Australian Government

Productivity Commission

Mental Health Inquiry

Mental Health Australia, 31 October 2019

Stephen King, Commissioner

Julie Abramson, Commissioner

Why a PC inquiry?

✓ Problems and solutions lie beyond the clinical areas
✓ Multiple governments required
✓ Magnitude of costs for Australia
   … and the potential benefits

What will be covered?

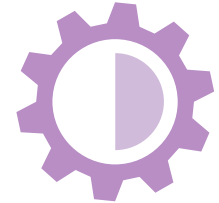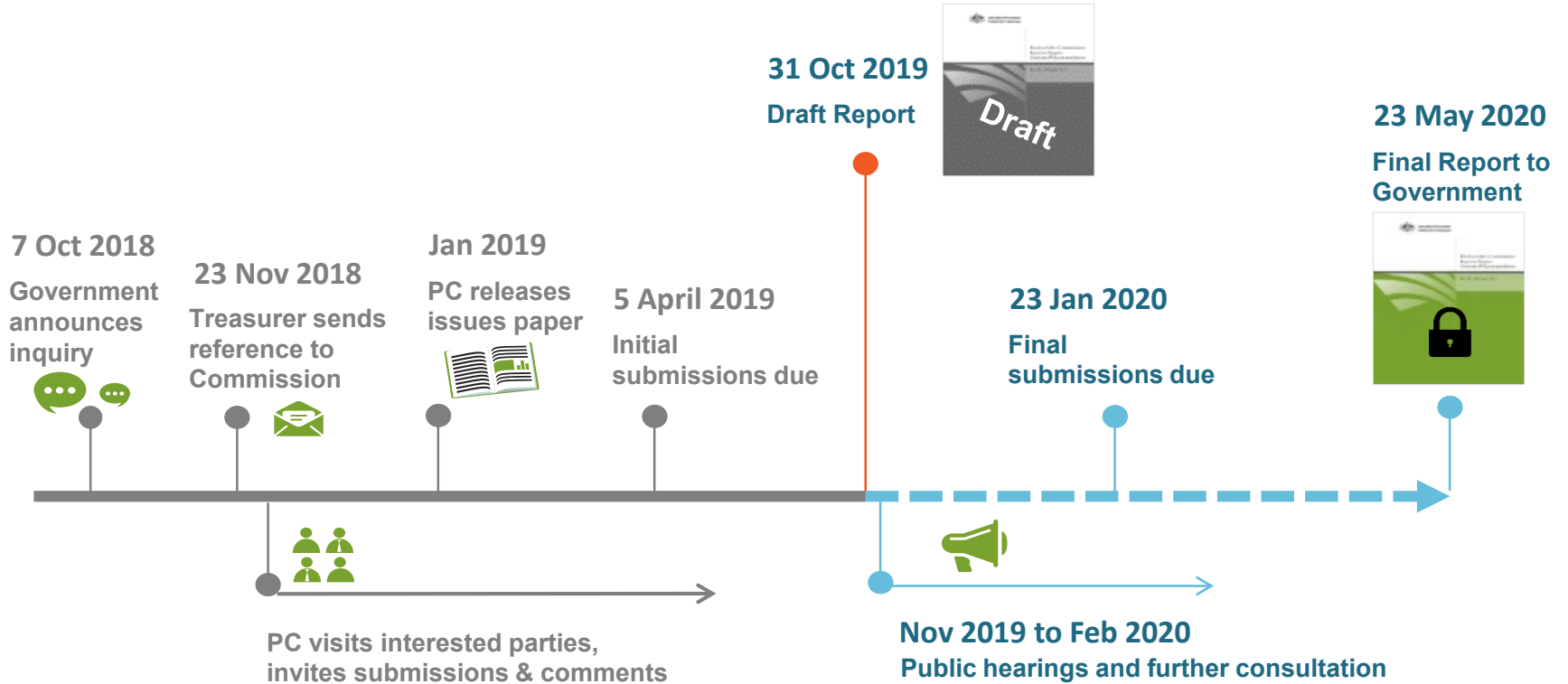**Process**

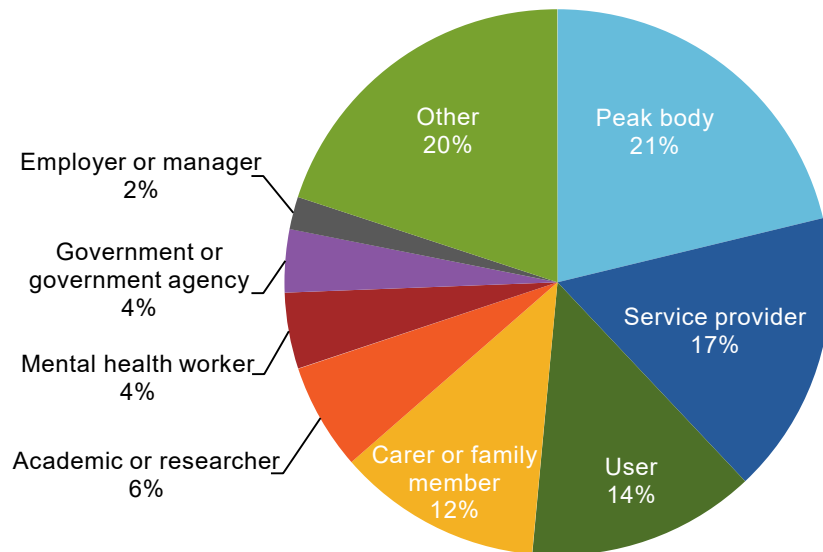**Findings**

Recommendations

Next steps

Timeline

7 Oct 2018

Government announces inquiry

23 Nov 2018

Treasurer sends reference to Commission

Jan 2019

PC releases issues paper

5 April 2019

Initial submissions due

31 Oct 2019

Draft Report

Draft

23 May 2020

Final Report to Government

23 Jan 2020

Final submissions due

PC visits interested parties, invites submissions & comments

Nov 2019 to Feb 2020

Public hearings and further consultation

Process   4

Consultations

564 Submissions   **191** Online comments

Pie chart of consultation participants:
- Peak body 21%
- Service provider 17%
- User 14%
- Carer or family member 12%
- Academic or researcher 6%
- Mental health worker 4%
- Government or government agency 4%
- Employer or manager 2%
- Other 20%

Consultations

Visited
Upcoming visits

Factsheets

Mental health inquiry — draft report

Factsheet: Consumers and Carers

For many people, finding the right services at the right time is almost impossible. Doctors, nurses and many other people working in the system are doing all they can to help people — but their ability to assist is severely limited by the substantial gaps in the system.

