manage a mental health emergency, particularly where there are no specialist mental health services available. This project is funded by the Australian government through the Department of Health and Ageing.

ANZCMHN
The Australian and New Zealand College of Mental Health Nurses, is the peak professional body for mental health nurses across Australia. Established in 1975 it is the only organisation, which solely represents mental health nurses. The Australian and New Zealand College of Mental Health Nurses, continually promotes the development of mental health nurses and the profession as a whole.

RCNA
Royal College of Nursing Australia is the peak national professional organisation for nurses in Australia. Established in 1949, RCNA was a provider of formal ongoing education for nurses and now focuses on continuing professional development and policy analysis and development. In 1997, RCNA became the Australian representative to the International Council of Nurses (ICN), a federation of 125 national nurses' associations representing 12 million nurses worldwide.

3. Summary of Recommendations

a. the extent to which the National Mental Health Strategy, the resources committed to it and the division of responsibility for policy and funding between all levels of government have achieved its aims and objectives, and the barriers to progress

RECOMMENDATION:

That further advancement in service delivery occurs through ongoing consultation with all stakeholders including nurses and that barriers to the development of comprehensive primary health care programs are addressed by both State and Federal governments in line with the Mental Health Strategy aims.

b. the adequacy of various modes of care for people with a mental illness, in particular, prevention, early intervention, acute care, community care, after hours crisis services and respite care

RECOMMENDATION:

1. That there be a significant injection of resources into community mental health services to provide a seamless transition from acute care and ongoing clinical support in the community.

2. That there be an immediate and significant injection of funds to support age appropriate beds and services in the acute care and community sectors.

RECOMMENDATIONS - re people with a dual diagnosis (mental health and alcohol and/or other drugs):

1. That funding be provided for education modules to be delivered to the mental health and rural nursing workforce in order to develop dual diagnosis competencies.

2. That well designed specialist referral systems are developed to support and educate generalist clinicians.

c. opportunities for improving coordination and delivery of funding and services at all levels of government to ensure appropriate and comprehensive care is provided throughout the episode of care

RECOMMENDATION:

That alternatives to acute admission service models be introduced as a matter of urgency, including community treatment options, supported community housing and outreach teams.

f. the special needs of groups such as children, adolescents, the aged, Indigenous Australians, the socially and geographically isolated and of people with complex and co-morbid conditions and drug and alcohol dependence

RECOMMENDATION:

That new initiatives to meet the needs of priority groups such as Indigenous people, young people and people with co-morbid conditions need to be developed which address the perceptual and cognitive disturbances associated with alcohol or substance use, and the feelings of shame, rejection and despair these groups of people experience.

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

RECOMMENDATION:

That there is greater recognition of the need for educationally preparing nurses in regard to mental health issues: including transition programs for newly graduated nurses; mentoring programs for nurses at all levels; support for attendance at continuing professional development activities and courses; courses to 'upskill' nurses; and facilitation for their attendance.

j. the overrepresentation of people with a mental illness in the criminal justice system and in custody, the extent to which these environments give rise to mental illness, the adequacy of legislation and processes in protecting their human rights and the use of diversion programs for such people

RECOMMENDATIONS:

1. That there be a significant injection of resources into court and prison mental health services, including assessment, triaging, consultant and clinical follow up training for correction staff, and quality assurance infrastructure in a range of settings such as the watch house, Magistrate's Courts, jails and detention centres.

2. That an independent multidisciplinary mental health panel be established to monitor the care given to people inside immigration detention centres.

3. That interventions for detainees be supported by an appropriate evidence base, and informed by ongoing monitoring and evaluation of their capacity to meet the needs of diverse groups within the population.

l. the adequacy of education in de-stigmatising mental illness and disorders and in providing support service information to people affected by mental illness and their families and carers

1. That there be a renewed national campaign against stigma creation by the media and politicians against people with mental illness.

2. That resourced educational programs be developed for the press, for emergency services such as the police and the ambulance, and the public generally.

3. That there be increased funding to the mental health educational programs conducted at schools.

m. the proficiency and accountability of agencies, such as housing, employment, law enforcement and general health services, in dealing appropriately with people affected by mental illness

RECOMMENDATION:

1. That funding be allocated to support the development of collaborative inter-sectoral relationships with incentives for each service to work towards measurable and achievable outcomes.

