

National Mental Health Policy

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National Mental Health Policy

Foreword

The National mental health policy is a joint statement by the Health Ministers of the Commonwealth, States and Territories of Australia which is intended to set a clear direction for the future development of mental health services within Australia. As such, it aims to ensure that appropriate services are readily accessible to all Australians with mental health problems or mental disorders.

This policy is the result of a number of years of work by individuals, community groups, the Commonwealth Government and State/Territory Governments. The views and recommendations of those with mental health problems and mental disorders, their carers and mental health service providers, which emerged throughout the consultation process, represent a major contribution to this policy. Consultation with these groups will continue to be pursued in line with the principles endorsed in the Mental health statement of rights and responsibilities.

The National mental health policy acknowledges that priority in the allocation of resources should be given to people with severe mental health problems or mental disorders who, because of the nature of their condition, require ongoing and, at times, intensive treatment. However, the policy also recognises the impact of mental health problems more generally on individuals, their families and the community. In keeping with this, the policy outlines ways of promoting the mental health of the Australian community and reducing the incidence of mental health problems and mental disorders and their impact on the lives and well-being of individuals. The development of effective mental health promotion, prevention and early intervention strategies and the enhancement of training and support for primary care service providers, is fundamental to the achievement of these objectives.

Although the policy primarily addresses the provision of mental health services, both private and public, it recognises that people with mental disorders often require access to, and support from, a complex array of other health and community services, such as housing, employment and income support. The policy focuses on the need for better linkages between these services in the mental health system.

The Australian Health Ministers commend to you this very important statement. It represents our vision for the development of mental health services in Australia for the next decade. The direction set down in the national policy will result in a significant improvement in the treatment, care and quality of life for all Australians who suffer from mental health problems and mental disorders.

Australian Health Ministers

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National Mental Health Policy

Executive Summary

The National Mental health policy is a statement by the Governments of the Commonwealth, States and Territories intended to set clear directions for the future development of mental health services within Australia. Mental health problems and mental disorders will affect one in five Australians at some point in their lives and will indirectly affect the lives of many others. Mental health is an important issue for the community and is of critical concern to the Australian health system.

The change in the pattern of mental health care from an institutional to a community oriented approach has had a significant impact on not only the specialist mental health services, but also other community services, such as primary health care providers, community welfare agencies and housing agencies. This change has also had a significant impact on families and carers of people with mental disorders who have had to provide a substantial amount of the practical and emotional support.

The ability of mental health services and other community services to adapt to these changes has been variable, with differences between States and Territories and between urban and rural areas. The isolation of mental health services from other health services and the lack of any national policy or funding focus have contributed to this variability in response. Although the Commonwealth contribution to mental health care has been significant, mental health policy, planning, service provision and funding have been substantially a State and Territory responsibility. It is against this background that the Governments of Australia have decided to take this initiative -- the development of a national policy approach to mental health.

People with mental health problems and mental disorders are particularly vulnerable to infringement of their civil and human rights and to discrimination. The National mental health policy seeks to establish a framework for the protection of their rights and civil liberties as set down in the Australian Health Ministers' Mental health statement of rights and responsibilities and in the United Nations Resolution on the Protection of rights of people with a mental illness.

The new community oriented approach to the provision of mental health services has demanded the establishment of a new relationship between mental health services and the wider health sector. The national policy advances the position that mental health services should be part of the mainstream health system and promotes the provision of acute inpatient care within general hospital settings. It is argued that this strategy will result in an improvement in the quality of services, increased access to mental health services and other health services and help to reduce the stigma attached to people with mental health problems and mental disorders. The mainstreaming of mental health services should also result in more decentralised mental health services closer to family, community and cultural networks.

Within these mainstream health services, there should be an identifiable, integrated mental health program. This program should cover the full range of specialist mental health services. An integrated program should ensure continuity of care and a balanced mix of community and inpatient services. The needs of people with mental health problems and mental disorders can vary greatly between consumers and at different times in the lives of individual consumers. A comprehensive range of mental health services must cater for acute and longer-term treatment and care, at both an inpatient and a community level.