3.9mil

In Australia, there are about 3.9 million people with mental illness and about 1 million mental health carers.

The mental health system is not listening to consumers and carers.

Consumers and carers are often excluded from decisions that affect their lives, ranging from treatment options to policy design.

Consumers and carers are looking for a mental health system where:

They can **access the services** they need when they need them.

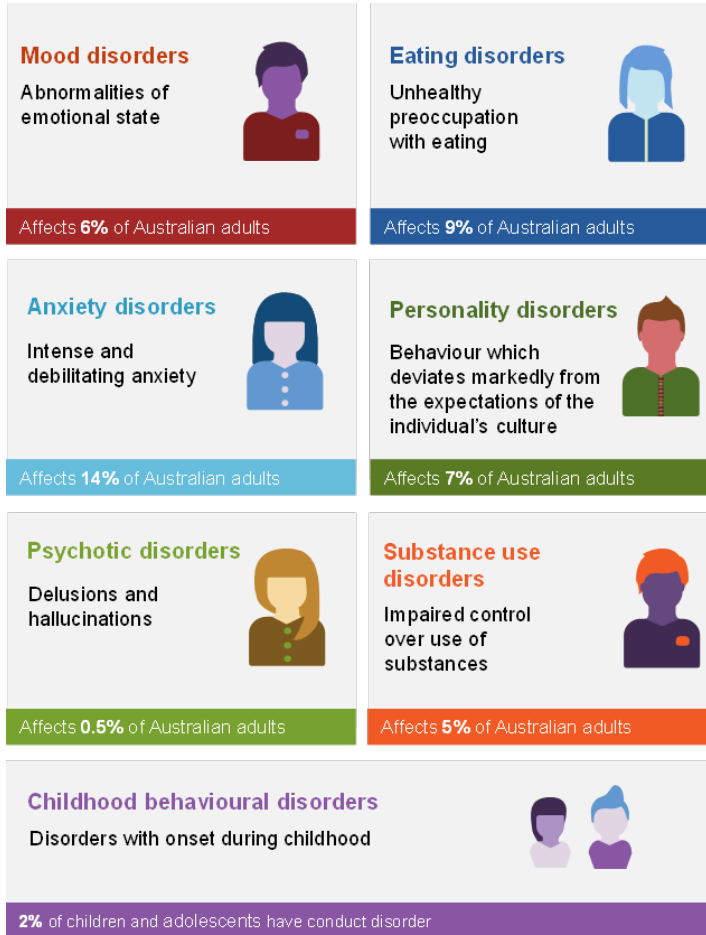The services they receive **accommodate their needs**

Information flows freely between providers, so consumers and carers do not have to tell their story over and over again.
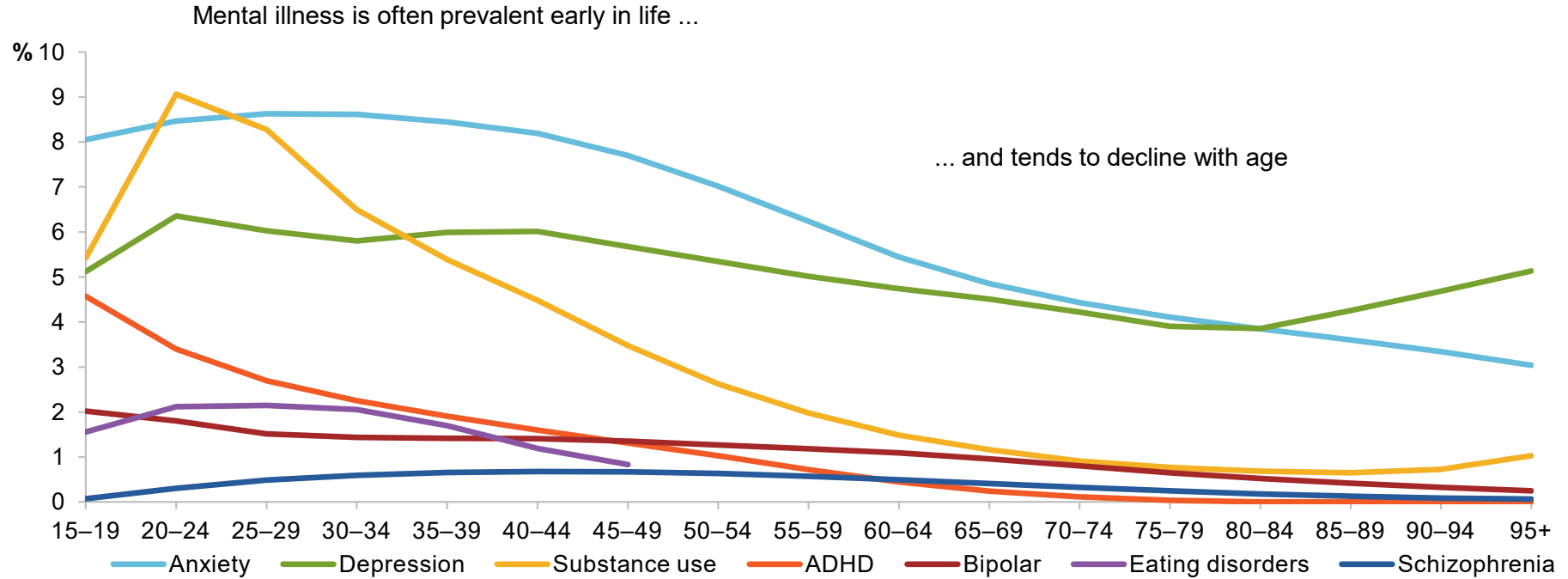
To see all of our recommendations and read our full draft report, or to access our other fact sheets please go to **www.pc.gov.au** or google search productivity commission mental health report.
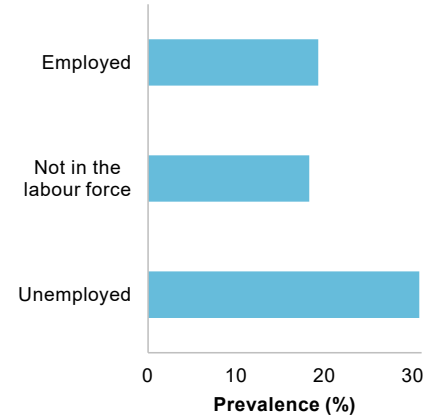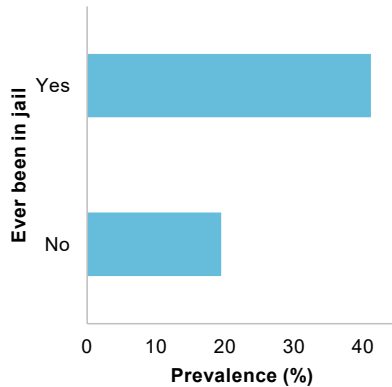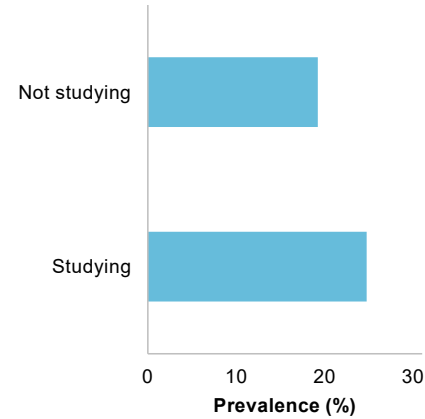
Mental illness affects people differently

