

INNOVATIONS IN CARE - WHERE IS MENTAL HEALTH IN THE HEALTH REFORM AGENDA

Promises, Promises, Promises

**Lesley Russell
20 May 2010**

Why we cannot ignore mental health

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1. Burden of disease

The 2007 National Survey of Mental Health and Wellbeing found that almost half of the 16 million Australians aged 16-85 years had experienced a mental disorder at some point in their life.

One in five (3.2 million) Australians had experienced a mental disorder in the past 12 months.

Whether this mental disorder is a temporary bout of post-natal depression, a struggle with a phobia or a florid psychotic incident, the impact on people's lives and health is severe.

The frequency of mental illness is almost on a par with that of cancer and is almost four times that for diabetes.

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In terms of the burden of illness, mental disorders severely disable people, even if it does not kill. In terms of disability adjusted life years lost, mental disorders rank just behind cancer and cardiovascular disease. By 2023, they will rank together with cancer as the top cause of total health loss.

That means that every family, every workplace, every sports club must deal with this health issue.

We don't ignore cancer, cardiovascular disease and diabetes; we cannot ignore mental illness.

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2. Cost

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Mental health disorders are estimated to cost \$20 billion annually, including lost productivity and labour participation.

These costs are born by individuals, the health care and social welfare systems, business and society.

There is also a major impost on the health care system of around \$5 billion a year.

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It's difficult to know exactly how much is spent because many GP visits are not recorded as being for mental health reasons.

We know that only about 30 percent of people with a mental disorder get treatment. So we can hypothesise that changing this situation would lead to a considerable increase in the health budget, which might be offset by a decrease in costs to the economy as a whole.

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3. Links to physical health

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People with mental illness have more physical illness than the general population. In one survey 90% of the respondents reported having a chronic physical condition. Much of this goes undiagnosed and untreated.

Death rates from all main causes amongst people with mental illness are 2.5 times higher than the general population, yet hospitalisation rates are considerably lower.

Some of this is because people with mental illness are more likely to engage in high risk behaviour such as smoking and alcohol or drug abuse. People with a mental illness consume at least 42% of all cigarettes sold in Australia.

And they are also less likely to engage in health-promoting activities such as good diet and exercise.

The separation of mental and physical health services aggravates this, and there is undoubtedly some discrimination involved.

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The other side of the coin is that much physical illness and disability comes accompanied by mental health problems, particularly depression.

Comorbid depression has been suggested to increase the death rate of the underlying illness by as much as 4.3 times regardless of whether the patient was previously healthy or not.

For example, depression is a major predictor of mortality in haemodialysis patients, and in patients with recent myocardial infarction. There is some evidence that treating depression in cardiac patients may reduce subsequent cardiac events.

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And we know that compared with non-depressed patients, those with comorbid depression have prolonged hospital stays and greater health care costs.

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4. Social justice and equity

We know that only one-third of people with a mental disorder get any treatment. We have no idea whether these people actually get the treatment they need. Imagine the public outrage if this was a physical illness. Why do we accept this for mental illness?

Rates of mental illness are highest in the most vulnerable populations:

For example

- Asylum seekers, especially those who have been in prolonged detention.
- The homeless: 54% of people who have ever been homeless have a mental disorder.
- Those who are in jail: 41% of people who have ever been incarcerated have a mental disorder. It's no exaggeration to say that our jails have become the new mental health asylums.
- A recent study shows that in Victoria, one-third of people fatally shot by police had been diagnosed with a mental illness.

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The Government's broken promises

The key focus of this seminar is what the Rudd Government has promised and what has been delivered.

The first sign that mental health was not firmly and centrally on the government's agenda came when the fourth National Mental Health plan was rushed through without any indication that it was going to drive a new focus and a new strategy. It's altogether a very prosaic and disappointing document.

The more optimistic felt that actions would be more important than words, and looked to the promised health care reforms to indicate the way forward.

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But as we all know, inexplicably mental health has been simply ignored in what was a pretty poor attempt at reform. What we have is lots of money to keep doing more of the same - which seems to include ignoring mental health and separating it out from physical health. It's an approach from the last century, and not at all what is needed for the 21st century.

Perhaps when the time comes to fill in the details, the fact that one in every ten visits to a GP is for a mental health problem will drive the way that primary care services and workforce training are delivered.

Perhaps the implementation of the government's commitment to coordinated care for diabetes will recognise that people with diabetes have twice the risk of developing depression as the rest of the population, and that this co-morbidity can increase the likelihood of complications.

Perhaps the push by the government to free up hospital beds and reduce bed block will mean that more step down care will be provided for people with mental illnesses.

Perhaps COAG will move to tackle the cost and blame shifting in mental health, with targeted early intervention programs for those at risk, evidence-based programs to deliver needed services, and measurable outcomes.

And perhaps, if the government is committed to reducing homelessness, and closing the gap on Indigenous health, and delivering equitable and quality health care to all Australians, we will see a whole of government approach to address the needs of those who are mentally ill. The apparent push by the Department of Health and Ageing to takeover the programs currently run by FaHCSIA is not an encouraging move in this regard.

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In the meantime, the Government would apparently delay action until 2011. Why? As Gavin Andrews, Pat McGorry, Ian Hickie, Barbara Hocking and others have outlined, we know what needs to be done. All that's needed is the resources and some national leadership.

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The Health Minister seems to be using the excuse that the government can't walk and chew gum – that is, that they can't do mental health reform and physical health reform together.

She is undoubtedly correct that more capacity needs to be built and we can be pretty certain that much of the money spent in the Better Access program is not well targeted and does not deliver improved health outcomes.

But the more disturbing aspect of her statement is that it shows how clearly she puts mental health in its own silo. That really has to change.

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The federal budget

As was the case in the past two budgets, this budget saw mental health miss out again. Not that you would know that from reading the Government's publicity materials.

At the end of the day, the new funds for mental health were miniscule.

It is particularly disappointing to see the value of evidence-based models - programs like Headspace (for mild to moderate mental ill-health) and the Early Psychosis Prevention and Intervention Centre (for psychosis) - which provide early interventions for young people with, or at risk of mental illness, has been recognised, but funded inadequately.

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Australian of the Year, Patrick McGorry, has called this homeopathic funding, when steroids are needed. He points out that the funding will help just 3 percent of the 750,000 young Australians currently locked out of the mental health care they and their families desperately need.

As another researcher has pointedly remarked, if these models for mental health services were a new drug with these significant disease-modifying effects early in the course of a serious illness, along with this level of measureable cost effectiveness and a demonstrated reduction in hospital use, there would be very energetic efforts to extend their coverage for longer periods of time and to more cases.

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It is also worrying that the Government is substantially changing the focus of two key programs for the delivery of health care services with no public discussion or analysis.

The fact that occupational therapists and social workers will no longer have direct access to the MBS means that the people who have accessed these services (primarily young boys aged 0-14 in the first instance and young women aged 15-44 in the second) will have to look elsewhere for these services.

The ATAPS initiative, under which GPs can refer patients with mental disorders for short-term psychology services, was established in 2003. The program is particularly important for patients who are traditionally underserved: 68 percent are low-income and 45 percent live in rural areas.

However in response to the recently released review of the ATAPS program, the Minister was clear that there would be no new resources for ATAPS in the future.

But now it appears that the ATAPS program is either to morph into a program for people with serious mental illness or juggle the needs of several different patient groups, with only a minimal budget increase. It seems very likely that many people will miss out on needed services as a consequence.

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We are left with only one conclusion: that the Government's claims that it is '*building the foundations for better mental health care*' are without foundation.

We can only hope that the drive for election votes will change this.