EARLY

Intervention
In the first decade of this century, Australians have recognised that mental ill-health poses one of the greatest threats to our health and wellbeing across the lifespan, as well as to the social and economic health of the nation.

Australians now understand that mental health is everyone’s business, and want a better deal for those living with mental illness, whether it be a family member, friend or colleague. Greater awareness has been fostered, especially by beyondblue and SANE, revealing substantial unmet need, and a shameful gap in access and quality of care between physical and mental healthcare. This results in so much unnecessary suffering and wasted potential.

The World Economic Forum recently calculated this waste worldwide, highlighting the enormous cost to world economies. This is because mental disorders are the chronic diseases of the young, with maximum impact across the main productive decades of life. Despite loads of rhetoric, endless process, and some genuine but modest funding initiatives, Australians still have to tolerate a mental healthcare system that is nowhere near the true scale of the problem, and is consequently fragmented, beleaguered and cannot, despite the dedicated efforts of countless clinicians, produce the required results.

Dr Thomas Insel, the Director of the National Institute of Mental Health in Washington DC, has pointed out that unlike in cancer and cardiovascular disease, where there have been substantial improvements in outcomes in recent decades, people experiencing mental ill-health have not benefited from improvements in premature mortality and disability. What is needed is not only more research, but an immediate, genuine and sustained root-and-branch reform process that is transformational, not incremental, and which gives a lot more weight to prevention and early intervention. Crucially, this reform must deliver equal access to quality care for mental and physical health conditions.

Today, most of the 19th century asylum model has been swept away through a process of mainstreaming of the mental healthcare of people with severe mental illness. This, like the asylum model itself, was well-intentioned but has been poorly designed, funded, executed and maintained. From the 1970s, beds were created within acute hospitals and a minimalistic community mental health system was established as a base camp for ongoing care. State governments never really got beyond this base camp and have actually retreated down the mountain.

The post-asylum system was not built to scale, and has buckled under the strain of rising demand and population growth. Mental healthcare has retreated from its embryonic community base, with risk management now overshadowing care and the magnetic pull of the Emergency Department taking over. The ambulances are all at the bottom of the cliff. The system has largely abandoned acute care in the community to the ambulance system, the police and the emergency departments, in that order. The poorly-targeted investment in non-governmental organisation-based programs has fragmented care further, with poor coordination and widespread confusion the rule. Rather than dealing with the fundamental problem here, we are apparently to have more coordinators.

Even the grossly inadequate budgets that are allocated to mental health within the public health system have not been ring-fenced, and in the cash-strapped environment of acute hospitals, community mental health resources, block-funded each year independent of activity and services throughput, are a soft target for the insatiable needs of other health areas that are perceived to be more pressing. Things are likely to worsen unless community mental healthcare is included in activity-based funding. Heartened by the lessons of the former National Disability Insurance Scheme (now DisabilityCare Australia), our best hope is for a dramatically stronger federal government stake in the leadership, design, funding and governance of community mental healthcare, which should be linked conceptually and operationally to primary care, with the states retaining responsibility for hospital care. It would allow them to concentrate on fixing a serious problem. Inpatient care is in a parlous state Australia-wide with very negative experiences for staff and patients alike. It is in urgent need of root-and-branch redesign, with a serious review of work practices and an expansion of alternatives also needed.

Prof Patrick McGorry AO

Signs of transformational reform

However, there has been more positive evidence of transformational reform from the federal side, though its future is in the balance. The advent of much stronger support for the role of primary care and allied health in mental healthcare and for a wide variety of psychosocial programs was a major contribution of the Howard government. The establishment of headspace, Australia’s National Youth Mental Health Foundation, in 2006 was a major innovation that built on these reforms.
The Gillard government, through the leadership of the former Minister for Mental Health and Ageing, Mark Butler and with the personal support of the Prime Minister, has continued and added to these reforms, producing a significant initial package of investment and reform in 2011, which did cover the full lifespan. This was claimed to be a first step in a 10-year program of further growth and investment in mental healthcare, though competition from other policy initiatives has distracted from this commitment.