Mood disorders

Abnormalities of emotional state

Affects **6%** of Australian adults

Eating disorders

Unhealthy preoccupation with eating

Affects **9%** of Australian adults

Anxiety disorders

Intense and debilitating anxiety

Affects **14%** of Australian adults

Personality disorders

Behaviour which deviates markedly from the expectations of the individual's culture

Affects **7%** of Australian adults

Psychotic disorders

Delusions and hallucinations

Affects **0.5%** of Australian adults

Substance use disorders

Impaired control over use of substances

Affects **5%** of Australian adults

Childhood behavioural disorders

Disorders with onset during childhood

2% of children and adolescents have conduct disorder

What is the prevalence of mental illness?

Mental illness is often prevalent early in life ...

... and tends to decline with age

Legend: Anxiety, Depression, Substance use, ADHD, Bipolar, Eating disorders, Schizophrenia

Source: Institute for Health Metrics and Evaluation (Global Health Data Exchange, GBD Results Tool).

Prevalence differs by characteristics
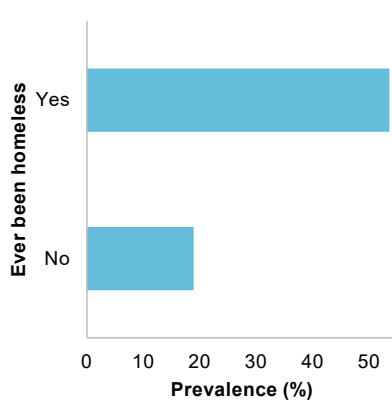
Suicide and mental illness

Any mental or behavioural disorder
Mood disorder
Substance use disorder
Anxiety
Schizophrenia
Any psychosocial risk factor
Previous self-harm
Separation or divorce
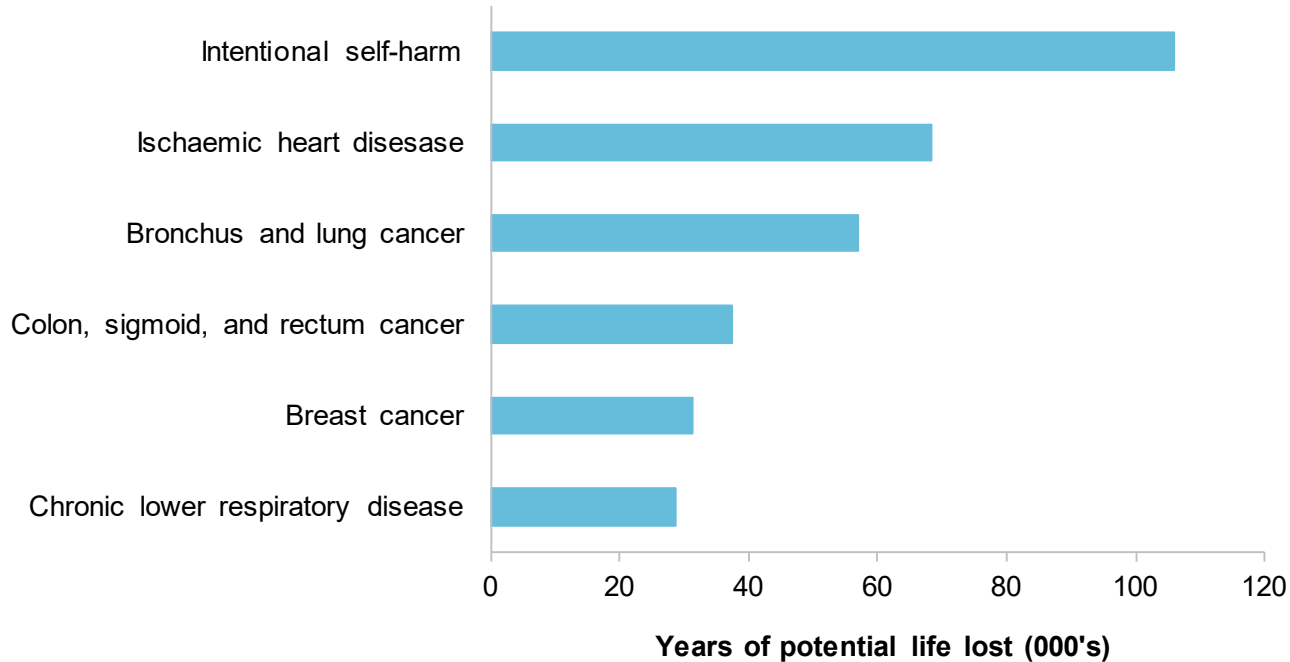Relationship problems
Any physical health issue

