

## Mental health care: take 2

We are pleased to present our second issue on mental health care. Perhaps indicative of the needs in this sector, the original call for papers generated more interest than could be accommodated in one issue. We are also pleased to report that there has been some momentum in improving mental health care.

The 2006–07 national budget delivered the government's commitment for \$1.9 billion to improve services for people with a mental illness. The largest component of the funding was allocated to Medicare rebates designed to improve access to general practitioners, psychiatrists and psychologists. Funding was also allocated to additional training places, to increase availability of mental health nurses and clinical psychologists. Funding for mental health programs included a focus on services for rural, remote and Indigenous communities of Australia, drug and alcohol, suicide prevention, early detection and social activity.

Although this funding has been lauded as stepping in the right direction, papers in this issue provide evidence on how funding should be allocated to get the best possible mental health outcomes — evidence that does not fully support the budget allocations. Robinson and colleagues (*page 271*) provide a commentary on Australia's national suicide prevention strategy, suggesting that despite some successes the strategy has largely neglected high-risk groups and under-utilised effective initiatives. The Better Outcomes in Mental Health Care program is the subject of a follow-up paper from the last issue that identifies the success of the Access to Allied Psychological Services (ATAPS) component. This paper raises questions about the government's funding focus on nursing and clinical psychology (Pirkis et al, *page 277*). Although based on a New Zealand study of Maori, Pacific Island and other consumers of mental health services, Trauer, Eagar and Mellsop outline issues related to ethnicity, deprivation and mental health outcomes that should be considered in mental health policy and service

planning responses in Australia as well (*page 310*). McGrath and Forrester highlight the largely ignored issues surrounding end of life care within institutional mental health (*page 286*).

Clinical practice guidelines are available for health professionals, and for consumers and carers from the Royal Australian and New Zealand College of Psychiatrists for both Australia and New Zealand on anorexia nervosa, bipolar disorder, deliberate self-harm (youth and adult), depression, panic disorder and agoraphobia, and schizophrenia. The guidelines have been developed with the support of both the Australian and New Zealand Governments and provide information on the mental illness and treatment options. In a relevant paper in this issue, Deane and colleagues from the Universities of Wollongong and Queensland outline the issues faced in implementing evidence-based practice in mental health care (*page 305*). Finally, Schweitzer and colleagues highlight the failure of medical practitioners in Queensland to report suspected child abuse, despite a legal requirement for such reporting (*page 298*).

While the much-needed budget allocations are a step in the right direction, they represent only a small promise to improving mental health care throughout Australia. More is required to meet the needs of the estimated 20% of the population with mental illness. As Jeff Kennett mused in the last issue of AHR, "I do not think this is a difficult challenge. It simply requires that governments give mental health a higher priority of policy and funding; and have the willingness to do some things differently in the future, based on what we have learned over the last few years."<sup>1</sup>

### Also in this issue

This issue also presents excellent reading on patient complaints in rural Australia (Jones and colleagues, *page 322*) and adverse events related to elective surgery (Moje, Jackson and McNair, *page 333*). Articles directed to helping practition-

ers improve care processes include transiting from retirement village to residential care (Cheek et al, *page 344*), thoughts on rehabilitation inter-agency collaboration from participants (Bloor, *page 362*), report of a survey by New on the most appropriate setting for non-traumatic spinal cord injury rehabilitation (*page 353*) and a model proposed by Phillips and colleagues to improve regional palliative care delivery (*page 370*).

Information management and technology continues to be an important area with papers by Bomba and Land on the feasibility of prescribing electronically in a hospital setting (*page 380*), on the use of SMS text messaging to improve outpa-

tient attendance (Downer et al, *page 389*) and on electronic linkages designed to enable online referral and booking by GPs (Nicholson et al, *page 397*).

Finally, a feature of each issue, Gary Day provides AHR readers with an informed selection of resources in the accompanying book reviews.

**Sandra G Leggat**

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- <sup>1</sup> Kennett J. It's time for action: do something to help. *Aust Health Rev* 2006; 30: 136. Available at: <[http://www.aushealthreview.com.au/publications/articles/issues/ahr\\_30\\_2\\_0506/contents\\_0506.asp](http://www.aushealthreview.com.au/publications/articles/issues/ahr_30_2_0506/contents_0506.asp)> (accessed Jun 2006). □



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