児童思春期精神科サービスの現状

- 児童精神科医が少ない（約100名）
- 日本で児童思春期精神科病棟を持つのは約10病院のみ計712床
- 多くの精神障害を持つ子どもが成人病棟に入院している　20歳未満2,229人
- 児童思春期精神科専門の外来も少ない
- 相談窓口としては児童相談所がある（全国約170カ所）

→　豪州における児童思春期精神科サービスについて知りたい

薬物乱用対策と一般住民の認識

- 日本では、ヘロイン、モルヒネ、コカイン、メタンフェタミン、有機溶剤などはすべて、法律で「使用」自体を取り締まりの対象としており、一般人は使用できない。
- 15歳以上の住民調査で、これまでに薬物を使用したことのある者の割合は、有機溶剤1　7%、大麻0　5%　メタンフェタミン0　4%, コカイン0　1%、ヘロイン0　1%である（2003年）。
- 一般住民にも、これらの薬物を使用することは違法であるという認識が強いが、若い世代では、薬物を使用することへの抵抗がうすらいで来ている傾向がある。
- 日本で最も社会的に問題視されているのは、メタンフェタミンによる精神病状態とそれにもとずく他害行為である。
- 政府は「ダメ、セッタイ！」のスローガンのもとに、薬物の使用を阻止しようと強い姿勢で望んでいるが、医療に関しては専門病床は約300床しかなく、その多くは精神病状態への対応に追われており、薬物依存症に対する専門医療の整備が必要であると考えられている。

- →　薬物乱用対策は、国によって、違法として扱う薬物の範囲、政府における対策、一般住民の認識が大きく異なるが、豪州における薬物乱用状況はどうであり、その対策と一般住民の認識について聞きたい。

モニタリングシステム

- 精神保健福祉施策が、地域を中心としたサービスに移行しつつある。このため精神保健福祉サービスの現況と施策効果をモニタリングする体制を構築していく必要がある。
- 国の調査でモニタリングの情報となるのは、①患者調査、②医療施設調査、③病院報告、④国民医療費、⑤地域保健事業報告、⑥精神保健福祉課が都道府県に依頼する調査、⑦事業実績報告などである。
- このほか厚生労働科学研究事業での調査分析が行われる。
- 精神保健研究所精神保健計画部で2000-2003年に行った主要なモニタリング研究は、①措置入院患者の分析、②国際疫学共同研究(WMH)への参画、③通院医療費公費負担制度利用者の分析、④精神保健福祉課が都道府県に依頼する調査の分析(スライドで示したデータ)などである。
- 行政資料の有効活用のための取り組みと、研究事業による分析が行われているが、さらに体系化する必要がある。

→豪州ではシステム評価とモニタリングの制度が運用されていると聞くが、その概要を知りたい。

精神保健についての啓発について

- 精神保健についての啓発は、全国的には、国、さまざまな精神保健組織などで行われている。
- 都道府県では、精神保健福祉センター、保健所等で行われている。
- 市町村などでも、ヘルスプロモーションの一環として行われている。
- しかしこれらの啓発活動は、組織化されたものではなく、個別に行われている。
- 小中学校においてはスクールカウンセラーを配置するなど取り組みが始まっている。

→ 豪州における普及啓発の取り組みについて、まず基本的な情報を得たい。2004年度には、さらに詳しく調査をしたいので、引き続き協力をお願いしたい。また一般住民の精神保健ニーズは、今回の研究以外で測定しているか。

ユーザーの精神保健サービスへの参加について

- 厚生労働省では、2002年にはじまった社会保障審議会の精神障害分会に精神障害者本人が委員として加わった。
- その後、障害者保健福祉部で主催する、普及啓発のあり方、精神病床のあり方、地域支援のあり方の各検討会に、精神障害者が構成員として加わっている。
- 都道府県でも同様に精神障害者の代表者が委員として参加の方向にある。
- 地域においては、地域生活支援センターなどを基盤に、地域との交流事業が増えつつある。

→豪州におけるユーザーの参加について知りたい。

資料3

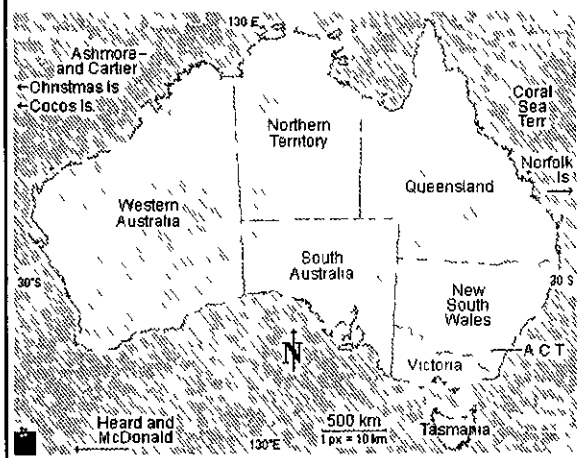
Overview of Australia's Mental Health System and developments under the National Mental Health Strategy 1993-2008

Presentation to Dr Takeshima & Team,
National Institute of Mental Health, Japan
Canberra 18 March 2004

Dermot Casey, Assistant Secretary
Health Priorities & Suicide Prevention Branch
Australian Government Department of Health and Ageing

national mental health strategy

Welcome to Australia !