%
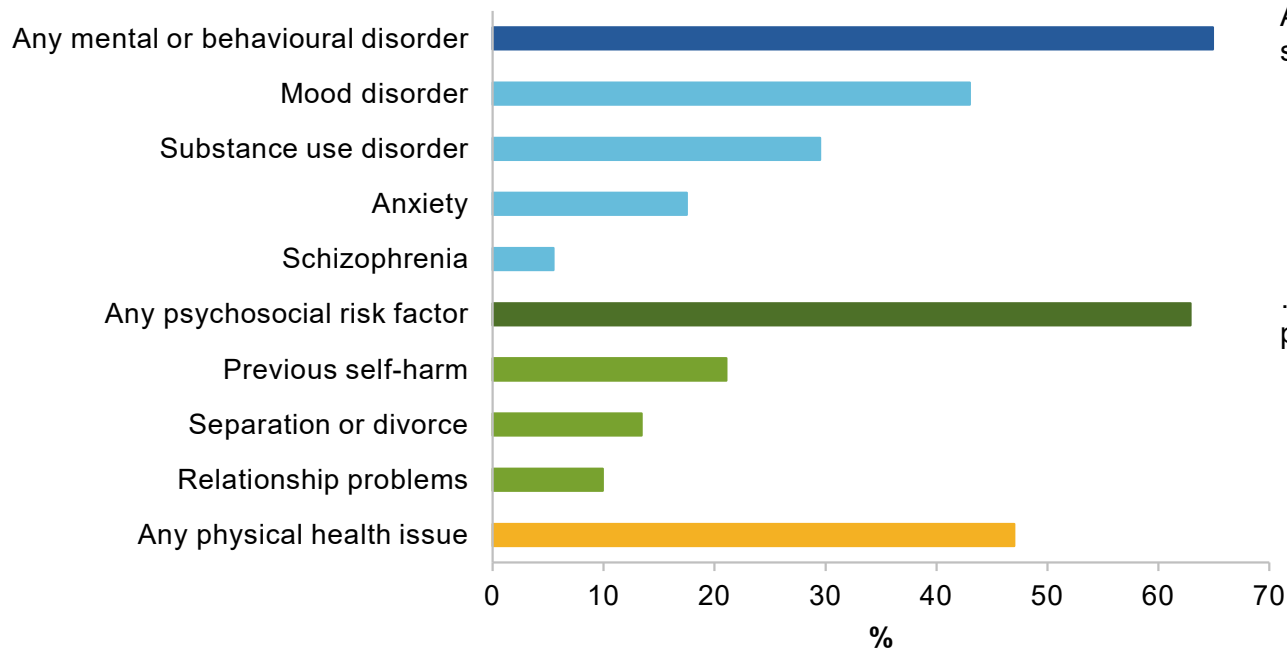
Almost two-thirds of people who die by suicide had a diagnosed mental illness …

… and two-thirds had an associated psychosocial risk factor, such as divorce.

Source: ABS (2018, 2019b).

Intentional self-harm accounts for the highest number of years of potential life lost

Years of potential life lost (000's)

| Category	
Intentional self-harm	
Ischaemic heart disesase	
Bronchus and lung cancer	
Colon, sigmoid, and rectum cancer	
Breast cancer	
Chronic lower respiratory disease	

Suicide rates tend to be higher in regional areas

Age-standardised suicide rate per 100 000 people, 2018
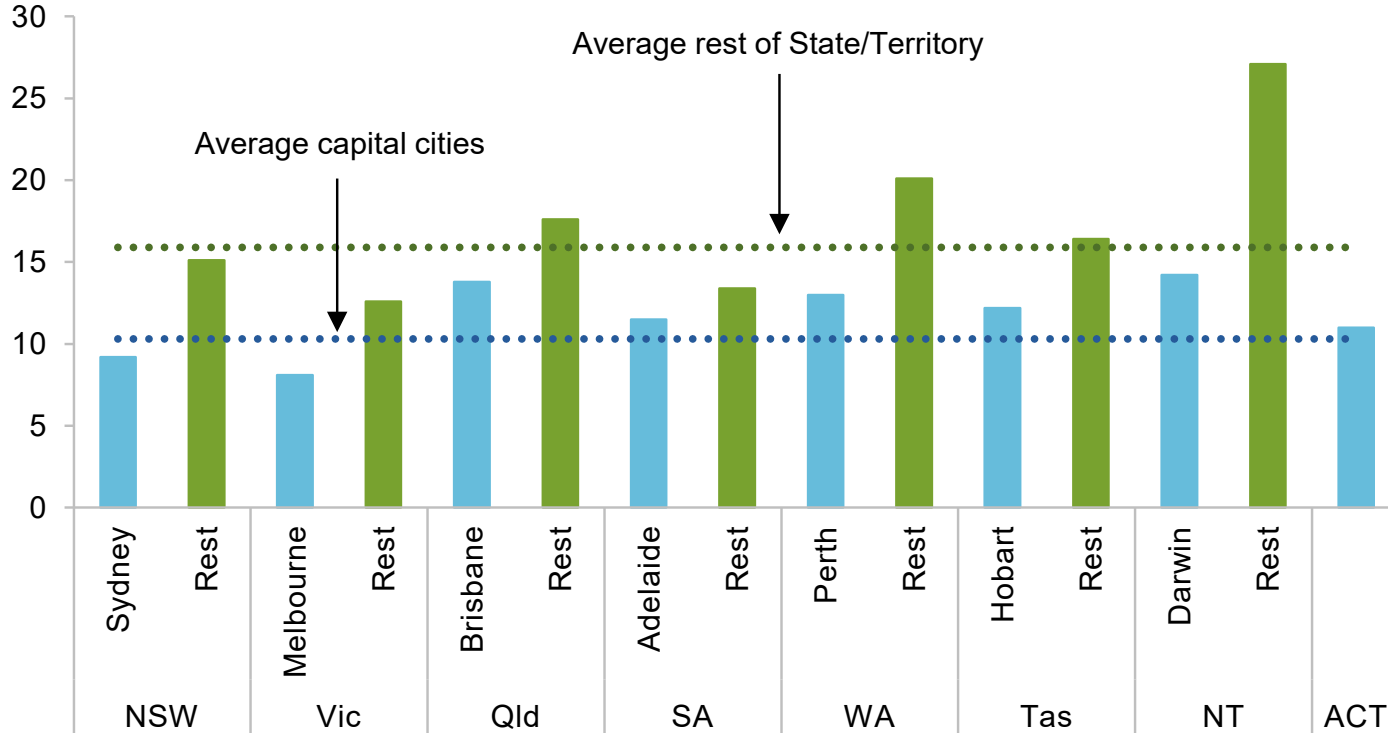
Mental health related service use is lower in regional and remote areas