2. That the Australian government provide funds to ensure all health practitioners (GP, Nurses, allied health workers) have access to quality training in mental health literacy, triaging and emergency management, and harm minimisation.

n. the current state of mental health research, the adequacy of its funding and the extent to which best practice is disseminated

That there is a need for further research into:

(a) the social factors that increase risk in the development of mental illness with a focus on adolescent onset;
(b) evidence based practice and its utilization;
(c) dual diagnosis;
(d) maintenance of psychological stability.

4. General Comments

There are issues not covered under the Terms of Reference which the responding organizations consider important to include in the Committee's deliberations. These are addressed below.

4.1 Workforce and Education

In 2003, the Mental Health Nurse Supply, Recruitment and Retention Report identified concerns regarding the adequacy of undergraduate nurse education in relation to mental health content and practice; lack of accessibility to, and consistency of, postgraduate mental health nurse education; workplace factors that inhibit recruitment and retention; and concerns regarding inconsistencies in nurse regulation among jurisdictions in relation to mental health nursing. Recommendations relating to this workforce report are now included in the National Mental Health Plan (2003-2008) and therefore their implementation is vital and urgent.

The most critical issue facing all States and Territories in regard to mental health services is the lack of appropriately qualified and skilled staff. This affects all geographical areas and all services across the mental health spectrum.

The mental health nurse may be so overburdened by their workload that they are unable to perform their roles to its fullest potential, and are themselves being exposed to stress and anxiety. Staff going on leave, especially in community services, are usually not replaced resulting in the remaining staff not having the time to follow up all of their clients.

Many services have failed to meet their obligation to nurses as mandated under the National Standards for Mental Health Services (1998) to provide clinical supervision, a strategy that would help retain and attract nurses to the specialty. Governments have also failed nurses because specific recommendations made following a number of nursing reviews, such as the "Australian Mental Health Nurse Supply, Recruitment and Retention Report 2003", "The Report of the National Review of Nursing Education 2002", "Scoping Mental Health Nursing Workforce 1999" and the "International Mid-Term Review of the Second National Mental Health Plan for Australia 2001" have not been implemented.

Appropriate emphasis is not placed on nursing education as it is in other allied health professional funding, and this may well be due to the difficulties associated with releasing staff for education and training. The nursing education resource allocation needs be not only given to the recruitment and the return to work of nursing staff, but acknowledgment of the staff who have remained in the service through these obviously difficult times. Comprehensive strategies for the provision of continuing professional development, competency based training and assessment of core skills is necessary.

It is imperative that the educational preparation of nurses working in mental health services be addressed, so as to ensure a sustainable workforce into the future. Exposure to mental health theory and clinical practice in undergraduate nursing courses is very limited and variable across the country. It is therefore important that appropriate funding be made available for transition programs specifically for mental health be provided for newly graduating nurses coming into the workforce, to attract them into this specialty field. Concomitantly there needs to be the provision of mentoring in mental health nursing to encourage already practicing nurses into this field, as well as being targeted at rural and remote nurses who do not currently have mental health qualifications.

4.2 Legislation

Different mental health Acts across Australia impede the seamless delivery of service to clients across the country leading to a fragmentation in care. There has been much work undertaken to review the many different mental health Acts with a view to having a single national Mental Health Act. However this work appears not to have come to fruition as each State and Territory continues to have separate legislation.

The lack of consistency in State and Territory legislation means that a patient admitted to a hospital in a particular State/Territory may receive a different medical response if moving to another State/Territory and requiring follow-up care.

4.3 Mental Health in Rural and Remote Australia

Research indicates that people living in rural and remote Australia are more vulnerable to mental health problems and mental illness than their metropolitan counterparts. Rural Australians are exposed to higher levels of poverty, unemployment, substance misuse, child abuse, domestic violence and social isolation – all precursors to poor mental health (Victorian Health Promotion Foundation 1999).

Seasonal environmental conditions, such as the current prolonged and widespread drought, have considerable impact on the mental health of people living in rural and remote Australia. In 2002, the 'Australian' Newspaper quoted a senior medical practitioner from the Royal Flying Doctor Service as saying 'an increasing number of farmers are seeking help from the RFDS for depression and stress-related illnesses as the worst drought in the century undermines their normal reserve'. The stigma associated with seeking support, and the culture of rural communities can act as a barrier to early intervention and treatment. As Walker and Battye (1996) describe, "Farm families are traditionally self-reliant, autonomous and proud, and thus a big challenge is convincing farmers to take up the support that is available". This is a particular concern when suicide rates amongst middle aged farmers are increasing, and a strong evidence base suggests that most of those who die from suicide have mental disorders which have been unrecognised and untreated.

