

Overcoming Barriers to Mental Health Service Reform

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7 Challenges in mental health reform



- How many people have mental disorders?
- How disabling are these disorders?
- How can we pay for treatment of common mental disorders?
- How can we coordinate services for severe mental disorders?
- Can we measure outcomes?
- How do we deal with stigma?
- Can we build a service planning framework?



Challenge #1 ...



- How many people have mental disorders?
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Mental disorders are common worldwide



Statistics from around the world

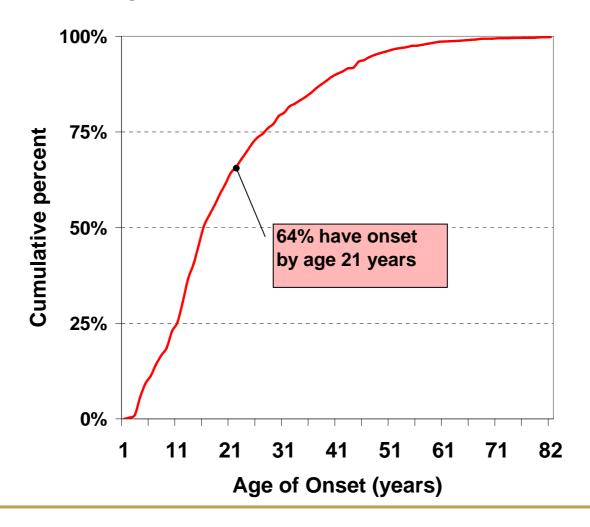
Country	% of population with any mental disorder in a year		
China	17.5%		
Columbia	17.8%		
France	18.4%		
New Zealand	20.7%		
Lebanon	16.9%		
USA	26.2%		
South Africa	17%		
Ukraine	20.5%		
Australia	20%		

- 450 million people worldwide have a mental or neurological disorder
 - 150 million with depression
 - 25 million with schizophrenia
 - 90 million with alcohol or drug use disorder
- 3% for severe mental disorders
- >15% for common mental disorders
- 1 million die from suicide each year

Early onset of mental illness



Age of onset of mental illness



Challenge #2 ...



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Burden - the Disability Adjusted Life Year



 Extends the concept of years of life lost to include loss of health caused by disease or injury

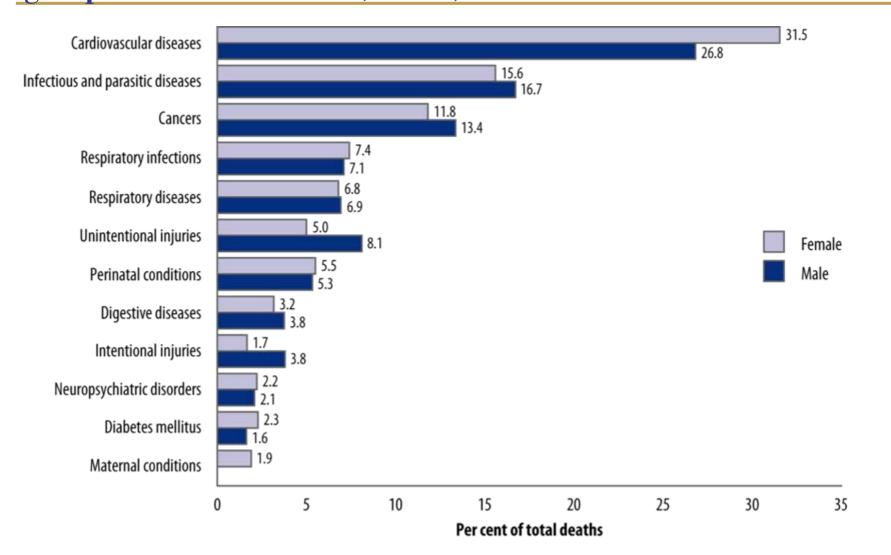
One DALY = loss of one year of healthy life

