Visibility in rural Australia: the way forward for consumers and carers

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A NATIONAL RESPONSE TO MENTAL HEALTH CARE

According to the results of the National Survey of Mental Health and Well Being (1997), at any one time approximately 20% of Australians over the age of 18 will experience a mental illness. It has also been estimated that 3–4% of Australians experience severe mental disorders which significantly interfere with their mental well-being and reduce their capacity to participate fully in community life (National Survey of Mental Health and Well Being, 1997).

Alarmingly, only 38% of those identified through the surveyed as having a mental health disorder had accessed health services. This suggests a large unmet need for mental health services. In addition, the Survey found children and adolescents less than 18 years make up 25% of the Australian population, and in any six-month period 15–20% of this group may have a mental health problem.

The most common disorders are Major Depression and related disorders including Anxiety. The World Health Organisation has predicted that by 2020 Major Depression will be the second largest health problem worldwide. Of the ten leading causes of disability worldwide, in 1990 five were psychiatric disorders including Unipolar Depression. The growing burden of mental illness in Australia has a significant economic cost to the community. More importantly, there is a direct and increasing burden to the individuals with mental health problems and those who provide care for them, often family and friends (National Survey of Mental Health and Well Being, 1997).

Of the 19 million people in Australia, approximately 5 million live in rural and regional areas and 650,000 live in remote areas. As such, according to the 1 in 5 statistic, it could be argued that 1,250,000 people living in rural and regional Australia will at some point in their life experience a mental illness. There is no doubt that people living with a mental illness in rural and remote Australia are further disadvantaged by the lack of appropriate services and resources.

In response to these issues, the National Action Plan for Promotion, Prevention and Early Intervention for Mental Health (2000) has identified the following priority mental health targets for rural and remote Australia:

- promote family and community connectedness and functioning
- develop culturally determined initiatives determined by local communities
- promote acceptance and valuing of social and cultural diversity
• promote protective factors that impact on the effects of unemployment and environmental conditions

• reduce incidence and prevalence of risk factors for depression, anxiety, substance misuse, stress, and suicide

• increase access to mental health-related services.

Given what we know about workforce issues in rural and remote Australia it is worth considering that many of these priority areas could be best dealt with by existing services forming strategic partnerships with local and National non-government organisations (NGOs).

Establishment of the Mental Health Council of Australia

The Mental Health Council of Australia (MHCA) is the peak, National, NGO established to represent and promote the interests of the Australian mental health sector. Dr Michael Wooldridge established the MHCA during his term as Commonwealth Minister for Health and Aged Care. Dr Wooldridge acknowledged that mental health services alone could not respond to increasing prevalence rates and that the sector needed a strong and united community-based voice. The evolution of the MHCA has enabled key mental health stakeholders to engage in discussions at a National level with each other and with government and form collaborative and strategic partnerships to advance mental health care reform. The development of the Council also allowed for the consultation process with the sector to be streamlined.

The activities of the MHCA primarily consist of management and co-ordination of significant national projects; representation on national committees including the Australian Health Ministers Advisory Council National Mental Health Working Group; and development, analysis and evaluation of policies, through drafting of policy position papers and submissions to various inquiries.

The establishment of the MHCA represents a milestone for all Australians. It brings together consumers, carers, clinical service providers, special needs groups (including Transcultural, and rural and remote groups), non-government organisations, private mental health service providers, and State/Territory based peak mental health bodies, to one forum to promote the interests of the Australian mental health sector.

Valuing consumer and carer participation

The National Mental Health Strategy was agreed to by all Health Ministers in 1992, and provided for the first time in Australia, a national agenda for mental health reform. Through a national approach, Health Ministers set the context for unprecedented co-operation to improve policy and service responses for consumers, through sharing of information, trialing innovative service initiatives and developing nationally consistent approaches.

A cornerstone of the National Mental Health Strategy is the principle of consumer and carer participation. The aim of consumer and carer participation is to provide a process to improve the quality of service delivery through participation in
development, implementation, and evaluation, and increase the level of consumer and carer satisfaction with mental health services.

The evaluation of the *National Mental Health Strategy* identified the central role consumers and carers are required to play in the planning, implementation, and evaluation of services. In comparison to other health and welfare systems in Australia, the mental health system leads the way by recognising the importance of and implementing consumer and carer participation practices.

The most recent *National Mental Health Report* (2002) indicates that the percentage of mental health services with formal consumer participation mechanisms has increased from 33% in 1994 to 71% in 2000. Whilst this increase in consumer and carer participation needs to be acknowledged and applauded, we need to ensure that the participation is genuine and not token. Anecdotal evidence provided to the Council suggests that much remains to be done in this area. This was substantiated in the recent International Mid-term Review of the Second National Mental Health Plan, which stated:

> …consumer and carer involvement is now on the cusp between the early (and sometimes) tokenistic systems of the past, and the increasingly meaningful. Respected and affirmed role in their expected future.