- 20 million population, least densely populated country on earth
- World's only island continent with the oldest living indigenous culture
- One in five people born elsewhere, 130 nations represented in our population
- A Federated nation – 8 States and Territories plus one national government
- Legislative powers and responsibility for human services are distributed between the 9 elected governments and Parliaments

national mental health strategy

Australia's Health Care System

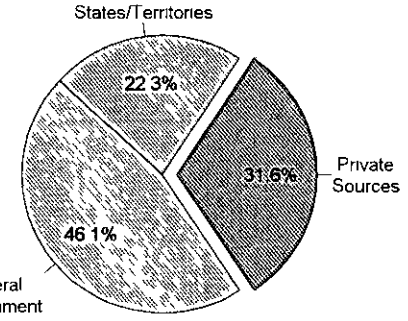
The next set of slides provides a summary of the financing and organisation of health care in Australia, including mental health services

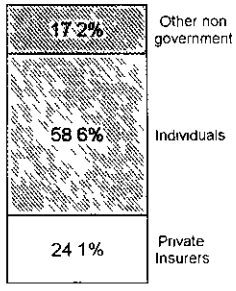
national mental health strategy

Australian Government
Department of Health and Ageing

Health care in Australia – Who pays?

- 9 3% of GDP spent on health care in 2002 cf 4 2% in 1962
- For comparison 2001 – Japan 7 6%, USA 13 9%, UK 7 6%, Germany 10 5%
- A mixed private and public system
- Governments (Federal and States/Territories) contribute 68%, remainder from private sources (private health insurers, individuals, other non government)
- Federal government accounts for 46%





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Australian Government
Department of Health and Ageing

Division of responsibilities in Australia's health system

FEDERAL GOVT

- Funds Medicare – gives universal coverage for fee-for-service medical services (General Practitioners, specialist physicians etc), treatment in public hospitals
- Funds Pharmaceutical Benefits Scheme – subsidises drugs
- Funds Aged Care residential services – Nursing Homes etc
- Provides health grants to States and Territories for public hospitals and related services
- Funds War veterans health care
- Funds tax subsidies for private hospital care
- Coordinates National Mental Health Strategy

STATE AND TERRITORY GOVTS

- Owns and manages the public hospital system and community health system
- Receives health grants from Federal Government but also contributes own funds for running health services
- Directly responsible for majority of mental health services

PRIVATE HEALTH INSURERS

- Pays for care in private hospitals for people who are privately insured
- Limited reimbursement for users of private psychologists

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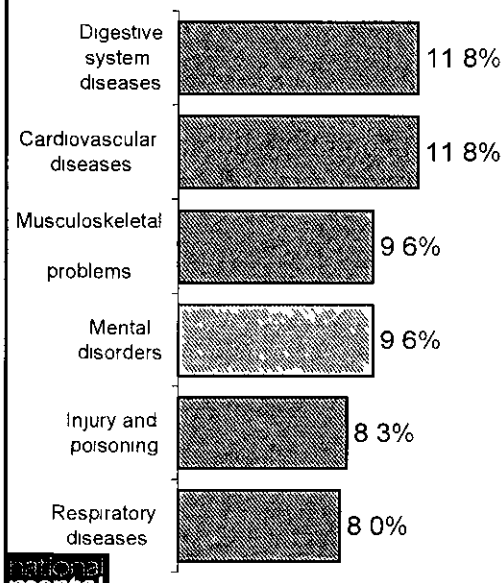
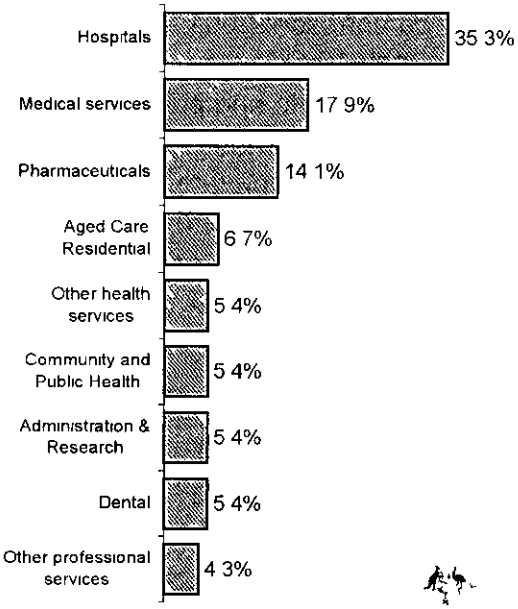
Australian Government
Department of Health and Ageing

