

# Reform of mental health systems: what does the future look like and how to get there?

Mental health systems, in many countries around the world, are in need of urgent reform [1, 2]. The challenges to address are significant and knowing where to start is a primary problem. Recent reviews and developments in the UK [3, 4] and the Australian State of Victoria [5] offer key lessons for systemic change that other countries can build upon.

Across the UK and Australian jurisdictions there are common problems with mental health care, of historical origin and now embedded in systems, including [3–5]: significant demands and wait times for services reflecting a lack of resources; a lack of prevention and community-based services; inequality in access to and the lack of differentiation of the types care based on condition, race, and wealth; a fragmentation of services; the lack of choice and autonomy, harshness and variability of approaches to detention, assessment, and treatment; inappropriate use of restraint and treatment orders; and the need for advocacy services and to strengthen rights, protections, and care for patients, particularly children and young people.

Over a long period, the incremental adjustments of mental health services, with a lack of long-term vision or integrated direction, have resulted in a system that is not fit for purpose. Change is required to improve conditions for professionals and achieve enhanced patient outcomes and community benefits [1, 2]. So, what does the future need to look like? What is required and how do we achieve it?

The direction forward needs to be based on the guiding principle that places the needs, preferences, and values of people living with mental illness and their families/carers at the centre of service design and delivery [3, 6]. Placing the patient and their family/carers at the centre, recognizing and enabling their capacity (to the maximum extent possible) to make informed choices about their care is key. Combined with openness, transparency of processes and decision-making, and the local provision of services, these principles offer a clear direction for the future.

A particularly critical issue in the proposals in both countries relates to minimizing restraints and imposed control orders—based on the principle that patients should, as much as possible, have the ability to direct their own care. This implies legislative change, policy and attitudinal change, and the provision of resources to enable patient choice and direction.

This is the critical challenge for mental health service reform: how to make safe, high-quality patient-centred

care a lived reality for patients, family/carers, and professionals? To ensure change, learning, and improvements are widespread, there is the need to identify and share widely examples of excellence, innovation, and positive outcomes.

The practical reality of making these principles work means there is a need for: revised legislation; substantial increases in funding; new entities to coordinate, manage, and deliver services; ongoing oversight of changes; establishing clear timelines; and determining indicators of success. Support and development of professionals is a further component to ensure a diverse, knowledgeable, and skilled workforce. The continued development of an evidence base—to inform organizational, service, and clinical needs—through ongoing rigorous research, evaluation, and innovation will also be required.

Access to quality health care, including mental health care, is a human right. As the pandemic has acutely demonstrated, high-quality mental health services are necessary to sustain and enhance health and wellbeing of the community. Reform of mental health services is long overdue. Change is difficult but within our capacity. As a central guiding principle, patients and families/carers need to be placed in the centre, and professionals need greater support to enable them to innovate, experiment, and reform, and deliver enhanced safe, high-quality services. Professionals, policy makers, patient advocates, and researchers can monitor progress arising from reforms in the UK and Australia to identify lessons for application.

## Conflict of interest

None declared.

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**Editorial**

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