It is recognised that some groups in the community have special needs. It is important that mental health services be planned and delivered in a manner which is sensitive to their needs and expectations. In this regard, the recommendations of national policies which have been developed for a number of special needs groups, clearly need to be acknowledged in the planning and operation of services.

The optimum mix of services should be determined by each mental health service system, based on the needs of the population it serves. This population focus should determine the allocation of resources with priority being given to people with severe mental health problems and mental disorders.

It is argued that the financial arrangements for mental health should be incorporated into the general health financing arrangements, but that mental health resources should remain identifiable and be allocated through a mental health program regardless of where the services are located.

It is recognised that too much resource emphasis is currently given to separate psychiatric hospitals. In some cases it may be both possible and desirable to close them and replace them with a mix of general hospital, residential, community treatment and community support services. However, a small number of people, whose disorder is severe, unremitting and disabling, will continue to require care in separate inpatient psychiatric facilities and these facilities will need to be maintained or upgraded to meet acceptable standards.

With the change to a community oriented pattern of care, people with mental disorders often require access to, and support from, a complex array of other health and community services such as housing, accommodation support, social support, community and domiciliary care and employment and training opportunities. The policy focuses on the need for

better linkages between these services and the mental health system and the elimination of any discrimination in access to these services.

While less is known about the causes of mental health problems and mental disorders than for many other health problems, preventative activities need to be encouraged. It is recognised that early intervention for people who are developing, or at high risk of developing, mental health problems or mental disorders, reduces the likelihood of the development of potentially disabling effects of these problems or disorders. The development of strategies for promoting better public mental health are seen as essential.

The public has remained largely uneducated about mental health problems and mental disorders. This situation needs to be redressed by disseminating information on the types and effects of these conditions, their prevalence in the community, treatment methods and prevention. In this way, people with mental health problems and mental disorders will be better understood, experience less stigma and discrimination, and have better access to general community life.

The National mental health policy recognises that primary health care providers are often the first point of contact for people with mental health problems and mental disorders. These health care providers must be able to recognise, manage and, where appropriate, refer to specialist mental health services. Educational programs for primary health care workers need to prepare them adequately for this role and mental health professionals need to be available for consultation and support.

The role of carers and non-government organisations in supporting people with mental health problems and mental disorders is clearly acknowledged in the national policy. It is recognised that carers and non-Government organisations require increased support, funding and opportunities for involvement in decision-making if they are to be expected to continue in their role.

Attracting and retaining sufficient numbers of high quality mental health staff are the best ways of ensuring good practice and service standards. It is recognised that action needs to be taken to redress the maldistribution of mental health service staff, particularly between public and private practice and urban and rural areas. Professional support, training and continuing education need to be available for all mental health staff.

Consistency in mental health legislation across State and Territory jurisdictions will ensure that all Australians with mental health problems and mental disorders have similar rights and expectations about the mental health treatment they will receive. The national policy recognises that the States' and Territories' legislation needs to be consistent.

Progress in achieving improved outcomes in mental health depends on adequate research into the causes of mental health problems and mental disorders and the evaluation of the effectiveness of different modes of service delivery. Australians rightly expect that their mental health services will be of a high standard. The national policy recognises the need for an increase in research and evaluation studies in the mental health area and for the development of strategies for monitoring national outcome standards.

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National Mental Health Policy

Introduction

New approach to mental health

Mental health is an important issue for the Australian community. Community health surveys suggest that one in five Australians will, at some point in their lives, experience significant disruption to their mental well-being and quality of life. Many of these people will seek some form of help, whether it be from specialist mental health services or from a wide range of health or other community services.

It has been estimated that, at any particular point in time, 3-4% of all Australians will experience severe mental disorders which will significantly interfere with their mental well-being and reduce their capacity to participate fully in community life. The majority of these people will have only one episode and are likely to recover completely if they have access to appropriate treatment and care. However, there is a significant number of people who will require ongoing assistance from mental health services and other community support services, in some cases for the rest of their lives.

Since the 1950s, there has been movement away from a segregated and custodial system of care in psychiatric hospitals to a more balanced system of hospital and community care. This shift in the pattern of care has meant that most people with mental disorders are able to be cared for in the community and continue to participate in the life of the community. Only a small proportion of those with mental disorders need to spend extended periods in psychiatric hospitals.

