



*Mental health 2008:
time to implement national reform agenda*

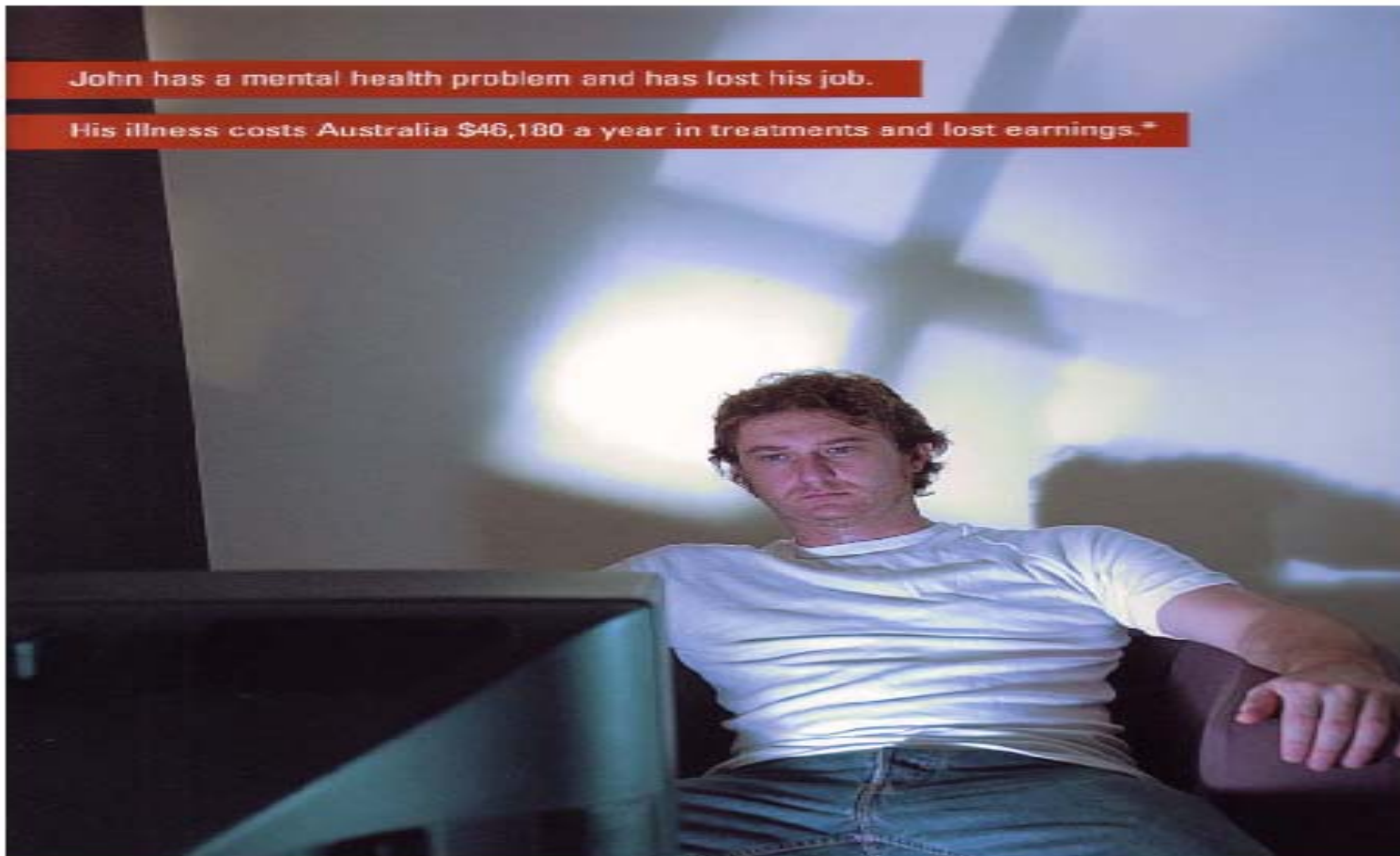
Ian Hickie AM MD FRANZCP

NHMRC Australian Research Fellow,
Brain & Mind Research Institute, University of Sydney
ianh@med.usyd.edu.au



John has a mental health problem and has lost his job.