The sometimes serious lack of early identification and treatment can result in an emergency situation requiring immediate intervention by the nearest health/medical service. In small communities, the person responsible for providing the service is likely to be a registered or enrolled nurse, an Indigenous health worker or a general practititioner and support in the form of peer support or clinical supervision for these staff is generally limited. The diverse nature of rural and remote communities, many with high Indigenous populations, requires that mental health services are delivered as a 'whole of community' approach, as described in the National Action Plan and one which includes strategies for working with risk factors such as alcohol and misuse of drugs as a key component of any activity. Responsibility for providing mental health promotion, intervention and treatment rests with all health workers who provide services to the community, not just specialist services. There are a higher proportion of mental health nurses in the capital cities and very low numbers in smaller regional and remote areas (Australian Institute of Health and Welfare 2001). The shortage further compounds the under-servicing of rural and remote locations.

4.3 Eating Disorders

A condition which is not included in the Terms of Reference but does require special consideration concerns the mental condition of eating disorders.

Eating disorders are medical and psychological conditions that affect adolescents, young people and adults, severely disrupt family life, and cause distress and anxiety to friends, carers and partners. The term 'eating disorders' refers to a spectrum of illness and behaviours ranging from mild, to moderate and severe in respect to their psychiatric & medical presentation.

In Australia, anorexia nervosa is the most serious chronic mental illness and physical disease of adolescent girls and young women, occurring in about 1%-3% of adolescent and young women with a larger number of people suffering less severe symptoms. It has been estimated that up to 60% of adolescent girls and young women regularly engage in unhealthy weight loss behaviours. Anorexia nervosa has the highest risk of suicide and the highest mortality rate and causes a degree of handicap and family dysfunction comparable to that of schizophrenia.

The current lack of approved policy regarding the minimum standards for care and treatment of people with sub-clinical and clinical eating disorders is a contributing factor to the difficulties surrounding management of eating disorders in NSW. At present there is inequitable access to treatment, public (and professional) misconceptions about the nature and cause of the illnesses, and high morbidity and mortality rates. With an average age of onset in the early teens and a chronic duration of an average of seven years, it is unacceptable that appropriate treatment for anorexia nervosa is not available to many who require it. Eating disorders are core business for mental health services and their management, at a primary, secondary and tertiary level should be addressed in all area mental health service plans. Discrete funding must be directed towards development of appropriate prevention, early intervention and treatment services.

5. Specific Comments Pertaining to the Terms of Reference

5.1 a. the extent to which the National Mental Health Strategy, the resources committed to it and the division of responsibility for policy and funding between all levels of government have achieved its aims and objectives, and the barriers to progress

It is important to note that the National Mental Health Strategy was initiated in April 1992 by the Australian health ministers as a framework to guide health reform over the period 1993 to 1998. The Strategy was reaffirmed in 1998 with the Second National Mental Health Plan and again in 2003 with the endorsement by all health ministers of the National Mental Health Plan 2003-2008. Hence there has been a commitment to mental health reform by all health ministers over a twelve year period. Of note also is the considerable consultation which has occurred with consumers during that time. Therefore, the respondents wish to acknowledge this progress and look forward to further improvement to mental health services and an increase in assuring the rights of people with a mental illness.

One significant barrier however to implementation of the National Mental Health Strategy involves the continuing segregation of mental health and generalist health issues and services. This is in contradiction to primary health care philosophy and effective responses/service provision. The role of non-specialised (generalist) nurse and services in providing support to

people with mental illnesses is documented, but policy does not acknowledge this, and service providers are not trained or supported in this role, despite existing available capacity to provide appropriate training. However, there are no outcome measures in place to assess the implementation of strategies, so clear outcome measures linked to sustainable funding are essential.

The present focus on service delivery is crisis intervention, acute care, and crisis teams and there are not enough resources or focus on the delivery of ongoing care and follow up. Over the years most States have seen a reduction in the number of community mental health teams whose focus is in delivery of support, intervention and prevention of hospital admissions. There is also a lack of services and staff in rural and remote areas of Australia and the growing need is evidenced by extensive waiting periods to see mental health specialists (who usually provide outreach or visiting clinics only) and the demands by generalist nurses.

One of the respondents, AARN has a mental health training program and resources for implementation of this program have not matched identified priorities, especially given the increasing representation of mental health issues as part of the total burden of illness experienced by rural communities.

