Australian Health Care Reform Alliance

AHCRA POSITION PAPER 4
MENTAL HEALTH

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Key Points

- As the World Health Organisation states, there is no health without mental health.
- People with mental illnesses have significantly lower life expectancy than the general population.
- Following deinstitutionalisation, and without investment in community-based mental health services, Australia's mental health system has become focussed on hospital/institution-based acute care.
- Many people miss out on the care they need.
- To improve the mental health of the Australian community we need to invest more resources in mental health care, focus on community-based services, reform the mental health workforce, link better to primary health care, and increase transparency and accountability throughout the mental health system.

WHY IS MENTAL HEALTH IMPORTANT?

There is an increasing awareness about the interconnectedness between physical and mental health and a growing body of evidence demonstrating the importance of mental health for overall health and well-being[i]. However, in Australia and other developed countries, the life expectancy of people with a mental illness is akin that of the Aboriginal community, and the 'health gap' between people with a mental illness and the general community is widening[ii].

Almost half the total population (45.5%) experience a mental health disorder at some point in the lifetime. According to one survey, one in five of the Australian population aged 16-85 years experienced mental disorders in the previous 12 months - equivalent to 3.2 million Australians. Depression and anxiety are the most prevalent mental disorders experienced by Australians. In fact, mental disorders and suicide account for 14% of Australia's total health burden – which equates to 374,541 years of healthy life lost (DALYs)[iii]. Around 75% of all mental illnesses manifest before the age of 24 years[iv1]. Unlike many physical illnesses, mental illness is primarily a young person's problem.

Suicide remains the leading cause of death for Australians aged between 15 and 44. The most recent data[v] shows that almost twice as many people died from suicide in Australia, than in road transport accidents (1,310 vs. 2,535). For every completed suicide, it is estimated that as many as 30 people attempt - around 200 attempts per day or one every 10 minutes[vi].

People with mental illness also suffer worse physical health and a greater rate of chronic disease than average. Yet research shows they tend to receive less preventive and ongoing care for these illnesses.

BACKGROUND – WHERE HAVE WE BEEN?

Australia has a commendable history of producing high quality mental health policies and strategies. Currently, mental health policies and programs are being developed under the second National Mental Health Strategy and the fourth in a series of national mental health plans lapsed in 2014. There have also been national roadmaps, action plans and other documents, both at national and state levels. These papers are often replicated with regards to suicide prevention, the social and emotional wellbeing of indigenous people, co-morbidities and other related matters. There are literally dozens of mental health-related plans and policies.

However, overall these policies and plans have not been successful in achieving their aim of shifting the focus of mental health care from institutional settings to community settings. In fact, Australia still has a hospital-centric approach to mental health service provision[vii] and there is also evidence indicating the high prevalence of mental illness among prisoners[viii]. Some have suggested on this basis that mental health reform has merely shifted people from one type of institution to another.

The state of mental health care in Australia is an issue of growing concern at a political level and in the general community[ix], reflected in the 32 parliamentary or statutory inquiries into this issue held between 2005-12[x] These include the National Action Plan on Mental Health[xi], developed by the Council of Australian Governments in 2006. This provided some $5.5bn in additional funding for mental health. In 2010-11, mental health spending in Australia totalled $7.2bn of the total of $142bn spent on health. However, even with CoAG's engagement, mental health share of the health budget since then has stalled. Currently, mental health spending is 5% of total health spending but accounts for 13% of the burden of disease. This gaps goes some way to explaining Australia's mental health crisis. Despite repeated calls for accountability, the impact of spending and services is so poorly understood that mental health in Australia has been described as "outcome blind"[xii].

A key change made by the CoAG National Action Plan in 2006 was to permit public access to Medicare-funded psychology services. The Better Access Program began in 2006 and by March 2014 had funded 20m billable occasions of service, running at some $12m each week[xiii]. Whether this program represents good value for money is the subject of considerable debate[xivxv].

Understanding the impact of this program and others is important because access to mental health care remains a problem. In 1997 it was estimated that around 38% of people needing care got access to a service - in 2007 this figure was 35%[xvi]. It is possible to suggest on this basis that Australia failed to lift the rate of access to care over this decade. There has been recent data published to indicate the rate may have increased but access to mental health care remains considerably lower than for many other health conditions in Australia. This is particularly so in relation to young people whose rate of access to care is even lower than among the general community, with only some 13% of young men with a mental illness receiving care. While the epidemiology of mental illness points to the need to cater for young people, this is precisely where our service system is weakest. Hence recent attention to *headspace* and the EPPIC model of early psychosis intervention, pioneered by former Australian of the Year Professor Pat McGorry. However, the impact of these recent changes is so far hard to discern.

Partly in response to this ongoing sense of crisis, the majority of Australian jurisdictions have turned to a new model of administrative organisation designed to impel mental health reform. Mental health commissions now exist in NSW, Victoria, Queensland and Western Australia with one promised for South Australia. There is also a National Mental Health Commission, chaired by Professor Allan Fels, operating within the

Commonwealth Department of Health. It is early days for each of these bodies and therefore difficult to present evidence about their impact in driving positive reform in mental health.