This independent voice needs to be backed by a large-scale grassroots voice for hundreds of thousands of people with mental ill-health, powered by internet-based platforms and community activism.

Furthermore, in contrast to other fields, notably disability and cancer, mental health advocacy lacks maturity and unity, and we have been unwilling to prioritise and offer government a range and sequence of achievable reforms that we as a sector will back with solidarity. We simply cannot afford to waste money on new, poorly conceived programs which, while stakeholder-friendly, are untested and not informed by evidence. There are several examples of this. This is especially so when assertive community treatment, employment programs, Housing First programs and early intervention for young people are all ready to go national. We must go with the best buys and the transformational investments. While we have had an overdose of plans, talkfests and roadmaps, all with little sustained impact, what we really need is a high level national inquiry with real teeth, perhaps via the Productivity Commission this time.

The partnership between the Early Psychosis Prevention and Intervention Centre and headspace, which has bipartisan support, represents an emblematic transformational reform in the provision of mental healthcare not only in Australia, but worldwide. There is intense interest in this Australian innovation in Europe and North America, where youth mental health is increasingly seen as a major priority. In addition to completing this reform agenda, we also need similar federally funded and led initiatives in housing, employment and primary care-based community mental healthcare for children, older adults and the elderly.

My personal view, fuelled by the harsh day-to-day experiences of so many ordinary Australians, is that while we have solutions at hand we need to mature as a sector, fight a lot harder for those impacted by mental ill-health and not merely for our own organisational goals, and in the current financial environment ensure that we invest wisely in transformational evidence-based programs that will be successful and represent the best buys in mental healthcare. While Australia leads the world in the development of innovative responses, we still have a long way to go to reach our ultimate goal of equality in care and providing the right care and supports for not only some of the most vulnerable people in our community and their families but for every one of the four million Australians with mental ill-health, who deserve a vastly better deal than they have now.

**WHAT IS NEEDED IS NOT ONLY MORE RESEARCH, BUT AN IMMEDIATE, GENUINE AND SUSTAINED ROOT-AND-BRANCH REFORM PROCESS THAT IS TRANSFORMATIONAL, NOT INCREMENTAL, AND WHICH GIVES A LOT MORE WEIGHT TO PREVENTION AND EARLY INTERVENTION. CRUCIALLY, THIS REFORM MUST DELIVER EQUAL ACCESS TO QUALITY CARE FOR MENTAL AND PHYSICAL HEALTH CONDITIONS.**

Prof Patrick McGorry AO
Executive Director, Oxygen Youth Health and a founding member of headspace
GRRMH (Centre for Rural and Remote Mental Health) (2009). Key directions for a social, emotional, cultural and spiritual wellbeing population health framework for Aboriginal and Torres Strait Islander Australians in Queensland. GRRMH


Cummins, R and Hughes, J (2007). Australian Unity Wellbeing Index Survey 17.1. Deskin University, Melbourne


Department of Health (2011). Improving the physical health of people with severe mental illness: no mental health without physical health, Melbourne, Victorian Government


Dudgeon, P; Cox, K; D’Anna, D; Dunkley, C; Hams, K; Kelly, K; Serine, G and Walker, R (2012). Hear Our Voices. Community Consultations for Aboriginal people living in the Kimberley, Western Australia, Commonwealth of Australia, Canberra


Glover, Helen (2003). Recovery based service delivery: are we ready to transform the words into a paradigm shift? Australian e-Journal for the Advancement of Mental Health 3(3)


Glover, Lilian. Physical health in mental illness: Improving health, reducing risk factors; managing medication, unpublished

H

Hennekens, CH; Hennekens, AR; Hollar, D and Casey, DE (2005), Schizophrenia and increased risks of cardiovascular disease, American Heart Journal, 150