His illness costs Australia \$46,180 a year in treatments and lost earnings.*



Investing in Australia's future:

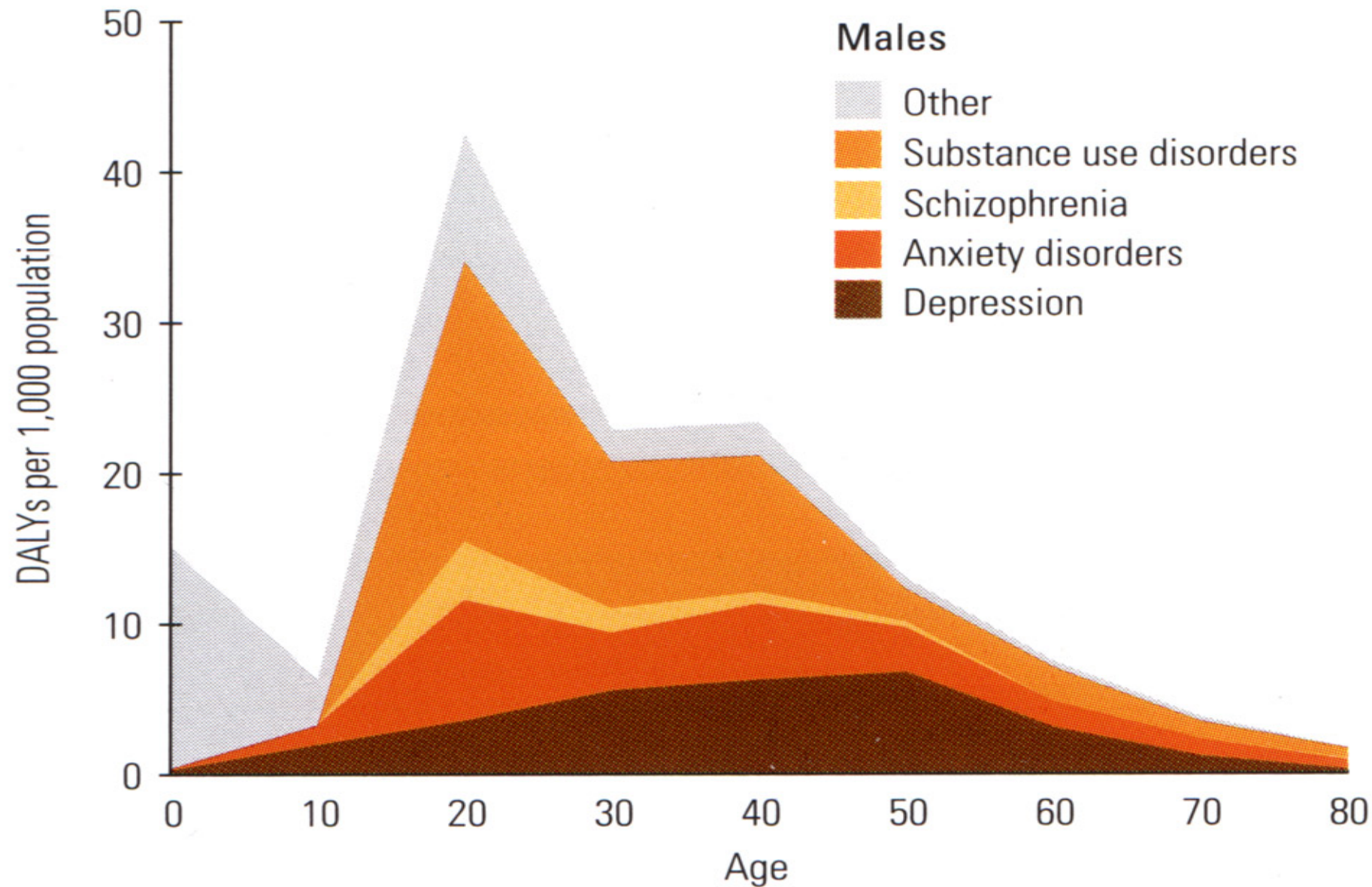
the personal, social and economic benefits of good mental health

