Mental Health Program

Mental Health Division

Aim:

To lead the development of a mental health system which brings about a reduction in the incidence and prevalence of mental illness and alcohol and substance misuse problems and their impact on the quality of life of individuals, their families and the community.

Achievements:

- The Mental Health Act 1996 was proclaimed in November 1997.
- Mental health services continued to be developed in the second year of the three-year $40 million reform program. A further $8 million was allocated in 1997/98.
- The Drug and Alcohol Policy and Planning Unit was established within the Mental Health Division. This unit is responsible for all Health Department alcohol and other drug services.

Mental Health Act 1996 and the Office of the Chief Psychiatrist

The Mental Health Act 1996 was proclaimed in November 1997. During the year, the Office of the Chief Psychiatrist established several processes to enable the Chief Psychiatrist to fulfil responsibilities under the Act.

The following registers have been established:

- Register of Authorised Hospitals;
- Register of Authorised Mental Health Practitioners; and
- Register of Authorised Medical Practitioners

Ten Authorised Mental Health Practitioner training sessions were conducted and included nurses, social workers, psychologists which occupational therapists.

The monitoring of standards of psychiatric care in the future will include both measurement against established qualitative standards for service delivery as well the reactive processes that are currently being streamlined. Reactive measures have included dealing with complaints as they arise from a number of sources, analysing them and when appropriate implementing investigations and reviews.

Future directions for the Office of the Chief Psychiatrist include:

- Expansion of the Authorised Hospitals Register;
- A schedule of quality reviews;
- Analysis of complaints to effect systems change;
- Amendments to the Mental Health Act 1996;
- Review of Forms; and
- Development of guidelines and education for providers regarding second opinions, use of Police in transportation and management of Community Treatment Orders.

Newly appointed members of the Council of Official Visitors will provide an independent advocacy service for individuals receiving involuntary mental health treatment.

Mental Health Advisory Council

The Mental Health Advisory Council was established in 1997/98. The Council advises the Minister for Health on a broad range of issues and policy relevant to mental health as well as responding to Ministerial requests.

Its inaugural Chairperson, the Hon Derek Tomlinson MLC, chaired the Ministerial Taskforce on Mental Health which provided the impetus for the current mental health reform program. Members of the Council represent a broad range of community interests including clinician, consumer, carer, non-government service provider, Aboriginal, other cultural and legal views.

The Health Department Drug and Alcohol Policy and Planning Unit (DAPPU)

The Drug and Alcohol Policy and Planning Unit was established by the Health Department to coordinate alcohol and drug policy and planning issues across the health.

Resources for the DAPPU have come from the realignment of the Alcohol and Drug Authority and funding from Government.

Early priorities for DAPPU include developing an alcohol and drug planning framework to direct policy and planning for the Health Department until 2001. The DAPPU will also develop decentralised alcohol and drug services in regional hospitals with a special

Health Minister Kevin Prince joined young people to launch the Health Department's youth mental health magazine Ymag at Government House.

emphasis on detoxification services and brief intervention; develop interventions to decrease alcohol related harm; and create a set of health priorities in the alcohol and drug area.

Mental Health Reform Program

1997/98 was the second year of the three year $40 million mental health reform program. Reforms include service expansion, workforce initiatives, research and information system development.

Child and Adolescent Mental Health Services

A new child and adolescent community mental health service was established in the Pilbara, whilst existing services were expanded in the South West and Great Southern regions. Planning occurred for a service in the Goldfields.

In the metropolitan area, a new community service was opened in High Wycombe, while services at Warwick, Swan and Kalamunda were expanded. A new community service to complement Armadale Health Service has been established. This team's new community clinic is currently being fitted out in Kelmscott and it is anticipated that work will be completed in September 1998. Planning for a new service in Rockingham/Kwinana and Peel is almost complete and a service will commence in 1998/99.

Stubbs Terrace Hospital was renovated, and providing an improved environment for both clients and staff since work was completed in April 1998.

Tenders will shortly be called to construct new residential accommodation for children, new hospital accommodation for adolescents, and day-hospital and outpatient services on the Bentley Hospital site.

Adult Mental Health Services

Two new rural community mental health clinics have been established at Carnarvon and Broome, with services in Carnarvon moving to a new building, and the services in Broome now being located in a refurbished heritage listed building on the hospital site. The service provided from both units has been well received in both communities. Existing services have been expanded in the Pilbara, Murchison, Gascoyne, Goldfields, South West and Great Southern.