RECOMMENDATION:

That further advancement in service delivery occurs through ongoing consultation with all stakeholders including nurses and that barriers to the development of comprehensive primary health care programs are addressed by both State and Federal governments in line with the Mental Health Strategy aims.

5.2 b. the adequacy of various modes of care for people with a mental illness, in particular, prevention, early intervention, acute care, community care, after hours crisis services and respite care

RECOMMENDATION:

That there be a significant injection of resources into community mental health services to provide a seamless transition from acute care and ongoing clinical support in the community.

5.2.1 People with a dual diagnosis (mental health and alcohol and/or other drugs)

The National Mental Health Strategy outlines integration of mental health services with alcohol and drug services as a key objective. However, there has been a lack of investment in initiatives to address training of staff in dual diagnosis. Rural staff who work in districts without clinical alcohol and drug services have often not had education in terms of dual diagnosis competency development. This lack of training impacts on the ability to retain nursing staff in the rural and remote setting, and has obvious negative connotations for the services delivered.

There are intense demands on acute mental health treatment related to substance misuse. The input of the general community increase in illicit substance misuse is seen impacted in the number of presentations of first episode psychosis in young people and also in the increased levels of violence concomitant to these presentations. North Queensland (for example), which is

viewed as a young overseas tourist destination, has a higher than average increased use of potent methamphetamine. The increased potential for violence associated with psychotic disorders for clients when intoxicated impacts significantly on occupational health and safety issues for staff and clients of health services.

RECOMMENDATIONS:

1. That funding be provided for education modules to be delivered to the mental health and rural nursing workforce in order to develop dual diagnosis competencies.

2. That well designed specialist referral systems are developed to support and educate generalist clinicians.

5.2.2 People with co-morbid physical and psychiatric issues

People with complex and multiple needs, in particular co-morbid physical and psychiatric problems represent a significant unmet health service need, and are frequently not seen until they present to acute care settings. Emergency Departments are now a main entry point into the health system for health emergencies of all types, including psychiatric difficulties. Staff within general hospitals and emergency departments consistently report that they do not feel adequately prepared or supported to care for patients with co-morbid psychiatric and substance use problems in the acute medical-surgical environment. The availability of meaningful assistance to general hospitals from mental health services varies dramatically. Psychiatric Emergency and Consultation-Liaison Psychiatry Services are inequitably distributed across the country and in many cases are virtually non-existent in country regions. In addition, there are extended waiting times in Emergency Departments for mental health patients/clients, because of limited access to psychiatric beds. Many of these patients are being cared for in sub-optimal conditions in Emergency Departments and medical/surgical wards and this can result in increased use of mechanical restraint and sedation and a delay in the commencement of appropriate psychiatric treatment.

There are inadequate after hours specialised mental health services to support communities and generalist health services in rural areas. Rationalisation of services is achieving financial goals but accessibility to specialised services and skilled staff is not matching community needs and expectations. At this time, excess demand is being responded to by generalist service providers and although back-up and referral mechanisms do exist, they are generally only available during normal business hours and also generalist staff is not being trained to most effectively use the available support and referral systems. Also specialist referral systems are not being used effectively as their target generalist clinicians are not being orientated to new service models. Again, this situation is able to be resolved at relatively low cost with existing available resources.

5.2.3 Child and adolescent care

There are currently insufficient services for children and adolescents who have a mental illness. Many children and adolescents are either unable to access services or are inappropriately treated and/or detained within adult services. This inappropriate treatment may further traumatise these young people and exacerbate their illness. Policies on prevention and early intervention are to be lauded; however, in the absence of services to implement them, they only raise hope and expectations that are unable to be realised within the current resources.

5.2.4 Aged care

Demographic information demonstrates that the population is rapidly ageing, and that the population is living longer thereby experiencing more aged related psychiatric illnesses. There are currently insufficient community and hospital services for this age group. They are therefore often inappropriately located in acute general hospital beds or in acute adult psychiatric inpatient units where they are exposed to a high risk of harm because of the nature of their disorder, and that of the coexisting inpatient population; or located in nursing homes which often do not have adequate resources or have staff who are trained in gerontology but not in mental health.

RECOMMENDATION:

That there be an immediate and significant injection of funds to support age appropriate beds and services in the acute care and community sectors.

