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Local and National Information Systems: Critical Priorities for the Third National Mental Health Plan and beyond

Beyond Outcomes 2005

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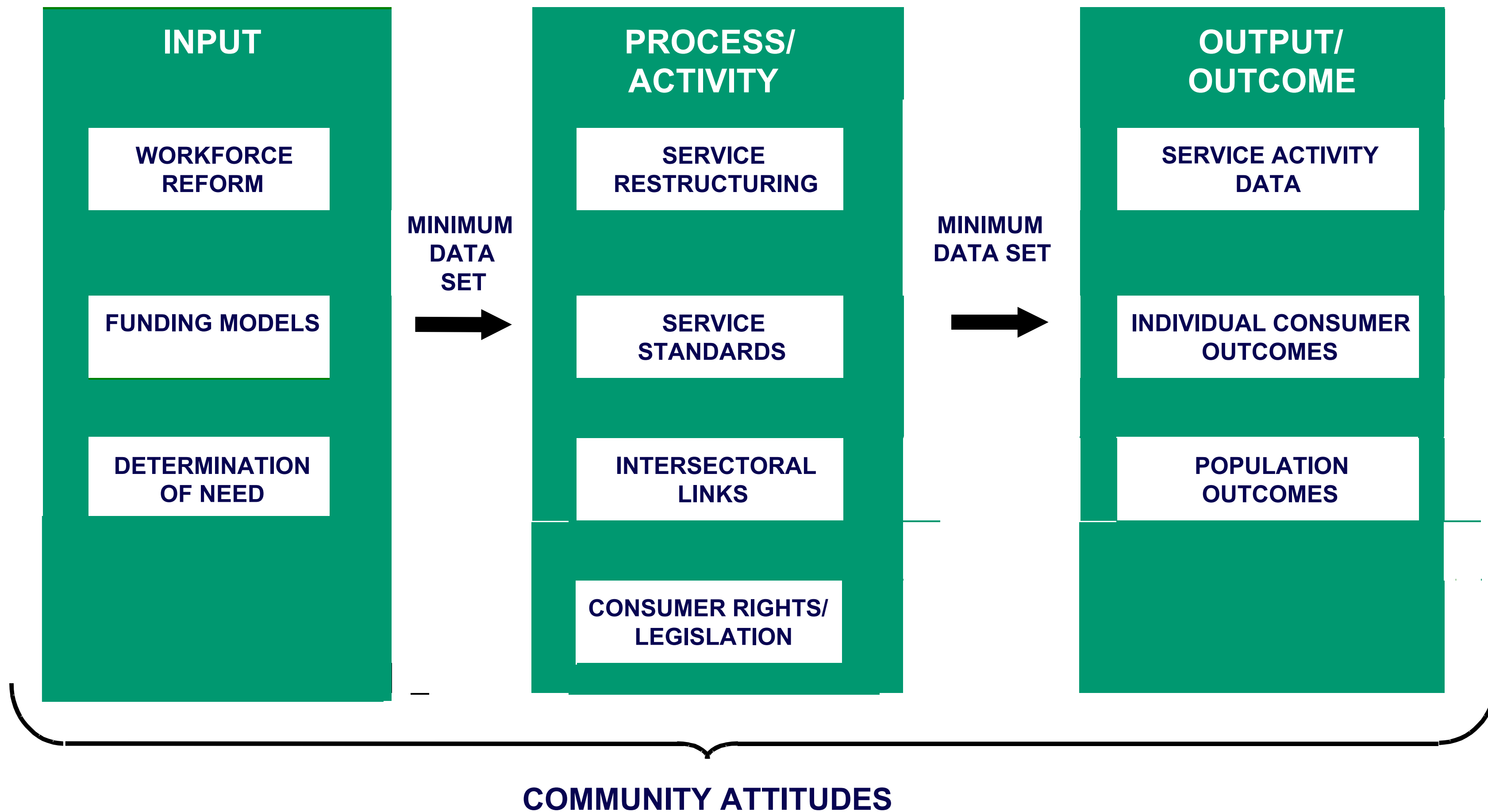
THE UNIVERSITY OF QUEENSLAND

National Mental Health Strategy

- Followed 10 years of advocacy aimed at improving standards, building consistency
- National Mental Health Policy agreed by all Australian Health Ministers in 1992
- Three broad aims:
  - promote mental health, prevent disorders
  - reduce impact of disorders
  - assure rights of people with mental illness
- Implemented by 5-year National Mental Health Plans 1992-98; 1998-03; 2003-08

