A long-overdue investment in mental health is on the way. It's time for nursing to seize the opportunities, rise to the challenges and avoid the potholes, writes **Melissa Sweet.**

mental health

it's time for action

Significant change is finally on the horizon after years of neglect, scandals and endless reports documenting the inadequacy of mental health funding and services in Australia.

At a political level, mental health is at last being seen as an issue meriting attention beyond the health portfolio. It has won the support of the Prime Minister, who recently announced a five-year $1.8 billion funding package, and the Council of Australian Governments (COAG), which has mental health reform high on its agenda.

'We're back in one of those watershed periods in mental health,' said Professor Mike Hazelton, professor of mental health nursing at the University of Newcastle.

'It's an unprecedented opportunity for the whole sector,' adds Stephen Elsom, president of the Australian and New Zealand College of Mental Health Nurses. 'The Prime Minister does appear to be genuinely interested in doing something about it. And so he should.'

While the details of new services and funding are still being hammered out, it seems clear that community-based care, including employment and housing support, will receive high priority. Promotion; prevention and early detection; and intervention are also acknowledged as critical.

New roles for nurses

It is widely expected new funding models and services will lead to expanded opportunities for nursing, including new roles working with psychiatrists and general medical practitioners (GPs) to better coordinate care and treatment.

Jon Chesterson, an expert advisor on mental health to the International Council of Nurses, says the impact will be to make nurses more accessible to the general public, rather than primarily through mental health services.

'We shouldn't be waiting for the public to develop serious mental illness before receiving nursing care,' he said. 'Earlier intervention and prevention gets better outcomes and that's where we need more nurses working.'

Professor Mike Hazelton was recently approached by his local division of general practice wanting advice on how to develop closer working relationships between GPs and mental health nurses. He sees great opportunity to expand the role of nurses in primary care.

'They could do everything from mental health assessment through to psychosocial and psychological interventions, motivational interviewing for people with dual mental health and alcohol-related problems, and some of the behaviour therapies for personality disorder,' he said.

'I don't think it will happen overnight, it will probably take three to five years to be developed and will require changes to the content and structure of post graduate education.'

Professor Hazelton also cautions that many nurses may find it a challenge to adapt to the time-pressured, private sector environment of general practice, and will need to become more cooperative in the way they work.

'If nurses working in the public sector think they can work the same way in the general practice environment, they will get a very rude shock,' he says. 'It will require a significant expansion of knowledge and skills. I don't think we should be afraid of that. We should embrace it.'

Lessons for education

If nurses are to contribute effectively to improvements in mental health care, many experts believe the quality of their education needs to improve.

Jon Chesterson said all nurses need basic skills in assessing and managing people with mental illness. 'People with mental illness are turning up in casualty departments, medical and surgical wards and primary health care,' he said.

'About two-thirds never get to the tertiary referral of public mental health services so it's really critical we build capacity in primary health care and mainstream services so people are treated with competence and respect within the entire nursing and health care community.'

The mental health content of undergraduate degrees needs to increase and improve in quality, he adds, while funding shortages have constrained the quality of postgraduate courses in mental health.

Image courtesy of Photolibrary

'There's no standard around this, universities do pretty much what they want and that's often based on what funding they have,' he said. 'It has an overall effect of dumbing down the education we are giving our nurses in mental health.'

Mr Chesterson believes a system of accreditation is needed for postgraduate programs, as well as incentives to make such courses more affordable and appealing both to nurses and the universities that provide them.

Professional accreditation of postgraduate courses would ensure better linkage with workforce needs and professional standards.

'You need organisational incentives for universities to ensure these programs are available,' he said. 'You also need incentives for the nurses so it's not going to cost them an arm or leg in order to complete what we consider to be their fundamental training.'

Professor Hazelton believes all undergraduate nursing programs should include a significant component on the mental health knowledge and skills required in primary care. The current educational focus on specialist mental health services leaves many graduates fearful of the area, he said.

'Some programs focus on problems such as violence and aggression and challenging disorders,' he said. 'I'm not saying this is not important, but if we make this the main focus of what we do, we're sending the wrong message. Nowadays, with the treatments and service delivery models available, it's a reasonable expectation that we can expect people to improve significantly, no matter what their mental health problem is.'

Meanwhile, the Association for Australian Rural Nurses executive director, Wendy Armstrong, believes far more attention should be paid to improving skills across the existing workforce, particularly in country areas where general nurses are often out of their depth in crisis situations. 'We should be working with those who are already in the system in order to respond to crisis situations quickly,' she said.

Quality care

Later this year, a new service in Sydney promoting early and holistic intervention for young people with mental health problems is expected to open its doors at the Brain and Mind Research Institute at the University of Sydney.