How Australia spends its health funds

BY DISEASE CATEGORY



BY TYPE OF EXPENDITURE



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Australian Government
Department of Health and Ageing

Mental health system overview

- Approximately 7% of health spending is on *specialised mental health services* Constant over past decade
- Similar to overall health services
  - it is a mixed public and private system
  - the States and Territories own and manage the public specialised mental health services
- Federal Government funds about one third of total spending but doesn't manage services directly
- Federal Government also pays for disability support, income security (disability pensions), residential aged care services
- *Important fact to note* It is estimated that for every dollar spent on specialised mental health services, an additional $1 60 is spent on providing other health, community and income support services to assist people with mental illness

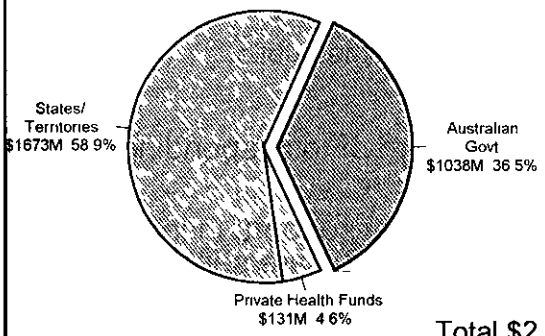
national mental health strategy

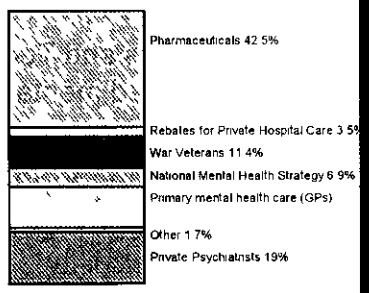
A note about Australia's history

- The division of responsibilities for mental health services has its history in Federation at the turn of the 20th century which formalised the previous role of Australia's 'colonies' to look after 'the mad, the bad and the feeble minded'
- So from the beginning, the bulk of mental health care provided in this country has been under the control of eight separate governments
- There were two implications of this which contributed to the creation of the National Mental Health Strategy
  - *there was little consistency in the range and quality of mental health care*
  - *people with mental illness tended to be excluded from many programs developed by the Federal government such as disability support and accommodation assistance*

national mental health strategy

Spending on specialised mental health services 2000-01





Total $2 84 billion
$147 per capita

national mental health strategy

Australian Government
Department of Health and Ageing

Types of mental health services

'PUBLIC SECTOR'

- Hospitals
  - *'Stand alone' psychiatric hospitals*
  - *Psychiatric units in general hospitals*
- Community mental health services (clinical)
  - *Outpatient clinics*
  - *Mobile outreach and home visiting services*
  - *Day programs and other rehabilitation centres*
  - *Community residential services (staffed)*
  - *Psychogeriatric nursing homes*
- Other community mental health services (non clinical)
  - *Wide range of support programs primarily provided by 'not-for-profit' non government organisations (NGOs)*

'PRIVATE SECTOR'

- Private hospitals and associated day programs
- Fee-for-service Consultant Psychiatrists
- Fee-for-service General Practitioners
- Other private health professionals e g , Psychologists

national mental health strategy

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Australia's National Mental Health Strategy:

PART 1: *Reforming the specialised mental health service sector*

The next set of slides provides details of the National Mental Health Strategy, with a particular focus on the structural reform of specialised services Later slides describe how the Strategy has evolved to address broader concerns about mental health in the community

national mental health strategy

Australian Government
Department of Health and Ageing

National Mental Health Strategy

- Initially a 5 year strategy agreed 1992 by all Australian Health Ministers
- Followed 10 years of advocacy aimed at improving standards, building consistency
- Triggered by concern about gross inadequacies in systems of care, highlighted by various State inquiries that showed abuse and violation of rights
- Three broad aims identified
  - *promote mental health, prevent disorders*
  - *reduce impact of disorders*
  - *assure rights of people with mental illness*
- Much of the early effort was directed at restructuring public sector specialist mental health services to
  - *change the service mix to be more community-based*
  - *integrate mental health services and bring them together with general health care ('mainstreaming')*
  - *reduce reliance on stand alone psychiatric hospitals*
  - *improve service responsiveness and respect of consumer rights*

