Mental Health and Illness in Australia: Some Contemporary Facts and Figures

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United Nations Secretary-General Ban Ki-moon's message on last year's World Mental Health Day was: "There is no health without mental health."In this Editorial I will focus on the state of play for global mental health, then consider some contemporary Australian facts, figures and trends.

Last year saw more than its fair share of disasters: flooding in Thailand and Australia, earthquakes in Japan and New Zealand and famine in Somalia, as well as ongoing conflicts across the globe. Long-lasting effects after physical scars fade and cleanups finish can result in mental trauma even for those not directly affected by a disaster[1]. Adding to these the global economic crisis, the risks for mental ill-health are rising around the globe[2]. Mental health problems are responsible for an estimated 13% of the global disease burden. Mental disorders including anxiety and depression are common; they are major contributors to illness and premature death, and are under-treated in many developed and developing countries.

WHO's Mental Health Atlas[3] makes disturbing reading: spending across the globe on mental health averages only US$1.63 per person per year, and in low-income countries is less than 25 cents. WHO reports that only 59% of people live in a country with dedicated mental health legislation, which disturbingly indicates a possible lack of human rights-oriented legislation to reinforce good practice standards, civil and political rights, and basic human needs in such countries; China, for example, has none. An inadequate proportion of health budgets is devoted to mental health. Most low- and middle-income countries spend less than 2%, and many countries have less than one mental health specialist per one million people[3].

Recently in Thailand I visited a large inpatient mental health facility. The dedication of the medical and nursing staff was impressive, and I was struck by the strategic plan's similarities to those of our local health service in Australia. Very different however were the resources available in Australia, which enjoys a high income level compared with Thailand's middle-to-low level[3]. This was most noticeable in the lack of outpatient mental health services, a feature which it shares with other countries with low average income levels, often causing the burden of care to fall on relatives. Both consumers and carers frequently had to travel vast distances to access specialised care. The range of medications used to treat people with mental illness is limited, unless consumers can bear the costs themselves.

Stand-alone psychiatric hospitals in Australia, such as those I visited in Thailand, are decreasing in number with transfer to delivery of care in psychiatric units, or wards in public acute hospitals. The move to units attached to generalist services is expected to increase access to services, to minimize stigma associated with them and community mental health care services, and provide interdisciplinary care to people living with mental illness in the community.

To put this comparison in context, Australia's population in 2010 was over 22 million, rather less than Malaysia's 28 million, about half of Korea's population, about a third of that of Thailand, and dwarfed by the population of Japan (126 million). Whilst resources may be better in Australia than many other countries, the percentage of the health budget spent on mental health remains only about 7%. Mental disorders accounted for 13% of the total burden of disease in Australia in 2003[4] and ranked third in the

J Nurs Sci 2011;29(4):7-9

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major morbidity and mortality disease burden groupings, after cancer and cardiovascular diseases. In 2007 in the twelve months prior to the National Survey of Mental Health and Wellbeing conducted by the Australian Bureau of Statistics, an estimated 3.2 million Australians (20% of the population aged between 16 and 85) had a mental disorder, making mental health disorders the leading cause of disability. Anxiety, depression, alcohol abuse and personality disorders constitute the major part of the burden[4].

Of the 249,458 nurses employed in Australia in 2004 an estimated 14,123 (5.7%) worked mainly in mental health nursing (68 FTE nurses per 100,000 population)[5]. Of these, just under two-thirds (66.3%) were females, compared with 91.3% for all areas of nursing. Nurses comprise 50% of the current health service staff, and nearly half are over the age of 45; 100,000 are expected to be contemplating retirement in the next 15 to 20 years[6]. In 2003 the average age of employed mental health nurses was 44.9 years, slightly older than the average of nurses in Australia. Recent predictions of a massive shortfall have resulted in creation of more university places, and extra funding to help pay for the clinical practice training. Mental health nurses increasingly expand their knowledge and skills and extend their scope of practice[7]; they play a vital role in primary health care, working alongside general practitioners to deliver mental health care to clients with a range of problems.

A current hot topic in mental health in Australia is the fate of asylum seekers. The Australian College of Mental Health Nurses has added its voice to others demanding urgent attention to mental health standards in immigration detention centres[7], which themselves admit they cannot provide proper mental health care and that prolonged detention has created demands for service which they cannot meet. Whilst Federal government political parties are in deadlock about how to deal with the refugees seeking asylum in Australia, health statistics for detention centre residents are becoming ever more alarming. Nurses are struggling with the ethics of working in this system. A detention centre mental health nurse was sacked for expressing a negative opinion about detention after saying she believed that mandatory detention contributed to refugees' mental illness. In fact she was stating her professional opinion based on the evidence about effects of detention, and her opinion was in line with her professional organization.

On a positive note: the Australian government last year launched a Mental Health Reform Package with initiatives to improve economic and social conditions for people with a mental illness, and expanding community mental health services, and family support and respite services. The government is also launching a series of measures to reduce the suicide rate. In 2006 Australia's suicide rate per 100, 000 population was 12.8 for males and 3.6 for females, similar to Thailand's 2002 figures of 12 and 3.8, and considerably lower than the rates for the Republic of Korea and Japan[8].

Around the world, one of the most persistent myths about mental illness, that it is not treatable, exacerbates the stigma experienced by people living with mental illness and makes them less likely to come forward for treatment. In fact most mental illnesses can be treated effectively, given the appropriate treatment: prevention and early intervention; psychosocial intervention; pharmacological treatment; support for people living with mental health disorders and their family, coupled with culturally sensitive treatment which is respectful of human rights -- all of which require adequate resourcing. I will finish as I started, with the words of Ban Ki-moon: "If we are to move decisively from evidence to action, we need strong leadership, enhanced partnerships and the commitment of new resources. Let us pledge today to invest in mental health. The returns will be substantial"[2].

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