

FOR THE RECORD

Scotland launches mental health strategy

Mental illness is among the top public health problems in many European countries, affecting about a third of the population, and the government of Scotland has created a lengthy list of commitments to help improve the mental health and well-being of its citizens.

“In the coming period, we are making key commitments that demonstrate our desire to increase the pace of change,” Minister for Public Health Michael Matheson stated in a foreword to *Mental Health Strategy for Scotland: 2012–2015*. (www.scotland.gov.uk/Resource/0039/00398762.pdf). “We will focus on reducing variation in the availability of good quality mental health services such as intensive home treatment and first episode psychosis services. We will build on the prevention agenda, with a greater focus on the first years of life. We will target key connections between mental health and other policy areas such as employment, justice and early years services, where mental health has a large contribution to make.”

Across Europe, mental disorders account for almost 40% of years lived with a disability, led by depression, which is responsible for 13.7% of the disability burden. Other mental health issues on the list include substance abuse, Alzheimer disease, dementia, schizophrenia and bipolar disorders. In Scotland, people with mental health disorders account for an estimated 43% of social welfare benefits. The suicide rate in the country (14.7 per 100 000) is also above the European average (13.9 per 100 000).

Scotland’s mental health strategy includes a list of 36 commitments, including ones to increase the involvement of families in policy development, to improve access to child psychotherapy, to deliver faster access to psycho-

logical therapies, to improve monitoring information about who is accessing mental health services and to more effectively link work on depression, alcohol abuse and other common mental health problems to improve treatment.

“People are already taking greater responsibility for their own health through lifestyle changes designed to produce better health outcomes. They are more likely to seek information for themselves to understand their own mental health and wellbeing and have a greater desire to control how they access help and support. Self-help, self-referral, self-directed, self management and peer to peer are all concepts that will only grow in importance and which demand a different mindset and approach to service design,” stated Matheson. “The system of the future must develop to embrace and adopt these approaches alongside the more traditional approaches to service delivery, which will also continue to be necessary.” — Roger Collier, *CMAJ*

Aggressive bill collecting in hospitals leads to lawsuit

Being in hospital is stressful enough, but according to a six-volume report that Minnesota Attorney General Lori Swanson’s office has released, patients at several hospitals owned by Fairview Health Services in the state have also contended with aggressive debt collectors who implied they would not be treated unless they paid bills on the spot.

The *Compliance Review of Fairview Health Services’ Management Contracts with Accretive Health, Inc.* (www.ag.state.mn.us/PDF/PressReleases/ComplianceReview/Vol.%205.pdf), includes accounts from patients, about 60 of whom also signed affidavits to support a lawsuit the attorney general filed against the company. According to the report, Accretive, a collection

agency that Fairview hired, used collectors who posed as “personal financial consultants.” They accosted patients in emergency rooms, at their children’s bedsides and in a neonatal intensive care unit. “Accretive takes pride in using collectors in the emergency room,” states an executive summary from Volume 5 of the report. “Perhaps the most successful ‘front end’ collection technique is to give the patient the impression that she may not receive adequate treatment unless payment is made.”

Often, according to the report, Accretive’s employees targeted patients through lists of those scheduled to receive surgery. They also focused on pregnant women. “Looking for vulnerable patients, Accretive discovered that pregnant women in delivery were most concerned with getting treatment, and therefore were most vulnerable in getting a pre-balance paid ...” the report states.

In one case, a woman was asked to pay money in the emergency room while she was in the midst of a miscarriage. In another instance, Accretive approached a woman at the bedside of her teenage daughter, who had overdosed. She was asked to pay US\$500 before she could return to see her daughter. In another case, a woman was told her newborn baby could not be discharged unless she paid US\$800. The woman overpaid and had to fight for months to get the money returned.

Under Minnesota law, as the report makes clear, a debt collector cannot imply that medical treatment will be withheld in an emergency situation. “Accretive’s debt-collection activity is rife with violations of Minnesota and federal laws,” the report states. “Accretive has hidden its true identity from patients, aggressively and illegally attempted to collect debts from patients, improperly used patient health information to collect debts, and failed to follow basic laws regarding the registration and conduct of its collectors.”