The shift towards community oriented mental health care has improved the community's awareness of, and access to, mental health services. This has encouraged people with severe mental health problems and mental disorders to seek help earlier and has contributed to improved treatment outcomes. However, substantial challenges arise from this new approach. Closing or reducing the size of large psychiatric hospitals and replacing them with suitable services in community settings is complex and contentious. The former institutional approach enabled a person's various needs to be met relatively conveniently in the one place, although often at the cost of the quality of life of the person with the mental disorder.

The challenge of responding to a person's 'whole of life' needs in a community setting whilst maintaining continuity of care, raises substantial new questions. What mix of community mental health and inpatient psychiatric services should be provided? How should these services relate to the general health and other service systems to ensure that the housing, community support, employment and income support needs of the person are properly met? How should services be arranged for people with long-term, severe mental health problems and mental disorders who were formerly managed in large institutions and still need intensive treatment and support? Are there people who will continue to require long-term care in a psychiatric facility?

Accompanying this new approach to mental health care, has been a growing national and international concern about the rights of persons with severe mental health problems and mental disorders. The United Nations Resolution on the protection of rights of people with a mental illness, endorsed by the Commonwealth Government in 1991, states that 'persons with mental illness are especially vulnerable and require particular protection [as their] rights are often restricted'.

The National mental health policy has been developed in response to the challenges raised by these new directions in mental health care. Considerable progress has already been made within Australia in response to these challenges. It is anticipated that the establishment of a national policy will hasten the rate of reform and will lead to an improvement in services and to consistent legislation across States and Territories.

Health policy context

Some key policy principles underlie the operation of the Australian health care system. These are important in understanding the context in which the national policy has been developed.

The Commonwealth Government and the State and Territory Governments have accepted the principle of universal access to basic health care. This principle has guided the level, mix, and geographic distribution of services and the costs of health care to the individual. Health services should be of high quality and of a standard consistent with other developed countries. Financing of health care should be equitable, with people paying for their care according to their means. The equity and universal access principles demand a strong role for governments in funding, planning and regulating health care. Services are provided through a mixed public and private delivery and financing system, with service agencies being relatively autonomous. Governments have increasingly demanded accountability for the allocation of resources and sought to increase the efficiency of services.

Mental health service system

Specialised mental health services currently provided through the public, private and non- Government sectors include:

- crisis services for individuals and families;
- assessment and treatment services;
- rehabilitation and support services -- including living and employment skills programs to enable people with mental disorders to live independently;
- accommodation support, eg. supported housing, respite accommodation, hostels;
- domiciliary and outreach services to provide assessment, treatment, rehabilitation and support;
- acute care provided in general public hospitals, private hospitals and specialised psychiatric hospitals, including day hospital care;
- medium to longer-term inpatient care and rehabilitation for people with severe mental disorders; and
- consultation and liaison services in primary care and hospital settings.

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Aims and Underlying Principles

Aims

The aims of the National mental health policy are:

- to promote the mental health of the Australian community and, where possible, prevent the development of mental health problems and mental disorders;
- to reduce the impact of mental disorders on individuals, families and the community; and
- to assure the rights of people with mental disorders.

Underlying principles

The key principles which underlie the operation of the Australian Health System, which were outlined within the 'Health Policy Context' (page 9), are equally relevant in the provision of mental health care. The principles which follow reflect the specialised nature of mental health services.

Mental health is the product of biological, psychological and social factors. No single service or intervention is likely to achieve good outcomes for every person with a mental health problem or a mental disorder. It is therefore essential that services are provided in a multifaceted and multidisciplinary manner. Mental health services are important, as are carers and non-government support agencies, general health services and services provided outside the mental health sector (housing, disability support, domiciliary care, income support, employment and training programs).

A significant number of people become disabled as a result of severe mental disorders. Mental health services seek to limit the extent to which severe mental health problems and mental disorders affect a person's cognitive, affective and relational abilities. Mental health problems and mental disorders are not insurmountable barriers to individuals leading fulfilling and valued lives. An underlying principle is that people with mental disorders have potential for personal growth and the right to opportunities which support this growth.