national mental health strategy

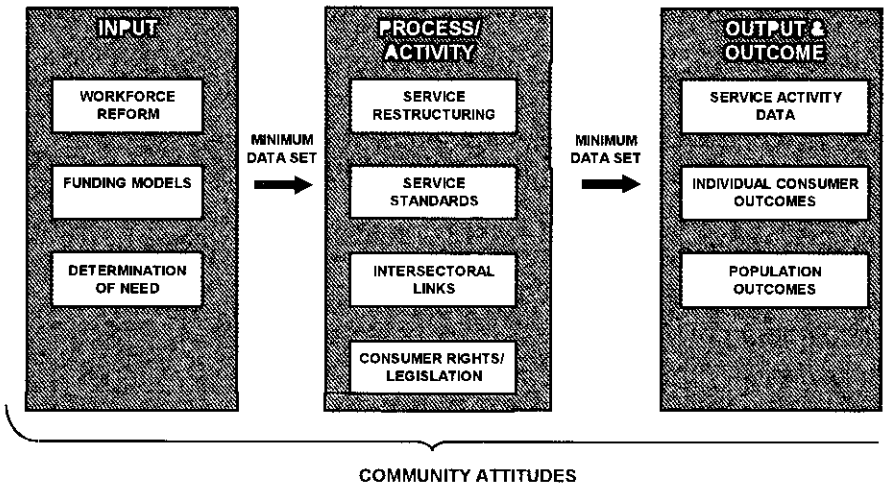
Australian Government
Department of Health and Ageing

The original 12 policy priorities

1. Service mix
2. Relationship between mental health services and the general health sector
3. Consumer rights
4. Linking mental health services with other sectors
5. Promotion and prevention
6. Primary care services
7. Carers and non-government organisations
8. Mental health workforce
9. Legislation
10. Research and evaluation
11. Standards
12. Monitoring and accountability

national mental health strategy

National Mental Health Reform Process

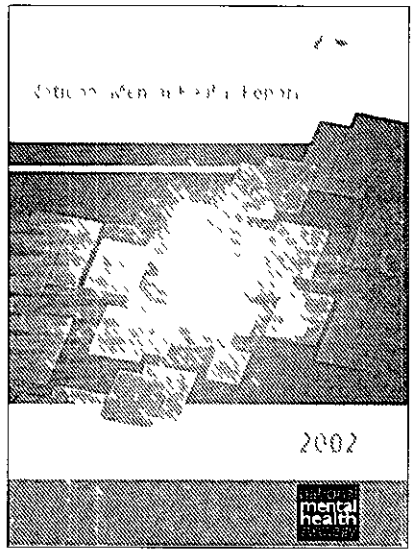


- Mental health services in Australia are complex systems of care, with many inter-related components
- To achieve change of the scale advocated by the National Mental Health Strategy it was necessary to take a system-wide approach and consider all elements and their relationship to each other

national mental health strategy

Monitoring progress of the Strategy

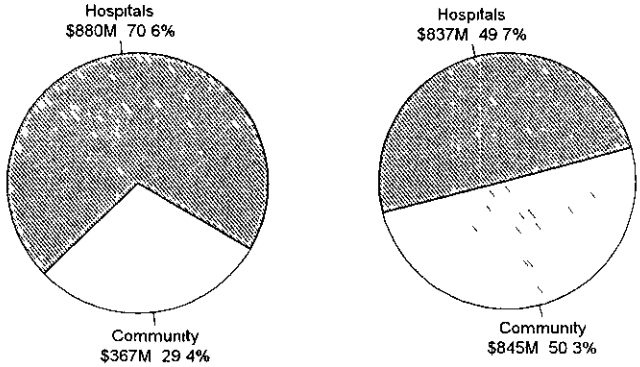
- Australian Government provided 'reform and incentive' grants to States and Territories
- States and Territories agreed to work towards national objectives
- All Health Ministers agreed to report annually on progress in the National Report published by the Australian Government
- The Report addresses
  - *"Did we do what we agreed?"*
  - *what was done, how it was done and when it was done*
- The next slides show progress under the Strategy between 1993 to 2001, taken from the National Mental Health Report (2003) – soon to published



national mental health strategy

Shift to community-based service system (1)

Allocation of funds across community and inpatient services



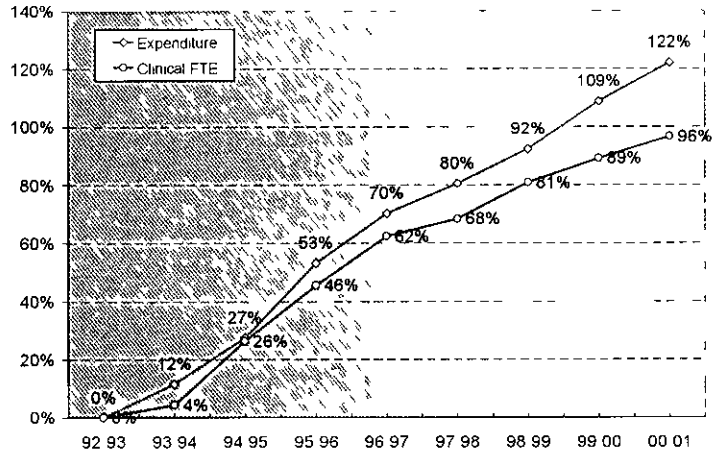
1992-93 2000-01

- Community-based services now account for 49% of total spending by States and Territories compared with 29% when the Strategy began
- Spending on community clinical services has increased by 131%

national mental health strategy

Shift to community-based service system (2)

