
Background
The Mental Health Council of Australia (MHCA) is the peak, national non-government organisation representing and promoting the interests of the Australian mental health sector. The membership of the MHCA includes national organisations of mental health services, consumers, carers, special needs groups, clinical service providers, community and private mental health service providers, national research institutions and state/territory peak bodies.

The current focus of the Australian National Preventative Health Agency (ANPHA) is …to lead, facilitate and promote policies and programs that keep people healthy and out of hospital… The initial focus of ANPHA will be on obesity, tobacco and alcohol – all significant lifestyle risk factors associated with chronic disease. ANPHA ion approaches in primary care….¹

This includes increased efforts to discourage smoking among people living with, or at risk of, mental illness and providing more effective interventions around all risk factors for disadvantaged groups, such as Indigenous peoples and people living with mental illness.²

This recognition of the increased risk factors for physical disease amongst people with a mental illness is welcome. However, MHCA is disappointed that the value of mental health promotion and the prevention of and early intervention for mental illness do not have a greater focus in the current National Preventative Health Strategy.³ This contributes to the risk that this important area will not be a focus for future research or prevention initiatives.

In this submission the MHCA argues that the burden of disease and cost to the economy from both mental illness and co-occurring physical health conditions cannot be ignored. We recommend that the National Preventative Health Agency identify the prevention of mental illness as an issue of growing importance in the community and include it as a research priority in the proposed National Preventative Health Research Strategy 2012-16.

Mental health promotion and mental illness prevention
According to the World Health Organisation, mental illness is already the leading cause of years lost due to disability worldwide and projections indicate the problem is increasing.⁴

There have now also been several international longitudinal studies which demonstrate the profound and lifelong impact of untreated mental illness and behavioural problems that appear in childhood. The results can have significant social and economic consequences for adults, including reduced levels of employment, lower salaries when employed, personal relationship difficulties and increased contact with the criminal justice system.\(^5\)

The International Labour Organisation estimates the costs of mental illness account for up to 4% of the gross domestic product in developed countries.\(^6\) With a $1.4 trillion dollar economy in Australia in 2009, this would equate to $55 billion per annum.

These figures should be a major concern to policy makers who are seeking to relieve funding pressures on the hospital system by preventing episodes of serious mental illness which require acute care and free up access to hospital services.

Nowhere are the costs of lack of preventative strategies more clearly demonstrated than in the mental health sector where the bulk of funding spent on mental health is in the area of hospital based acute services.\(^7\) Many people with mental illness do not have access to appropriate medical and other supports to enable them to live independently and maintain their health for extended periods of time. This results in a vicious cycle that leads people to relapse, often requiring hospital admission, experience more frequent periods of illness, disability and social exclusion, thus slowing their recovery even further, all of which could have been averted with adequate access to appropriate treatment and community supports.

These problematic funding issues in the mental health sector were acknowledged in the report of the National Health and Hospitals Reform Commission, which also advocated the importance of a national preventative health approach as a key element of health system reform.\(^8\)

Further, there is now good evidence that early intervention can assist individuals in managing their mental illness.\(^9\) And recent data shows that as many as 19% of all new cases of mental illness can actually be prevented using appropriate interventions.\(^10\) Emerging meta-analyses also show that promotion and prevention strategies reduce the individual and social impacts of mental illness when it does occur.\(^11\)

It is clear that in addition to treatment, promotion and prevention should be seen as important new ways to reduce the enormous burden of mental disorders over coming decades. As a consequence there has been a growing international recognition of the need to promote positive mental health and wellbeing and to prevent the onset of mental illness.\(^12,13,14\)


\(^{11}\) Ibid.


\(^{13}\) Commission of the European Communities. (2005) Improving the mental health of the population; Towards a Strategy on mental health for the European Union. Commission of the European Communities, Brussels.

With mental health promotion and prevention in its infancy in Australia, it is timely that the proposed National Preventative Health Research Strategy 2012-16 includes mental health as a key research priority.

The mental health needs of the Indigenous sector is another area where more research urgently needs to be undertaken and this would complement proposed ANPHA activities to support initiatives under Close the Gap. This includes research into the specific requirements of Indigenous people living with the effects of intergenerational trauma as well as identification of appropriate ways to ensure that mental health services are more accessible to them.15

Physical health needs of people with mental illness and their carers

For over a decade, Australian and international research has demonstrated that people with severe mental illness are more likely than others to have significant physical health risks and major health problems.16, 17, 18, 19, 20 This includes a high level of health risk factors commonly found in people with mental health conditions such as obesity, smoking, poor nutrition, limited opportunities for physical exercise which result in serious illness such as strokes, respiratory disease, cancer, diabetes and coronary heart disease.21, 22, 23

People with mental illness are also more likely to experience serious illnesses earlier and before the age of 55, are less likely to survive for more than five years following diagnosis and are less likely to receive evidence-based checks and treatments.24, 25

Australian data indicates that people with mental illness have life expectancies 15 to 25 years lower than the general population.26 This is now backed up by recent UK data which shows life expectancy across all mental illnesses is well below the UK average for both genders.27

The experience of caring for a person with mental illness can also have major negative health impacts on carers, who frequently neglect their own health requirements. The focus of

The costs of these burdens on the individuals concerned, the community and the health system make it clear that the physical health needs of mental health consumers and carers should also be a priority for preventative health research.

**Conclusion**
Preventative action in mental health is critically important for two reasons. First, the large and growing burden of disease associated with mental illness means we must identify areas where prevention is possible. Second, the high prevalence of risk factors for physical disease among people with a mental illness means that prevention in mental health will have flow-on benefits for physical health. Therefore, investment in prevention, promotion and early intervention in mental health will deliver payoffs for both the mental health service system and the wider health system.

The Australian community desperately needs a model of preventative health which includes mental health as a key aspect of community wellbeing. Such a model would link mental health promotion, prevention, early intervention, treatment and ongoing recovery in a seamless, cost effective approach to research, policy and service provision.

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