Hullier, D; Fewell, F; Cann, W and Shephard, V (2005), Wellness at work: enhancing the quality of our working lives, International Review of Psychiatry, 17(5)

Hiljon, Michael (2004), Assessing the financial return-on-investment of good management strategies and the WORC Project, The University of Queensland

House of Representatives Standing Committee on Education and Employment (2012), Work Wanted: Mental Health and Workforce Participation Australian Government, Canberra

I


IndustriALL Global Union (2012): The triangular trap: unions take action against agency labour Switzerland

J

Jacka, Felice; Reavley; Nicola; Jorm, Anthony; Tournbourou, John, Lewis Andrew; Berk, Michael. Prevention of mental health disorders, what can we learn from those who have gone before and where do we go next? Australian and New Zealand Journal of Psychiatry (in press)

K


Killacky, Eoin; Jackson, Henry and McGorry, Patrick (2008), Vocational access to work for people with severe mental illness, Medical Journal of Australia, April, (Suppl 1)

Kowalenko, N; Mares, S; Newman, L; Williams, A; Powrie, R and van Doesum, K (2012), Family matters: infants, toddlers and preschoolers of parents affected by mental illness, Medical Journal of Australia, April, (Suppl 1)

L

Lambert, TJR, Velakoulis, D and Christos, Pantelis C (2009), Medical comorbidity in schizophrenia. Medical Journal of Australia, 178: S67–S70


Lauber, C; Eichenberger, A and Luginbühl, P et al (2003), Determinants of burden of care in caregivers of patients with exacerbating schizophrenia, Eur Psychiatry, Vol 18


M


Mahar, Keith, online social network at www.mentanet.org; read his story at www.keithmahar.com; both accessed June 24, 2013


Merry, Sally N; Hertrick, Sarah E; Cox, Georgina R, Brudevold-Iversen, Tessa, Bir, Julianne J and M Dowell, Heather (2011), Psychological and educational interventions for preventing depression in children and adolescents, Cochrane Database of Systematic Reviews, Dec; (12):CD003380, doi: 10.1002/14651858.CD003380.pub3

MHCA (Mental Health Council of Australia) (2005), Not for Service: Experiences of Injustice and Deprivation in Mental Health Care in Australia, MHCA, Canberra

MHCA and Human Rights and Equal Opportunity Commission (c 2006), Time for service: solving Australia’s mental health crisis. MHCA, Canberra

MHCA (Mental Health Council of Australia) (2012), Recognition and Respect: Mental Health Carers Report 2012, Canberra, Australia


Morley, B; Pirks, J; Sanderson, K; Burgess, P; Kohn, F; Naccarella, L and Haslaki, G (2007), Better Outcomes in Mental Health Care: Impact of Different Models of Psychosocial Service Provision on Patient Outcomes, Australian and New Zealand Journal of Psychiatry, 41: 142–149.

Mowbray, Carol; Collins, Mary; Bellamy, Chytell; Megivern, Deborah; Bybee, Deborah and Salvyagi, Steve (2005). Supported education for adults with psychiatric disabilities: An innovation for social work and psychiatric rehabilitation practice. Social Work, 50


Munt, Chris (2009), Recovery DVD: Hertfordshire Partnership NHS Foundation Trust
References


National Health Workforce Planning and Research Collaboration (2011), Mental Health Non-Government Organisation Workforce Project Final Report

National Mental Health Consumer and Carer Forum (2011), Submission to the Australian Government discussion paper on the National Carer Strategy, Australia


NMHA (National Mental Health Association) (2012), National Report Card on Mental Health and Suicide Prevention, NMHC, Sydney

NMHC (National Mental Health Commission) (2012), A Contributing Life, the 2012 National Report Card on Mental Health and Suicide Prevention Sydney


NSW Department of Health (2009), Physical health care of mental health consumers – guidelines, Sydney: Department of Health, people with mental illness, Perth: University of Western Australia; 2001


Pirkis, Jane; Harris, Meredith; Hall, Wayne and Funou, Maria (2011), Evaluation of the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule initiative: summative evaluation, Melbourne: Centre for Health Policy, Programs and Economics