% of people accessing mental health services

10
8
6
4
2
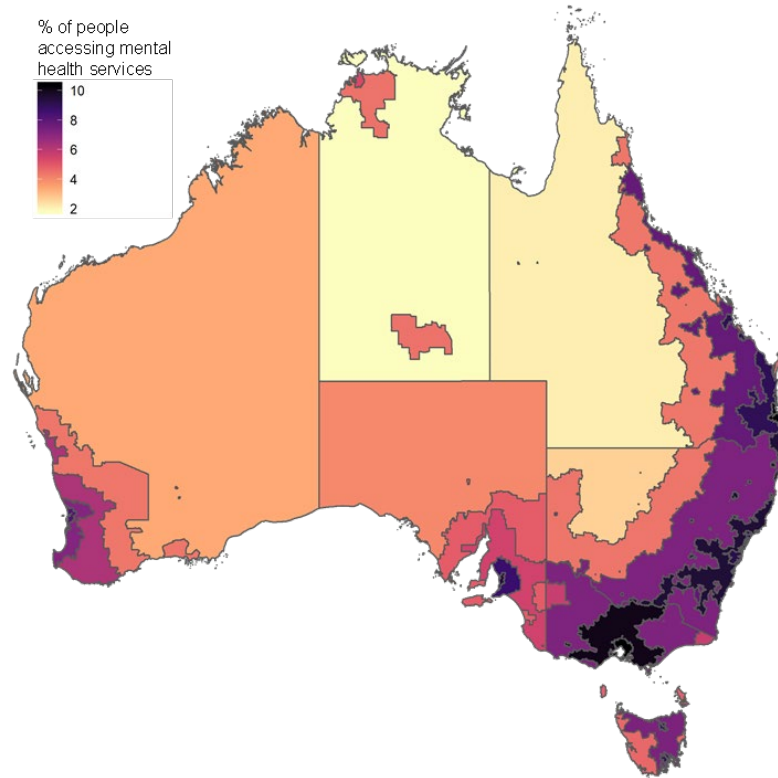
What is the cost of mental ill-health?

$43 to $51 billion — Direct expenditure

$18 billion — Healthcare and other supports (such as housing, education, justice)

$10 to $18 billion — Lost productivity (lower employment, absenteeism and presenteeism)

$15 billion — Informal care (provided by family and friends)

$130 billion — Diminished health and reduced life expectancy

Reform areas

1. Close critical gaps in healthcare services

2. Investment in services beyond health

3. Prevention & early intervention

4. Getting people into work and helping them to remain there

5. Care navigation, coordination, governance and funding

1. Close critical gaps in healthcare services…
… what problems are we addressing?

- Treatment tacked onto systems designed around physical illness
- Too often, the views/preferences of consumers and their carers get ignored
- Services are often unconnected, lacking clear pathways and communication between healthcare providers
- Significant service gaps for some
  - GPs – as gateways and gatekeepers – too often lack mental health knowledge
  - face-to-face psychological therapy consistent with treatment needs
  - specialised mental healthcare professionals in regional and remote areas
  - alternatives to hospital EDs for people in crisis or needing after-hours care
  - community bed-based services as alternative to acute inpatient services
  - child and adolescent mental healthcare services

1. Improving mental healthcare

Start now	Start later
Expand clinician-supported online treatment options	Expanded online portal for consumers, with timely & linked-up referral processes
Provision of acute & non-acute beds & ambulatory services that reflect regionally assessed needs	Access to face-to-face psychological therapy at a level commensurate with treatment needs
Improve the ED experience & provide alternatives	Strengthen the peer workforce
Mental health expertise as support to police & paramedics	Incentivise family-focused & carer-inclusive care
Provision of child & adolescent mental health beds separate to adults	Incentivise psychiatric advice to GPs
Navigation platform for mental health referral pathways	Single care plan with electronic sharing of information
Care coordinators for consumers with the most complex care needs	
Expand mental health nurse workforce	
Widen access to psychological therapy & psychiatric assessment by video	
Rigorous evaluation of Better Access	

Stepped model of care

Self-management

26% of population
6.4 million people

Self-help information & resources

Low intensity care

4.9% of population
1.2 million people

GP

Clinician-supported online treatment

Group therapy

Moderate intensity care

6.5% of population
1.6 million people

Mix of GP and MBS-rebated psychological treatment

High intensity care

1.6% of population
400 000 people

Psychiatric care

Single care plan & care team

Complex care

1.4% of population
350 000 people

Clinical care using a combination of GP care, psychiatrists, mental health nurses & allied health

Inpatient services Psychosocial supports

Single care plan & care team

Care coordinator

Online navigation platforms for service providers

Non-health supports

- Income support
- Housing support
- Disability services

- Aged care services
- Justice services
- Early detection & intervention programs (outside health)