People with mental disorders and their carers experience substantial stigma. This discourages people with mental health problems from seeking help early, and has led to their isolation in the community as well as to discrimination and problems of access to services. Furthermore, stigma has led to inadequate resourcing of mental health services. This stigma is undesirable and unjustified and every person with a mental disorder should have the same civil, political, economic, social and cultural rights everyone else in the community. A reduction in stigma and discrimination can be addressed by establishing rights for people with mental health problems and mental disorders, and by changing the approach to service delivery from institutionalised to community care.

A mental disorder can result in behaviour which places the individual, and occasionally others in the community, at risk of harm. The community and the individual have a justifiable expectation that they be protected. This should be reflected in mental health legislation and in the provision of mental health services. Control and restraint of people with mental disorders should be exercised as sparingly as possible and only for the purposes of protecting the individual and others.

Positive consumer outcomes are the first priority in mental health policy and service delivery. Amongst the various consumers of mental health resources, priority should be given to those people with severe mental health problems and mental disorders.

The quality and effectiveness of mental health services are enhanced if the services are responsive to their consumers and communities and if avenues are created for participation in decision-making about the development of services and about an individual's own treatment.

It is recognised that some groups in the community have special needs. Mental health service systems should be responsive to the varying needs of particular groups. In some cases these groups will require specific services within the mental health system. It is important that mental health services be planned and delivered in a manner which is sensitive to the needs and expectations of different groups in the community. In this regard, the recommendations of National Policies which have been developed for a number of 'special needs groups', clearly need to be acknowledged in the planning and operation of services.

An underlying principle is that positive consumer outcomes depend on informed and well trained mental health staff and strong support from carers and advocates. Mental health services should seek to ensure that all provider groups receive appropriate support and training.

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Policies

Consumer rights

The rights and civil liberties of people with mental health problems and mental disorders must be guaranteed and protected. Mental health services should be delivered in the least restrictive environment, with an emphasis on privacy, dignity and respect. Consumers must have access to information on their rights and to advocacy services to ensure their rights and to mechanisms for complaint and appeal.

In response to these needs, the United Nations has ratified a Resolution on the protection of rights of people with a mental illness, and the Australian Health Ministers have adopted a Mental health statement of rights and responsibilities (March 1991). This policy endorses the rights outlined in these documents. They include:

- timely and high quality mental health care in a manner which is conducive to continued consumer participation in community life;
- respect for individual human worth, dignity and privacy;
- access to services and opportunities available to others;
- information, education and training about mental health problems and mental disorders, and the treatment and services available to meet their needs;
- participation in decisions regarding treatment, care and rehabilitation;
- access to mechanisms for complaint and redress;
- right to refuse treatment, unless subject to mental health legislation;
- access to advocacy support where necessary to ensure participation in treatment decisions; and
- opportunity to live, work and participate in the community to the full extent of their capabilities without discrimination.

Objectives

- To have the rights contained in the Australian Health Ministers' Mental health statement of rights and responsibilities and in the United Nations Resolution on the Protection of rights of people with a mental illness affirmed in mental health legislation.
- To ensure that the Commonwealth Government and all State and Territories Governments have mechanisms for protecting those rights.

The relationship between mental health services and the general health sector

Historically, mental health services tended to be separated physically and organisationally from the mainstream health system. The approach of providing comprehensive mental health services within the community has demanded the forging of new relationships between mental health services and the wider health sector.

Two complementary policy aims form the basis of the organisational relationships which should exist between mental health and general health services.

Mental health services should be part of the mainstream health system. In some cases, such as acute inpatient psychiatric care, this entails delivering services within a general hospital setting. In other cases a specific mental health service will operate from a separate location, but be managed within the wider health system. This policy requires that mental health services be an integral part of whatever organisational structure exists for general health services in a State/Territory.

The aims of linking mental health services into the wider health system are to:

- reduce stigma attached to people with mental health problems and mental disorders;
- improve the quality of mental health services;
- encourage people to seek help early;
- enhance equity of access to other health services; and
- achieve more decentralised mental health services closer to people's family, community and cultural networks.