National Mental Health Reform Process

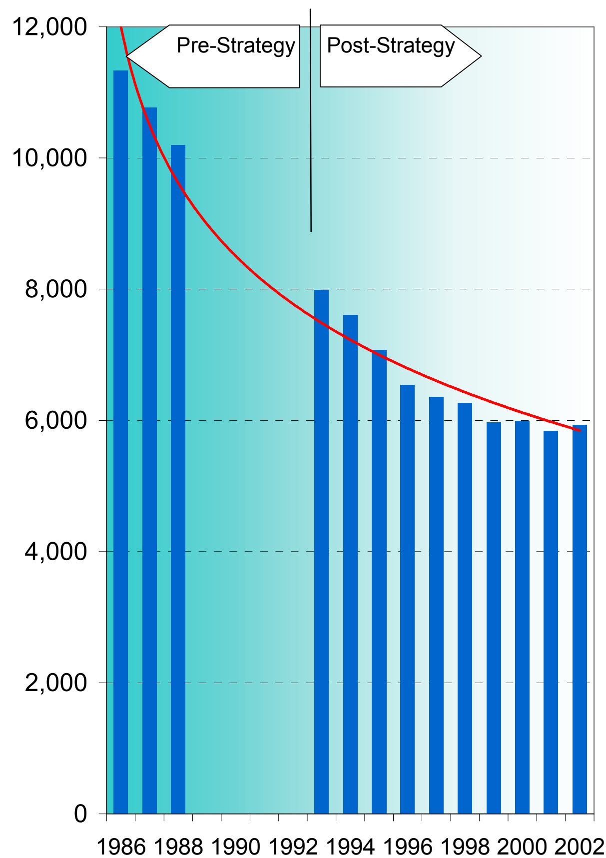


Early reform emphasis

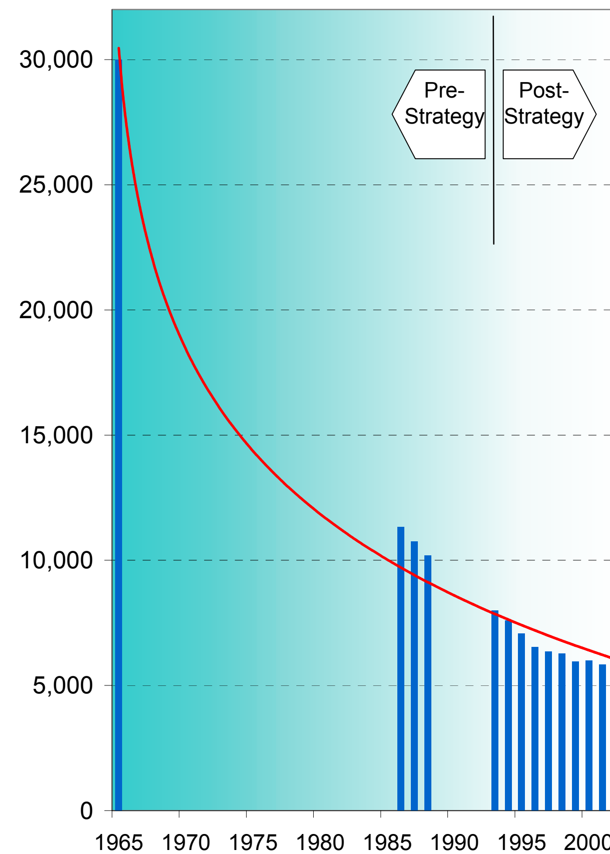
- Most effort under the First National Mental Health Plan directed at improving public sector services
- Triggered by concern about gross inadequacies in systems of care
- State inquiries highlighted abuse and violation of rights
- Emphasis was on service restructuring
- Achievements internationally acknowledged

