

**Mental Health
Australia**

National Preventive Health Strategy

Response to Consultation Paper

September 2020



Mentally healthy people,
mentally healthy communities

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Introduction

Mental Health Australia welcomes this opportunity to contribute to the development of the National Preventive Health Strategy. This strategy does “present a powerful opportunity for Australia to build a sustainable prevention system for the future... Ensuring all Australians are living well for longer.” However, the strategy will not achieve these holistic aims if it does not consider mental health.

Mental Health Australia is concerned, along with many others that mental health has not been adequately included in the National Preventive Health Strategy to date. This is surprising given the Prime Minister and Minister for Health’s strong focus on mental health and suicide prevention, and that mental health and preventive health together make up the third pillar of Australia’s Long Term National Health Plan.

We cannot continue to segregate mental health from other aspects of health. Physical and mental health are inherently interconnected, and in our striving for a person-centred health system, we must work for greater integration rather than maintaining or even advancing the divides. It is not acceptable nor sufficient to reference allied work in another sphere such as the work of the National Mental Health Commission on Vision 2030 for Mental Health and Suicide Prevention. Mental Health Australia expects that both the Prevention Strategy and Vision 2030 will attend to the integrated physical health and mental health needs of all Australians.

Mental Health Australia acknowledges the National Preventive Health Strategy will not be disease specific and so will not address particular mental illnesses. However given the high and increasing impact of mental ill-health for Australians, the importance of prevention for addressing this trend, the inherent interconnectedness of mental and physical health, and the need to integrate mental and physical health responses, the Australian Government must consider mental health in development of the National Preventive Health Strategy.

We need a preventative approach to support mental health

With overall health spending trends imbalanced towards services and treatment and away from promotion and prevention, Mental Health Australia applauds the Minister for Health and the Morrison Government for undertaking to develop a National Preventive Health Strategy. To properly address physical and mental ill-health prevention, mental health must be included in this strategy.

Mental health has rightly received an increasing public and political focus, particularly during the COVID-19 pandemic. Almost half the population will experience mental illness in their lifetime, though less than half receive care for this illness.¹

Mental ill-health continues to be one of the most significant contributors to burden of disease. In Australia, when considering groups of diseases not improved by current treatment, rehabilitation and preventive efforts, mental ill-health and substance use disorders are the second largest contributor to non-fatal burden of disease, and fourth-highest to total burden-of disease.²

Taking a treatment approach alone will continue to be insufficient to address the impacts of mental ill-health. Australia must increase preventive efforts.

We know that mental health promotion and prevention interventions can avert the development of mental ill-health and so improve many people’s quality of life.³ We also know that investment in prevention of mental ill-health will have significant economic benefits.

¹ Australian Bureau of Statistics (2007). *National Survey of Mental Health and Wellbeing*, Canberra

² Australian Institute of Health and Welfare (2019). *Australian Burden of Disease Study 2015*. As cited in AIHW (2020). *Mental Health services in Australia*. Retrieved 24 Sept 2020 from <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/summary-of-mental-health-services-in-australia/prevalence-impact-and-burden>

³ Cuipers P, Van Straten A, Smit F: *Preventing the Incidence of New Cases of Mental Disorders: A Meta-Analytic Review*, Journal of Nervous and Mental Disease, 2005, 193 (2): 199-125



At a population level, investment in mental health promotion, prevention and early-intervention that reduces the rates of mental illness by 7% over fifteen years could be expected to raise output by an estimated \$53.4 billion, through higher labour force participation and productivity, and reduced long term health and social service spending.⁴

In an environment characterised by ever-increasing pressure on limited resources, a fundamental shift towards a focus on mental health promotion and prevention is necessary for real health and mental health reform.

Interconnectedness of physical and mental health

Despite often being divided in our health care approaches, mental and physical health are inherently interconnected. This reality has long been evident from the perspective of health consumers, and is being quantified through a growing body of research.

There is a strong bi-directional relationship between mental and physical health, with people experiencing poor physical health more likely to experience poor mental health, and vice-versa.

Mental ill-health is itself a risk factor for the incidence and prognosis of diseases traditionally classified as “non-communicable”. People with severe mental illnesses are more likely to die younger than others and more likely to experience illness like strokes, respiratory disease, cancer, diabetes and coronary heart disease.^{5,6,7} The National Survey of Mental Health and Wellbeing of Australian adults found high levels of comorbidity, with 1 in 8 (12.0%) people with a mental disorder also reporting living with at-least one physical condition.⁸ The prevalence of smoking in people with a severe mental illness is also particularly high: about three times that in the general population.⁹

Conversely, research has found that people with type II diabetes are twice as likely to experience depression compared to the general population, and up to 50% of people with cancer also experience mental illness.¹⁰

People who live with depression also have twice the risk of having heart attack as the general population, while treating symptoms of depression following a heart attack can reduce both mortality and re-hospitalisation rates.¹¹

The inaugural Director-General of the World Health Organisation captured the nature of this relationship between physical and mental health in pronouncing: “Without mental health there can be no true physical health”.¹² However, this evidence has not yet been reflected in health policy.

The National Preventive Health Strategy is intended to shape our path for the next 10 years. Australia cannot risk entrenching a divide between mental and physical health for the next decade. The Consultation Paper rightly acknowledges that addressing the complex health challenges before us will require comprehensive and sustained programs that account for physical and social environments.