A new 25-bed mental health clinic on the Joondalup Health Services Campus became operational in January 1998. Fifteen beds have been purchased from Health Care of Australia to provide public inpatient services for the rapidly developing communities in Perth's northern corridor. Major additions and refurbishments to the clinic at Swan are close to completion. Community services at Swan, Joondalup, Mirrabooka, Fremantle and Peel were expanded.

The construction of a 10-bed specialist mental health unit at Albany Regional Hospital is almost completed and this facility is scheduled to become operational in September 1998.

Following on from the success of the Esperance rooming-in unit opened in April 1997, two additional rooming-in units were opened in Broome and Geraldton in 1997/98. These units enable people to receive inpatient treatment closer to home and have reduced the need to move people to Perth. Another rooming-in unit is currently under construction in Albany and planning for a unit in Kalgoorlie and Kununurra has begun.

Commencing in late April 1998, a major consultancy was awarded to assess secondary and tertiary mental

was $3,340. Hospital admissions significantly increased during this time by an average of 3% per year.

Tobacco

In 1996, there were an estimated 1,120 male and 448 female tobacco-related deaths in WA. The higher number of estimated deaths among WA males is attributed to the higher prevalence of current smokers in this group. Of all deaths among WA males, tobacco-related deaths accounted for the highest proportion (18.4%), whereas, only 8.7% of all deaths among WA females were estimated to be tobacco-related (Figure 2).

Although higher, the rate of death due to tobacco use is decreasing at a greater rate among males (3.2%) than among females (1.1%). A similar rate of change for both sexes is observed nationally (Figure 4).

During the three year period 1993 to 1995, there was an estimated annual average of 11,746 hospital admissions (2.5% of all hospital admissions) in WA for treatment of tobacco-caused diseases, at an estimated cost of over $36 million. This excludes the costs associated with emergency and outpatient visits and the loss of earnings incurred by the family and community due to the inability to work.

The ABS National Health Surveys of 1989/90 and 1995 found the prevalence of adult smokers in WA to be decreasing (28.1 % to 24.4%; nationally 28.4% to 25.5). However, recent surveys of the Australian population suggest that this decline has ceased.

In 1995, the prevalence for current, regular smoking in WA was highest for people aged 18-24, separated or divorced and those not having completed high school or post-secondary education.

Alcohol

Alcohol-related deaths accounted for 3.9% (239 deaths) of all male deaths and 2.3% (117 deaths) of all female deaths in WA during 1996 (Figure 2), which was similar to the Australian population.

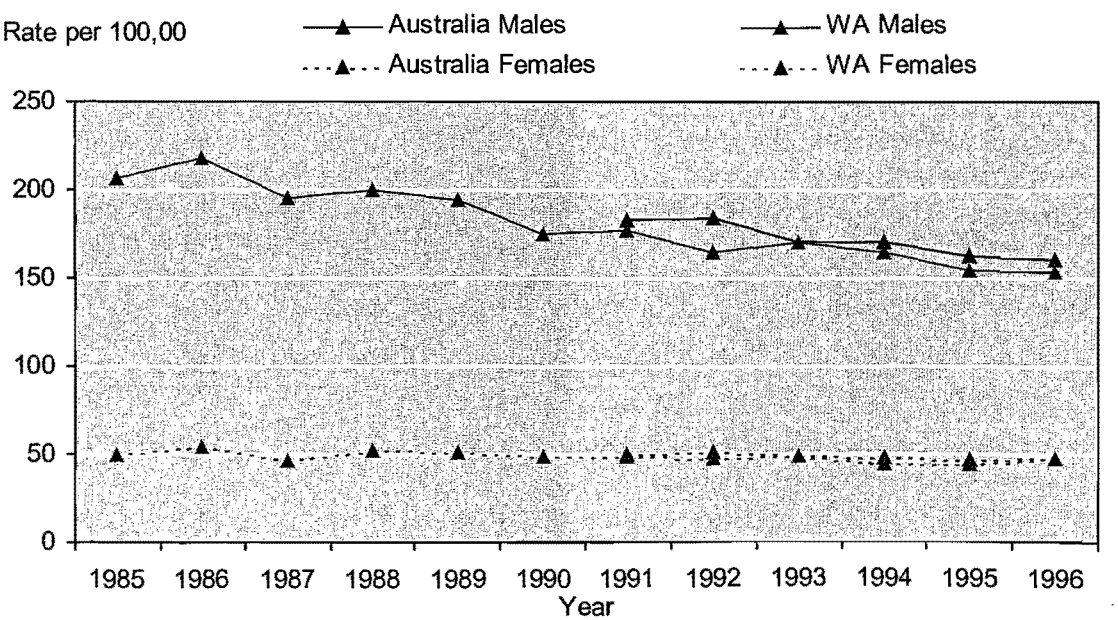
During the period 1985 to 1996, the WA male death rate was consistently more than double that for females. Among males, the death rate decreased by 2.2%, on average annually from 1985 to 1996 (Figure 5). For Australian males, there was an average annual decrease of 1.9%, from 1991 to 1996, with similar rates among WA males. The death rate for WA females was stable from 1985 to 1996, whereas the rate among Australian females decreased annually by 2.1%, on average, from 1991 to 1996.