- Education & training
- Employment services
- Cultural services

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Improving mental healthcare

The shortfall in State and Territory community ambulatory services
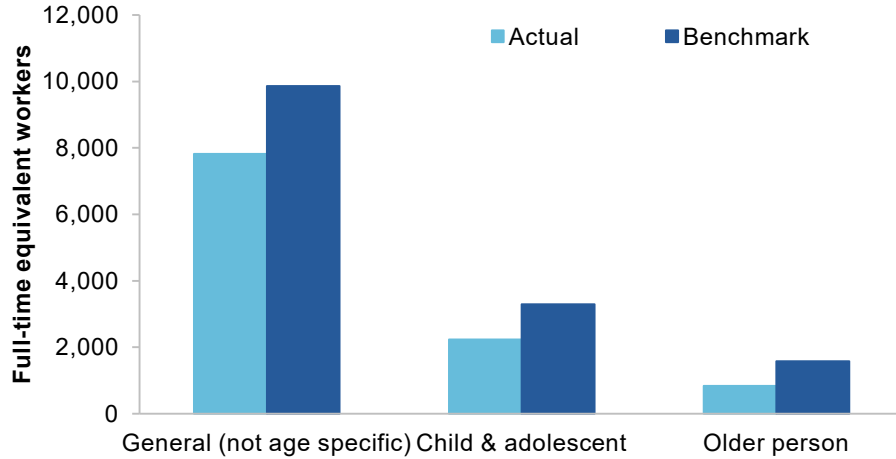
The shortfall in public non-acute mental health beds

Source: AIHW (2019) and Commission estimates using the National Mental Health Service Planning Framework.

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Mental health beds specifically for young people, by jurisdiction, 2016-17

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Improving mental healthcare

Consumers can access supported online treatment from anywhere in Australia
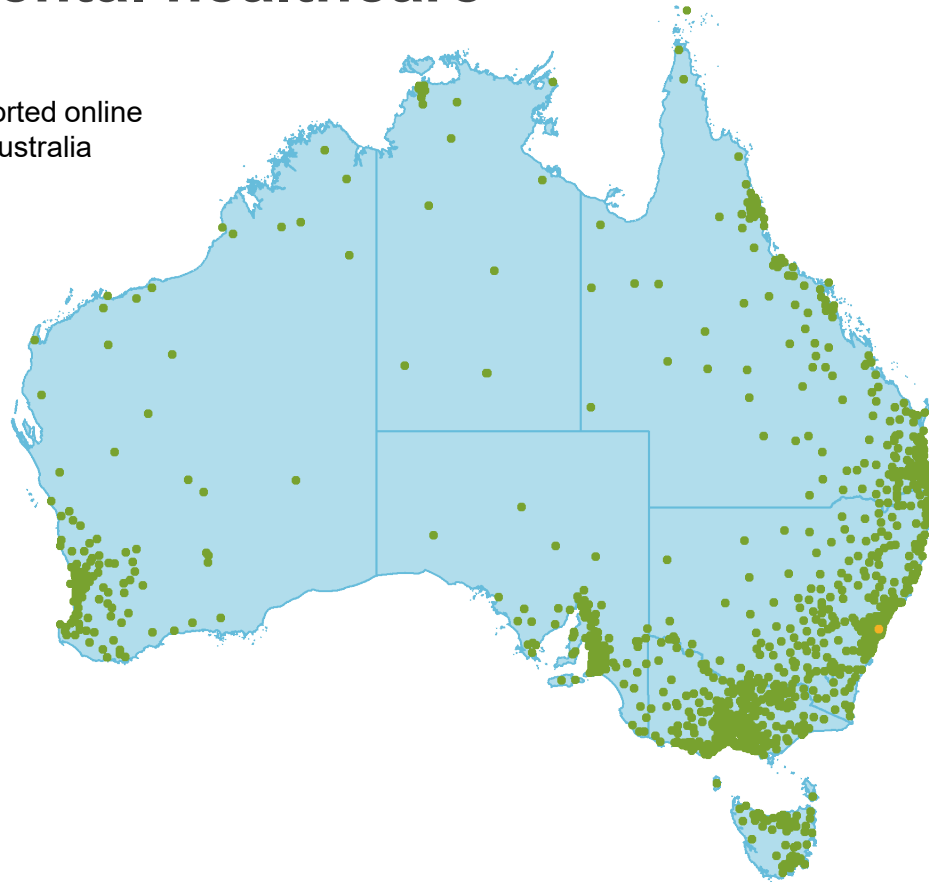
- Postcode location of MindSpot consumers

Source: MindSpot (sub. 178).

2. Improvements beyond the health system…
… what problems are we addressing?

- Numerous gateways by which people can present in need of mental healthcare, but few provide a pathway

- Psychosocial supports can be critical for social inclusion, but ongoing provision can be very tenuous

- Chronic underinvestment in stable housing options, with 16% people with mental illness either homeless or living in overcrowded or substandard accommodation

- Too many people returning to hospital inpatient facilities and correctional facilities because of lack of stable housing in their community

- People facing involuntary treatment often lack legal representation

2. Improvements beyond the health system

Start now	Start later
Govts to commit to no discharges from care into homelessness	Mental health training and expanded tenancy support services for frontline housing tenancy workers
Additional supported housing places for people needing care on a regular basis	Develop disability justice strategies to ensure rights of people with psychosocial disabilities are protected during their interactions with justice system
Work toward meeting the gap in long term housing for people with mental illness who are persistently homeless	Improve rigor of mental health screening in correctional facilities and actively plan for care continuity post-release
Standards of care in correctional facilities to be equivalent to care in community	Ensure legal representation & non-legal advocacy services for those subject to involuntary mental healthcare
Ensure culturally capable mental healthcare for Aboriginal and Torres Strait Islanders in correctional facilities	
Funding cycles for all psychosocial services to be at least 5 years	
Improve eligibility requirements, availability & suitability of psychosocial supports	