⁴ Urbis (2015) for Mental Health Australia. *Invest now, save later: The economics of promotion, prevention and early intervention in mental health*. Retrieved 24 Sept 2020 from https://mhaustralia.org/sites/default/files/docs/invest_now_save_later_the_economics_of_promotion_prevention_and_early_intervention_in_mental_health_-_urbis.pdf

⁵ Newcomer J.W.. ‘Antipsychotic medications: Metabolic and cardiovascular risk’, *Journal of Clinical Psychiatry*, Vol. 68, Supplement 4, 2007, pp. 8-13

⁶ Osborn D.P., Nazareth I and King M.B., ‘Risk for coronary heart disease in people with severe mental illness, cross-sectional comparative study in primary care’, *British Journal of Psychiatry*. Vol. 189, 2006, pp. 285-289

⁷ Osborn D.P. et al., ‘Relative risk of cardiovascular and cancer mortality in people with long term conditions’ *BMC Psychiatry*, Vol. 8, 2008, p. 84, accessed at: <http://www.biomedcentral.com/1471-244X/8/84>

⁸ AIHW (2020). *Mental Health services in Australia*. Retrieved 24 Sept 2020 from <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/summary-of-mental-health-services-in-australia/prevalence-impact-and-burden>

⁹ Roberts, R. (2019). The physical health of people living with a mental illness: A narrative literature review. Retrieved 24 Sept 2020 from <https://www.equallywell.org.au/wp-content/uploads/2019/10/Literature-review-EquallyWell-2a.pdf>

¹⁰ Kolappa, K., Henderson, D. C., & Kishore, S. P. (2013). *No physical health without mental health: lessons unlearned?* *Bulletin of the World Health Organization*. 91:3-3A. Retrieved 24 Sept 2020 from <https://www.who.int/bulletin/volumes/91/1/12-115063/en/>

¹¹ Kolappa, K., et al. (2013).

¹² As cited in Kolappa, K., et al. (2013).



The way forward to address both physical and mental illnesses requires true interdisciplinary approaches that encompass biological, social and psychological determinants of illness as both causes and targets of intervention.¹³

We need a coherent and holistic health prevention strategy incorporating and drawing together action in physical and mental health promotion and prevention.

Consultation

The Department of Health has outlined that consultation is “integral to the development of the Strategy” and that the views of experts, key stakeholders and the public ought to be well represented.

Consultation to date has consisted of eight topic-specific workshops, where the level of involvement of mental health experts is unclear. Further, although many of the organisations represented on the Expert Steering Committee for the Strategy have a strong interest in mental health, none are exclusively focused on this area.

In the national public survey “Living Well for Longer” informing the Strategy, consumers identified mental wellbeing as one of their highest health-related priorities, along with maintaining physical health and independence. If the results of this consultation are to be integral to the Strategy, mental health and wellbeing must be included.

Integrating research and aligning with existing strategies

The further development of the National Preventive Health Strategy should be informed by the significant growing body of evidence regarding effective interventions for prevention of mental ill-health.^{14,15} The Strategy should also draw on the evidence related to social determinants of health – such as impacts of the changing climate, access to housing and employment, social connectedness and experience of discrimination, which overlap considerably with risk and protective factors for both physical and mental ill-health. Continuing to develop the evidence base through investment in prevention research must be a priority of the National Preventive Health Strategy.

Previous work undertaken by Mental Health Australia has identified strong evidence to support investment in the following particular areas of mental ill-health prevention:

- supporting parents and early years
- supporting children and young people
- improving working lives
- targeted mental health skills development
- supporting community and organisational development (including stigma reduction)
- suicide prevention
- quality housing and supported accommodation
- research and evaluation
- policy coordination.

Similarly, the Productivity Commission has outlined in the draft report of their inquiry into mental health a number of recommendations for targeted evidence-based prevention activities – related to children’s development and wellbeing, parental support, training for teachers, additional support in university and workplaces, access to suicide prevention services.¹⁶

¹³ Lambert, T. (2018). *There is no mental health. There is no physical health. There is ...health.* In Australian Journal of Psychosocial Rehabilitation. NewParadigm: Focusing on the relationship between physical and mental health. Winter 2018. pp15-18. Retrieved 24 Sept 2020 from https://www.equallywell.org.au/wp-content/uploads/2019/02/newparadigm-winter-2018_compressed.pdf

¹⁴ Durlak J and Wells A, Primary Prevention Mental Health Programs for Children and Adolescents: A Meta-Analytic Review, American Journal of Community Psychology, Vol 25, No. 2, 1997

¹⁵ Hosman, C., Jané-Llopis, S., & Saxena, S. (Eds.) (2005). Prevention of Mental Disorders: Effective Interventions and Policy Options. Oxford: Oxford University Press.

¹⁶ Productivity Commission (2019). *Mental Health: Draft Report.* Retrieved 24 Sept 2020 from <https://www.pc.gov.au/inquiries/completed/mental-health/draft>



Recommendations

Mental Health Australia recommends that:

1. The National Preventive Health Strategy Expert Steering Committee be expanded to include mental health experts
2. An additional working group focusing on mental health be established to reflect the importance that consumers have placed on mental health and wellbeing in their response to the public survey
3. The National Preventive Health Strategy be aligned with the work of the Productivity Commission inquiry into Mental Health, as well as other significant frameworks for mental health reform including Vision 2030 for Mental Health and Suicide Prevention: Roadmap.

Mental Health Australia looks forward to supporting the development of the National Preventive Health Strategy to achieve an integrated focus on preventive mental and physical health, and so have the capacity to drive change across Australia's holistic health landscape.



Mental Health Australia



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Mental Health Australia is the peak independent national representative body of the mental health sector in Australia.

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