On July 31, Minnesota and Accretive settled the federal lawsuit filed by the state. Under the settlement, Accretive agreed to stop operating in Minnesota for up to six years and must pay US\$2.5 million to the state. That money will be part of a restitution fund for patients, Swanson said in a news release (www.ag.state.mn.us/Consumer/PressRelease/07312012AccretiveCeaseOperations.asp).

“A hospital emergency room is a place of medical trauma and emotional suffering for patients and their families,” Swanson said in the release. “It should be a solemn place, not a place for a financial shakedown of patients. It is good to close the door on this disturbing chapter in Minnesota health care.” — Laura Eggertson, Ottawa, Ont.

Call to remove asbestos from commercial and government buildings in Australia by 2030

An estimated 30 000 to 40 000 Australians could be diagnosed with diseases related to asbestos exposure over the next 20 years, warns a new report commissioned by the Australian government. *The Asbestos Management Review* report, released in August by Workplace Minister Bill Shorten, calls for a national strategic plan and recommends all materials containing asbestos be removed from commercial and government buildings by 2030.

Australia was one of the heaviest users of asbestos in the world prior to the mid-1980s, review chairman Geoff Fary states in the report’s introduction (www.deewr.gov.au/WorkplaceRelations/Policies/AMR/Documents/AsbestosManagementReviewReportJune2012.pdf). The country mined chrysotile and crocidolite asbestos until late 1984, when it banned asbestos mining. At the end of 2003, Australia also banned asbestos-containing materials.

“Not surprisingly, Australia has the highest reported per capita incidence of asbestos-related disease in the world,” the report states. “Due to extensive asbestos use throughout the nation, and

incubation periods of up to 50 years or more between exposure and manifestation of disease, the sad reality is that Australians will continue to contract and die from asbestos-related diseases for many years to come.”

Asbestos-containing materials were used in the construction of Australian homes between 1945 and 1987, according to the report. It estimates that approximately 15% of dwellings constructed before 1987 contain some type of asbestos, putting homeowners at risk if they attempt do-it-yourself renovations or maintenance.

“Consequently the potential for the contraction of asbestos-related disease extends beyond the workplace and is a public health issue,” states the report.

From 1945 to 2004, Australia reported 8191 cases of mesothelioma, a rare form of cancer associated with exposure to airborne particles from asbestos-containing material that had been disturbed. In 2008, there were 661 new cases of mesothelioma diagnosed in Australia, according to data collected by the Australian Institute of Health and Welfare. The majority of those affected (514 people) were men and women aged 65 or older.

“There is growing concern that there is an increased incidence of mesothelioma due to domestic exposures,” states the report. It cites research that predicts “the future case load of asbestos-related cancer can be expected to be in the order of 30,000-40,000 by 2020” (*Am J Ind Med* 2002;41:188-201). — Laura Eggertson, Ottawa, Ont.

Call for widespread hepatitis C testing of baby boomers

The Centers for Disease Control and Prevention (CDC) is recommending that all baby boomers born between 1945 and 1965 be tested for chronic Hepatitis C.

According to the CDC’s *Morbidity and Mortality Weekly Report for Aug. 17*, baby boomers account for about three-quarters of all hepatitis C virus (HCV) infections in the United States and 73% of HCV-associated mortality, even though they comprise only 27% of the US population

Previously, the CDC had recommended that testing for the hepatitis C virus be based on known risk factors and clinical indications, such as injection drug use, chronic hemodialysis or blood transfusions before July 1992, when donors began being screened for the virus. “However, many persons with HCV infection do not recall or report having any of these specific risk factors,” states the report (www.cdc.gov/mmwr/pdf/rr/rr6104.pdf). “These birth-year-based recommendations are intended to augment, not replace, the 1998 HCV testing guidelines.”

