Stakeholder concerns about Australia's mental health care system

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Abstract

There is growing community and professional concern that the Australian mental health care system requires substantial reform. In response to these concerns, a Senate Select Committee on Mental Health has been commissioned to conduct an inquiry into the provision of mental health services. The current study involved a content analysis of 725 submissions received by the Committee, and highlighted significant areas for reform. People with mental illness face difficulties in accessing mental health care, the care they do receive is of varying quality and poorly coordinated, and necessary services from other sectors, such as housing, are lacking. These problems may be exacerbated for particular groups with complex needs or heightened levels of vulnerability. The system requires reorienting towards the consumers and carers it is designed to serve, and needs stronger governance, higher levels of accountability and improved monitoring of quality. These findings are discussed in the context of the recent acknowledgement of mental health as an issue by the Council of Australian Governments (COAG), which has called for an action plan to be prepared for its consideration by June 2006.

Aust Health Rev 2006: 30(2): 158–163

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What is known about the topic?

Australia has a well earned international reputation for tackling mental health system reform in a considered, coordinated manner. Despite this, there is increasing concern that the mental health system is failing those in need.

What does this paper add?

Stakeholders who made submissions to the Senate Select Committee on Mental Health advocated for reorientation of the system towards consumers and carers, for stronger governance, for higher levels of accountability, and for improved monitoring of quality. They also commented on sustainable funding levels and workforce requirements, as well as the need for coordination across sectors.

What are the implications?

The submissions point to the incompleteness of reform and a failure to implement the agreed policy directions. The findings from the current study will resonate with many practitioners, and reinforce the need for sustained political commitment at all levels of government to improve services for Australians with mental illness. ◆

MENTAL HEALTH SYSTEM reform is firmly on the agenda in Australia. Substantial service system change has occurred since the National Mental Health Strategy's inception in 1992, including increases in community-based residential and ambulatory care, improved monitoring of quality of care, and greater levels of mental health funding.[1] Despite this, there is growing community and professional concern that service reform has stalled, with the result that people with mental illness have difficulty accessing care, that the care they receive may not be optimal, and that they may not be treated with respect.[2]

In response to these concerns, a Senate Select Committee on Mental Health has been commissioned to conduct an inquiry into the provision of mental health services in Australia (http://www.aph.gov.au/senate/committee/mentalhealth_

ctte/). As part of its information-gathering process, the Senate Inquiry called for submissions. The current study reviews these submissions, with a view to exploring specific areas of stakeholder concern. This work is timely, given the recent acknowledgement of the issue by the Council of Australian Governments (COAG), which has called for an action plan to be prepared for its consideration by June 2006.

Method

The current study involved a content analysis of the submissions considered by the Senate Inquiry. These documents are publicly available on the Senate Inquiry website, and were downloaded for the purposes of analysis.

The submissions were examined to identify major themes, and individual content from each submission was classified according to these themes. It was not the intent of the study to quantify or weight content or themes, and it was beyond its scope to determine whether particular themes emerged more strongly for given stakeholder groups, partly because identifying the affiliation of respondents was not possible in a number of cases. Instead, the study attempted to explore and report on the range of views expressed in the submissions. The identification of themes and classification of content was done manually by AP and CT, in collaboration with MH, JP and HW. AP read all of the submissions and CT read about 10%. They cross-checked their views on given themes and content areas. Any disagreements about allocation of content into a thematic area were resolved by consensus, with recourse to MH, JP and HW, as necessary.

Results

Overview of submissions

At the time of analysis (November 2005), 527 submissions had been received by the Senate Inquiry and placed on their website. Of these, 13 had not been released, 39 were confidential, and 7 were blank, leaving 468 available for analysis. In addition, 187 standard letters outlining significant mental health issues for people who had spent time in institutional or foster care during childhood and 70 standard letters regarding mental health funding and the justice system were received. For the purposes of the current paper, the letters are considered with the submissions, bringing the total number of submissions to 725. Three hundred and seventy-seven submissions (52%) were from individuals (consumers, carers or service providers); 234 (32%) were from organisations; and 114 (16%) were submitted anonymously.