Years lost due to death Years lived with disability



Distribution of deaths by leading cause groups males and females, world, 2004

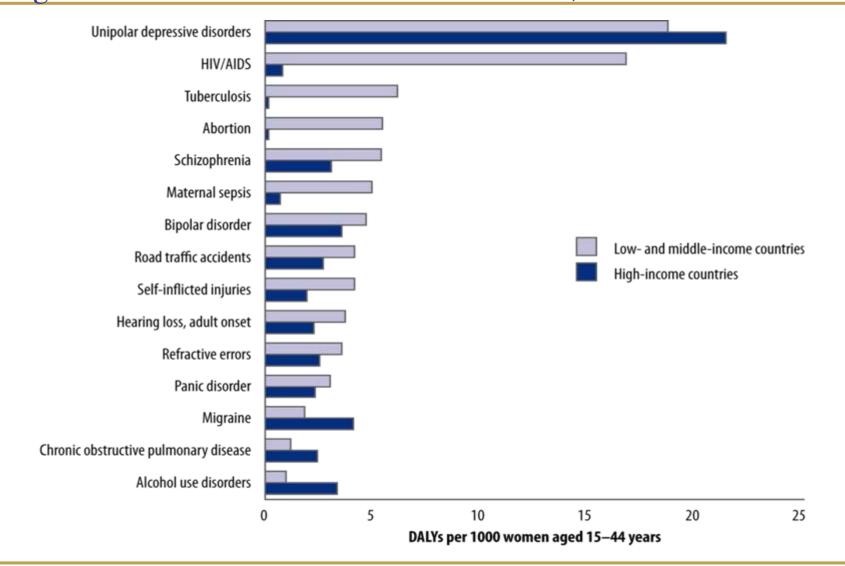






Disease burden for women aged 15–44 years, high and low-and middle-income countries, 2004

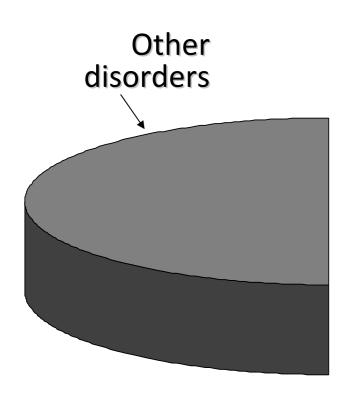






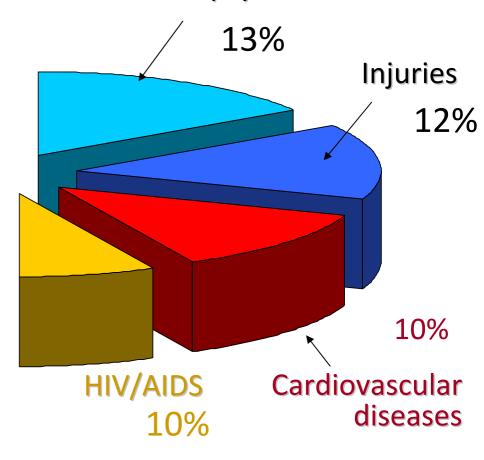
Worldwide disease burden (DALYs)





Source: WHR 2002

Neuropsychiatric disorders



Ten leading causes of burden of disease, world, 2004 and 2030



203 Disease or injur	As % of total DALYs	Rank		Rank	As % of total DALYs	2004 Disease or injury
Unipolar depressive disorde	6.2	1	\ /	1	6.2	Lower respiratory infections
Ischaemic heart diseas	5.5	2	1	2	4.8	Diarrhoeal diseases
Road traffic acciden	4.9	3	+	3	4.3	Unipolar depressive disorders
Cerebrovascular diseas	4.3	4	+ \/	4	4.1	Ischaemic heart disease
COP	3.8	5		5	3.8	HIV/AIDS
Lower respiratory infection	3.2	6	$\prec \langle / \rangle$	6	3.1	Cerebrovascular disease
Hearing loss, adult ons	2.9	7	\ X\/	7	2.9	Prematurity and low birth weight
Refractive erro	2.7	8	$\times \vee \times$	8	2.7	Birth asphyxia and birth trauma
HIV/AIC	2.5	9	^\ // //	9	2.7	Road traffic accidents
Diabetes melliti	2.3	10		10	2.7	Neonatal infections and other ^a
Neonatal infections and othe	1.9	11	//*	13	2.0	COPD
Prematurity and low birth weigl	1.9	12	// / \\	14	1.8	Refractive errors
Birth asphyxia and birth traum	1.9	15	//	15	1.8	Hearing loss, adult onset
Diarrhoeal disease	1.6	18	/	19	1.3	Diabetes mellitus