Most reduction in hospital beds occurred prior to the Strategy

Short term view 1986-2002



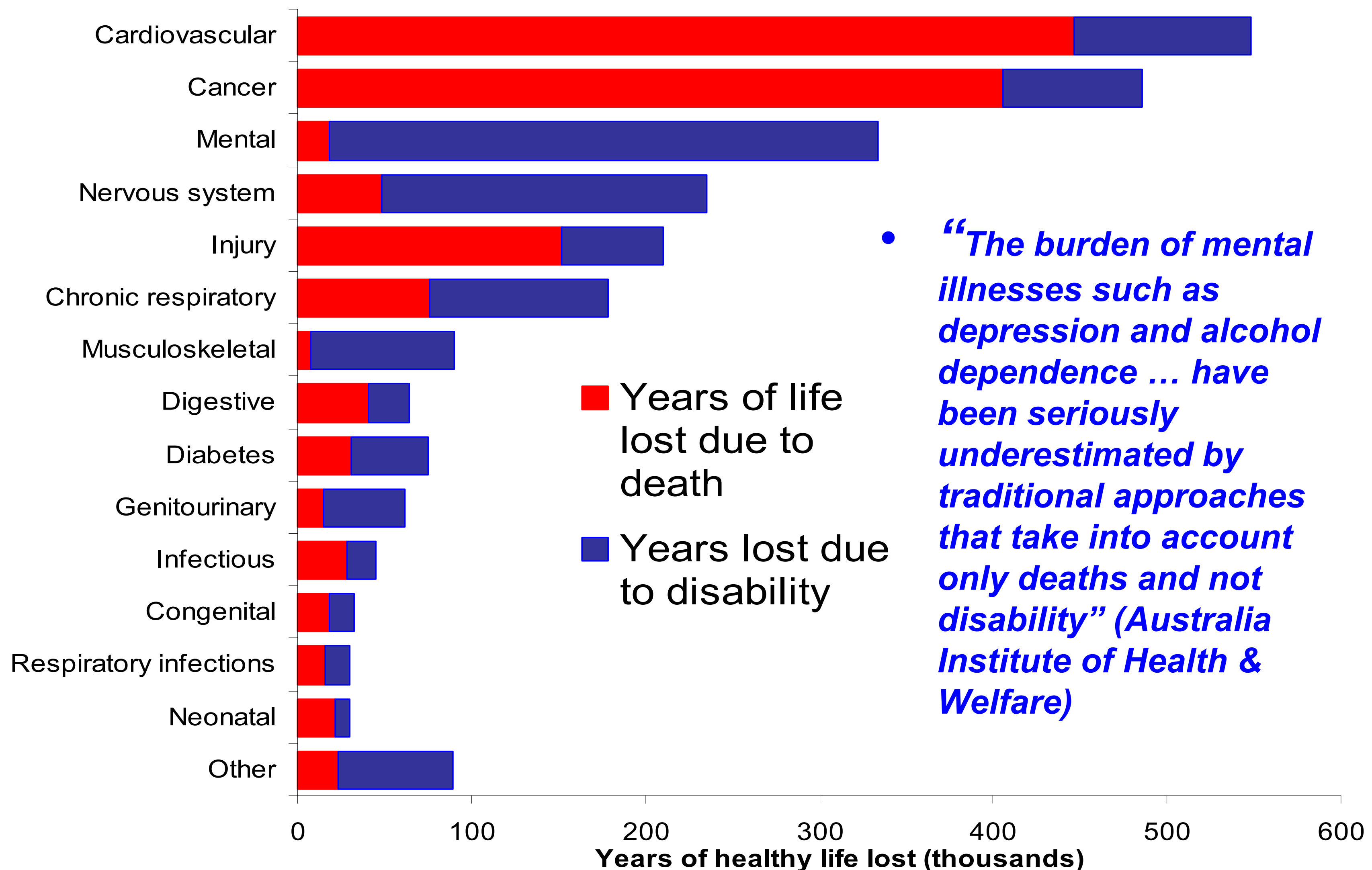
Longer term view 1965-2002



The evolution of the National Strategy

- what influenced the directions of reform?