The national projects undertaken by the MHCA focus on assisting consumers and carers in their participation in mental health systems. All projects have the capacity to impact throughout Australia in metropolitan, rural, and regional areas. I will now provide a brief overview of some of the MHCA’s projects and activities and their potential impact upon consumers and carers.

**Community Development Project**

The Community Development Project (CDP) is a national project funded by the Commonwealth Department of Health and Ageing. The aim of the CDP is to improve consumer and carer capacity and satisfaction with their participation in all areas of mental health service delivery. The CDP includes strategies and resources to enable consumers and carers to participate more actively through the development of community advocacy skills.

During the first phase of the project *The Kit – a guide to the advocacy we choose to do* (1999) was developed. *The Kit* was specifically designed as a self-access manual for consumers and carers. The second phase of the CDP was contracted to the MHCA, and involved implementation and delivery of *The Kit*, and development of curriculum development education packages based on consumer and carer advocacy and education needs aimed to enhance the roles of consumers and carers in the continual reform of the Australian mental health system.

**Enhancing Relationships between Health Professionals and Consumers and Carers Project**

The Enhancing Relationship Project provides an overview of current issues, policies, and initiatives which impact on consumers, carers, and health professionals and their ability to work in collaboration to improve mental health outcomes.
Five key areas for consideration were identified and a national consultation was undertaken based on this framework. The five key areas included consumer and carer participation, continuous quality improvement, legislation, workplace reform, and education and training. The final report identified barriers to enhancing relationships along with a series of strategies to overcome these barriers.

**Carers of People with a Mental Illness Project**

The Carers of People with a Mental Illness Project is an innovative partnership project jointly conducted by the MHCA and Carers Australia. The primary goal of the project was to identify priority actions to better support and recognise the roles of carers of people with a mental illness across Australia. More specifically, the project examined education, training and information service gaps; carer access to mainstream services; partnership opportunities with other carers; and the extent carers participate and provide policy advice locally and nationally. National consultation indicated that:

- an enormous volunteer contribution is made by carers who spend an average of 104 hours per week caring for a person with a mental illness
- carers are experiencing undue responsibilities and pressures in their caring roles due to significant gaps or inadequate practice in service delivery
- carers expressed extremely low levels of satisfaction with service provision in key support areas.

The MHCA and Carers Australia have commenced a second stage of the project involving further scoping of best practice initiatives, and a broadening of current carer networks and partnerships.

**National Consumer and Carer Forum**

The National Consumer and Carer Forum is a new national initiative under the auspice of the MHCA with the direction from the Commonwealth Department of Health and Ageing and the Australian Health Ministers Advisory Council National Mental Health Working Group.

The Forum aims to progress consumer and carer participation in the Australian mental health sector, and create a forum for discussion of consumer and carer mental health issues at a national level.

Membership of the NCCF includes representatives from each State and Territory as well as from peak consumer and carer organisations. The Forum meets quarterly and facilitates strong consumer and carer input into national issues, and contributes towards the continual reform of Australian mental health services.

**National Consumer and Carer Participation Policy template**

The MHCA has developed a national policy template for adaptation by mental health services that are considering developing a consumer and carer participation policy. The template attempts to address identified gaps and ensure consumer and carer participation exists in its fullest capacity. The template lists 14 best practice principles...
presented as standard benchmarks for mental health organisations to aim for when promoting and practicing consumer and carer participation. The template is available on the MHCA website.

**Insurance discrimination investigation**

In August 2001, the MHCA and beyondblue: the National Depression Initiative, entered into a partnership to address alleged discrimination against mental health consumers by the insurance industry. Through this partnership the MHCA and beyondblue have been able to conduct an investigation into this issue.

It has been alleged that people with mental illness are being refused insurance industry products at the point of entry, and are being denied insurance policy claims on the grounds of non-disclosure of previous mental illness at the time of submitting original insurance policy product application forms.

Whilst the current investigation relates to discriminatory practices of income protection insurance and life insurance amongst people who experience mental illness of high prevalence rates, it is anticipated the focus of the investigation will expand to consider discriminatory practices occurring in other insurance products (e.g. travel and health insurance), and also consider the impact on people who experience mental illness of low prevalence rates.