The head of the institute Professor Ian Hickie anticipates nurses will have a crucial role. Their biomedical expertise means they can bring an extra dimension to patient education and care which is not offered by other disciplines such as psychology, he said.

However, Professor Hickie warns that some small sections of the mental health nursing workforce, like other mental health professionals, need to move beyond their historic focus on custodial care. 'No matter where we work in mental health, there is a danger of taking a custodial and disempowering and patronising attitude," he said.

Professor Hickie says it is understandable that such attitudes have persisted because many nurses, in both the acute and community sector, have been working in difficult situations without adequate support.

'Occupational health and safety for the staff has become the dominant theme in acute mental health,' he said. 'Rather than having containment as their principal role, nurses need to become true partners in care.'

Mr Chesterson says such criticisms are warranted, but hopes the move toward credentialling of mental health nurses will lead to improved practices, greater accountability and public confidence. However, only a small proportion of mental health nurses are credentialled to date.

The Australian and New Zealand College of Mental Health Nurses, which relies almost exclusively on the voluntary contributions of nurses, does not have the funding or infrastructure to implement credentialling more widely but its leaders believe government support would improve its capacity to deliver this.

Mr Chesterson said some nurses will be resistant to credentialling, feeling it is just another burden for an already stretched workforce, but he sees it as an essential if nurses are to contribute to better mental health care.

Good news about rural mental health

The list of problems in rural mental health is long and includes: shortages of staff, services and skills; difficulty recruiting and retaining staff; burnout; poor mental health literacy in the general community; and widespread stigma which makes many people reluctant to acknowledge or seek help for problems.

But rural mental health nursing is a job that Tina Philip wouldn't trade. After more than 30 years in the field, Ms Philip says she couldn't imagine a more satisfying job.

'It's not the sort of area where you get boxes of chocolates from patients and their families,' she said. 'But it's so rewarding to see patients and their families come through the other end, to function well in the community and to have meaningful lives.'

Ms Philip has also found working with people with a mental illness to be personally enriching. 'The people that I've met are all unique in their own way and all have something to contribute,' she said.

'They've helped me to develop into a far better professional. You can do as much training as you like but unless you actually sit down and listen to the stories of people who experience mental illness and to their families, you don't know what it's like. They've really influenced how I think and practice. I think I'm a far more compassionate person as a result.'

One of the biggest needs in rural mental health, says Ms Philip, is for the community and health professionals to show more compassion to people experiencing mental illness. Improving community understanding of mental health issues would help overcome much of the fear and stigma, she said.

Ms Philip says it is unfortunate that stigma is also an issue for the nursing profession. 'Psychiatric nurses are often stigmatised,' she said. 'People often make comments like, "you've got to be mad to work in that area".'

The rewards of working in mental health are not always well understood by the broader nursing community, adds the ANF's federal secretary, Jill Iliffe. She strongly encourages general nurses to consider moving into mental health.

'It's a fantastic area to work,' she said. 'There's so much opportunity for autonomy and there's a real scope for nurses to make a difference.'

The Bush Crisis Line provides 24-hour phone debriefing and counselling support for health practitioners in remote and small rural communities: phone 1800 805 391 or check www.bushcrisisline.org.au

The national picture: a mixed report card

States and territories have achieved varying progress in implementing the national mental health strategy since 1993. Victoria is generally agreed to have made most headway in moving toward community-based care, while SA and NSW are lagging behind.

'Reforms across the country are uneven and some jurisdictions remain way behind, having made relatively little progress over the 10 years,' said the latest National Mental Health Report. 'Where most progress is evident, there are indications that it has not been sufficient to meet the needs of people living with mental illness in the community.'

The report, while noting more dollars do not necessarily produce more or better services,

'The critical question is, what are we going to do about ensuring quality and sustainable services for people with mental illness who quite clearly have not been properly serviced or fairly treated throughout the past 50 years?'

Meanwhile, Mr Elsom said restructuring of the workforce is also important for improving quality of care. At present, the least experienced nurses often are put in the most difficult jobs, in acute inpatient units. These units need to be better resourced so they are more attractive to senior, experienced staff, he said.

Professor Hazelton said the quality of mental health nursing is currently patchy. 'In the same service you can have pockets of world's best practice sitting alongside pockets of world's worst practice, where you would think you were back in the mid 20th century.'

A long way to go

Bemused eyebrows were raised when the Federal Government recently announced funding for extra university places for mental health nurses. It seemed, from both its public comments and private discussions with nursing leaders, the Government had not grasped that mental health nursing is a postgraduate qualification. 'They haven't got a clue,' was the private response from a number of senior nurses.