The ‘burden’ of mental health disorders on Australian society

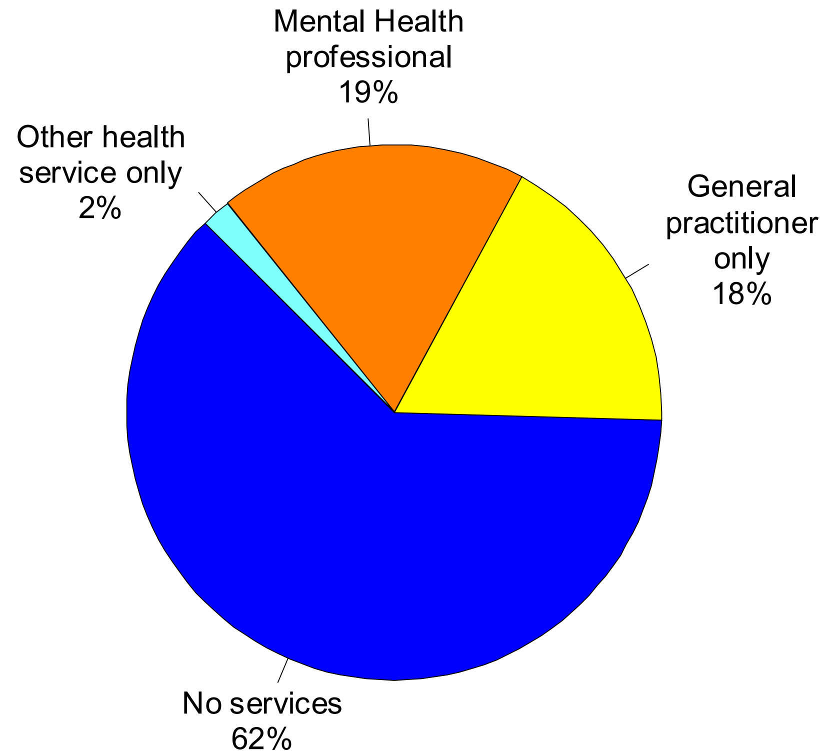


National Survey of Mental Health and Well Being

	Males		Females	
	%	population estimate	%	population estimate
Any affective disorder	4.2	275 300	7.4	503 300
Any anxiety disorder	7.1	470 400	12.0	829 600
Any substance use disorder	11.1	734 300	4.5	307 500
Any mental disorder	**17.4**	**1 151 600**	**18.0**	**1 231 500**

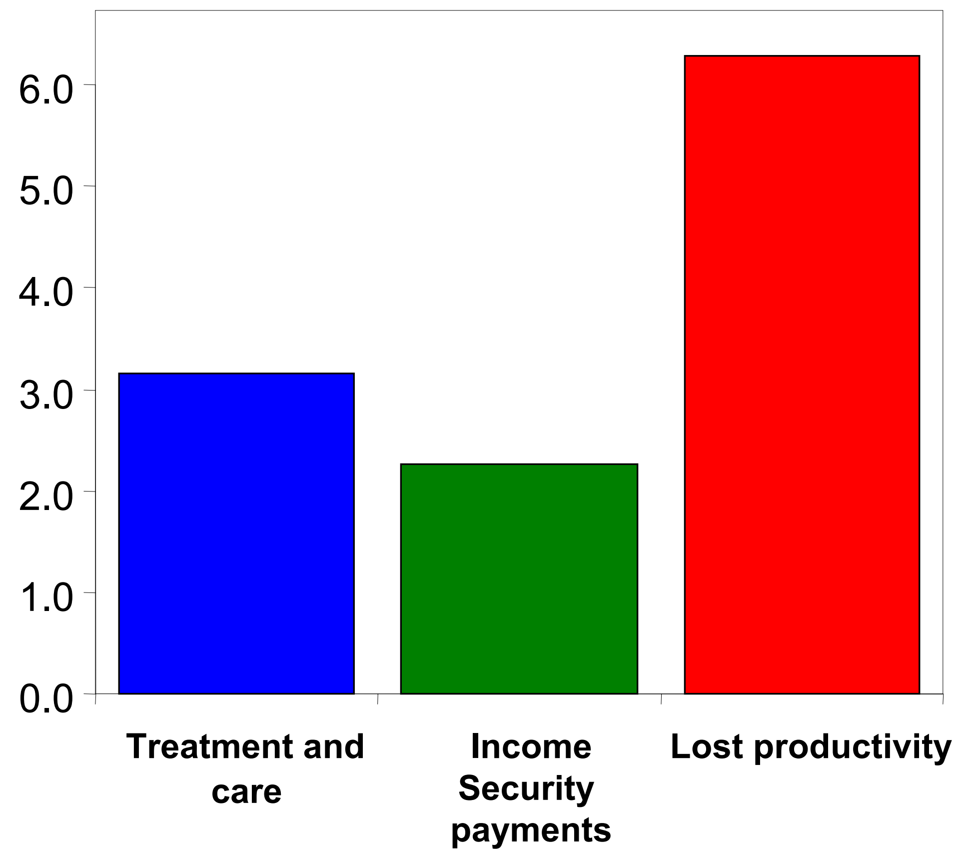
Need greatly exceeds supply

Who provides treatment?



Over half of Australians with a mental disorder receive no treatment

Is there a cost to not treating?



Absenteeism and Work cut-back

	Absent from work	Work cut-back
Working days affected	6 M	30 M
Loss of productivity	100%	40%
Mean daily salary	$192	$192
Productivity loss $	$1.2 Billion	$2.3 Billion
Total productivity loss	**$3.3 Billion**	
Number full-time employees	6,821,400	
Average lost productivity per each affected employee	**$9660**	

International Developments

Disease Control Priorities Project (DCPP)