December 2004

Professor Ian Hickie, Brain & Mind Research Institute, University of Sydney, NSW

Dr Grace Groom, Mental Health Council of Australia, ACT

Ms Tracey Davenport, Brain & Mind Research Institute, University of Sydney, NSW



Victorian Burden of Disease Study: Incident YLD rates per 1000 population by mental disorder

Health depends on mental health

*Young
Australians*

Their health and wellbeing
2007

Table: Leading causes of burden of disease and injury (DALY's) for 15 year olds, by sex, 2003

Rank	Males	DALY's ('000)	% of DALY's	Females	DALY's ('000)	% of DALY's
1	Anxiety & depression	17 888	17.4	Anxiety & depression	29 946	31.8
2	Road traffic accidents	10 380	10.1	Asthma	6 641	7.1
3	Schizophrenia	9 795	9.6	Migraine	6 217	6.6
4	Suicide & self inflicted injuries	7 320	7.1	Other genitourinary diseases	5 876	6
5	Heroin or poly drug dependance & harmful use	5 857	5.5	Schizophrenia	3 754	4
6	Alcohol dependance & harmful use	4 848	4.7	Road traffic accidents	3 572	3.8
7	Migraine	3 539	3.5	Personality disorders	2 622	2.8
8	Cannabis dependance & harmful use	3 520	3.4	Bulimia nervosa	2 576	2.7
9	Personality disorders	3 130	3.1	Bipolar disorder	2 450	2.6
10	Bipolar disorder	2 672	2.6	Anorexia nervosa	2 063	2.2
	All causes	102 476	100		93 985	100

Source: Begg et al. 2007

2005: time to get serious!

HEALTH CARE

Australian mental health reform: time for real outcomes

Ian B Hickie, Grace L Groom, Patrick D McGorry, Tracey A Davenport and Georgina M Luscombe

His suicide was tragic, made all the more so because it was preventable, we believe, but for the inadequacy of the public mental health system. [Our son] died just two weeks after his first suicide attempt, eight days after his discharge from the psychiatric unit, two days after being refused admission following a second suicide attempt, and within hours of contact with the mental health crisis team. On the day of his death, [our son] had contact with the mental health system no less than three times. (Parents, Public Consultations of the Mental Health Council of Australia, the Brain & Mind Research Institute and the Human Rights & Equal Opportunity Commission, 2004; submission #288¹)

A 2002 survey of Australia's leading mental health organisations, conducted by the Mental Health Council of Australia (MHCA), asked respondents to nominate their priorities for national mental health reform.² The top 10 priorities are shown in Box 1, and include national implementation of early-intervention strategies, development of innovative services for comorbid alcohol and other substance misuse problems, provision of a wider spectrum of acute and community-based care settings and enhanced services in rural and regional areas. While the most recent National Mental Health Report 2004 suggests reasonable

ABSTRACT

- After 12 years of national mental health reform, major service gaps and poor experiences of care are common.
- The mental health community reports little progress in implementing its key priorities, such as expanded early-intervention programs, comanagement of people with mental health problems and related alcohol or substance misuse, and widening of the spectrum of acute care settings.
- We propose new national targets for reducing the social and economic costs of poor mental health; these include increased access to effective care, reduced suicide rates and improved rates of return to full social and economic participation.
- We detail specific service reforms designed to maximise the chance of achieving these targets, and prioritise youth health and integrated primary care programs.
- New independent and national reporting systems on the progress of mental health reform are urgently required.

Set goals

2 Proposed 10-year national targets for mental health outcomes

- That 60% of those with mental disorders be provided with care in any 12-month period (currently, this figure is 38%).
- That national disability costs attributable to mental disorders be reduced from 27% to 20%.
- That national disability costs among 15–34-year-olds attributable to mental disorders be reduced from 60% to 40%.
- That participation in work among those on disability support pensions for psychological reasons be increased from 29% to 60%.
- That national suicide rates be reduced from 11.8 to 8 per 100 000.