5.3 c. opportunities for improving coordination and delivery of funding and services at all levels of government to ensure appropriate and comprehensive care is provided throughout the episode of care

There is an urgent need to introduce alternatives to acute admission service models. It is clear from service user perspectives that the current model of acute psychiatric care fails to deliver in terms of timeliness, choice, alternative treatment options, and collaboration. There tends to be a focus on the use of pharmacology and a lack of resources available for the development of adjunctive therapies which would assist in the delivery of alternative treatment options. Indeed, mental health nurses are increasingly concerned with the emphasis on custodial containment and psychopharmacological interventions.

The respondents urge the government to work with all stakeholders to develop and implement models that are based on 'less is best', that is, that intense therapeutic interventions only be considered when more conservative treatments have been trialed. Also, to reinforce that options for optimal care must include purpose built facilitates, supported community housing and outreach teams.

RECOMMENDATION:

That alternatives to acute admission service models be introduced as a matter of urgency, including community treatment options, supported community housing and outreach teams.

5.5 e. the extent to which unmet need in supported accommodation, employment, family and social support services, is a barrier to better mental health outcomes

The delivery of health care services in rural and remote Australia is compromised by the per-capita funding formula used to determine the level and types of health services. Clients requiring mental health inpatient services are often admitted to acute care services where staff may or may not have mental health training. The pressure this practice places on staff who feel unable to respond appropriately potentially exacerbates the workforce retention issues and compromises the care provided to the clients and their families. In addition, there is a dearth of community residential and acute care facilities in rural areas.

5.5.1 Accommodation

The respondents promote:

i) ongoing links between government departments, for example, departments of housing and departments of health;
ii) flexible housing options, for example, self care, half way houses and acute care; and
iii) measures to address the needs of rural individuals so that they do not suffer from isolation of their support networks, especially when they have to move to metropolitan areas for appropriate accommodation.

5.5.2 Employment

The respondents consider that strategies are needed:

i) to continue to provide safe guards for people with a mental illness in employment;
ii) to ensure the smooth transition into employment, being mindful of the stigma associated with mental illness;
iii) to facilitate educational and staff development programs for all employees regarding the issues surrounding mental health, for example, recognition of the warning signs associated with specific conditions; and
iv) to give employers an understanding of the at risk groups, for example, young rural men, indigenous people and minority cultural groups.

5.5.3 Family and social support services

The respondents believe that:

i) measures for confidentiality, while keeping families informed of the patient's/clients circumstances are necessary;
ii) respite care for families caring for patients/clients, either home based or in supported accommodation facilities, is an essential service;
iii) financial and counseling support for carers should occur;
iv) transport and outreach services should be increased;
v) staff from a range of multidisciplinary services need to be co-opted; and
vi) the centralisation of government services should be reviewed.

5.6 f. the special needs of groups such as children, adolescents, the aged, Indigenous Australians, the socially and geographically isolated and of people with complex and co-morbid conditions and drug and alcohol dependence

The Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet) project that arose out of the Second National Health Plan and is funded under the National Mental Health Strategy and the National Suicide Prevention Strategy provides extensive relevant and up-to-date information to both professionals and consumers. It provides fact sheets, media information and links and contact details to other services and sites relating to mental health and suicide prevention. This site is an excellent resource and therefore further promotion of its availability is unquestionably needed as the existence and extent of the site (including a specific page for Aboriginal and Torres Strait Islander people) is not widespread among its relevant demographic groups.

The subject area of self harm, parasuicide and suicide amongst Indigenous Australians is one of persistent and overwhelming tragedy and therefore requires an extensive input of funding and physical resources. Australian Bureau of Statistics data reveals that for the 1998- 2001 period Aboriginal Australians have much higher rates of premature death due to external causes (16% of all deaths) than the total Australian population (6% of all deaths). Of all external causes, which include accidents, intentional self harm and assaults, premature death due to deliberate self harm accounted for 33% of male deaths and 15% of female deaths.

Many patients currently presenting to mental health services have a dual diagnosis. There are a few specialist programs that provide for this but some realignment of services is required to adequately address their complex needs. This realignment will also require a review of the service delivery to this client population, re-skilling and/or up-skilling of staff that have had a reduction in their knowledge base since the services were separated, or have commenced work since then.

Comorbidity is often not well addressed in rural and remote areas. This may be due to the lack of trained mental health staff and specialist practitioners. Ever increasing rates of youth, male of all ages and Indigenous suicides, plus accelerating rates of depression among the rural aged are indicators that there is a gap in services.