Challenge #3 ...



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Challenge #3 ...



Paying for increased treatment of common mental disorders

- arguments that are effective
 - » clinical (effective short term treatments exist)
 - » economic (there is a productivity return on this investment)
 - » equity (mental disorders treatment rates less than "equivalent" physical disorders)



Challenge #4 ...



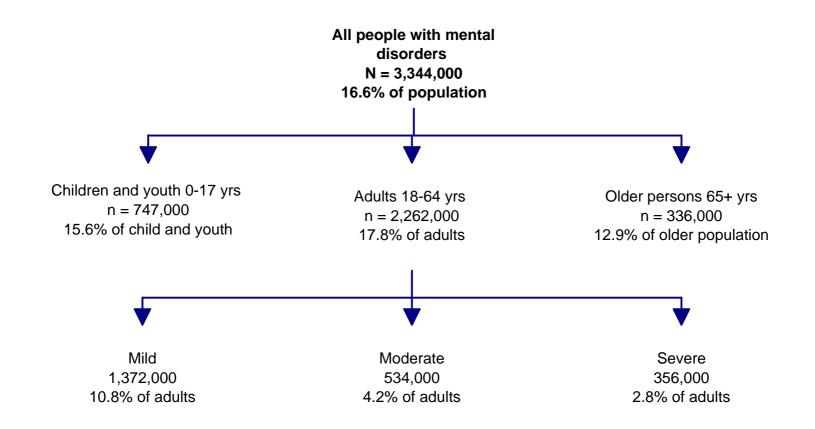
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Estimate the size of the groups