Key themes

Seven key themes were evident in the submissions, each of which is explored in detail below. Each theme is illustrated by a single quotation that typifies the comments made in the submissions. Each quotation is from a separate source, and together the quotations provide a snapshot of the views of a range of stakeholder individuals and organisations.

A consumer- and carer-oriented system

Submissions frequently made the point that the mental health system should put the needs of consumers and carers first. Consumers want more control over their own care, and carers want to have input into and to be informed about the care being provided to those close to them. Both groups also want to participate in policy making, planning and service delivery at a broader level, but need to be adequately resourced and supported to take up these roles in a meaningful manner. Many submissions reported that consumers' and carers' roles on relevant committees are "tokenistic", and their voices are not really heard. According to the submissions, these changes will only occur if there is an attitudinal shift on the part of policy makers, planners and service providers; if there are clear and consistent frameworks that define and formalise the participatory roles of consumers and carers (and others) and safeguard their rights; and if priority is given to fostering, monitoring and evaluating such participation.

> There needs to be a real commitment to the value of consumer and carer participation by state and federal governments, mental health

> services and mental health professionals. The commitment needs to be demonstrated through the provision of realistic funds to support participation programs and activities. Mental health services should be required to include consumer and carer participation as performance measures.

Governance is fragmented and stewardship is weak

Submissions often highlighted the need for good governance in mental health, commenting that the system is currently hampered by a lack of strong stewardship. The division of responsibilities between federal and state or territory governments was noted in many submissions to create gaps in the mental health system, and to create barriers and inequalities in access to essential services. A number of submissions noted a need for the federal and state or territory governments to develop closer partnerships and move the mental health system in a more consistent direction. High level ministerial responsibility for mental health at both levels was suggested as one means of achieving this.

According to the submissions, the governance problems associated with poor leadership are exacerbated by insufficient levels of accountability. Funders, purchasers and providers of mental health services should be accountable for ensuring that services are respectful of human rights, deliver high quality care and achieve positive outcomes, and should be expected to report publicly on a range of performance indicators. Professional bodies are also seen as having a role here, ensuring that appropriate standards are upheld, ongoing supervision and training is available to practitioners, and grievance procedures are in place. A number of submissions indicated that overall system accountability could be improved by the establishment of an independent "watchdog".

Submissions often expressed the view that legislative weaknesses and anomalies also contribute to poor governance. Some commented on legislation underpinning the federated system within which mental health care is delivered, noting that this results in duplication and cost-shifting. Others focused on legislation designed to protect consumers' rights, noting inconsistencies between jurisdictions and difficulties in balancing consumer privacy against the need for information sharing, particularly with carers.

> A major and costly barrier to effective integration of services and service delivery across the country and the implementation of recommendations and strategic plans … is the fragmentation, dissimilarity, disunity, non-coordination of services and policy response, lack of consistency, of commonality, and an appropriate mechanism able to federally accommodate/coordinate the forces of action, the stakeholder issues, the advocacy for and the flow of funding, and implementation of recommendations under the National Strategy (and those arising from this Senate Inquiry) across the states.

Sustainability: funding and workforce issues

The submissions often highlighted the issue of sustainability of the mental health system, arguing that this requires greater funding to be earmarked and quarantined for mental health (commensurate with the burden of disease associated with mental illness), and tied to specific, consumer- and carer-relevant goals and targets. Some had specific suggestions for improvements to public sector funding, such as expanding the services and medications covered under the Medicare Benefits Schedule and the Pharmaceutical Benefits Scheme, respectively, and increasing the funding available for state- or territory-based services and non-government organisations. Others had suggestions about private sector funding, primarily related to creating parity between mental illness and physical illness in private health insurance policies.

Submissions also indicated that human resources are crucial to the sustainability of the mental health system, and commented on current workforce shortages. They described three crucial human resource issues requiring attention: recruitment, deployment and retention; morale and safety; and education and training. Improved conditions, better career paths, smaller caseloads and more tailored undergraduate, postgraduate and in-service training were put forward as solutions.