The respondents support a broad approach to harm minimisation in rural and remote communities, such as collaboration between drug and alcohol and mental health services, and juvenile justice programs. Consideration must be given to developing and implementing innovative collaborative services between departments and community agencies. The workforce situation in these areas requires creative problem solving, and inter professional strategies would be a great advantage in mental health services.

RECOMMENDATION:

That new initiatives to meet the needs of priority groups such as Indigenous people, young people and people with co-morbid conditions need to be developed which address the perceptual and cognitive disturbances associated with alcohol or substance use, and the feelings of shame, rejection and despair these groups of people experience.

5.7 g. the role and adequacy of training and support for primary carers in the treatment, recovery and support of people with a mental illness

Recognising that community demand for appropriate and accessible mental health services is likely to grow over the coming years (due to an increased aging population, plus a rising incidence of mental disorders in young people), it is likely that increased numbers of presentations for care, and more disturbed behavior, often in association with alcohol or other substance misuse problems, will impact upon accident and emergency departments as well as community health settings. Therefore, there will be increased demand being placed upon general and mental health nurses to assess and care for people with mental health problems and mental illness.

At the same time there is increasing expectation that families should shoulder the burden of care for mentally ill people. While it is accepted that people generally recover better in their own

environments, support structures provided to assist families are limited. Respite care services cannot meet demands and training programs for carers are limited. The situation is also made more serious in rural and remote areas where the number of appropriately qualified staff who can provide support is limited and the operating hours of many existing services (Monday to Friday, 9 am to 5 pm) are not adequate.

In 1999 the Mental Health Branch of the Department of Health and Aged Care, on behalf of the National Working Group on Mental Health, commissioned one of the respondents, ANZCMHN. to conduct a scoping study of the Australian mental health nursing workforce. ANZCMHN reported to the Mental Health Branch in March 2000. The scoping study found major problems with the recruitment, retention, preparation and employment of mental health nurses. With few exceptions, service managers reported a problem with the recruitment and retention of experienced mental health nurse and concerns were reported about the preparation of undergraduates for beginning practice in mental health nursing. Although the study leaders found evidence of excellence in mental health nursing practice in all Australian States and Territories insufficient attention is paid to strategic workforce planning, meaning that human resource management practices urgently need to be restructured.

RECOMMENDATION:

That there is greater recognition of the need for educationally preparing nurses in regard to mental health issues: including transition programs for newly graduated nurses; mentoring programs for nurses at all levels; support for attendance at continuing professional development activities and courses; courses to 'upskill' nurses; and facilitation for their attendance.

5.8 h. the role of primary health care in promotion, prevention, early detection and chronic care management

One of the most significant initiatives funded under the National Mental Health Strategy is the MindMatters schools project that was piloted during 1998 and 1999. Its implementation and uptake by secondary schools has been extensive and an independent evaluation has shown that it has had a considerable impact within secondary schools.

Possibly due to crisis in acute care services and the present emphasis on crisis management, consideration of promotion and prevention strategies by primary health care providers is limited but there is an urgent need to increase the funding for the early detection and promotion programs in identified high risk areas, including detention centres, as effective assessment and treatment of first onset psychosis is recognised as vital for best client outcomes. This includes the establishment and on going support for age appropriate and culturally appropriate "drop in" centres.

Promotion and prevention are often tied to "special projects" and are not part of routine mental health funding and so future funding is not always forthcoming even when a project has been found to have good mental health outcomes. This restricts the facilitation of ongoing evidence based services.

General practices can perform a pivotal role in the treatment and management of the mentally ill when working with the relevant mental health services. There are some media reports that suggest that the detection rate for mental illness in general practice patients is on the low side,

which suggests that there is room of improvement in the primary and secondary aspects of health intervention. However, the increasing use of General Practice Nurses means that these nurses can develop a therapeutic relationship with mental health clients. These nurses generally have limited educational preparation in mental health but, given the right support, could be in an ideal position to provide some of the primary health care to mental health clients.

More broadly, the application of a public health framework that assists primary health services in promotion and prevention of mental illness has merit. This could include the utilisation of public mental health nurses working with Divisions of General Practice or clusters of practices to enhance the aspects of mental health improvement of patients. For example, screening of at-risk populations or sub-populations, education, mental health improvement activities or support with assessment or particular aspects of care.