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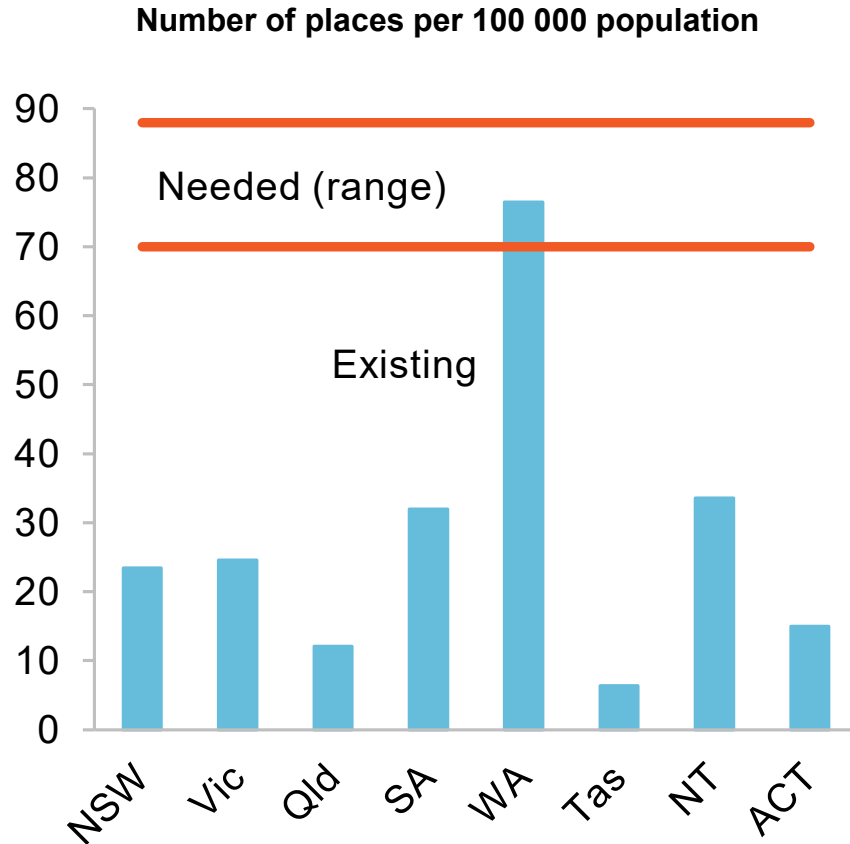| Start now	Start later
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Gap in supported housing places across Australia

Number of places per 100 000 population

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3. Prevention and early intervention …

… what problems are we addressing?

- Low awareness of care and supports available to help

- Widespread stigma and cultural barriers to accessing mental healthcare

  – especially for less common conditions

- Early childhood educators and teachers observe development problems

  but lack skills to respond effectively and pathways to direct families to

- Countless school wellbeing programs, but what works?

- Many people who attempt suicide receive no follow-up care in the vital weeks

  after discharge

- Numerous suicide prevention trials, but what works?

3. Prevention and early intervention

Start now	Start later
Incorporate social & emotional wellbeing checks into existing physical development checks for 0 to 3 year olds	Monitor & report on progress toward universal screening
All schools assign a teacher to be their mental health and wellbeing leader	Expand parent information programs on child social & emotional development
COAG-developed strategic policy on social and emotional learning in the education system, including development of national standards for teacher training	Strengthen skills in workforces of early childhood education and care, and schools to support child social and emotional development
Implement a new national stigma reduction strategy	Use data on wellbeing of school students to build evidence base for future interventions
Reduce stigma amongst health professionals	Evaluate best practices for partnerships between traditional healers and mainstream mental healthcare for Aboriginal & Torres Strait Islander people
Follow-up people after a suicide attempt	
Identify local priorities and responsibilities for suicide prevention	Apply lessons from suicide prevention trials
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Mental ill-health is associated with social exclusion

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▶ Follow-up after a suicide attempt

Total cost of suicide and non-fatal suicide attempts $16 to $34 billion

Aftercare can prevent:

34 **Suicide deaths**

6,154 **Suicide attempts** each year

And deliver $6 to $36 **in avoided costs per dollar invested**

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4. Increasing attachment to education and work …
… what problems are we addressing?

- Educational adjustments in schools for psychological disabilities are a legal requirement but can be hard to access

- Teenagers and young adults who disengage from education or work have reduced wellbeing and income prospects

- Employment services are not adequately tailored to the circumstances and capabilities of job seekers with mental illness

- Psychological hazards have received inadequate attention in workplace health and safety

- Delays in treatment for people who have work-related mental illness significantly adds to the cost of mental illness for the individual, workplace, and community

4. Increasing attachment to education and employment

Start now	Start later
Effective outreach for disengaged school students	Staged rollout of Individual Placement & Support programs to job seekers with mental illness
Tertiary education institution registration linked to having effective student mental health & wellbeing strategy	Eligibility criteria for Carer Payment and Carer Allowance that account for the differences between mental and physical illness
Improve employment support program assessment tools for people with mental illness	WHS agencies to work with employers to collect & disseminate information on effectiveness of workplace programs & interventions
Increase the appropriateness of job plans for those people with mental illness who are using employment services	
Amend model WHS laws to elevate the importance of psychological health & safety	
Develop codes of practice to assist employers to better manage psychological risks in their workplace	
Provision of no-liability clinical treatment for mental health related workers compensation claims	
Review insurance industry practices for people with mental illness	

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5. Governance and funding …

… what problems are we addressing?