Productivity Commission (2005), Australia’s Health Workforce, Research Report, Canberra: Productivity Commission


Repper, Julie and Carter, Tim (2011), A review of the literature on peer support in mental health services. Journal of Mental Health, 20(4)


Rinaudo, Ben and Ennals, Priscilla (2012), Mental illness, supported education, employment and recovery: Ben’s story, Work, 43

Robert Griew Consulting (Griew, R; Tilton, E; Cox, N. et al) (2008), The link between primary health care and health outcomes for Aboriginal and Torres Strait Islander Australians. A report for the Office of Aboriginal and Torres Strait Islander Health, Department of Health and Ageing, Robert Griew Consulting, Sydney, June 2008, within chapter 4: local evidence and lessons

Roberts, Glenn and Wollson, Paul (2004). The rediscovery of recovery: open to all Advances in Treatment 10

Rosen, Alan; Goldbloom, David and M’George, Peter (2010), Mental Health Commissions: making the critical difference to the development and reform of mental health services. Current opinion in psychiatry, 23(6)

R. Reed, R and Litt, J (2008). An Analysis of Training and Information Options to Support Chronic Disease Prevention and Self-Management in Primary Health Care, Flinders Human Behaviour and Health Research Unit, Flinders University

SANE Australia (2012). More Australians Calling for Help Australia


Shah , AJ; Veledar, E; Hong ,Y; Bremner, JD and Vaccarino, V (2011), Depression and history of attempted suicide as risk factors for heart disease mortality in young individuals, Archive of General Psychiatry, 68(11)

Smit, Filip; Willemsen, Godlefie, Koopmanschap; Marc; Onrust, Simone; Cuypers, Pim and Beekman, Aartjan (2006), Cost-effectiveness of preventing depression in primary care patients: Randomised trial, British Journal of Psychiatry, 188

Smith, Coral L and Shochet, Ian M (2011), The Impact of Mental Health Literacy on Help-Seeking Intentions - Results of a Pilot Study with First Year Psychology Students: The Impact of Mental Health Literacy on Help-Seeking Intentions: Results of a Pilot Study with First Year Psychology Students


Stuart, Heather (2006), Media portrayal of mental illness and its treatments: What effect does it have on people with mental illness? CNS Drugs, 20(2)

Sullivan, William (1994). A long and winding road: the process of recovery form severe mental illness, Innovations and Research, III(3)

The Senate Select Committee on Mental Health, a National Approach to Mental Health – from Crisis to Community. Canberra: Commonwealth of Australia (2006)

Tooth, Barbara; Kalyanasundarm, V; Glover, Helen and Momenzadah, Sirous (2003), Factors consumers identify as important to recovery from schizophrenia, Australasian Psychiatry, XI


United Nations, New York

Vos, Theo; Barker, B; Stanley, L et al (2007), Measured in Disability Life Adjusted Years, 12% to mental health conditions, 4 per cent to suicide, and 6 per cent to alcohol and substance abuse. The burden of disease and injury in Aboriginal and Torres Strait Islander peoples 2003. School of Population Health, The University of Queensland, Brisbane


Waghorn, Geoff; Still, Megan; Chant, David and Whiteford, Harvey (2004), Specialised supported education for Australians with psychotic disorders, Australian Journal of Social Issues, 39

Watson J and Tully L (2008), Prevention and Early Intervention Update – Trends in Recent Research, Sydney: NSW Department of Community Services

Watson J, White A, Taplin S, Huntsman L (2005), Prevention and Early Intervention Literature Review, Sydney: NSW Department of Community Services


Zucconi, Alberto (2008), From Illness to health, wellbeing and empowerment: the person centred paradigm shift from patient to client, In Levitt, Brian E. (Ed.) Reflections on Human Potential: Bridging the person-centred approach and positive psychology, PCCS Books, Ross on Wye, Herefordshire, UK