> . . . there is a critical lack of services to support people with serious mental illness in the community with dire consequences for their health and socio-economic status. The mental health system is in desperate need of an urgent injection of funds. In addition to adequately resourcing the growing non-government community-based service network, funding is required to consolidate government provided mental health services . . . Difficulties associated with the recruitment, retention and remuneration of staff need urgent attention . . . continuity of care to clients is compromised by both high rates of staff turnover and the inability of mental health services to provide backfill for staff on leave.

A comprehensive and accessible continuum of care

Many submissions focused on the need to provide a comprehensive and accessible continuum of care. They all noted that the current system is sub-optimal, but expressed this in different ways. Some noted that the mental health system fails to provide adequate services across the spectrum of interventions, from mental health promotion and mental illness prevention, through early intervention and treatment, to rehabilitation and recovery. Others commented that, for many, the elements of treatment that are necessary to provide comprehensive care are missing — identifying the need for acute care beds that are available to consumers before they reach a point of crisis, and the need for an appropriate range of residential and ambulatory community-based services that are designed to meet the needs of consumers at different points during the course of their illness. Others explored issues to do with the links between the specialist mental health care sector and the primary care sector, noting that a significant proportion of mental health care is delivered within the latter system (eg, by general practitioners), but that GPs are not always available and are not appropriately trained and supported. Still others commented on the need for improved, more innovative partnerships between the public system and the private system, and on the important role played by non-government organisations. Many commented on the need to promote continuity of care, particularly given the complexity of the system, and made suggestions relating to articulating care pathways, developing care coordination protocols, establishing shared care arrangements, increasing the availability and accessibility of appropriate case management models, and strengthening and expanding the role of case managers.

> The fragmentation of service/support delivery systems is highly visible in Australia. This is due to the basic needs of a person met by a number of different organizations funded by different levels of governments and different departments within the government. People with mental disorders should have access to services/support delivery system that is seamless, local and capable of proactive and timely ability to meet people's needs.

Under-serviced groups

Many submissions came from or represented the needs of groups who are currently under-serviced. The groups differ, but the issues they face are similar, and boil down to a perception that services are provided in a "lowest common denominator" fashion. Some groups (eg, young people, older people) miss out because services are primarily targeted at adults. Other groups (eg, children of parents with a mental illness, refugees and asylum seekers) may be particularly vulnerable because of their experiences or circumstances, and may require specifically-tailored care. Others (eg, people with comorbid drug and alcohol problems, homeless people) may "fall through the cracks" because they require services from different sectors which are poorly coordinated. Still others (people in rural and remote areas, Indigenous Australians, people from culturally and linguistically diverse backgrounds) may be disenfranchised because of their location or because of cultural or language barriers. In terms of solutions, the thrust of these submissions was similar. Most suggested a need for services to establish clear policies and protocols for engaging and appropriately treating a broader range of target groups, and a need for improved linkages between sectors.

> Access to mental health services for people with other disabilities remains very problem-

> atic. From a consumer perspective, linkages between government disability services and mental health services are very poor. People who have an intellectual disability or a substance abuse problem find it almost impossible to access mental health services in a timely and appropriate fashion.

Intersectoral linkages

People with mental health problems often have complex needs, and require services from a range of sectors. Many submissions noted that this requires strong linkages between the mental health sector and other sectors, but that these linkages are currently poor. Desirably, for example, the mental health sector would work with the housing sector to ensure that affordable housing is available to people with mental illness, and that this is appropriate to their needs at the time. Similarly, the mental health sector and the income support sector would collaborate to guarantee that people with mental illness have access to adequate levels of income, delivered in a flexible way that reflects the course of the individual's illness. Likewise, the mental health sector and the employment sector would collectively develop innovative programs that offer employment and vocational rehabilitation options for people with mental illness, facilitate return to work, and address stigma and discrimination in the workplace. There is also scope for improved linkages between the mental health sector and the justice and police sectors, to ensure that prisons and forensic services are equipped to recognise and cater for the needs of mentally ill detainees, and to provide police with the required skills when they encounter people in crisis. Submissions indicated that improvements in intersectoral linkages would require commitment from the relevant bodies at all levels, memoranda of understanding and commonly agreed accountability mechanisms between parties. Other requirements were innovative strategies to provide integrated packages of care, cross-sector training, and appropriate levels of funding to support linking activities.