An initiative of the World Bank,

WHO,

US National Institutes of Health and

Gates Foundation

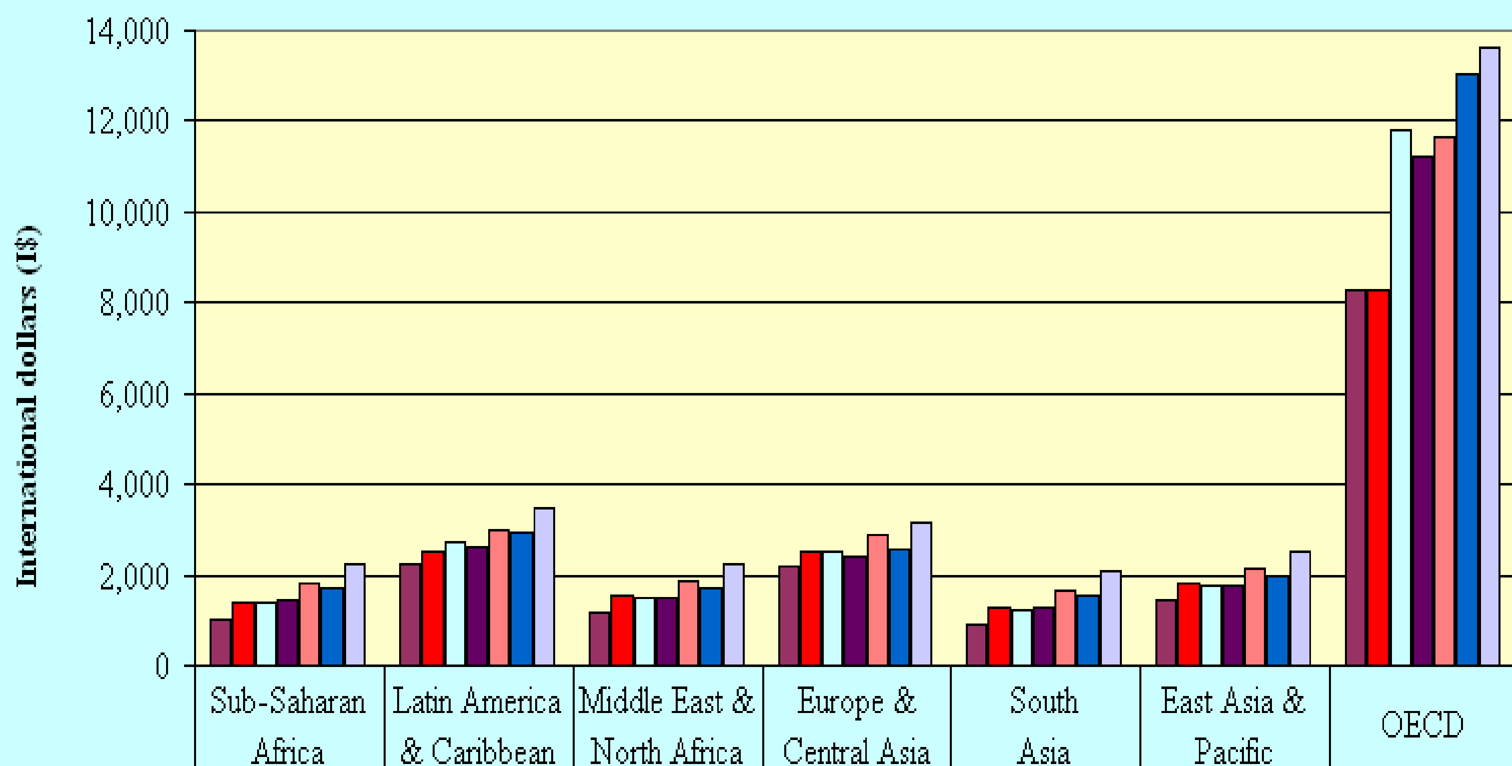
Economic analysis for the DCPP

Estimate the burden attributed to schizophrenia, bipolar disorder, depression and panic disorder that could be averted via scaling-up of evidence-based treatments

Calculate the costs, effects and cost-effectiveness of key interventions in different settings