Growth in community-based clinical workforce

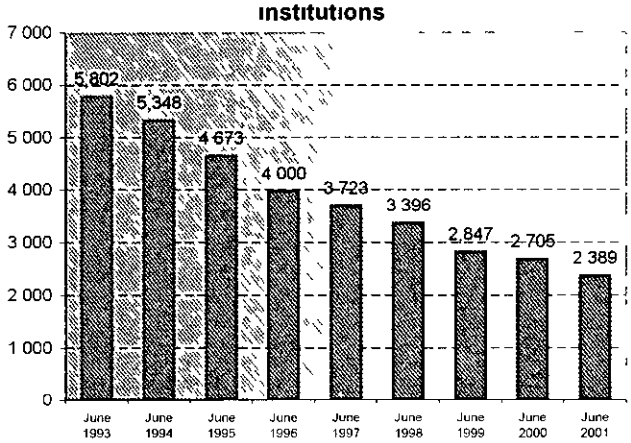


- The number of public sector mental health professionals working outside of hospitals has increased by 96% since 1992-93

national mental health strategy

Reduction in separate psychiatric hospitals

Number of beds in public stand alone psychiatric institutions

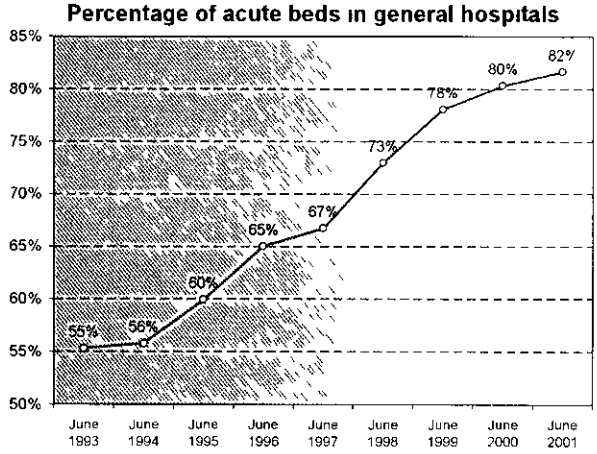


- At the commencement of the National Strategy, stand alone psychiatric institutions accounted for 49% of total mental health resources By 2001 this share had reduced to 21%
- The total number of beds in these hospitals has reduced by 59% since 1993, equivalent to 3,413 beds

national mental health strategy

Growth in general hospital psychiatric beds

Percentage of acute beds in general hospitals

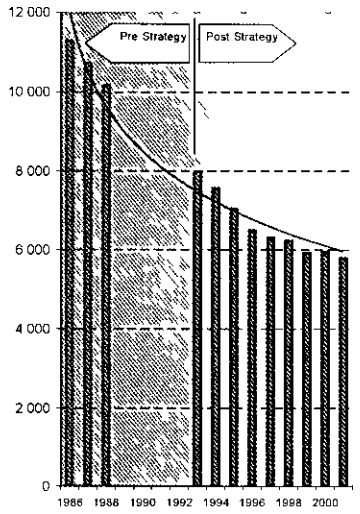


- Transfer of acute beds from separate psychiatric institutions to general hospitals was identified as a priority at the beginning of the Strategy, along with bringing the management of mental health into 'mainstream' health care
- By 2001, 4 out of every 5 acute beds were located in general hospitals

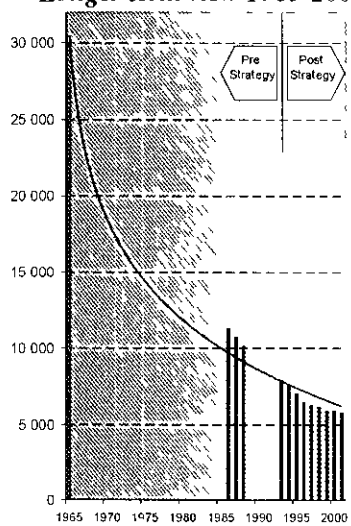
national mental health strategy

Reduction in beds within historical context

Short term view 1986-2001



Longer term view 1965-2001

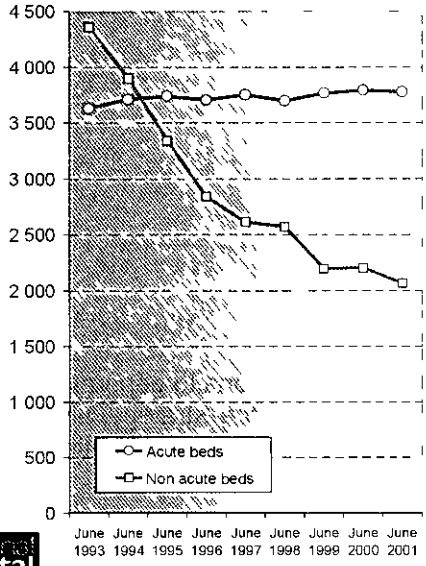


- The greatest reduction in number of psychiatric beds occurred prior to the Strategy, in an unplanned manner