Respond to community priorities

1 Community evaluation of implementation of priorities for national mental health reform

Priorities outlined	% In favour*	Implemented locally†
1. Implementation of early-intervention strategies nationally	56%	17%
2. Innovative services for people with mental health and alcohol or other substance misuse disorders	54%	11%
3. Develop wider spectrum of acute and community-based care settings	52%	12%
4. Support for service development in rural and regional areas	49%	7%
5. Implementation of national standards for mental health services	45%	16%
6. Support for service development in poorly resourced areas	44%	2%
7. Support for programs that promote attitudinal change among mental health workers	44%	10%
8. Increased support for stigma reduction campaigns	43%	11%
9. Development of specific inter-governmental service agreements (eg, between health, education, housing, employment and social security)	42%	15%
10. More genuine consumer participation at regional and local service levels	42%	17%

* Data from a survey of 270 mental health organisations and key individuals.² † Data from a survey of 723 mental health organisations, providers, consumers and carers.³

2006 and beyond!

- COAG agreements of 2006!
- \$1.9 billion plus
 - Perhaps \$4 billion
- PM and Premier of NSW leadership!
- Media and community support
- Health System Reform??
- Professional and practice changes????

Australian Government Response: May 2006 - \$1.9billion

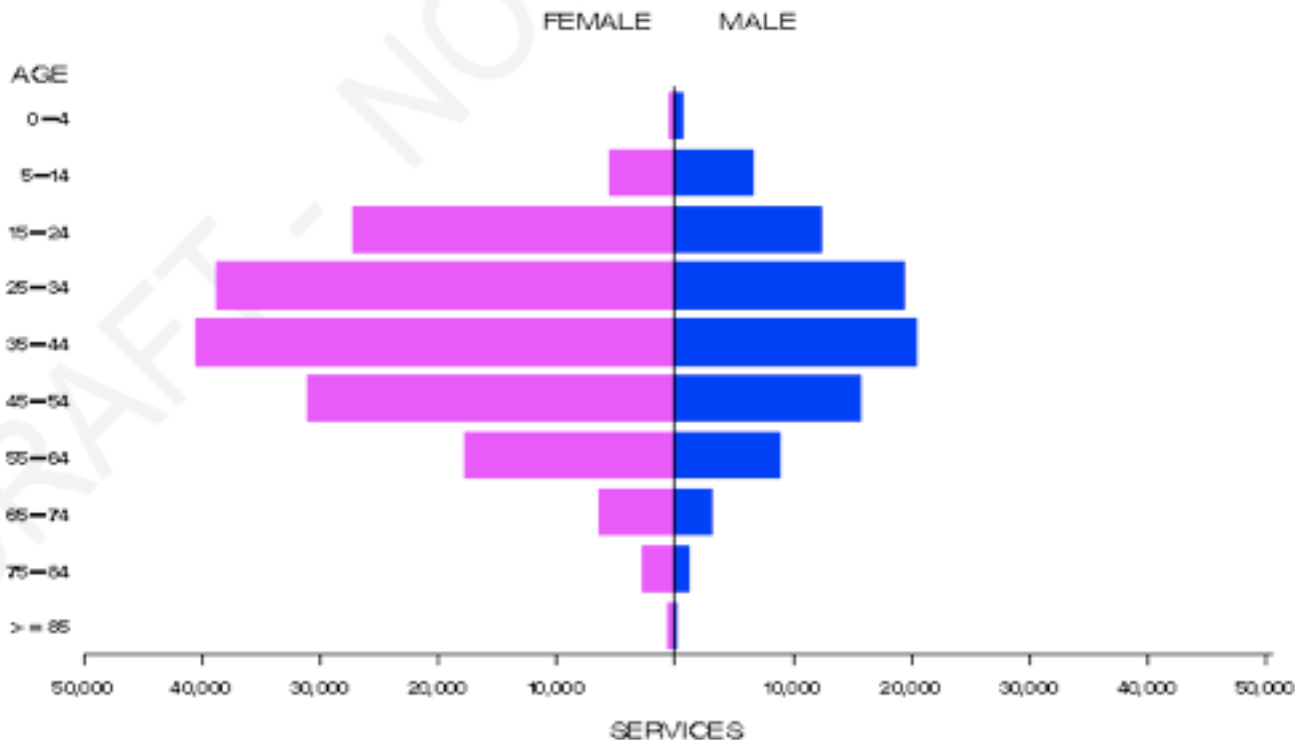
- Improved Access to Specialist Services
 - \$538m
 - Psychology, Psychiatry
- Enhanced mental health workforces
 - Mental Health Nurses \$192m
 - Indigenous Mental Health Workers
- Suicide Prevention
- Continuing Broad Public Education