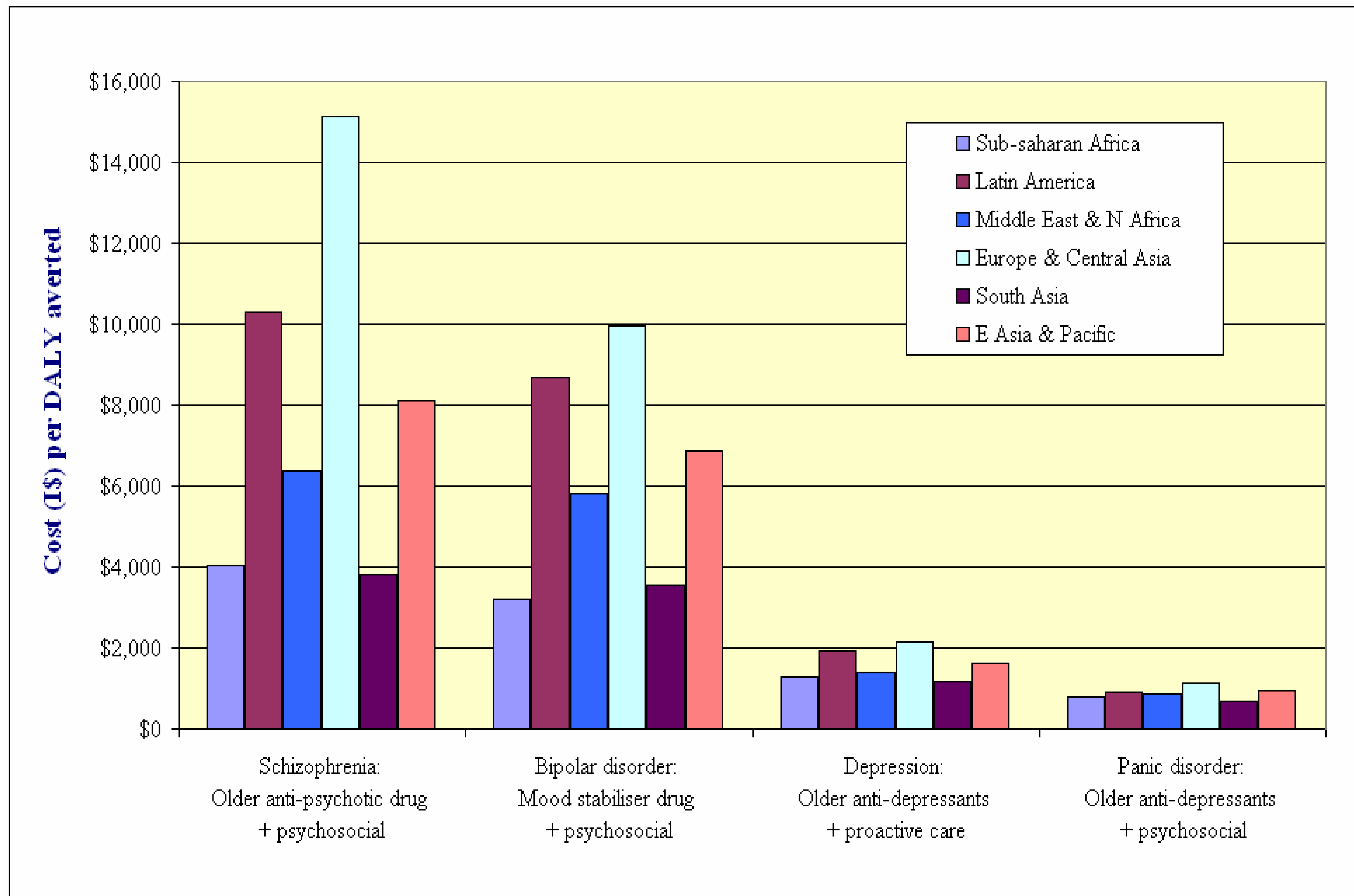
Consider the budgetary requirements and health consequences of a package of mental health care

Cost per DALY averted - depression



	Sub-Saharan Africa	Latin America & Caribbean	Middle East & North Africa	Europe & Central Asia	South Asia	East Asia & Pacific	OECD
Episodic treatment with TCAs	1,026	2,219	1,193	2,178	924	1,469	8,280
Episodic treatment with SSRIs	1,396	2,518	1,531	2,526	1,290	1,801	8,282
Episodic psychosocial treatment	1,384	2,726	1,499	2,494	1,205	1,787	11,816
Episodic psychosocial Tx + TCAs	1,416	2,595	1,487	2,421	1,256	1,738	11,213
Episodic psychosocial Tx + SSRIs	1,819	2,982	1,866	2,860	1,641	2,125	11,654
Maintenance psychosocial TX + TCAs	1,706	2,935	1,721	2,589	1,547	1,968	13,053
Maintenance psychosocial TX + SSRIs	2,245	3,460	2,229	3,162	2,072	2,487	13,619

Cost-effectiveness (cost per DALY averted)



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- The high burden of mental disorders
- The majority of those with mental disorders are untreated
- The high cost of not treating
- The resources available are limited
- The challenge is facing the whole world

Where should we be spending the $3.5 billion currently directed to mental health in Australia?

And where should the next $1 million go?

We are not really sure !!