Within the mainstream health services there should continue to be a full range of mental health services which are integrated within an identifiable mental health program. With the mainstreaming of services for people with severe mental health problems and mental disorders, it can be anticipated that the mental health needs of these groups will be met through the services of a range of specific mental health and general health agencies. There is the risk that these groups will not receive the continuity of care they need and will fall between services. In order to ensure continuity of care and a balanced mix of services, there needs to be an integrated mental health program covering the full range of services in each region or area.

These policy aims need to be reflected in financing relationships and responsibilities. Mental health services form part of basic health care which should be universally accessible. As such, the financial arrangements for mental health should be incorporated into general health financing arrangements. Currently, in many instances they remain separate. Alongside this mainstream approach to mental health financing, mental health service resources should be identifiable and should be allocated through a mental health program whether the services are within general health or separate mental health settings.

The pursuit of both the mainstream and integration policy principles may occur in different ways, depending on State/Territory and regional/area circumstances. A single professional or team may be responsible for a person's care whether the person is being treated in a general hospital or in a community mental health service ('continuity of care provider'). Case management systems may be introduced where a professional within the mental health service is responsible for the overall co-ordination of a person's care across various agencies. Such case management systems are particularly valuable for the management of people with severe mental disorders, and can operate using various financing mechanisms such as the 'budget holder' approach which gives a program manager responsibility for purchasing services needed by the person.

Objectives

- To expand the proportion of acute psychiatric inpatient care provided in general hospitals rather than separate psychiatric hospitals so that most acute psychiatric care is delivered in general hospitals, and to ensure psychiatric units in general hospitals are appropriately designed for the patient population.
- To maintain or establish an identifiable and integrated mental health program at the State/Territory and area/regional levels. This program would be responsible for the overall planning of all specialised mental health services and would advise on the allocation of resources between components of mental health services.
- To include the integrated mental health service within the mainstream organisational arrangements for general health services, such as area/regional management systems.
- To introduce systems, such as case management, which improve continuity of care and comprehensive services for people with mental disorders who receive services on an ongoing basis from numerous agencies and locations.

Linking mental health services with other sectors

Specialised mental health services can meet only some of the varied needs of people with severe mental health problems and mental disorders. Access to housing, accommodation support, social support, community and domiciliary care, income security and employment and training opportunities may have a significant impact on the capacity of a person with a severe mental health problem or mental disorder to manage in the community.

The separatist model of mental health care has often led to discrimination whereby the various needs of those with severe mental health problems and mental disorders are seen as the total responsibility of mental health services. In some instances, those who have used mental health services have been excluded from eligibility for mainstream services. Often, the discrimination is more subtle, with them being given low priority in the allocation of resources or their specific needs not being recognised.

The national policy aims to encourage co-operation between mental health services and the various programs and services needed to enable people with severe mental health problems and mental disorders to participate more fully in community life.

Objectives

- To eliminate any explicit or implicit discrimination against those with severe mental health problems and mental disorders in programs and services within and outside the health sector.
- To develop formalised policy and planning arrangements at Commonwealth, State, Territory and area/regional levels to ensure that all programs relevant to those with severe mental health problems and mental disorders adequately address their needs.
- To encourage interagency links and service delivery arrangements at the local and area/regional level to ensure that access to services for people with severe mental health problems and mental disorders reflects their relative need for those services.

Service mix

A comprehensive mental health service system has some important characteristics. It needs to be adequately resourced and accessible to respond to the range and variety of needs of persons with severe mental health problems and mental disorders. An integrated and comprehensive mental health service must cater for both acute episodes and long-term needs. Services for those experiencing acute episodes would include acute hospital care, community and home-based acute care, emergency assessment and day treatment. People with severe mental disorders require outpatient treatment, social and vocational rehabilitation, varying degrees of residential support and long-term care.

A comprehensive mental health service system must provide for continuity of care so that consumers can move between services as their needs change, thus ensuring that they receive the most appropriate service at any time. A system offering continuity of care can reduce hospital readmissions through follow-up support from community and home-based services following discharge from hospital.

