SANTIRON SATHASIVAM
MENTAL HEALTH (ADULT)

Elective Report

What are the major health issues/mental health issues in New Zealand and how do they differ from that in the UK?

The major health issues can be identified as the diseases that are responsible for the most number of deaths. The mortality rate in New Zealand in 2009 was 412.1 per 100,000 population and it was 549.4 per 100,000 population in the UK in 2010.

In both countries the major causes of death are cardiovascular diseases, cancers and chronic lower respiratory disease. However, in both countries the rates are continuing to decrease over the years, partially due to governmental health strategies. For example, the latest health targets set by the New Zealand Ministry of Health include better cardiovascular and diabetes services, better smoking cessation help and shorter waiting times for cancer. In 2000, cancer referral waiting times were identified as a problem in the UK too. In response to this, the UK Department of Health introduced the NHS Cancer Plan which included a maximum of two weeks waiting time rule for patients to see a specialist once referred by the GP on suspicion of cancer. Recently there has been a growing concern over the problem of obesity and diabetes in the UK which will add to the cardiovascular disease burden, as well as having many other health implications. New strategies will need to be implemented to tackle these problems.

It is well known that mortality rates for most disease are significantly higher in patients with mental illness. For the purposes of this write-up, I will focus on the topics of self-harm/suicide and alcohol/substance misuse as these are common presentations in hospitals.

Suicide attempts and completed suicides are carefully monitored in both New Zealand and the UK. The suicide death rate in New Zealand in 2009 was 11.2 per 100,000 population (17.8 and 5.0 deaths per 100,000 male and female populations respectively). This is very similar to the suicide death rates in the UK; in 2010 the rate was 11.2 per 100,000 population (17.0 and 5.3 per 100,000 male and female populations respectively). Besides small fluctuations from year to year, the rate has stayed constant in both countries.

Alcoholism and the problems that come with it have gained much attention in the UK recently. 1.2 million admissions to hospital were associated with alcohol in 2011 and it costs the NHS approximately £3.5 billion every year. In New Zealand 18–35% of emergency department admissions for injury are alcohol related. In terms of social costs for the country, harmful alcohol use cost New Zealand $4.9 billion in 2005/06.

The strategies used in New Zealand and the UK to tackle some of these problems and others are discussed below.

What strategies are in place to address the major health issues/mental health issues in New Zealand and how does it differ from that in the UK?

As mentioned above, the Ministry of Health has set health targets to tackle the problem of cardiovascular disease and diabetes. It expects 90% of the eligible population to have had their cardiovascular risk assessed over five years. Once assessed, they will be offered the appropriate treatment to reduce their risk of cardiovascular events. In the UK the government financially rewards GP practices for identifying patients with cardiovascular risks and offering the appropriate treatment.

Both countries have also passed laws to regulate smoking in public to reduce the harmful effects of cigarettes. The New Zealand Smoke-free Environments Act prevents smoking in public places which includes restaurants, offices, schools and hospitals. It even limits smoking in prisons. This is much stricter than the Smoke-free Regulations in the UK which does not include prisons for example. Both countries have also put restrictions on smoking advertisement and insisted on health warning labels on cigarette

packets. The Ministry of Health's smoking cessation guidelines published in 2007 expects all patients admitted to hospital to have their smoking status checked and advice given. A simple ABC approach is suggested; 'ASK about smoking status; give BRIEF advice to stop smoking to all smokers and to provide evidence-based CESSATION support for those who wish to stop smoking.' This has contributed to the decline in smoking over the years. Such a direct strategy has not been adopted in the UK.

With the recent increase in antisocial behavior in the UK and it's links to alcoholism, new policies have been proposed to tackle the problem. The policy put forward by the government this year includes setting a minimum unit price on alcohol and a ban on the sale of multi-buy alcohol discounting.

Mental illness is highly stigmatised throughout the world. Although over the years it has improved, the UK organization Mind has taken steps to reduce the level of stigma further. The way the media portrays mental illness influences the way the public think. Therefore Mind has introduced annual media awards since 2007 to praise radio and television shows, as well as films, that portray mental illness accurately and sensitively.

What are the major health issues/mental health issues concerning ethnic minorities (such as Maori people) and what strategies have been used to reduce any inequalities?

The Maori people are the main ethnic minorities in New Zealand but other ethnic minorities include Pacific Islanders and South Asians. There is indeed a huge gap in health status between the Maori and non-Maori populations. The Ministry of Health has said 'as a population group, Māori have on average the poorest health status of any ethnic group in New Zealand.' Looking at mortality rates in 2009, the Maori rate is almost twice that of the non-Maori rate (722.4 and 383.2 deaths per 100,000 Maori and non-Maori populations). Other facts to this testimony include higher rates of smoking and obesity in Maori. Maori children are also exposed to higher rates of second-hand smoke. Cervical and breast cancer screening rates in Maori are 30-40% lower than that in non-Maori. In terms of mental health, this population has a higher prevalence of mental illness and presentation to services tends to be late.

To tackle this huge problem, the Ministry of health set up the Māori Health Innovations Fund in 2009. $20 million has been allocated to develop innovative strategies to improve Maori health. Health providers should not just focus on dealing with physical symptoms but instead they should recognise the importance of family and community in the Maori culture. Hence, much of the fund has gone into developing services where this is taken into account and therefore is more accessible to Maori people. To tackle the mental health inequalities it is recommended that services reflect Maori models of mental health. There should be Maori participation in designing the delivery of mental health and more Maori health workers are needed. Maori people should also have the choice of accessing mainstream or Maori community mental health services.

Reflect on the experiences gained and the impact of these experiences on your personal/professional development.

This is the first time I have studied in a foreign health care system. I did take time to learn some of the country's history and culture, but unsurprisingly I learnt a great deal more during my time in the country.

The Maori culture is very different to the European New Zealander culture and at first it seemed quite difficult to understand how the two can coexist. Indeed, I believe, there has been much mixing and influence between the two cultures. For example, English is the most widely spoken language in the country but so many words from the Maroi language have been integrated into the English that it takes some time to get used to it.

I was struck by the number of foreign doctors and nurses who work here, in particular, those from the UK. The combination of greater job opportunities and excellent quality of living in New Zealand (Auckland

being named as one of the top ten most livable cities in various reports and surveys) may be a reason for this. After a very positive experience during this elective I would certainly consider following the path of many UK trainees.

I embarked on this elective on my own, without the company of friends from my medical school. Although this was slightly daunting at first, I think I settled into the new environment quite quickly. Knowing this is very empowering because I believe it gives me the confidence to do similar things in the future.

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