Between 1984 and 1995 there was an estimate annual average of 131 deaths due to alcohol-caused injuries in WA. Of these deaths 64 % were of people younger than 45 and among people aged 15-24 there were five times as many deaths of males compared to females. The increased risk of young males to death from road injuries, suicide, assaults and drowning is associated with excessive alcohol use.

For the period 1993 to 1995, the annual average number of hospital admissions for treatment of alcohol-caused diseases was 25,643 (1.8% of total admissions), at a cost of nearly $26 million.

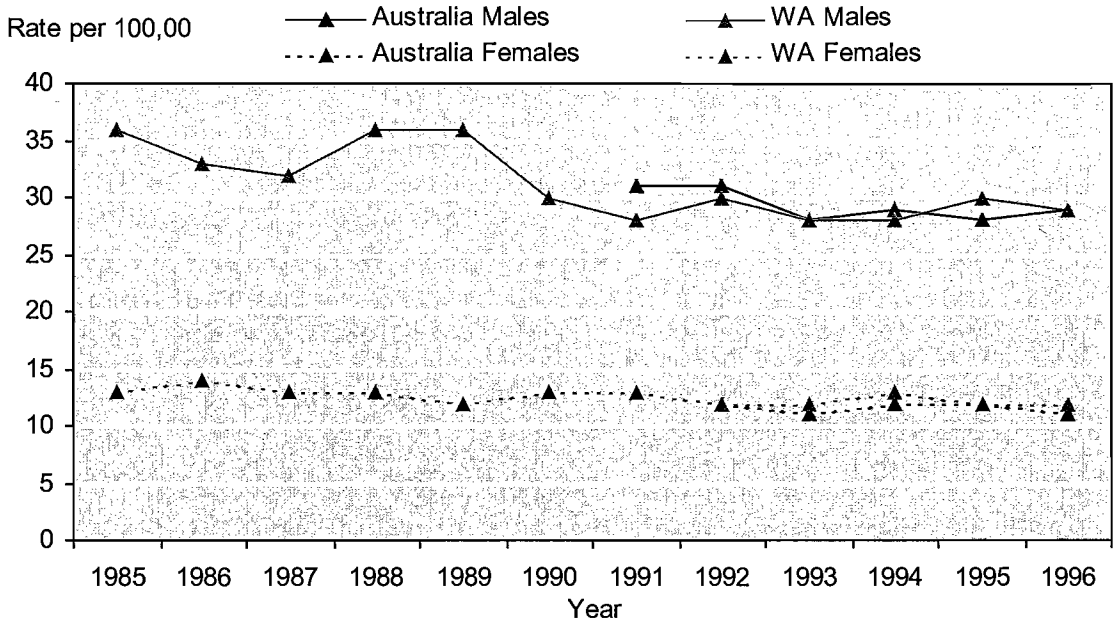
Although there were slight differences in the methodology of the National Health Survey in calculating prevalence of drinking at harmful levels, of people aged 18 and older, in 1989/90 to 1995, prevalence declined from 1989/90 to 1995. The prevalence of WA males drinking at harmful levels decreased from 13.3% to 11.4% (nationally, 14.9% to

Figure 4: Age-standardised rate for tobacco-related deaths, WA and Australia, 1986 to 1996



Source: Unwin, E and Codde, J. 1998. Comparison of deaths due to alcohol, tobacco and other drugs in Western Australia and Australia. Health Information Centre. HDWA.

Figure 5: Age-standardised rate for alcohol-related deaths, WA and Australia, 1985 to 1996



Source: Unwin, E and Codde, J. 1998. Comparison of deaths due to alcohol, tobacco and other drugs in Western Australia and Australia. Health Information Centre. HDWA.