- Lack of quality information has hampered mental health services reform – priorities politically driven
- Mental health poorly represented in national health information collections
- Much of the information achievements under the National Strategy to date have been in measuring service costs and activities

But we have made a start:

During the First Plan (1993-98) there were *five information-related priorities*

1. National Mental Health Policy monitoring

   Six National Mental Health Reports

2. Appropriate measures of casemix

   MH-CASC completed, 'version 1'

3. Measures of consumer outcomes

   Measures trialed

Progress on information priorities

4. National data dictionary & minimum data set for mental health

Inpatient services: Dataset introduced 1997

Community services: Limited development (introduced in 2000-01)

5. Survey of population mental health

ABS report on adults published March 1998, other reports released subsequently

Under the Second Plan (1998-2003) *information developments continued:*

- Strengthened focus on consumer outcomes
- Supported improvements in service quality
- Shifting the focus of concern from cost to value for money
- Improving understanding of population needs

Information tools to support Service Quality and Effectiveness

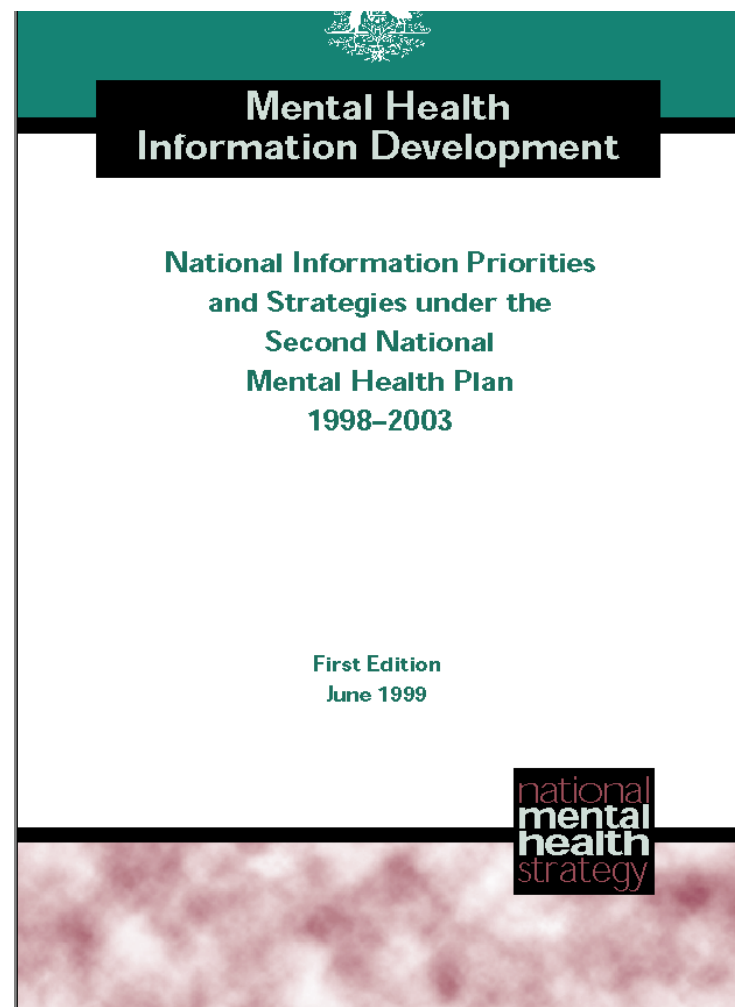
- **National plan agreed by all States and Territories June 1999**

  1. Routine outcome measures

  2. Further development of casemix in mental health

  3. National Service Quality Indicators

  4. National Minimum Data Set



Under the Third Plan 2003-2008

Four Priority Themes:

1. Promoting mental health and preventing mental health problems and mental illness
2. Improving service responsiveness
3. Strengthening quality
4. Fostering research, innovation and sustainability

Is it all a Bureaucratic Trap?

- Not government interference
- Not about funding
- Not about ‘managed care’
- It’s about quality of care and best use of resources

Where are we going with this?

The aim is to build an informed mental health system where information is available to guide decisions at all levels to:

- support clinicians in their treatment decisions
- inform consumers about the services they receive
- help managers manage
- inform policy makers in planning and paying for services

The guiding questions ...

- Who receives .....
- What services .....
- From whom .....
- At what cost ......
- With what effect ……

from Leginski et al 1989

The logical 'next step' ...

- Widespread movement to an outcomes orientation across the health system
- National Mental Health Policy, 1992

"To institute regular review of client outcomes of services provided to persons with serious mental health problems and mental disorders as a central component of mental health service delivery"

The essentials

- Local clinical information systems
- Informed and trained workforce
- National infrastructure to progress the research and development tasks - to use the data, review, research, modify etc

Key implementation challenges

- NATIONAL - agreed protocols, infrastructure to support ongoing development
- STATE - clinical information systems, workforce engagement and preparation, reporting processes for feedback
- LOCAL - local planning to use the data, review of clinical business processes, consumer involvement