Adequate resources must be made available to meet the needs of special 'at risk' groups, such as older people, children and adolescents, people from non-English speaking backgrounds, Aboriginal and Torres Strait Islanders, people living in remote and rural areas, and offenders with a mental disorder. Since the needs of special groups are likely to vary between communities and over time, it should be the responsibility of those planning and allocating resources within an area/region to assess priorities for resource allocation.

The optimum mix of services should be determined by each mental health service system, based on the needs of the population it serves and not bound by historical patterns of service delivery and resource allocation. This population focus should determine the allocation of resources. Consumer and community consultation and participation in decision-making about service mix is essential.

The mix of services for a particular population should be based on need and should be guided by the aims, principles and policies of the National mental health policy. It has been accepted that there is currently an imbalance in the mix of services, derived from the traditional patterns of service delivery and the difficulties in moving quickly to translate the new approach to mental health service delivery into practice.

Currently, too much resource emphasis is given to separate psychiatric hospitals. In some cases, it is both possible and desirable to close them and replace them with a mix of general hospital, residential, community treatment and community support services. Replacement services should include specialised mental health services and access to mainstream programs such as disability support, supported accommodation and domiciliary care. With such an approach it can be expected that the use of psychiatric hospitals will diminish.

Although it is accepted that, in general, prolonged psychiatric hospitalisation is undesirable, there is a small number of people who require such care. They include: people with mental disorders who are seriously behaviourally disturbed and a danger to themselves or others (including offenders with a mental disorder); and people with mental disorders who are unable to live in the community despite available community support.

Some of these people may be best placed in a protected environment because of the risk they pose to themselves and/or others. To address their rights, the facilities for these people need to be maintained at an acceptable standard appropriate to their needs. The reduction in size or closure of a psychiatric hospital may involve the development of new facilities, or the upgrading of existing facilities, to accommodate these people.

Psychiatric hospital services are often centralised within a limited number of institutions in a State or inappropriately placed in small country towns. This contributes to the stigma associated with mental health services and has led to a maldistribution of mental health resources.

There is generally a paucity of appropriate accommodation support services for people with severe mental health problems and mental disorders who are unable to live in their own homes. These services are essential for many people in making the transition from institutional to community care while maintaining a reasonable quality of life without undue reliance on psychiatric hospitals. Some accommodation support services should operate as part of a specialist mental health service, while many others should be provided through general accommodation support programs.

Community based services are relatively underdeveloped and their distribution is somewhat uneven between localities/areas. These services are essential for those requiring ongoing care and are particularly important when institutions are being reduced in number. This reduction limits the 'revolving door' phenomenon in which people without adequate community treatment and support have frequent and regular acute admissions to hospital. It has now been accepted that community-based services need to be provided reasonably close to where consumers live.

Objectives

- To ensure each State, Territory and area/region has a plan for the mix of services available to its population and that this plan is developed through a consultative process and takes account of the needs of special groups.
- To reduce the size or to close existing psychiatric hospitals, and at the same time provide sufficient alternative acute hospital, accommodation, and community based services.
- To upgrade the remaining psychiatric facilities which are needed to provide treatment or care on a medium or long-term basis for those whose appropriate placement is in separate specialist psychiatric hospital facilities.
- To decentralise the provision of psychiatric hospital services to ensure adequate access across all areas/regions to general hospital inpatient services and community based services including crisis, assessment and treatment, rehabilitation/support, and domiciliary and outreach services.
- To increase the number and range of community based supported accommodation services and ensure a range that provides a level of support appropriate to the needs of the consumer.
- To identify areas where the separation of Commonwealth and State funding for mental health treatment services

compromises the targeting, integration, and distribution of mental health services and to introduce measures to overcome this.

Promotion and prevention

Society's attitude to mental health affects the impact of a mental health problem or a mental disorder on an individual. The public is largely uneducated about mental disorders. This situation needs to be redressed by disseminating information on the types and effects of mental disorders, prevalence in the community, treatment methods and prevention. As a result, those with mental disorders will be given more public and political attention, be better understood, less feared, less discriminated against and have better access to general community life.