Age distribution of services

3. **Women outnumber men two to one with 25 to 44 year old women by far the greatest beneficiaries of the new Medicare mental health measures**

Figure 2

Patient Demographics



Poor cost and distribution characteristics

- Medicare Specialist Practice as usual!
- Already \$150m+ per year
- Medicare Data: April 2008
 - 85% of clinical psychology services in major urban areas
 - Less than 30% of clinical psychology or psychiatry services bulk-billed
 - Average \$30 co-payment for each psychology service
 - GP services - 90% bulk-billed and well-distributed geographically

GP better access services

Table 1. GP Mental Health Care Plan (MBS item 2710) services by Rural, Remote and Metropolitan Area (RRMA) classification, 1 November 2006 through 31 December 2007

REGION	TOTAL SERVICES	BULK BILLED SERVICES	BULK BILLING RATE (%)	FEES CHARGED	BENEFITS PAID	AVERAGE CO-PAYMENT	PROVIDERS	PATIENTS	
								Number	%
CAPITAL CITY	352,275	323,441	91.8	\$53,461,976	\$52,985,950	\$16.48	15,953	350,370	66.4
OTHER METRO	48,488	45,633	94.1	\$7,329,449	\$7,292,196	\$13.03	3,960	48,165	9.1
LARGE RURAL	34,839	32,667	93.8	\$5,273,270	\$5,240,023	\$15.31	3,705	34,654	6.6
SMALL RURAL	36,400	34,465	94.7	\$5,502,100	\$5,474,248	\$14.35	4,501	36,244	6.9
OTHER RURAL	54,014	50,491	93.5	\$8,175,358	\$8,122,374	\$15.00	7,992	53,781	10.2
REMOTE CENTRE	2,137	2,005	93.8	\$323,302	\$321,192	\$15.99	685	2,132	0.4
OTHER REMOTE	2,560	2,403	93.9	\$387,947	\$384,950	\$19.08	985	2,556	0.5
ALL OF AUSTRALIA	530,713	491,105	92.5	\$80,453,400	\$79,820,933	\$15.94	19,799	527,774	100.0

SOURCE: Department of Health and Ageing, unpublished data.

Clinical Psychology Services

Table 3. Psychological Therapy Long Consultation (MBS item 80010) services by Rural, Remote and Metropolitan Area (RRMA) classification, 1 November 2006 through 31 December 2007

REGION	TOTAL SERVICES	BULK BILLED SERVICES	BULK BILLING RATE (%)	FEES CHARGED	BENEFITS PAID	AVERAGE CO-PAYMENT	PROVIDERS	PATIENTS	
								Number	%
CAPITAL CITY	375,540	79,849	21.3	\$51,282,355	\$42,822,318	\$28.61	1,645	72,037	77.9
OTHER METRO	31,020	11,766	37.9	\$3,909,882	\$3,476,460	\$22.51	433	7,033	7.6
LARGE RURAL	19,132	9,228	48.2	\$2,371,544	\$2,139,491	\$23.43	308	4,159	4.5
SMALL RURAL	17,753	8,018	45.2	\$2,249,365	\$1,984,903	\$27.17	512	4,032	4.4
OTHER RURAL	23,653	11,929	50.4	\$2,940,525	\$2,648,229	\$24.93	801	5,289	5.7
REMOTE CENTRE	921	505	54.8	\$118,914	\$102,355	\$39.81	71	222	0.2
OTHER REMOTE	781	266	34.1	\$100,812	\$87,433	\$25.98	111	204	0.2
ALL OF AUSTRALIA	468,800	121,561	25.9	\$62,973,398	\$53,261,188	\$27.97	1,745	92,423	100.0

SOURCE: Department of Health and Ageing, unpublished data.