Most recently, the National Mental Health Commission was tasked with conducting a review of mental health services by the Abbott Government. This review was completed in November 2014 and became public in April 2015. The focus of the review was on the Commonwealth and the actions it could take now. 25 recommendations have been made, including a regional approach to suicide prevention, greater emphasis on community services and a greater role for innovative technologies in mental health care. The review did not call for any additional funding for mental health, focusing on reallocation of existing resources. The full review can be found here:
http://www.mentalhealthcommission.gov.au/our-reports/review-of-mental-health-programmes-and-services.aspx

In response to the Commission's review, the Commonwealth has undertaken to prepare a formal government response and to establish a series of CoAG working groups.

CURRENT SITUATION – WHERE ARE WE NOW?

While Australia has had a national plan and policy for mental health for more than 20 years, the mental health 'system' is in fact a patchwork. The type and range of services and people's access to those services will vary hugely depending on where they live. Rural access is significantly less than in metro areas due to the maldistribution of the Medicare workforce.

Further, despite growing evidence about the impact of trauma on mental health, services remain particularly rare and poor for Australia's Indigenous and multicultural communities. Our capacity to plan better services for these groups is hampered by poor data. For example, there is insufficient published data on the link between mental illness and suicide among Aboriginal and Torres Strait Islander people.

There are also many people 'parked' on employment and disability pensions, unable to access the community mental health services necessary to break out of welfare. The mental health system is also poorly linked to the primary health care system, when they should be working closely together to ensure people receive holistic multidisciplinary care and their physical health issues are addressed. For example, of all the mental health plans written under the Better Access Program, only around half are reviewed by a GP following psychological treatments.

Overall, Australian spending on genuine community-based mental health services is inadequate. Australia has failed to build a flourishing, vibrant community mental health sector. Non-government service provision in Australia is around 8% of total mental health spending whereas it is around 28% in NZ. This key gap in the 'system' leaves people with few alternatives but to seek expensive and often traumatic hospital-based care. This has in turn created unsustainable pressure on hospital mental health services, forced to admit only the sickest or most at risk patients. Typically, patient stays are brief and focus on stabilisation and medication, rather than rehabilitation and recovery. People are commonly discharged to home with little or no community support, leaving them isolated and vulnerable to a 'revolving door' of unnecessary readmission, followed by premature and unsupported discharge, followed by another cycle of admission and re-admission[xvii].

FUTURE AGENDA - WHERE WE WANT TO GO?

In order to achieve a high quality, coherent and efficient system of mental health care in Australia the following strategies and actions are recommended, focusing on the following areas: funding, community mental health, governance and accountability:

What can happen now

- Identify gaps in the current community mental health sector
- An immediate boost in funding for mental health, focussed on community-based services
- Identify key data gaps, such as the link between mental illness and suicide in Aboriginal and Torres Strait Islanders
- Articulate a realistic set of outcome measures and targets for mental health services and programs which work at the local and regional level.
- Identify gaps, inefficiencies and areas of duplication in the planning and governance of mental health services and programs between federal and state, public and private and the hospital and community sectors, building on the work already undertaken by the National Mental Health Commission.
- Identify existing innovative and evidence-based mental health programs with the potential for transferability to other contexts, such as e-mental health technologies, moving now to not only provide effective early intervention in mental health but to prevent enduring mental illnesses[xviii].
- Identify alternatives to current fee-for-service arrangements to ensure better access to mental (and physical) health care for key groups.

Over the next 1-2 years

- Increase health funding by 1% of total health funding per year
- Develop a plan for developing a vibrant and sustainable community sector in mental health
- Develop a mental health illness prevention and health promotion plan, focussing on the establishment of a range of community mental health services spanning the gamut of clinical and psycho-social needs, offering a new suite of alternatives to hospitalisation.
- Collect and report on the validated experiences of care of mental health consumers and carers as part of meeting the outcome measures defined (above).
- Develop a plan to sustain and promulgate broad, population-wide approaches to implementation of 'best practice' policies and programs
- Develop a plan to address the physical health needs of people with mental illness, based on the integration of mental and physical health.
- Develop a funding mechanism for mental health which brings together general practitioners, community nurses, psychologists, social workers, Aboriginal health workers, occupational therapists, employment consultants, the police, housing officers and others.

Over the next 3-5 years

- Increase funding to 12% of total health spending by 2020
- Implement the mental health care community sector plan
- Implement the mental health illness prevention and health promotion plan

- Use reporting against defined outcome measures and targets to implement systemic quality improvement throughout the mental health sector.
- Implement strategies to improve the physical health of people with mental illness
- Implement the plan for transferability of 'best practice' policies and programs
- Develop a coordinated and planned approach to the funding, governance and service delivery

CONTEXT AND CONTACT DETAILS

This paper is one in a series being developed by AHCRA focussing on the future of our health system. The other papers in the series include: Universal Health Care, Primary Health Care and Prevention and are available on the AHCRA website www.healthreform.org.au

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