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052166229X - Unmet Need in Psychiatry: Problems, Resources, Responses

Edited by Gavin Andrews and Scott Henderson

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UNMET NEED IN

PSYCHIATRY

Problems, resources, responses

This innovative book considers ways to resolve the imbalance between the demand and supply of mental health services. Treatment services in most countries reach only a minority of people identified as suffering from a mental disorder. Few countries can provide adequate health services for all the mentally ill, yet none has developed a rational system to decide who should be treated.

The questions are clear. Could we develop a staged treatment process to reach all in need? If not, how do we decide who to treat? What should the criteria be for deployment of scarce treatment resources? How do we determine such criteria? What are the ethical implications of applying such criteria?

In this pioneering work, an international team of eminent psychiatrists, epidemiologists, health administrators, economists, and health planners examines these questions. The result will inform and encourage all concerned with the equitable provision of mental health care.

Professor Gavin Andrews is Professor of Psychiatry, Director of the Clinical Research Unit for Anxiety Disorders, and Director of the World Health Organization Collaborating Centre for Mental Health and Substance Abuse at St Vincent's Hospital, the University of New South Wales, Sydney, Australia.

Professor Scott Henderson is Director of the National Health and Medical Research Council's Psychiatric Epidemiology Research Centre at The Australian National University in Canberra, Australia.

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Preface

The 25 years from 1955 was the period when psychiatry came of age. Effective medications for the common mental disorders, such as schizophrenia and the affective and anxiety disorders, became generally available for the first time. Community attitudes towards the mentally ill, and the confidence of patients being treated with the new drugs, enabled people in many countries who would otherwise be nursed in hospital to live in the community and receive their treatment there. The focus of psychiatry moved to the general hospital and to ambulatory care, exactly as in the rest of medicine. Primary care physicians were increasingly expected to recognize and manage people with mental disorders, exactly as they did for people with physical disorders. Psychiatry and the mental health services felt excited and were exciting.

A series of epidemiological studies published in the 1960s showed that the number of people in the community who met criteria for a mental disorder far exceeded the number who were receiving attention from the specialist mental health services, from primary care physicians, or from any other segment of the health service. It was not that the majority of those untreated were afflicted only by mild or transient disorders, for in some studies significant numbers of people with serious and disabling mental disorders went untreated. The introduction of the psychotropic drugs and the move to community care had been politically easy – both steps saved money for either the state or the private insurer. Attempts to widen the reach of mental health services were not easy for, it was claimed, it would not be cost-effective to invest more health dollars in mental health unless it were to pay for cost-effective treatments. The World Bank and World Health Organization project on the Burden of Disease suggested that as no country could afford to provide services for all citizens who required them, services should be rationed according to the burden of a disease and the cost-effectiveness of treatment for it, a strategy that quite overlooked the rights of citizens to shelter, primary care and emergency care when ill. Either way, there was little discussion in either the clinical or health economics literature of how one might manage scarcity and triage services in some equitable way.

The World Psychiatric Association's Section of Epidemiology and Public Health has held a scientific symposium almost every two years since the first

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in Aberdeen, Scotland, in 1969. Some years the symposia are general, and at other times are focused on a problem of particular importance. In 1995, the Section Committee, meeting in New York, asked us to convene a meeting in Sydney, Australia, in late 1997, the meeting to be focused on 'The Unmet Need for Treatment'. With this topic in mind, and with the intention of preparing a book on the topic, we deliberately invited members of the Section and other key scientists to consider preparing papers to address the problem and to come to the Sydney meeting to present them. This book is the result of asking this group of invited scientists to address the following topic: treatment services in most countries reach only a minority of the people who epidemiologists identify as having a mental disorder. Few countries could afford to provide health services to all citizens who meet criteria for a mental disorder, yet no country has developed a rational system to decide who should be treated. The questions are clear: if everyone with a diagnosis needs treatment, could we develop a staged treatment process so that the available skills in the community and in the health services can be organized to reach all in need? If not everyone with a diagnosis needs treatment, how do you decide who does? Should we use diagnosis, disablement, or likelihood of treatment success to deploy scarce health services? Do we have sufficiently reliable estimates of the prevalence, comorbidity, disablement, treatment effectiveness, and of the direct and indirect costs of illness to do this? If we had such data, would it be ethical to triage people in this way?

Now read on . . .