Policy in Action
15 years of mental health reform in Australia

UWA Mental Health Policy and Practice Seminar
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Policy is...

...a set of interrelated decisions taken by a political actor of group of actors concerning the selection of goals and the means of achieving them within a specified situation (Jenkins, 1978)

...a choice made by government to undertake some course of action (Howlett and Ramesh, 1995)

...whatever governments choose to do or not to do (Dye, 1998)

Source: Department of the Premier and Cabinet, Queensland, 2007
The Policy Cycle

1. **Problem Identification**
2. **Option Development**
3. **Political Decision**
4. **Implementation**
5. **Evaluation**

*Source: Whiteford 2005*
‘Four Pillars’ of Policy Development
Complexity of Evidence in Democratic Debate

Effective Social Policy

Knowledge requirements for effective social policy are much broader than “what works”

- *Know about problems*: e.g. the nature, formation, natural history and interrelations of social problems.
- *Know why*: explaining the relationship between values and policy directions.
- *Know how [to put into practice]*: e.g. pragmatic knowledge about program implementation.
- *Know-who [to involve]*: e.g. building alliances for action.

Source: Ekblom 2002, Davies Huw 2007
Davies’ Theorem

“Evidence-based policy is no substitute for thinking-based policy”

Source: Davies, Philip 2007
Mental Illness

Wide range of conditions:

High prevalence disorders
  – anxiety, depression, alcohol or drug problem

Low prevalence disorders
  – Schizophrenia, Bipolar Disorder, Major Affective Disorder
Translated into People Seeking Help ....

‘1 in 5’ Mental health problem – mental illness

10% Seek some form of help

3% Specialist mental health services

1.5% Private Psychiatrists
1.5% Public MHS
Paradigms

- Lunatic asylums [early 19th Century – 1920s]
- Psychiatric hospitals [1920s – 1960s]
- Deinstitutionalization [1960s – 1970s]
- Community psychiatry [1970s – 1980s]
- Mainstreaming [1980s – 1990s]
- Social inclusion - Recovery [1990s - ]
Mental Health Policy Development

1983: Richmond Report NSW
1984: Smith report SA
1984: ANAMH & RANZCP push for National MH Policy
1988: Eisen – Wolfenden Report
1990: Hon Brian Howe appointed as Minister
1990: Burdekin [HREOC] launched inquiry [reported 1993]
Australia was the first country to develop a national strategy for the modernisation of mental health services.

1992 Australian Health Ministers signed first 5 years of a National Mental Health Strategy

What was the National Mental Health Strategy?
- Statement of Rights and Responsibilities of consumers (1991)
- National Mental Health Policy (1992)
- National Mental Health Plan
- Commonwealth funding under Medicare Agreement

Australia was the first country to develop a national strategy for the modernisation of mental health services.
Strategy Aims

- Promote mental health of Australian community
- Prevent mental disorders
- Reduce impact of mental disorders
- Assure rights of people with mental disorders
National Mental Health Policy

- Consumer rights
- Relationship between mental health services & general health
- Linking mental health services with other sectors
- Service mix
- Promotion & prevention
- Primary care
- Carers & NGOs
- Mental health workforce
- Legislation
- Research & evaluation
- Standards
- Monitoring & accountability
NATIONAL MENTAL HEALTH PLANS
A Changing Focus

- Focus on public mental health services
  - Shift psychiatric beds to general hospitals
  - Institutional to community care
  - Better integration

- Consumer rights

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NATIONAL MENTAL HEALTH PLANS
A Changing Focus

- Expanded Focus
  - GPs & Private Psychiatrists
  - Depression programs given significance
  - Promotion & Prevention

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NATIONAL MENTAL HEALTH PLANS
A Changing Focus

- Mental health for all Australians
  - 34 Outcomes
  - 113 Key Directions
  - No specific Commonwealth funds

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Evaluating the First Plan

- Mental Health system in poor shape at start of strategy
- Strategy accelerated change process
- Funding a critical component for innovation and expansion
- Changed structure & mix public mental health services
- GPs felt excluded from mental health services
- Still widespread dissatisfaction with services and some felt disenfranchised by focus on ‘serious mental illness’
Continuing the Formal Evaluations

International Mid-Term Review

“Australia, in many ways, leads the world in mental health promotion, mental illness prevention, early intervention initiatives, and stigma reduction”

Evaluating the Second Plan

“…the national community consultations reveal a high level of dissatisfaction…The failures have not been due to lack of clear and appropriate directions, but rather to failures in investment and commitment.”
National Mental Health Reporting

- Annual reporting process from 1993/94 to 2002/03
- Commonwealth and State/Territory jurisdictions
- Reported on ‘structural’ change
- Progress highlights
  - Government spending on mental health
  - Shift of psychiatric beds
  - Shift to community care
  - Consumer & carer participation
Government Spending on Mental Health

Figure 5: National expenditure on mental health by source of funds, 1992-93 to 2002-03 ($millions)