This example illustrates widespread concerns that it is far from certain the current political enthusiasm for mental health will be effectively translated into improved services. The ANF's federal secretary, Jill Iliffe, is concerned that too many details remain up in the air and that much of the activity appears uncoordinated.

'We've seen lots of things where the PM and everyone gets very excited and involved, and it just doesn't go anywhere,' she said. 'There's a long way to go before it's going to make a difference. It needs real cooperation between the states and the federal government and it needs some practical plans on the ground.'

Professor Hickie, who has been closely involved in efforts to put mental health on the political and public agenda, said that while the PM's involvement is extremely encouraging, he is disappointed that most state leaders still haven't grasped the issue.

'Mental health reform requires a degree of tough leadership,' he said. 'You run into vested interests. It's a long term, not a short term investment. Morris Iemma in NSW is the only Premier I have spoken to who seriously understands the issue and is seriously looking at solutions,' said Professor Hickie.

Meanwhile, the ANF's federal liaison officer, Victoria Gilmore, says ongoing problems of federal-state relations are barriers to creating the more flexible models of nursing required to improve mental health care. A nurse should, for example, be able to work across a variety of settings, whether in a division of general practice, a general practice or a hospital. This would improve service delivery, skill development and workforce retention through improved quality of working life.

'It's about making sure that mental health care is available when and where people need it,' she said. 'This just reinforces the ANF's call for a health reform process to be undertaken as a matter of urgency, with a health reform commission that works out how to best fund, monitor and evaluate health care.'

Many believe the nursing profession – as the biggest component of the mental health workforce – and the mental health sector more broadly, has a responsibility to ensure promises of reform are delivered and do not degenerate into turf wars between professional groups and services.

'Don't waste the opportunity,' said Mr Elsom. 'Governments are not about to throw money at something more than once if it doesn't work. There is a big onus on the whole sector to get it right.'

Melissa Sweet is a freelance journalist and the author of *Inside Madness*, a book about mental health reform and an account of the life and work of murdered psychiatrist Dr Margaret Tobin. Published in June by Pan Macmillan.

says the gap between the highest and lowest spending jurisdictions increased between 1993 and 2003. The greatest variation in spending occurs in child and adolescent mental health services.

'The disparity between the jurisdictions points to wide variation in the level of mental health services available to their populations,' says the report. Other findings include:

NSW has consistently under spent on mental health services on a per capita basis over the past decade, while Victoria and WA have consistently spent above the national average. NSW has also been slow to increase funding to the community and NGO sector.

By 2003, SA was the only state that had not decreased spending on stand-alone psychiatric hospitals relative to 1993. In SA, 73% of psychiatric inpatient beds remained in stand-alone hospitals compared with 53% in NSW, 30% in Queensland and 13% in Victoria.

In 2003, Victoria, Tasmania and the ACT provided 45%, 39% and 33% respectively of their bed-based services in 24 hour staffed community residential services compared with an average of 5% for the other jurisdictions.

By 2002/2003, 51% of total spending on mental health services was directed to community based services compared with 29% at the beginning of the national mental health strategy.

In 1998 all states and territories agreed to implement national standards for mental health services but progress has been slower than expected. By mid 2003, only 57% of state and territory services had begun collecting and reporting consumer outcomes information.

By 2003, the private sector provided 22% of total psychiatric beds and employed about 9% of the mental health workforce.

Source: Department of Health and Ageing (2005) National Mental Health Report 2005: Summary of Ten Years of Reform in Australia's Mental Health Services under the National Mental Health Strategy 1993-2003. Commonwealth of Australia, Canberra. Available at: www.health.gov.au/mentalhealth.

Timeline to action

June 2006: Council of Australian Governments (COAG) considers an action plan for mental health reform.

May 2006: Mental Health Council of Australia (MHCA) draft report: *Time for Service: how to end Australia's mental health crisis*.

April 2006: Prime Minister John Howard announces funding for mental health reform.

March and April 2006: Senate Select Committee on Mental Health publishes two volumes of its report: *A national approach to mental health – from crisis to community*.

Feb 2006: COAG makes mental health reform a priority.

Oct 2005: MHCA releases *Not for Service: experiences of injustice and despair in mental health care in Australia*, which details a 'broken and failing system'.

2003: MHCA releases *Out of hospital, out of mind!*, which concludes that: 'To simply continue with the current inadequate pace of reform, perpetuate the same inadequate resource base, utilise the same governance structures and fail to invest in innovation and disease prevention, is to condemn many of the most disadvantaged and ill members of our community to many more years of abuse, neglect and very poor mental and physical health.'