national mental health strategy

Acute beds maintained

Trends for number of acute and non acute inpatient beds, June 1993 to June 2001

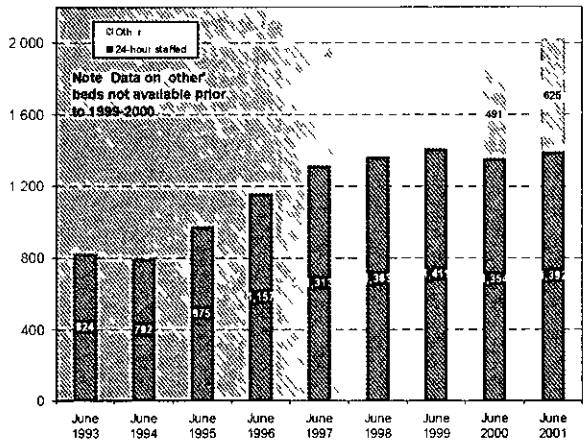


- Reductions in inpatient services over the course of the Strategy have been targeted at non-acute units, or those providing medium to longer term care
- The level of acute inpatient services has remained relatively constant across all States and Territories between 1993 and 2000

national mental health strategy

Development of 'community beds'

Number of beds in staffed community residential facilities

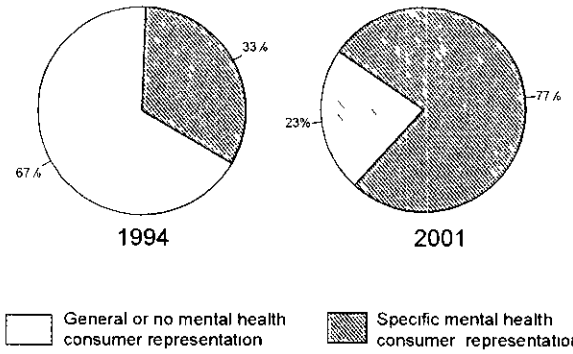


- 24-hour staffed beds in the community – designed to replace the functions of long term psychiatric hospitals – have increased 69% but this is variable across States and Territories
- Development of a wide range of accommodation support options remains a critical issue for Australia, as in other countries

national mental health strategy

Increased consumer participation in decision making

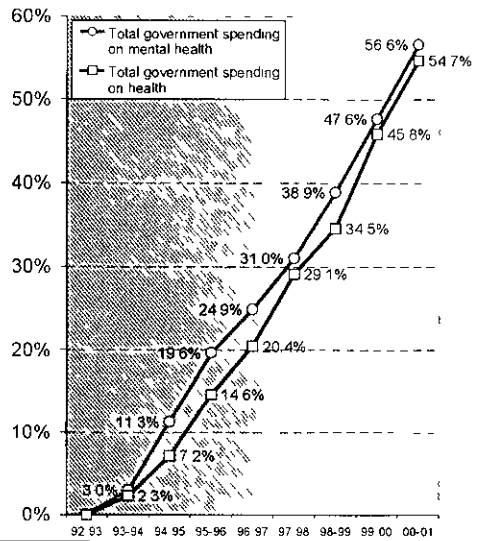
Percent of mental health service organisations with formal participation mechanisms



- The Strategy gives prominence to participation by consumers and carers in planning and evaluation services
- At the national level, consumers and carers have been included in every planning group ever established since the Strategy began
- The changes have been replicated at the service delivery level 77% of organisations have some formal mechanism for consumer participation

national mental health strategy

Mental health spending growth compared with overall health spending

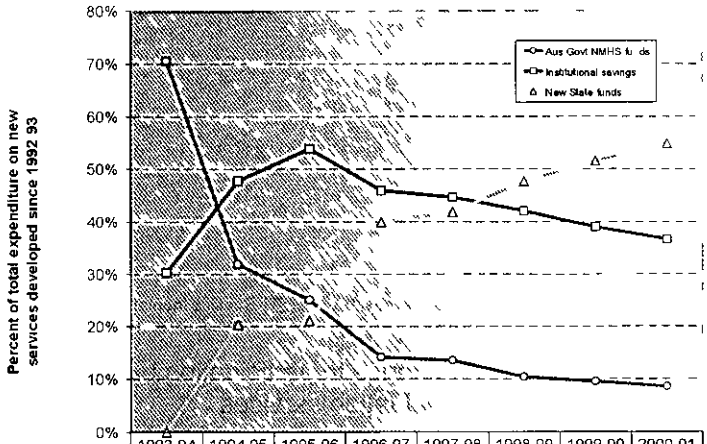


- Protecting the resources for mental health during a period of rapid change was a special concern in the design of the Strategy monitoring arrangements
- Total government spending has increased by 57% since 1992-93 in 'real' terms (adjusted for inflation)
- This is consistent with growth in the overall health sector
- Australian Government spending has increased by 111% and States and Territory funding by 35%

national mental health strategy

Have the savings from institutional reduction been reinvested in new services?