Step 1: Estimating the size of the adult population severe mental disorders



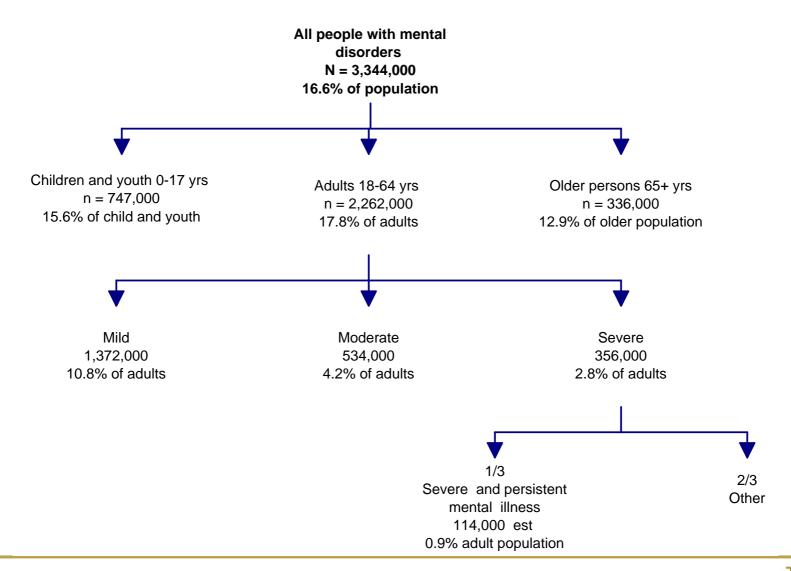




Estimate the size of each group

Step 2: Estimating the subgroup with severe and persistent mental illness



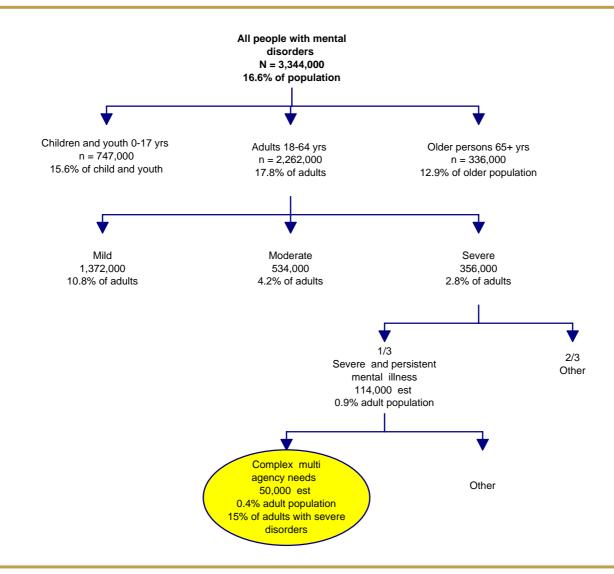




Estimate the size of each group

Step 3: Estimating those who have complex and multiple service needs







The Tripod of services needed for the severe, persistent and complex group ...



Clinical treatment

- Disability support and rehabilitation
- Stable accommodation

If any leg of tripod fails – the individual's care can fail



Challenge # 4 ...



Co-ordinating clinical, rehabilitation and accommodation services for those with severe, persistent and complex disorders

- arguments that are effective
 - » clinical ("revolving door" rehospitalisation)
 - » economic (there are potential savings in government income benefit outlays)
 - » equity (individuals end up homeless or in prison)



Challenge #5 ...

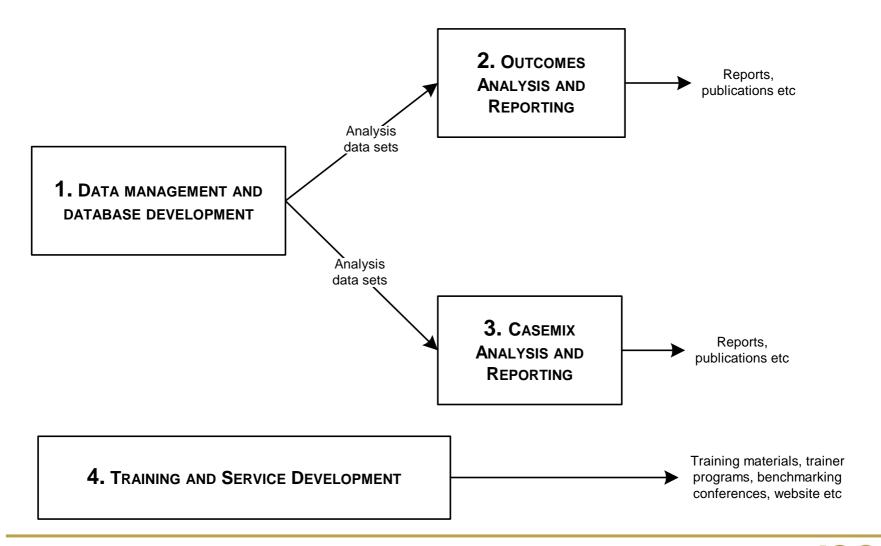


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Australian Mental Health Outcomes and Classification Network (http://amhocn.org)







Challenge #6 ...



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Community education needed

States turn 'blind



Bed crisis for mentally ill grows

Waiting patients shackled for days

Mental patients cast on streets

Our fraud on the mentally ill

Senate votes for mental health inquiry

Impoverished system fails mental patients

Fix the mental health crisis

It's time governments began giving proper attention and funding to the mental health system.

- Too hard to get a bed in hospital in a crisis
- Too little care in the community
- Increase in drug abuse causing more mental illness
- Stigma and discrimination persists

Mental care crisis
HEALTH
CHIEF
RAISES
ALARM

Mentally ill missing out on help, says AMA

Treatment of mentally ill as bad as ever: expert



PM urged to fix mental health

The forgotten ones

Mental health is in crisis and sending the sick on to the streets, Vanessa Walker reports

Mental health system now seriously ill

Reforms a failure, say psychiatrists



Challenge #6 ...