Five Key Roles for Government

I Information

R Regulation

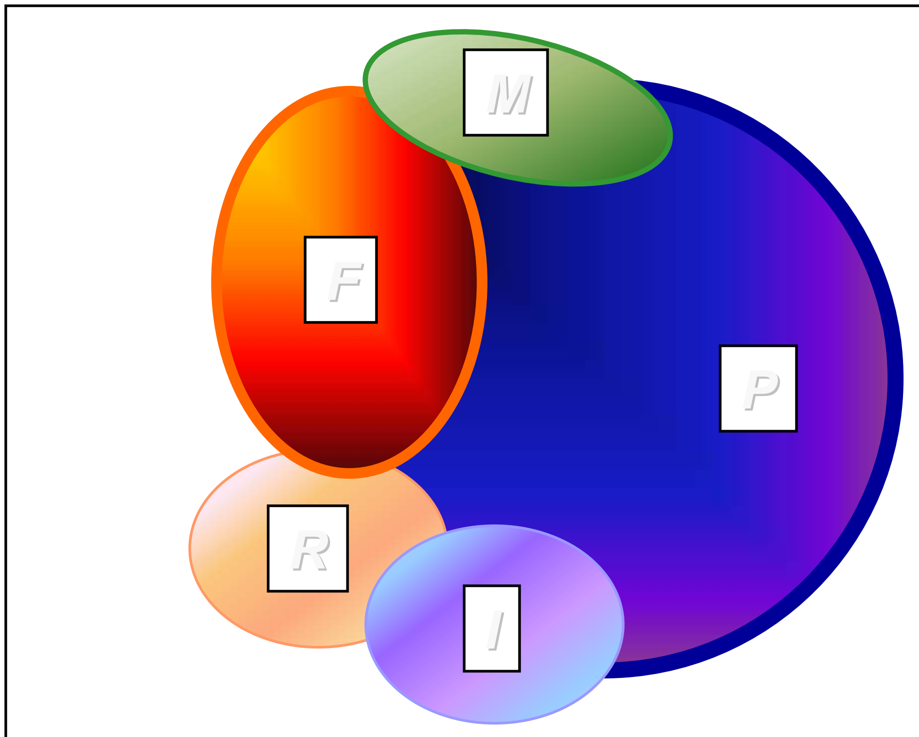
M Mandates

F Financing

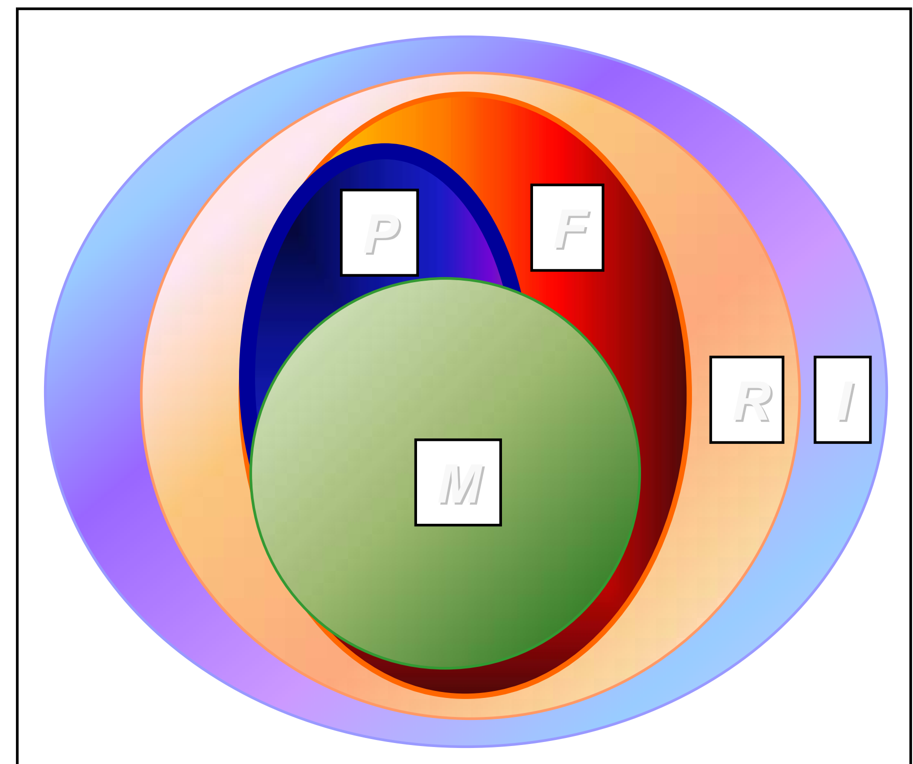
P Provision

Government Roles in Health

Distorted Roles



Balanced Roles



I	Information
R	Regulation
M	Mandates
F	Financing
P	Provision