5.9 i. opportunities for reducing the effects of iatrogenesis and promoting recovery-focused care through consumer involvement, peer support and education of the mental health workforce, and for services to be consumer-operated

The respondents strongly support a holistic approach to integrated and seamless community services that are reflected in the *Better Outcomes in Mental Health Care* initiative, which assisted the community's access to primary mental health services by providing education and training for general practitioners. The initiative also encouraged evidence-based practice in primary mental health care and recognised that good practice in mental health includes both pharmacological and non-pharmacological interventions.

The framework for the management of mental health disorders in a primary care setting derived from evidence based psychological therapies is strongly endorsed by the respondents. Encouraging holistic patient assessment, mental health planning and review; specific mental health care treatment strategies, and involvement of consumers, encourages cost effective and creative service provision.

5.10 j. the overrepresentation of people with a mental illness in the criminal justice system and in custody, the extent to which these environments give rise to mental illness, the adequacy of legislation and processes in protecting their human rights and the use of diversion programs for such people

5.10.1 Immigration detention

The recently reported ten month confinement of Australian Ms Cornelia Rau as a suspected "illegal immigrant" raises many questions about mental health care in Australia and the issue of mental health practices inside immigration detention centres. It is unlikely that mental health clinicians could find a more difficult environment in which to provide trusting and therapeutic care than an immigration detention centre. Thus the issue of suicidal behaviour among people in immigration detention necessarily requires an integrated prevention response.

Providing mental health services to people in immigration detention involves the development of culturally appropriate interventions, from the prevention of mental illness and the promotion of good mental health to treatment, rehabilitation, recovery and relapse prevention; and people who

direct and deliver care must be professionally attuned with the Australian Health Ministers National Mental Health Plan 2003-2008, and the Framework for the Implementation of the National Mental Health Plan 2003-2008 in Multicultural Australia.

RECOMMENDATIONS:

1. That there be a significant injection of resources into court and prison mental health services, including assessment, triaging, consultant and clinical follow up training for correction staff, and quality assurance infrastructure in a range of settings such as the watch house, Magistrate's Courts, jails and detention centres.

2. That an independent multidisciplinary mental health panel be established to monitor the care given to people inside immigration detention centres.

3. That interventions for detainees be supported by an appropriate evidence base, and informed by ongoing monitoring and evaluation of their capacity to meet the needs of diverse groups within the population.

5.11 k. the practice of detention and seclusion within mental health facilities and the extent to which it is compatible with human rights instruments, humane treatment and care standards, and proven practice in promoting engagement and minimising treatment refusal and coercion

There is an enormous body of literature relating to the use of seclusion in the treatment of serious mental illness, however Australia appears to lag behind other westernised countries in responsible and methodologically sound research by the primary care giver. The decision mechanism and outcomes of seclusion are predominately nursing ones. However, nurses remain the invisible gate keeper. Two issues consequently arise – the hidden costs to nurses and patients from inadequate or poorly structured seclusion policies and a lack of nursing initiated and adequately funded research on the use of seclusion.

Workplace aggression has very serious consequences for the primary care giver and the patient in the acute setting. Consequences such as staff attrition, lowered care standards, increases in mental illness and stress are just the lighter side of potential effects. Physical injuries, emotional distress and psychological harm are not limited to patients and their families as evidenced by a rapidly expanding number of nurses being seriously injured, incapacitated and even killed in recent years in the line of duty. However, it is easy but irresponsible to blame the rise of mental health workplace violence on staff and patients solely on the increase of substance abuse admissions.

The balance between humane treatment and the provision of a safe environment for nurses and patients underpins the strategy of seclusion. The reported increase in all forms of aggression and violence in the mental health workplace indicates that we are not achieving this balance. Therefore seclusion quality improvements must be kept constantly in the spotlight by resourcing research into the least restrictive environment.

5.12. l. the adequacy of education in de-stigmatising mental illness and disorders and in providing support service information to people affected by mental illness and their families and carers

There is a need for a renewed national campaign against stigma creation by the media and politicians against people with mental illness. Currently there appears to be no standard to address the inaccurate statements that occur in many of the media reporting of mental health incidents. The complexity of the problems experienced by the mentally ill and the staff who provide support to them appear to exceed the capacity of the media to present a balanced report. This has implications if one is to encourage people to seek treatment. It is also a disincentive in recruiting people to the area. Considered, resourced educational programs for the press, for emergency services such as the police and the ambulance, and the public generally, are priorities.