Increasing mental health literacy to decrease stigma and promote early intervention

- the arguments that are effective
 - » barrier to seeking treatment is on the demand side (data was available from national epidemiological study)
 - » clinical (early intervention is better)
 - » economic (early intervention reduces "downstream" costs)



Challenge #7 ...



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Planning Model



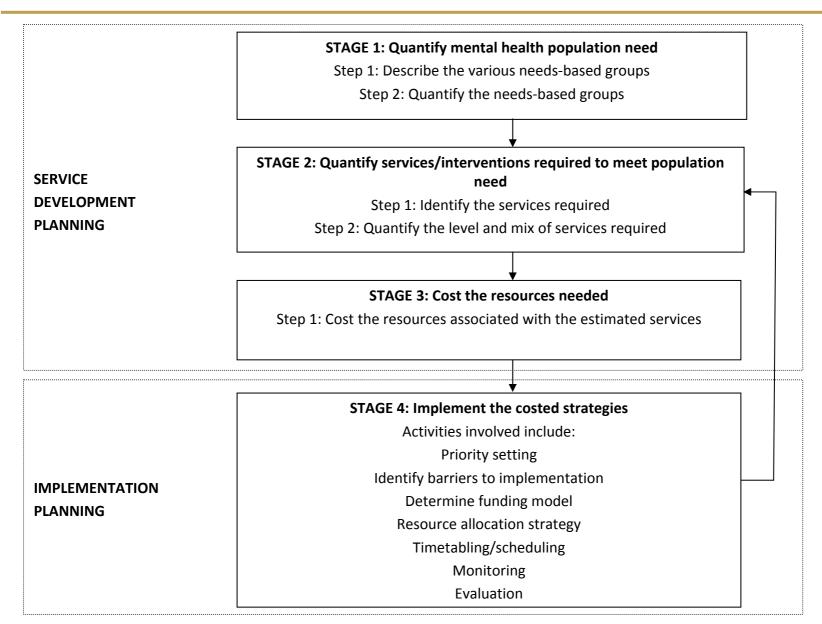
A distinction between two broad elements of planning:

- Service development planning refers to the activities involved in modelling service requirements for an ideal scenario, i.e., where total need is identified and met.
- Implementation planning refers to the activities undertaken to put a service development plan on the ground in a regional or local context.



Elements of a Planning Model





Australia's National Performance Indicators



Four Twelve What the progress **Outcome Areas Progress Indicators** indicators tell us about improved mental health The prevalence of mental illness in the Reducing the prevalence community and severity of mental illness in Australia Population health The rate of suicide in the community outcomes Are we more mentally Reducing the prevalence of Rates of use of illicit drugs that contribute to healthy as a nation, with less risk factors that contribute mental illness in young people risk factors for mental to the onset of mental illness? Rates of substance abuse illness and prevent longer term recovery Percentage of people with a mental illness who receive mental health care Increasing the proportion of people with an emerging or Mental health outcomes of people who receive Health service delivery established mental illness treatment from State and Territory services and outcomes who are able to access the the private hospital system Are health services more right health care and other effective in the care they relevant community The rates of community follow up for people within the first seven days of discharge from provide to people with mental services at the right time, with a particular focus on illness? hospital early intervention Readmissions to hospital within 28 days of discharge Participation rates by people with mental illness of working age in employment Social and economic Increasing the ability of 10. Participation rates by young people aged 16-30 outcomes people with a mental illness with mental illness in education and to participate in the Have we increased employment community, employment, opportunities for participation education and training, in community life for people 11. Prevalence of mental illness among people who including through an with mental illness? And are remanded or newly sentenced to adult and increase in access to stable reduced the social impact of iuvenile correctional facilities accommodation mental illness 12. Prevalence of mental illness among homeless populations