- The programs and measures that Governments choose to fund seems ad hoc, fragmented, uncoordinated, duplicative in some regions, creating poor incentives for providers in others

- Lack of national coordination and consistency on measures to achieve desired outcomes

- A lot of data is collected but little information is derived and used – this limits incentives for providers to improve their services; and inhibits use of data by consumers and carers to make decisions about treatment and support options

- What interventions are outcome-effective and cost-effective remains a mystery in many areas

5. Reforming funding and governance

Start now

Include consumers and carers in all mental health program development

COAG to develop a new National Mental Health & Suicide Prevention Agreement that
- **establishes clear funding, data sharing and service delivery responsibilities**
- **creates RCA governance arrangements** (if adopted)

Expedite National Strategic Framework for Aboriginal & Torres Strait Islander Peoples' Mental Health & Social & Emotional Wellbeing

Determine targets for key outcomes, & set data collection, monitoring & evaluation arrangements consistent with targets

COAG to develop new whole-of-govt strategy to align health and non-health sectors on improving mental health outcomes

Review regulations preventing insurers from funding community mental health care

Review proposed activity-based funding classification for mental healthcare

Start later

Link regional mental health funding to volume of regional MBS rebates for allied mental healthcare

NMHC to be given statutory authority

Strengthen national leadership, guidance and the coordination of mental health program evaluations and research

Use data collections to evaluate what works well, encourage continuous improvement and inform funding decisions and consumer choices

Responsibility for all (non-NDIS) psychosocial & carer supports to be with states and territories

5. Reforming funding and governance

Start now	Start later
Include consumers and carers in all mental health program development	Link regional mental health funding to volume of regional MBS rebates for allied mental healthcare
COAG to develop a new National Mental Health & Suicide Prevention Agreement that • **establishes clear funding, data sharing and service delivery responsibilities** • **creates RCA governance arrangements** (if adopted)	NMHC to be given statutory authority Strengthen national leadership, guidance and the coordination of mental health program evaluations and research
Expedite National Strategic Framework for Aboriginal & Torres Strait Islander Peoples' Mental Health & Social & Emotional Wellbeing	Use data collections to evaluate what works well, encourage continuous improvement and inform funding decisions and consumer choices
Determine targets for key outcomes, & set data collection, monitoring & evaluation arrangements consistent with targets	Responsibility for all (non-NDIS) psychosocial & carer supports to be with states and territories
COAG to develop new whole-of-govt strategy to align health and non-health sectors on improving mental health outcomes	
Review regulations preventing insurers from funding community mental health care	
Review proposed activity-based funding classification for mental healthcare	

▶ Benefits of reforms

$8.8 to $11.5 billion

Long-run economic benefits of key reforms

Including: $4.3 to $5.6 billion

Improved social and emotional learning in early childhood and school education
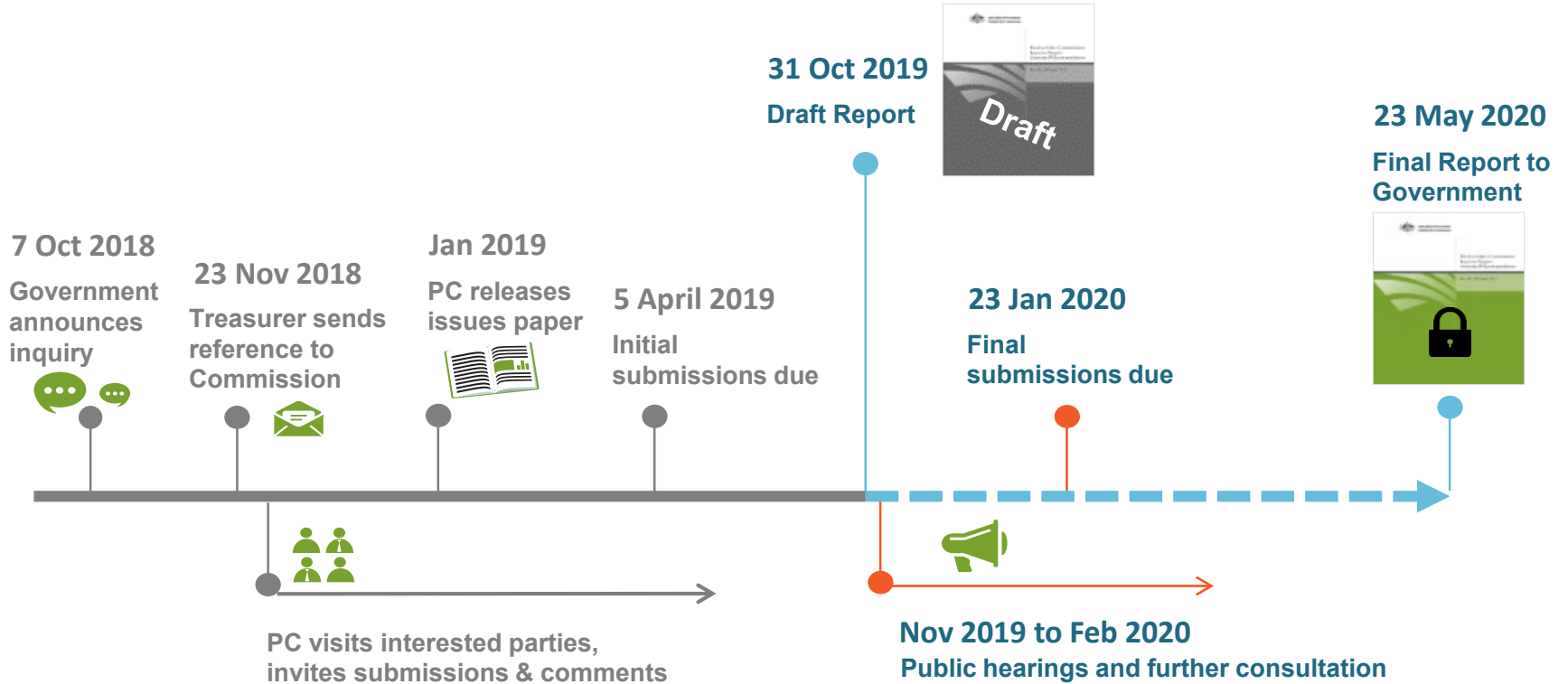
$1.3 to $1.8 billion

Stigma reduction

$1.4 to $1.8 billion

Additional psychosocial supports

$1.1 to $1.5 billion

Additional community ambulatory mental health services

Timeline

7 Oct 2018

Government announces inquiry

23 Nov 2018

Treasurer sends reference to Commission

Jan 2019

PC releases issues paper

5 April 2019

Initial submissions due

31 Oct 2019

Draft Report

23 Jan 2020

Final submissions due

23 May 2020

Final Report to Government

PC visits interested parties, invites submissions & comments

Nov 2019 to Feb 2020

Public hearings and further consultation

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