Relative role of Federal Government funds in new service developments since 1993



	1993 94	1994 95	1995 96	1996 97	1997 98	1998 99	1999 00	2000 01
Aus Govt NMHS funds	70 5%	31 8%	25 0%	14 2%	13 5%	10 4%	9 5%	8 6%
Institutional savings	30 3%	47 8%	53 9%	45 9%	44 7%	42 0%	39 0%	36 6%
New State funds	0 0%	20 4%	21 1%	39 9%	41 8%	47 6%	51 6%	54 8%

Source National Mental Health Report 2003

national mental health strategy

Australian Government
Department of Health and Ageing

Ten years on ... have we improved? (1)

"Australia has articulated a national mental health policy through the National Mental Health Strategy, has provided flexible resources to facilitate system transitions from an inpatient to a more balanced service delivery system, has engaged consumers and carers in focal roles and has emphasised concerns with quality and outcome as major system goals

Taken together, these four elements reflect the cutting edge of mental health at the international level"

Dr Ronald Manderscheid, Centre for Mental Health Services
US Department of Health and Human Services

national mental health strategy

Australian Government
Department of Health and Ageing

Ten years on ... have we improved? (2)

"Australia's National Mental Health Strategy is a standard for other nations in what can and should be done as a national policy initiative and demonstrates how federal and state governments can agree through policy documents to address difficult social and health concerns

Perhaps no other nation on earth has taken the time to focus its intellectual and political capital to develop such an extensive, measurable plan as the National Mental Health Strategy "

Thornicroft G and Betts V (2002) International Mid-Term Review of the Second National Mental Health Plan for Australia

national mental health strategy

Ten years on ... have we improved? (3)

" current community-based systems are failing to provide adequate services

these services are failing in terms of restricted access, variable quality, poor continuity, lack of support for recovery from illness or protection against human rights abuses

this does not represent a failure of policy but rather a failure of implementation through poor administration, lack of accountability, lack of ongoing government commitment to genuine reform and failure to support the degree of community development required to achieve high quality mental health care outside of institutional settings "

Mental Health Council of Australia, 2003

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Australia's National Mental Health Strategy:

PART 2: *The broadening of the agenda to a 'whole of community' approach*

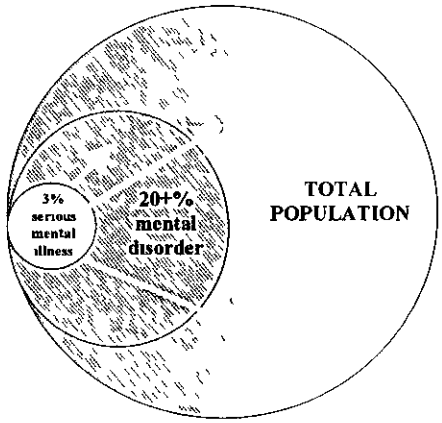
Previous slides have focused on reform of public sector specialised mental health services In 1998, the Australian Health Ministers agreed to a second 5-year period for the National Mental Health Strategy which broadened the Strategy into new areas The next set of slides summarise why Australia has taken this direction

national mental health strategy

Australian Government
Department of Health and Ageing

A broader National Mental Health Strategy

The National Mental Health Plans 1998-2003 and 2003-08

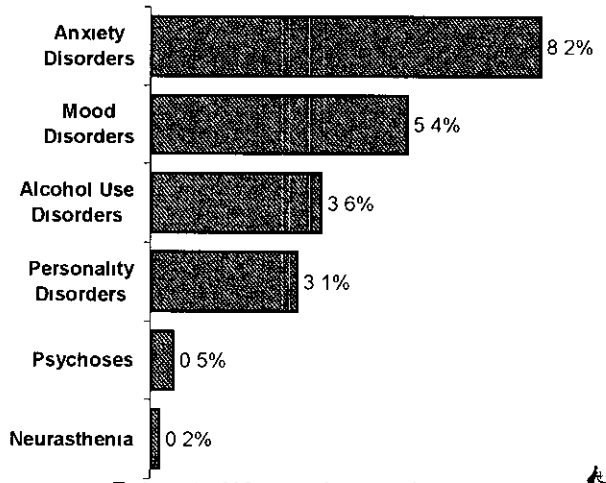


- In 1998, all Governments agreed to renew the National Mental Health Strategy for a further 5 years (1998-2003) This was more recently renewed for the period 2003-08, giving Australia 15 years of a national program of change
- The renewed Plan responds to new evidence about the widespread prevalence of mental health problems and the need to make mental health 'everybody's business'
- New priorities for action were added as additional to the previous service reform agenda

national mental health strategy

Australian Government
Department of Health and Ageing

- In any one year, over *5 **million (22%)*** Australians experience a mental disorder of some kind