Hepatitis C is an acute, blood-borne infection, which 75%–85% of the time persists as a chronic infection, initially asymptomatic. It is a leading cause of liver cancer and other liver diseases. Currently, the report states, 2.7–3.9 million people in the US are infected with hepatitis C. But 45%–85% are unaware they are infected. Early detection and possibly the use of antiviral treatment can improve outcomes, the report states.

Inadequate health insurance coverage and limited access to regular health care have both been identified as barriers to testing, but the report also identifies a lack of knowledge among health care providers about the prevalence of the infection, available tests and testing procedures.

An estimated 20% of people infected with hepatitis C will develop cirrhosis of the liver 20 years postinfection, and up to 5% will die from HCV-related liver disease. CDC modeling predicts that over the next 40–50 years, 1.76 million people with untreated HCV infections will develop cirrhosis, peaking at one million cases from the mid-2020s to the mid-2030s.

Hepatitis C is present in baby boomers at a rate five times higher than among adults born in other years, the report states, attributing the high prevalence to “the substantial number of incident infections throughout the 1970s and 80s.” Contaminated blood and blood products, as well as the sharing of contaminated needles, were the major culprits, with an average of 230 000 infections per year during the 1980s. In 1992, when a blood test for HCV was developed and blood and

organ donors began to be screened, infection rates started to drop. In 2010, the most recent year for which the CDC has figures, acute infections in the US had dropped to 17 000.

A lack of health insurance and the use of alcohol also complicate health outcomes among people in this age range, the report states. Coinfection with HIV, hepatitis A virus or hepatitis B virus and consuming alcohol can hasten the progression of HCV-related disease. The CDC encourages health care professionals to counsel patients with HCV infection to decrease or eliminate the consumption of alcohol and to be vaccinated against hepatitis A and B. — Laura Eggertson, Ottawa, Ont.

Tasmania moving toward circumcision ban

Legal reform may be coming to the Australian state of Tasmania to prohibit the circumcision of minors except for “well-established religious or ethnicity motivated” reasons.

The prohibition is among recommendations urged by the Tasmanian Law Reform Institute in a report, *Non-Therapeutic Male Circumcision*, which asserts that “male circumcision exists at the

crossroads of religion, custom, human rights, health, commerce, harm and ethics” (www.law.utas.edu.au/reform/documents/CircumcisionFinal.pdf). “Its regulation is one of many divisive issues in 21st century Australia.”

In 2010, more than 19 000 medicare claims for circumcision on boys less than six months old were filed in Australia, costing taxpayers more than A\$1.7 million, yet there is “rarely a medical indication for the circumcision of a newborn,” states the report. In Tasmania, however, the newborn circumcision rate has not exceeded 1.47% since 2004, with only 30–40 newborns undergoing the procedure each year. Most of the circumcisions that do occur in the state are performed by trained medical professionals in hygienic environments.

“The vast majority of circumcisions performed in Tasmania are performed in safe and pain managed circumstances,” states the report.

Still, the institute suggests that the merits of circumcision are not widely accepted enough for it to be legal under all circumstances. The law should still accommodate religious and ethnic circumcising traditions, states the report, but it ought to condemn the practice for prophylactic reasons or “secular non-ethnicity related social reasons” among

minors incapable of providing competent legal consent.

Other recommendations in the report include providing a clear legislative basis for the legality of performing circumcision at the request of an adult or “capable minor” (minor considered mature enough to provide competent legal consent), requiring joint parental authorization for the circumcision of a minor and enacting a law that requires court authorization when parents disagree.

“The Institute adopts an approach to reform that is pluralistic, deeply concerned with legal, political and evidential reality, and that is committed to formulating recommendations that most Tasmanians can be persuaded with rational argument to accept,” states the report. “The Institute is of the opinion that circumcision should only be legal to perform when there are widely and well-received reasons for its performance.”

The Tasmanian Law Reform Institute, formed in 2001, is based at the University of Tasmania and undertakes law reform work proposed by the Australian government, the university, the community and the institute itself. — Roger Collier, *CMAJ*

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