The efficacy of primary prevention measures has not been demonstrated for most severe mental health problems and mental disorders. Although the causes of mental disorders are yet unclear, there is evidence that heredity is a significant factor, and that mental health is often compromised in times of stress such as bereavement, relationship breakdown, unemployment, social isolation and at times of accidents or perceived life-threatening illness. The incidence of these conditions is also higher in adolescence and old age. Indigenous and immigrant populations and socially disadvantaged families are also recognised as being 'at risk'.

The evidence in support of the effectiveness of secondary (early intervention) and tertiary (rehabilitation) prevention is stronger, and the provision of such measures is regarded as central to mental health care. Early diagnosis and intervention are particularly effective, as are programs which assist people to deal with life events which may place their mental health at risk.

Objectives

- To develop programs which educate the public on mental disorders, including those initiated through mainstream health promotion activities.
- To develop and evaluate primary, secondary and tertiary preventive programs as an essential component of all care provided for people at risk of mental disorder.
- To encourage further research into the causes of mental disorders and the development and evaluation of primary prevention interventions in response to emerging scientific knowledge.

Primary care services

General practitioners are often the initial point of contact for people with mental health problems and mental disorders. It has been estimated that they represent about a quarter of people visiting general practitioners.

Primary health care services also have an important role in caring for people with mental disorders and for referring those with serious disorders on to specialised mental health services.

Considerable attention needs to be given to increasing the skills, at both undergraduate and graduate level, of primary health care providers to strengthen their capacity for assessment, diagnosis, treatment and referral of people with mental health problems and mental disorders.

Workers in other sectors, such as police and teachers, can assist in the identification and referral of people with mental health problems and mental disorders and can participate in their management. These workers need to be adequately informed and resourced to enable them to perform this role appropriately.

The effectiveness of primary care workers in dealing with people with mental health problems and mental disorders is improved when they have access to specialist mental health professionals. This is a particularly important issue in rural and remote areas where the scarcity of specialised mental health services has meant that primary care workers have had a greater role in the treatment and care of people with mental health problems and mental disorders.

Objectives

- To ensure that educational programs for primary health care professionals and others with a primary care role contain, within their curriculum and continuing education programs, adequate coverage of mental health issues.
- To provide support to primary carers by ensuring that they have access to specialist mental health resources, particularly in rural and remote areas.

Carers and non-government organisations

Many people with mental disorders are cared for in the community by 'unpaid' carers. Non-government organisations have performed a key role in providing support services for those with severe mental health problems and mental disorders, in advocating for services to be more responsive and in educating and supporting carers. The funding of non-government mental health organisations has been relatively limited.

Support services, which have been recognised as important for sustaining the carers of people with mental disorders, are not well developed. Support services may be provided through specialist mental health services or through other appropriate community programs.

Objectives

- To support the development and expansion of non-government organisations to assist carers and promote self-help and consumer advocacy, through information provision, opportunities to participate in mental health service decision-making and funding.
- To expand community-based support for carers.

Mental health workforce

The effectiveness of mental health services is dependent on an adequate supply of highly trained professionals. There is evidence of a maldistribution of psychiatrists between States, urban and rural areas, public and private practice, and within clinical sub-specialities in psychiatry. Allied health staff (including social workers, clinical psychologists and occupational therapists) are a key component of specialised mental health services.

Similar problems of maldistribution often exist for allied health staff and, as a result, governments need to ensure that there is an adequate supply and proper distribution of the allied health workforce.

The training of specialist nursing staff to work in the mental health area is of crucial concern. It is extremely important that Governments and tertiary training institutions ensure that nurse education includes adequate basic and post basic training in psycho-social and biomedical aspects of health care.

Objectives

- To achieve a better distribution of psychiatrists between States/Territories, geographic areas within States, public and private practices and within sub-specialities.
- To ensure that the number of graduates, and their level of skills, from tertiary based programs of nurse education meet the service requirements of specialised mental health services.
- To ensure an adequate supply and a more equitable distribution of allied health staff.
- To encourage continuing education for all mental health professionals.

Legislation

Legislation is essential for defining and protecting the rights of those with mental disorders and for balancing these rights with the community's legitimate expectation that it be protected from harm.

