Rhetoric or Reality?
15 years of mental health reform in Australia

IPAA Policy in Action Forum
Theresa Williams
Director, WA Centre for Mental Health Policy Research
WA Department of Health
Australia was the first country to develop a national strategy for the modernisation of mental health services.

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

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

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


First Plan  COAG National Action Plan
NATIONAL MENTAL HEALTH PLANS
A Changing Focus

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

1992-1998
1998-2003
2003-2008
2006-2011

Second Plan

COAG National Action Plan
NATIONAL MENTAL HEALTH PLANS
A Changing Focus

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

1992-1998
1998-2003
2003-2008
2006-2011

Third Plan
COAG National Action Plan
THE EVIDENCE

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’
THE EVIDENCE

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.”
THE EVIDENCE
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
Figure 7: Growth in Australian Government spending on mental health services, 1992-93 to 2002-03

<table>
<thead>
<tr>
<th>Expenditure by category (Millions)</th>
<th>1992-93</th>
<th>2002-03</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Mental Health Strategy</td>
<td>4.4</td>
<td>94.8</td>
</tr>
<tr>
<td>Medicare Benefits Schedule – Consultant Psychiatrists</td>
<td>205.7</td>
<td>197.7</td>
</tr>
<tr>
<td>Medicare Benefits Schedule – General Practitioners</td>
<td>147.8</td>
<td>168.7</td>
</tr>
<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>
</tr>
<tr>
<td>Private Health Insurance rebates</td>
<td>0.0</td>
<td>46.8</td>
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<tr>
<td>Other</td>
<td>17.5</td>
<td>26.7</td>
</tr>
<tr>
<td>Total</td>
<td>516.9</td>
<td>1,208.1</td>
</tr>
</tbody>
</table>

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
SHIFT OF 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: $964M (49%)

Source: National Mental Health Report 2005
SHIFT TO COMMUNITY CARE

Clinical staff employed in ambulatory care mental health services per 100,000 population

<table>
<thead>
<tr>
<th>State</th>
<th>1992-93</th>
<th>2002-03</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td></td>
<td>48</td>
</tr>
<tr>
<td>WA</td>
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<td>32</td>
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<tr>
<td>QLD</td>
<td></td>
<td>31</td>
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<tr>
<td>Nat. Avg.</td>
<td></td>
<td>37</td>
</tr>
</tbody>
</table>

Full time equivalent staff

Source: National Mental Health Report 2005
CONSUMER & CARER PARTICIPATION

Percentage of mental health service organisations with formal consumer participation mechanisms

1993-94
- General or no mental health consumer representation: 67%
- Specific mental health consumer representation: 33%

2002-03
- General or no mental health consumer representation: 68%
- Specific mental health consumer representation: 32%

Source: National Mental Health Report 2005
".... A TIMELY REALITY CHECK"

<table>
<thead>
<tr>
<th>Period</th>
<th>Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1992-1998</td>
<td>First Plan</td>
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<tr>
<td>1998-2003</td>
<td>Second Plan</td>
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<td>2003-2008</td>
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</table>

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]
“…. A TIMELY REALITY CHECK”

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]

<table>
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</tbody>
</table>
PEOPLE LIVING WITH A PSYCHOTIC ILLNESS
An Australian Study 1998-99

- 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]
WHAT IS NEEDED?

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
NATIONAL ACTION PLAN
COAG

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
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
POLICY LESSONS LEARNED

- Measure Consumer Outcomes - not just structural change

- 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