Source: National Mental Health Report 2005
Government Spending on Mental Health

**Figure 7: Growth in Australian Government spending on mental health services, 1992-93 to 2002-03**

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<tr>
<th>Expenditure by category ( Millions)</th>
<th>1992-93</th>
<th>2002-03</th>
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<tr>
<td>National Mental Health Strategy</td>
<td>4.4</td>
<td>94.8</td>
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<tr>
<td>Medicare Benefits Schedule – Consultant Psychiatrists</td>
<td>205.7</td>
<td>197.7</td>
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<tr>
<td>Medicare Benefits Schedule – General Practitioners</td>
<td>147.8</td>
<td>168.7</td>
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<tr>
<td>Pharmaceutical Benefits Scheme – psychiatric drugs</td>
<td>76.4</td>
<td>544.0</td>
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<tr>
<td>Department of Veterans' Affairs</td>
<td>65.1</td>
<td>129.4</td>
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<tr>
<td>Private Health Insurance rebates</td>
<td>0.0</td>
<td>46.8</td>
</tr>
<tr>
<td>Other</td>
<td>17.5</td>
<td>26.7</td>
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<td><strong>Total</strong></td>
<td>516.9</td>
<td>1,208.1</td>
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Source: National Mental Health Report 2005
Government Spending on Mental Health

Figure 8: Per capita expenditure on specialised mental health services by states and territories, 1992-93 and 2002-03

Source: National Mental Health Report 2005
Mainstreaming Psychiatric Beds

Percentage of acute psychiatric beds located in general hospitals

Source: National Mental Health Report 2005
Shift to Community Care

Allocation of funds across community and inpatient services

1992-93
- Community: $392M (29%)
- Hospitals: $943M (71%)

2002-03
- Community: $1,011M (51%)
- Hospitals: $984M (49%)

Source: National Mental Health Report 2005
Shift to Community Care

Source: National Mental Health Report 2005
Consumer and Carer Participation

Percentage of mental health service organisations with formal consumer participation mechanisms

1993-94
67%
33%

2002-03
68%
32%

General or no mental health consumer representation
Specific mental health consumer representation

Source: National Mental Health Report 2005
‘Policy entrepreneurs’

2003 ‘Out of Hospital, Out of Mind’

2005 ‘Not for Service: Experiences of Injustice and Despair in Mental Health Care in Australia’

2006 ‘A National Approach to Mental Health: From Crisis to Community’ [Senate Select Committee]
Academics as ‘policy entrepreneurs’

2005 The Academic Community ....

- ‘The crisis in mental health: the chariot needs one horseman.’ [Andrews]
- ‘Australian mental health reform: time for real outcomes.’ [Hickie et al]
- ’10 Years of mental health reform in Australia: are we getting it right? [Whiteford et al]
- ‘Every me and every you: responding to the hidden challenge of mental illness in Australia.’ [McGorry]

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Research as a Policy Driver

“Low Prevalence Study” 1997/98

- Peak onset youth aged 15 to 25
- Chronic illness - half had no complete symptom recovery
- High use of mental health services – 50% admitted in previous year
- Less than 20% had rehabilitation services in past year
- Social isolation (84% single, 59% severe difficulty socialising)
- Unemployed (72%)
- Housing – 45% in institutions, hostels, group homes, homeless
- Victims of violence (18%) self harm/suicide (17%)

[Jablensky et al, 2000]
Recovery and Social Inclusion

“This report highlights the need to come together to strengthen partnerships across all service providers, particularly to better provide accessible and flexible accommodation, employment, legal aid services, vocational training and community-based rehabilitation services, for this disadvantaged group in the community.”

Dr Michael Wooldridge
Minister for Health and Aged Care, 1999
“Australia’s states and territories stand condemned for their failure to deliver adequate mental health services…..Mr Carr and Mr Beattie seem capable of coming up with money for ‘bread and circuses’ at election time, but they turn a blind eye to the desperate families of those dealing with mental health issues on a daily basis.”

The Hon Christopher Pyne
Parliamentary Secretary to the Minister for Health and Ageing
February 2005
COAG National Action Plan

**FIXING ILLS**

Major proposals coming out of CoAG:
- $1.1 billion to make Australians healthier
- National health call centre to supplement GP services
- Establish a framework on how to improve mental health services
- More doctor-training places at universities
- Initiatives to get elderly people out of hospital and into aged care
- Plan to transfer young disabled people living in nursing homes to more suitable facilities
- Improved literacy and numeracy standards
- Better skills training
- National recognition of trade qualifications
- Moves to cut red-tape for business

**Hobart Mercury**
Saturday 11/2/2006

**POLICY SHIFT:** John Howard says shutting mental hospitals has caused problems
The National Action Plan
2006 - 2011

April 2006

Commonwealth announces $1.8 billion in new funds over 5 years
- Approx 30% of funds to Medicare rebates for psychology sessions
- Funding for GPs and Psychiatrists to employ mental health nurses
- 650 new respite places
- 900 new personal helpers and mentors

July 2006

National Action Plan includes 9 Individual Implementation Plans – States/Territories/Commonwealth
Key Directions

- Promotion, prevention, early intervention
- Integrating & improving care
- Participating in the community and employment including accommodation
- Co-ordinating care
- Increasing workforce capacity
- Measuring progress
The ‘New Federalism’ .... Post 2007

- Social Inclusion
  - Which Way Home? – Green paper on homelessness [22 May 08]
  - National Mental Health and Disability Employment Strategy [15 Feb 2008]

- National Health and Hospitals Reform Commission

- National Mental Health Strategy – update
  - Second National Mental Health Policy
  - Fourth National Mental Health Plan [announced August 2008]
Policy Lessons Learned

- Are Consumers getting better services - not just about structural change [Unintended consequences]

- Crossing the Boundaries
  - Commonwealth/State
  - Intersectoral – housing, employment, education, justice
  - Integration – within mental health and health

- Change Takes Time - don’t “dismantle the cranes” before the foundations are complete
Yes, it’s quite a noise - but are we having any impact?
Discussion