However, mental health legislation varies between States and Territories. While some have reformed their legislation, others are in the process of amending it. Consistency in mental health legislation is an important part of the reform process to ensure that people with mental disorders have similar rights and expectations about the way they will be treated. This is particularly important for the treatment of involuntary patients.

Australia's obligations arising from the endorsement of the United Nations Resolution on the protection of rights of people with a mental illness highlight the need for consistent mental health legislation across Australia.

Other legislation which affects those with severe mental health problems and mental disorders needs to be consistent with the principles set out in the National mental health policy.

Objectives:

- To ensure that mental health legislation across Australia is consistent and that it affirms the rights contained within the Australian Health Ministers' Statement of rights and responsibilities and the United Nations Resolution on the protection of rights of people with a mental illness.
- To ensure that legislation in other sectors is consistent with the principles set out in the National mental health policy.

Research and evaluation

Progress in achieving better consumer outcomes in mental health depends on the availability of adequate research into causes of mental disorders and evaluation of the effectiveness of various service interventions. In mental health, these research and evaluation issues are particularly complex, as they are grounded in knowledge from many fields including the biomedical, psychological, and social sciences.

Mental health research has traditionally been given a low priority in gaining access to research resources.

As there has been no consistent collection of mental health data across the States and Territories, the application of a national policy approach has been limited, constraining mental health planning and making utilisation review and quality assurance of programs difficult.

Objectives:

- To promote increased basic and applied mental health research and its application in prevention and intervention programs.
- To institute regular reviews of outcomes of services provided to persons with serious mental health problems and mental disorders as a central component of mental health service delivery.
- To develop a national mental health data strategy.

Standards

Mental health services should be of the same high quality that Australians have come to expect of their general hospitals and other health services. However, the historical approach to mental health care has not always been conducive to achieving high standards.

The separation of mental health services from mainstream health services has contributed to the stigma associated with people with severe mental health problems and mental disorders and to the lower status accorded to psychiatry and its related professions compared with other areas of health practice. The absence of accepted consumer rights and society's attitude towards those with mental disorders have also reduced the potential to achieve high standards of care.

The new approach to mental health care which has continually developed over the last 30 years is changing this. The policy direction set by the Australian Health Ministers in the National mental health policy is intended to further reinforce these new conditions for creating high standard care.

Professional bodies should have a central role in developing protocol for clinical treatment and this should be encouraged. It is widely recognised that quality assurance programs within health services are an important part of achieving high standards and this applies equally to mental health services. The extent to which individual mental health services have introduced measures to assure high standards of care varies.

Although higher standards can be expected with these changes, it is important that specific and quantifiable measures be developed to assess the impact of services on consumer outcomes. Substantial development work is needed to create such measures.

Objectives

- To encourage the development of national outcome standards for mental health services, and systems for assessing whether services are meeting these standards.
- To ensure all mental health services have quality assurance programs.
- To support appropriate professional bodies in developing protocol for clinical treatment.
- To encourage each mental health facility to be fully accredited by an independent and recognised accreditation body.
- To ensure that all services satisfy the standards and rights contained in the United Nations Resolution on the Protection of rights of people with a mental illness and the Australian Health Ministers' Mental health statement of rights and responsibilities.

Monitoring and accountability

There needs to be greater accountability and visibility in reporting progress in implementing the new national approach to mental health services. Currently mental health data collection is inconsistent and would not be adequate to enable an assessment to be made of the relative stage of development of the Commonwealth and each State/Territory Government in achieving the objectives outlined in the National mental health policy.

It is essential that such a consistent system of monitoring and accountability be created. In developing such a system, it needs to be recognised that each State and Territory will be at a different stage as a result of the historical development of its mental health system. The central approach should be to measure progress in each State and Territory.

Objectives

- To develop nationally agreed measures of performance in relation to each of the objectives in this policy and others which the Commonwealth, States and Territories regard as indications of performance in relation to this policy.
- To report annually and publicly, in a timely fashion, on the progress of the Commonwealth and each State and Territory in relation to these performance indicators and to compare them to their previous performance.

