Gaping holes in mental health

BY **BIRGIT SCHAEDLER**

Despite the high prevalence of mental illness of one in five Australians and the overload on public psychiatric services, funding cuts continue.

The situation is very much akin to 'take from Peter to give to Paul'. This type of approach causes havoc with service providers and patients. This May revealed a $5 million funding cut (*The Age*, 12 May 2012) for drug and alcohol services across the board. No doubt this will impact on mental health services, as these are closely linked. Even though there is still some division if drug and alcohol should come under mental health or not, they are inseparable. The Mental Health Nursing Incentive Program (MHNIP) has also been slowed down, and is to come under stringent review (Medicare Website, May 2012).

Interestingly, GPs and GP networks, the only professionals in this incentive to easily gain the status of 'eligible organisation' have received significant payments to have a mental health nurse. One wonders if this could have been better spent on service provision, rather than now taking away from other areas.

The time may have come to rethink service structure and provision from the ground up, rather than taking band aid measures to protect gaping festering wounds in the health system. All nurses, not just mental health nurses, come in contact with patients who have a mental illness diagnosis and are aware of the struggle of this vulnerable patient group.

Considering the prevalence of mental illness, many nurses would also have a private experience of this, be it their own experience or through a friend or family member. Nurses are also the professionals who spend the most time in direct patient care and are in a prime position to stand to their mandate of patient advocacy.

BIRGIT SCHAEDLER IS A SELF-EMPLOYED CREDENTIALED MHN AND NATUROPATH

Physical health of people with mental illness: time for action

BY **PROFESSOR BRENDA HAPPELL**, **DR DAVID SCOTT**, **MR CHRIS PLATANIA-PHUNG** AND J**ANETTE NANKIVELL**

People diagnosed with a serious mental illness are likely to die 20-25 years earlier than the general population as a result of treatable physical health conditions. In what other area of health would this be tolerated? And yet in mental health it is not only happening it is getting worse.

A research team at CQUniversity in Australia want to see positive change to improve the health, life expectancy and quality of life of people diagnosed with mental illness. They have extensively searched the literature for information about the nature and extent of the problem as well as looking for possible strategies for change. The identified problems are both numerous and complex. What became clear through the literature was despite claiming holistic care as the ethos of nursing practice there was limited contribution by nurses to identifying and addressing this problem.

As nurses have so much capacity to influence mental health practice, solutions to improving physical health care for people with mental illness must start with them. The CQUniversity research group led by Professor Brenda Happell undertook a qualitative

Brenda Happell

exploratory study of the views of nurses in mental health settings to physical health issues and the provision of physical health care. Focus groups were conducted with 38 nurses working in a rural mental health service employed across inpatient, community and specialist settings. The nurses described a common co-occurrence of physical problems and mental illness such as obesity, diabetes, sexually transmitted diseases and infections. It was suggested high rates of physical illness resulted from side effects of antipsychotic medication, lifestyle factors, access to doctors, stigma, geographic distance and socioeconomic disadvantage. Some nurses felt the physical care role of mental health nurses could be increased and more systematic approaches to prevention were called for. However it was consistently stressed that resources and better quality communication among stakeholders would be fundamental to improving services, health outcomes for consumers, and nurses' capacity to contribute to those outcomes.

The next step is a national survey of members of the Australian College of Mental Health Nurses and the team encourages all to participate. Describing the problem, however, is just the beginning. Their research is focused on identifying and implementing solutions to ensure this significant health inequality does not continue.