Resource allocation to the non-government sector and professional organisations could facilitate the development of de-stigmatising programs, which would then be able to offer education through effective targeted professional development strategies.

RECOMMENDATION:

1. That there be a renewed national campaign against stigma creation by the media and politicians against people with mental illness.

2. That resourced educational programs be developed for the press, for emergency services such as the police and the ambulance, and the public generally.

3. That there be increased funding to the mental health educational programs conducted at schools.

5.13 m. the proficiency and accountability of agencies, such as housing, employment, law enforcement and general health services, in dealing appropriately with people affected by mental illness

RECOMMENDATION:

1. That funding be allocated to support the development of collaborative inter-sectoral relationships with incentives for each service to work towards measurable and achievable outcomes.

2. That the Australian government provide funds to ensure all health practitioners (GP, Nurses, allied health workers) have access to quality training in mental health literacy, triaging and emergency management, and harm minimisation.

5.14 n. the current state of mental health research, the adequacy of its funding and the extent to which best practice is disseminated

Mental health research in Australia is extensive and diverse but increased research funding is required for areas such as the effect of cannabis on mental health, the effects of remote geographical regions on mental health and the mental health needs of Indigenous and ethnic populations.

The current focus in research funding is largely on quantitative research that does not provide insights into the experiences of service users and their families, nor the experience of mental

health care delivery by a range of mental health workers. Research by and about mental health consumers, particularly in regard to the social determinants of mental health, is an area of research that has not been included in funding. Ellis (2003) presents a consumer perspective that points out that "some basic 'grassroots' achievements by consumer and service providers … have been achieved at a local level". These sorts of initiatives need to be funded for further research to ascertain the merits of a broader applicability.

RECOMMENDATION:

That there is a need for further research into:
(a) the social factors that increase risk in the development of mental illness with a focus on adolescent onset;
(b) evidence based practice and its utilization;
(c) dual diagnosis;
(d) maintenance of psychological stability.

5.15 o. the adequacy of data collection, outcome measures and quality control for monitoring and evaluating mental health services at all levels of government and opportunities to link funding with compliance with national standards

The dissemination of and implementation of the National Practice Standards Health Professionals (NPSMHP) has been slow, resulting in a lack of momentum. This was fundamentality due to a lack of resources and funding. Consistent models of care are difficult due to the differing levels of, experience age and training particularly in the mental health nursing profession. Prior to the development of NPSMHP the professional groups within mental health had been working from their own individually developed sets of standards. The NPSMHP have the opportunity to guide and develop standards for both service and individual practice, a set of standards that has been lacking across the boarder area of service delivery. Professional bodies should be encouraged and funded to develop indicators and outcome measures to ensure the adequacy of professional standards, which closely articulate with the National Mental Health Workforce Standards.

The importance of the National Mental Health Strategy is acknowledged as it is a valuable guide for states & private/ non-government service providers and therefore needs to be developed and continued.

5.16 p. the potential for new modes of delivery of mental health care, including e-technology

Telepsychiatry has been trialed for some time at the Royal Melbourne Hospital, and certainly in other sites in Australia such as South Australia and New South Wales. It has afforded rural and remote services access to supervision and consultation with metropolitan programs and is seen as a viable and worthwhile enterprise by those involved. It is important that further investigation and development take place into this new model of service delivery that may well benefit patients and also nurses in the form of supervision and training.

6. Conclusion

The Association for Australian Rural Nurses, the Australian and New Zealand College of Mental Health Nurses and Royal College of Nursing Australia believe that a significant issue in regard to mental health service delivery is the lack of qualified and experienced mental health nurses. The strategies suggested in reports such as the "Australian Mental Health Nurse Supply, Recruitment and Retention Report 2003", "The Report of the National Review of Nursing Education 2002", "Scoping Mental Health Nursing Workforce 1999" and the "International Mid-Term Review of the Second National Mental Health Plan for Australia 2001" need to be implemented as a matter of urgency in order to ensure quality of care for mental health patients both in medical and community settings.

This submission has highlighted many issues of concern with mental health care services in Australia. The respondents are confident that, with full and transparent consultation between all the stakeholders, including nurses and consumers most of these issues can be resolved.

The respondents also consider that the government initiatives of the 'Better Outcomes in Mental Health Care', 'beyondblue', the MindMatters schools program and 'Auseinet' are promoting mental health and helping to reduce mental illness and are therefore very significant programs that must be funded in the ongoing manner that the government has done in the 2005-2006 Budget.

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