10.5%). Prevalence of females drinking at harmful levels in WA (7.0% to 6.5%) and nationally (7.4% and 6.1%) was lower and declined less dramatically than male prevalence.

In 1995, higher prevalence of hazardous or harmful alcohol consumption in the WA population was associated with younger age, males, people born in Australia, UK and Ireland, de facto and single marital status, education level of at least year 12, trade or TAFE course and household income over $40,000.

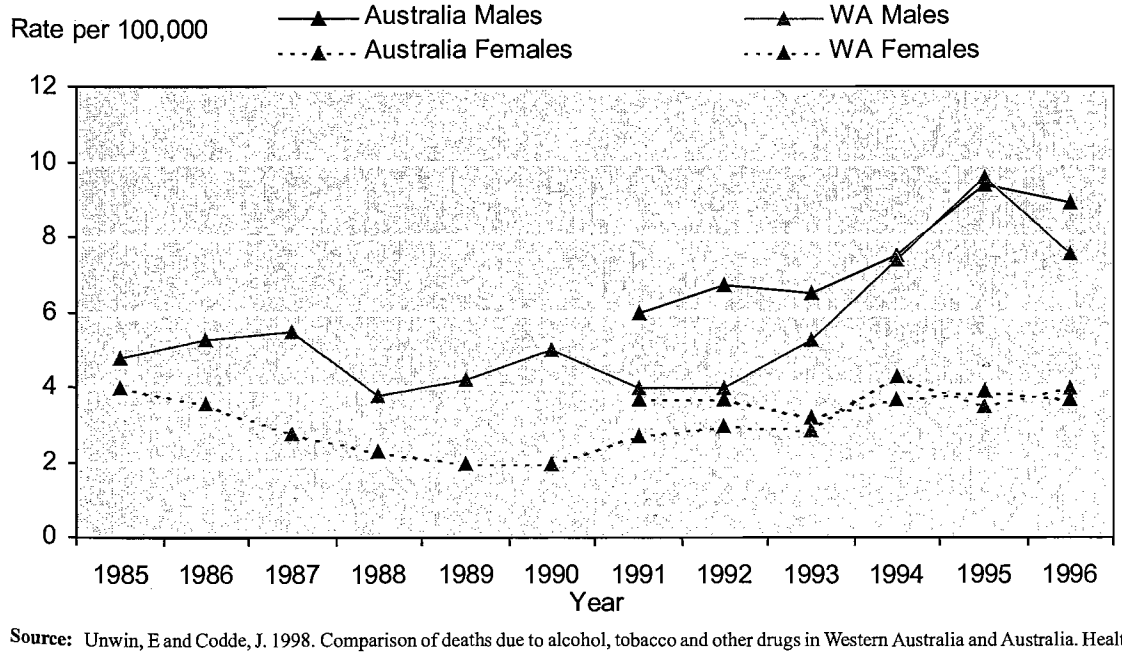
Illicit drug use

There were an estimated 107 (70 male and 37 female) deaths attributable to illicit drugs in WA in 1996, which accounts for 1.1% of all male deaths (nationally 1.1%) and 0.7% of all female deaths (nationally 0.7%) (Figure 2). The majority of illicit drug-related deaths are due to the use of opiates, which contribute to a higher proportion of all illicit drug-related deaths among Australian males (63%) and females (40%), than among WA males (54%) and females (30%).

The death rate due to illicit drug use increased among WA (6.2% on average annually) and Australian (9.5%) males from 1985 to 1996 (Figure 6). During this time there was no significant change in the rate of death for females both in WA and Australia.

For the period 1991 to 1996, each illicit drug death in WA resulted in 31.4 years of potential life lost, compared with 4.9 years for tobacco. This highlights

Figure 6: Age-standardised rate of illicit drug-related deaths, WA and Australia, 1985 to 1996



Source: Unwin, E and Codde, J. 1998. Comparison of deaths due to alcohol, tobacco and other drugs in Western Australia and Australia. Health Information Centre. HDWA.

the younger ages at which illicit drug-related deaths occur, compared to tobacco-caused deaths. Tobacco-caused deaths result from chronic diseases, which take many years to develop, with the majority of deaths occurring among the elderly.

Annually, there was an average of 2,315 hospital admissions for treatment of cases due to illicit drug use during 1991 to 1995 in WA, which cost an estimated $4.6 million per year. Over this period the rate of hospital admission for illicit drug use increased by 8.8% annually, with the rate of admissions due to opioids increasing by 65% annually. Changes in patterns of drug use behaviour and an increase in heroin purity may explain these trends.