NOTES

Psychiatrist services

Table 5. Consultant Psychiatrist, Initial Consultation On A New Patient (MBS item 296) services by Rural, Remote and Metropolitan Area (RRMA) classification, 1 November 2006 through 31 December 2007

REGION	TOTAL SERVICES	BULK BILLED SERVICES	BULK BILLING RATE (%)	FEES CHARGED	BENEFITS PAID	AVERAGE CO-PAYMENT	PROVIDERS	PATIENTS	
								Number	%
CAPITAL CITY	61,293	16,871	27.5	\$15,215,097	\$12,276,921	\$66.14	1,390	58,770	75.2
OTHER METRO	6,817	1,967	28.9	\$1,641,891	\$1,353,683	\$59.42	434	6,614	8.5
LARGE RURAL	3,431	1,227	35.8	\$800,800	\$679,578	\$55.00	394	3,365	4.3
SMALL RURAL	3,441	1,470	42.7	\$815,753	\$681,218	\$68.26	562	3,364	4.3
OTHER RURAL	5,713	2,473	43.3	\$1,333,474	\$1,129,590	\$62.93	850	5,568	7.1
REMOTE CENTRE	191	83	43.5	\$47,027	\$37,615	\$87.15	77	189	0.2
OTHER REMOTE	397	220	55.4	\$92,010	\$78,423	\$76.76	143	389	0.5
ALL OF AUSTRALIA	81,283	24,311	29.9	\$19,946,052	\$16,237,028	\$65.10	1,448	78,170	100.0

SOURCE: Department of Health and Ageing, unpublished data.

Key Elements of national reform

- **Goals:**
 - Articulated in 2006 COAG PLAN
 - (see Hickie et al. MJA 2005)
 - 12 INDICATORS IN THE PLAN
- **MECHANISMS:**
 - Structural Changes
 - New Purchasing models
 - Confrontation of Professional Barriers to overcome ‘workforce’ and ‘financing barriers’
 - Responsive to consumer and carer needs
 - Increasing financial and skills capacity
- **NATIONAL REPORTING AND ACCOUNTABILITY!**



time for service time for service



Solving Australia's
mental health crisis

June 2006

time for service

Solving Australia's mental health crisis

June 2006



Figure 1



Structural Reforms

- No more maps! - reduce the balkanization
- No more universal models! -one size does not fit all
- Service innovations
 - Development of “service homes” (commonwealth fund)
 - Joined up services: housing-health, employment-health, education-health, physical health-mental health
- New Partners: (Stop re-arranging the deck chairs)
 - Partners with Power
 - Partners with Resources
 - Partners with Expertise
 - Partners with Community Base
 - Partners who recruit and hold capable workforces in appropriate roles

Community basis

- General health vs mental health
- Issues in health:
 - Chronic and continuing care
 - Experiences of care
 - Issues related to acute care access (ED)
 - Quality and Safety
 - Primary care policy
 - Preventative and child focus

Health Financing

- All Govt funds need to be in play
 - Fed/State direct health funds
 - Private health insurance rebates
 - Relevant Social Services, employment
- Continue focus on out-of-pocket
- Rural and regional loadings
- Provider loadings for complex care not inverse rule of financing
- Funding linked to people and services
 - (entitlements not geographies)

HEADSPACE

MACARTHUR / CAMPBELLTOWN / S.HIGHLANDS

May 18th, 2007

Lead Agency:
*Brain & Mind
Research
Institute*

Management
Committee:
*Ian Hickie
Rene Pennock
Wesley Noffs
Paul Haber
Kelly Walker
Victor Storml/
Angelo Virgona
Gary Flynn
Project Staff*



Community of Youth Services Newsletter #1



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Evaluation

- Increased access to services
- Increased quality of services
- Improved experiences of care
- Changing attitudes to care
- Earlier care
- Increased investments
- **BACK TO WORK OR SCHOOL!**