> For community-based treatment of people with an ongoing illness to be effective however, there needs to be access to a range of different services and supports — specialised mental health services, general medical services, housing, accommodation support, social support, community and domiciliary care, income security, and employment and training services can all have a significant impact on the capacity of a person with a mental illness or psychiatric disability to live in the community, free from discrimination and stigma.

A commitment to quality improvement through research, evaluation and innovation

A number of submissions stressed the need for an overarching commitment to quality. Some interpreted this in terms of monitoring and evaluating the activities of the mental health system, with recourse to individual-level and population-level data. Others viewed research into the aetiology and effective treatment of mental health problems as important in this endeavour, particularly research that involves consumers and carers as active partners. Still others were concerned with fostering innovation. In particular, e-health technologies were put forward as having potential to enhance mental health care across several key areas, including access to and continuity of care, service delivery, accountability and education. Submissions concurred that efforts at quality improvement must be underpinned by sufficient levels of resourcing, and by a coordinated approach.

> Research and evaluation contributes to the elimination of irrational and ineffective practices and sustains a knowledge-based framework for policy reform and dissemination of best practice.

Discussion

By analysing the submissions to the Senate Inquiry, the current study has explored the concerns of a significant number of informed stakeholders. The submissions highlight crucial areas for reform in the mental health system. The system should be given priority in a way that reflects the burden of disease associated with mental illness. People with mental illness face difficulties in accessing mental health care, the care they do receive is of varying

quality and poorly coordinated, and necessary services from other sectors, such as housing, are lacking. These problems may be exacerbated for particular groups with complex needs or heightened levels of vulnerability. The system requires re-orienting to address the needs of the consumers and carers it is designed to serve, and needs a stronger governance framework that incorporates all levels of the service system and is underpinned by clearly articulated structures and protocols that ensure transparency, accountability and improved monitoring of quality. Identified gaps and deficits need to be addressed to ensure an accessible and comprehensive continuum of care.

Many of the policy directions being emphasised in the submissions are consistent with those already adopted by governments. For example, the need to make consumers and carers the focus of the mental health system was a cornerstone of the 1992 National Mental Health Policy.[3] Intersectoral reform was seen as critical for mental health system change at the start of the National Mental Health Strategy.[4]

What the submissions are pointing to is the incompleteness of reform and a failure to implement the agreed policy directions. Other reports are saying the same thing. Consultations conducted by the Mental Health Council of Australia and SANE Australia have identified problems with regard to access to and quality of services.[2,5,6] The recent Palmer Inquiry into the Detention of Cornelia Rau provided a stark example of poor intersectoral linkages, in its investigation of the circumstances which led to a woman with schizophrenia being arrested and imprisoned as an illegal immigrant, and detained without sufficient attention to her mental health and wellbeing.[7] The content of the Senate Inquiry submissions reinforces the need to not only articulate the right policy directions, but to deliver on these over time.

The current COAG focus on mental health reform presents the opportunity to address these issues, because it involves commitment not only from health ministers, but also ministers responsible for housing, income support, employment, justice and so on. Increased funding would seem to be a necessary but not sufficient condition for improving the status quo. An additional $1.4 billion has been injected into the mental health system in the last decade, yet there is a perception, at least, that many things are getting worse. The submissions to the Senate Inquiry are suggesting that much more attention be paid to governance and accountability, how the mental health dollar gets spent, and what Australians get for it. These are not always areas that governments are comfortable with, once the enthusiasm of the initial reform period has passed. The submissions also recognise that improvement efforts need to be sustained over time. Given the time it takes to reform complex care systems and train or retrain a workforce, it will be essential to keep the momentum going for many years. Short term fixes do not exist.

The problems facing the mental health system in Australia are known, and so too, to a large extent at least, are their solutions. What is needed is a clear plan which identifies the gaps in the system, maps out solutions to closing the gaps, costs and funds the actions needed and assures public accountability on the progress made in reaching the agreed solutions.

Competing interests

The authors declare that they have no competing interests.

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(Received 10 Feb 2006, accepted 5 Mar 2006) □