Immunisation

The recommended standard immunisations in WA protect children from diptheria, tetanus, pertussis (whooping cough), poliomyelitis, invasive Haemophilis influenza type b (Hib) disease, measles, mumps and rubella.

Until recently data on immunisation coverage was available only periodically from dedicated surveys. In 1995, the Children's Immunisation Survey estimated 41.5% of Western Australian children aged less than 7 years were fully immunised compared with 33.1% of Australian children of the same age.

In January 1996 the Australian Childhood Immunisation Register (ACIR) began recording immunisations of children aged less than seven years. Data from the first three month period for the first cohort of children to be recorded by ACIR indicated that the immunisation levels of WA children was below that for Australian children. More recent data at 30 June 1998 indicates the proportion of children aged 0-12 fully immunised was 75.1% compared with the proportion of Australian children of 78.6%. It is thought the lower WA proportion was related to data coverage and the lack of data collection from remote areas rather than actual lower immunisation rates.

Fertility, births and infant health

Fertility

In 1996, there were 25,365 live babies born to women confined in and residents of WA. Although between 1982 and 1996 the number of live births peaked in 1990 at 25,826, the crude birth rate has been declining since 1988. This decline reflects a similar reduction in the national crude birth rate.

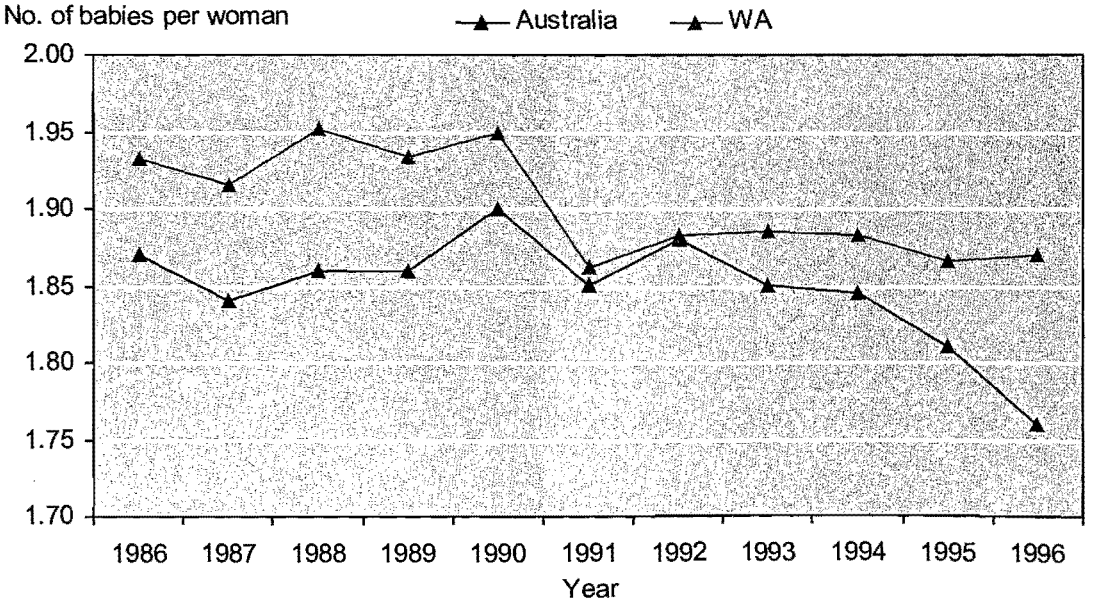
In WA, the total fertility rate was 1.87 per woman aged 15-44 in 1996. From 1986 to 1996 the total fertility rate decreased for both WA and Australia, with the WA rate consistently higher than the Australian rate (Figure 7).

While fertility rates have decreased, the median age of mothers increased during 1986 to 1996. However, the median age of WA mothers was lower than for mothers nationally. The trends in age-specific birth rates for both Australia and WA indicate that fewer babies are being born to women aged less than 30 and birth rates have increased for women aged over 30 during the last decade.

Birth defects

The Western Australian Birth Defects Registry records birth defects of babies born in WA up to 6 years of age. Consequently the recording of birth defects for children born after 1992 is incomplete. From 1980 to 1992 the proportion of births with birth defects increased from 4.8% to 5.8%. Of the 25,586 babies born in 1996, 4.3% (1,093) were notified with birth defects by October 1997.

Figure 7: Total fertility rate per woman, WA and Australia, 1986 to 1996.



Source: Health Information Centre. HDWA.