**MENTAL HEALTH IMPACT IN RURAL AND REMOTE AUSTRALIA**

There is a multitude of issues confronting people with mental illness in rural Australia. As well as psychosocial issues such as poverty, unemployment, substance abuse, stigma, child abuse, and domestic violence, people living in rural and remote Australia face additional challenges as a result of isolation, economic downturn, lack of appropriate services and service providers, and higher rates of unemployment. Pressures experienced by young people in rural Australia are reflected in the extremely high suicide rate among rural youth, which is recorded at twice that of urban youth (National Action Plan for Promotion, Prevention and Early Intervention for Mental Health, 2000).

Lack of services is a major issue confronting rural Australia. Many communities do not have the range of allied health services required. As such, the workload of rural doctors is burdensome because they often try to compensate for these inadequacies in the system.

Addressing the high rate of mental illness in rural Australia requires a multi-faceted approach. Strategies such as educating the community to improve awareness of mental illness and the availability of treatments need to be put in place. Stigma is a major barrier to people accessing mental health care. Decreasing the stigma attached to mental illness, and increasing the skills and isolation of service providers in rural areas will undoubtedly improve mental health outcomes.

With the high rates of mental illness and suicide in rural Australia, service providers have an enormous task of addressing the mental health concerns confronting people in rural areas. Despite resource restrictions, service providers can play a significant role in mental health promotion and illness prevention in rural Australia. Limited staffing
and financial resources call for innovation in service delivery, which may include for example, supplementing current service provision with modern telecommunications but also engaging with and building the capacity of local NGOs.

Initiatives such as the National Demonstration Projects, which entice and attract urban specialists to rural Australia, could be further enhanced through the development of close links with community groups. Clinical placements can be instrumental in encouraging students to consider a future career in rural Australia and it is important that such placements include some involvement with and education about the work of local support groups for consumers and carers. Education and training of all health professionals working in rural Australia, especially general practitioners who are often the first point of contact for people with mental illness, may assist in increasing the number of services which are available to people with mental illness but it is the support groups in the community that will be relied upon long after treatment has been commenced.

The importance of partnerships

The Australian mental health sector has made significant advancements in improving the health outcomes for consumers and carers. However, research tells us that, particularly in rural Australia, there will be a continuing escalation in demand for services. A stated earlier, all available evidence suggests that the mental health sector alone is unable to meet all needs required of rural consumers and carers and the sector must develop partnerships broader than the sector itself.

Broad partnerships need to be developed between consumers, families, carers, general practitioners, private psychiatrists, the private mental health sector, emergency services, the wider health sector, other government services (criminal, welfare, drug/alcohol services, housing), NGOs and community support services. Such an approach will not only create a supportive network for service providers, but it will also improve continuity of care and improve health outcomes.

The National Mental Health Strategy clearly highlights the important role to be played through the development of linkages not only between Commonwealth and State mental health service providers, but more importantly linkages formed beyond the mental health arena. Support services such as housing, corrective services, transport, employment and general health are vital in addressing and providing for the needs of people who experience mental illness and carers. This is no different in rural and remote areas.

CONCLUSION

The Australian mental health sector has made significant advancements in improving the health outcomes for consumers and carers. However, research tells us that, particularly in rural Australia, there will be a continuing escalation in demand for services. It is clear that the mental health sector is unable to meet all of the needs required of rural consumers and carers and that the sector must develop partnerships broader than that from within the sector itself. Research has clearly identified the gains made when health and welfare organisations work collaboratively with a single goal.
Mental illness is a serious life event that can threaten self and identity, valued goals and roles, and social status. People of all ages place high value on independence, autonomy, and plans for the future. Mental illness can be a significant barrier to achieving these values. We must ensure mental health services utilise effective strategies and treatments and provide consumers and carers with the necessary support and information that will facilitate recovery and connectivity with the community. Services should aim to assist individuals back into active participation in community life, and assist them to regain their independence, autonomy, and ambitions. Listening to what consumers and carers want from service delivery, taking account of what their needs are, and involving them in treatment and management plans, is the starting point.

Through its activities, the MHCA is able to provide a sector voice in not only relaying the importance and value of consumer and carer participation, but also in providing guidance and direction for national implementation of consumer and carer participation principles across all levels of the mental health system, thereby contributing towards better mental health outcomes.

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**PRESENTER**

*Grace Groom* is the Chief Executive Officer of the MHCA, appointed in July 2002.

Dr Groom is a qualified teacher and has been working in health care administration and reform for the past eight years through the divisions of general practice including local, state, and national positions.

Prior to the MHCA, she held the position of National Primary Mental Health Co-ordinator with the Australian Divisions of General Practice Network and prior to that, was the Director of the Queensland Divisions of General Practice Mental Health Support Strategy. Dr Groom was a key player in the recent 2001–2002 Federal Budget measure “Better Outcomes in Mental Health Care”.

Research interests include change management and mental health policy reform. She has recently completed her doctoral thesis on the effect of the National Mental Health Strategy on the work of general practitioners.