Mental health care: commitment to action?

THE COUNCIL OF AUSTRALIAN GOVERNMENTS (the peak intergovernmental forum in Australia, comprising the Prime Minister, State Premiers, Territory Chief Ministers and the President of the Australian Local Government Association) focused on mental health care at its meeting in February. They agreed that more money is needed, and asked their public servants to prepare an action plan urgently.\textsuperscript{1} The action plan is expected to contain a stronger focus on mental health promotion and early intervention, and perhaps a more flexible approach to the housing and care needs of people who can't “manage on their own”. A stronger role for the non-government sector is anticipated, as well as increased access to psychologists and other health professionals in primary care, and efforts to improve access for people with mental illness to employment, community activities, rehabilitation and respite care.

Workforce concerns are also highlighted — both the need to ensure the supply of skilled staff and the need to consider role changes. Capacity to respond to people with mental illnesses will be included in the new National Health Call Centre Network, also recently agreed upon. While some funding commitments have been made (including an extra $20 million, funded equally by the Australian Government and the states and territories, to ensure the mental health capacity of the National Health Call Centre Network) no commitments on increased funding for mental health generally will be made until the action plan is considered mid-year.

The Mental Health Council of Australia, among many others in the field, welcomed the outcomes, pointing to the need to put in place “the infrastructure to enable supported deinstitutionalisation to occur — the infrastructure Australia should have built 20 years ago when the old asylums were closed”.\textsuperscript{2}

In this issue, we present a collection of commentaries and papers of direct relevance to the forthcoming action plan on mental health. In our \textit{n = 1} section (page 135) Jeff Kennett, former Premier of Victoria and current chair of \textit{ beyondblue}, the national depression initiative, reflects on the sources of his interest in depression, and the directions he would like to see emerge from the COAG action plan. Also in this section, Merinda Epstein tells a powerful personal story (page 137), which could be one of hundreds like it in Australia, outlining interactions of varying efficacy with the many components of today’s mental health care system.

Our call for papers generated two commentaries for this issue. Trauer and colleagues (page 144) review the current state of play with routine outcome measurement (ROM) in mental health, and suggest the next steps are to make the results more available, and more useful, to clinicians. Thomas et al provide an overview of the implementation and uptake of the Better Outcomes in Mental Health Care program (page 148).

For those who wonder how carefully anyone reads submissions to official inquiries, Townsend et al provide reassurance in their analysis of the more than 700 submissions to the current Senate Select Committee (page 158). In the first of several papers on outcome measurement, Callaly and colleagues report on how clinicians in one large public mental health service are thinking about their contribution to ROM (page 164). Coop provides an overview of the use of a balanced scorecard in a mental health service (page 174), and Birleson and Brann address organisational learning in the child and adolescent mental health care setting (page 181).

Vagholkar et al report on an evaluation of a program to improve access to the services of psychologists in primary care (page 195). Finally in this collection, Meehan and colleagues (page 203) analyse the success of a coordinated set of measures in reducing staff injuries from aggressive behaviour by clients.

The response to our call for papers was very strong, and this collection will be followed by a second set of papers on mental health in an upcoming issue. The current papers highlight the need to continue building a coherent national agenda for mental health, with actionable strategy
and long-term commitment to improving the system.

Increased investment by governments will certainly be accompanied by a strong focus on ensuring outcomes. The uniformly positive response by clinicians to the consumer self-report measurement instrument (see Callaly et al in this issue, page 164) is a ray of hope for outcomes measurement that works for consumers and clinicians. At the same time, increasing engagement by consumers and their carers will balance the focus on outcomes with concern for the experiences of those with mental illness. Expectations have been raised by the COAG discussions, and we join other commentators in hoping for an outcome that is both coherent and proportionate to the size of the problem.

Also in this issue

In the light of growing prevalence of chronic liver disease, Ehsani et al report on a preliminary analysis of the roles of hepatology nurses and allied health staff in Victorian liver clinics (page 211). Fitzgerald and colleagues explain a tool for better communication in managing unplanned surgery (page 219). Rowley (page 232) tells the story of how one major hospital exploited the renewal opportunities of a physical relocation — a learning experience too seldom documented. In two papers on private health insurance (PHI), Moorin and Holman (page 241) examine the use of PHI by disadvantaged groups (reporting increased use of private hospitals by those considered to be socioeconomically disadvantaged, but lower use by people in rural/remote areas), and Clay and Ozanne-Smith (page 252) report on a survey of PHI status among those with injuries (people with injuries are less likely to carry private hospital insurance, and their reliance on the public system is now higher, proportionately, than before the introduction of new PHI policies).

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