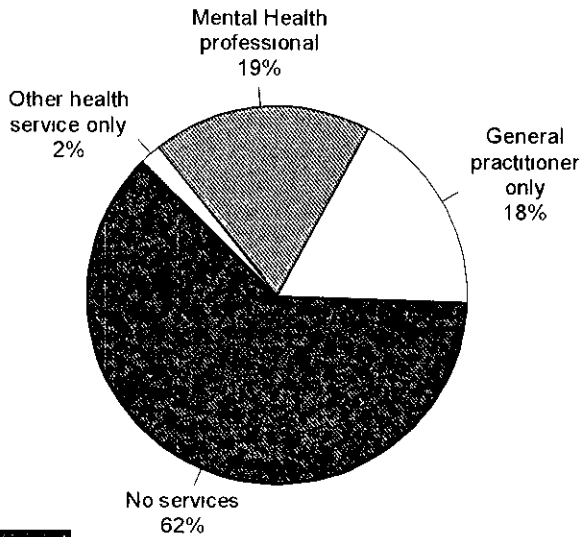


Estimated12 month prevalence rates

national mental health strategy

Need greatly exceeds supply

Who receives help and who provides?

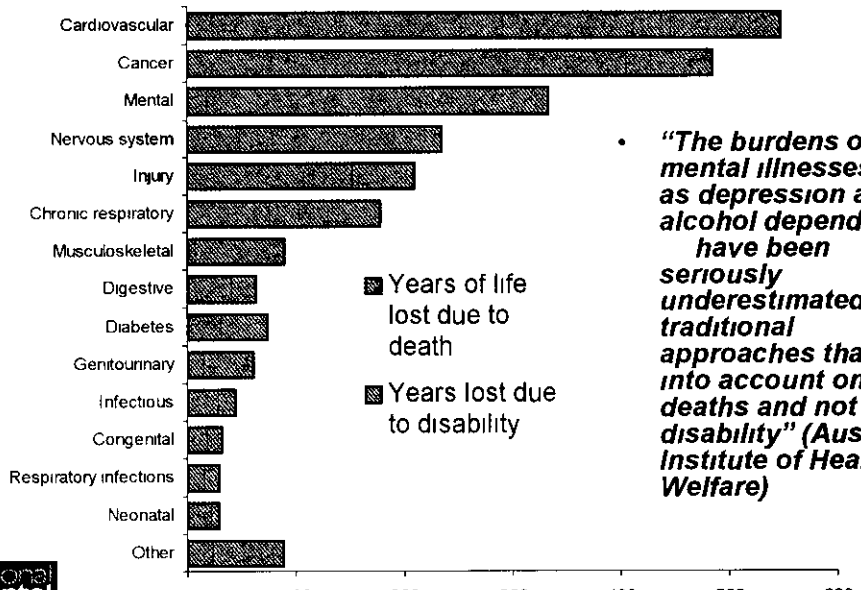


- Two thirds of Australians with a mental health disorder receive no treatment

(Source National Survey of Mental Health & Wellbeing Australian Bureau of Statistics 1997)

national mental health strategy

The 'burden' of mental health disorders on Australian society

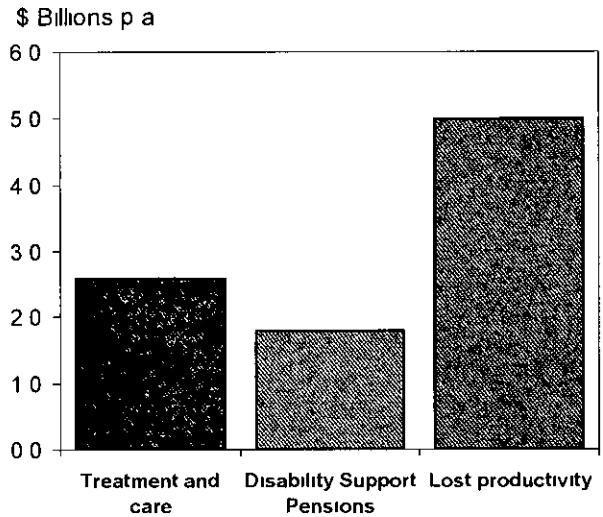


- ***"The burdens of mental illnesses such as depression and alcohol dependence have been seriously underestimated by traditional approaches that take into account only deaths and not disability" (Australia Institute of Health & Welfare)***

national mental health strategy

Counting the Cost

Mental disorders impose high health costs and productivity losses



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