

# Innovations in Care - Where is Mental Health in the Health Reform Agenda?

**Promises, promises, promises!**

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# Why we cannot ignore mental health

- Burden of disease

# Burden of disease

## National Survey of Mental Health and Wellbeing, 2007

- Of the 16 million Australians aged 16-85 years, almost half (45% or 7.3 million) had a lifetime mental disorder, ie a mental disorder at some point in their life.
- One in five (20% or 3.2 million) Australians had a mental disorder in the past 12 months.

# Burden of disease

## Health loss by broad cause, 2003

	rate / 1000 people		
	Nonfatal health loss (YLD)	Fatal health loss (YLL)	Total health loss (DALYs)
cancers	4.4	20.7	25.1
CVD	5.3	18.6	23.8
mental disorders	16.5	1.2	17.6
diabetes (type 2)	5.6	1.6	7.2

Begg et al MJA 2008; 188(1):36-40

# Why we cannot ignore mental health

- Burden of disease
- Cost

## Cost of mental illness

Estimated loss to the economy  
(direct and indirect costs)

\$20 billion pa

Main condition for 25% of people receiving DSP  
Absenteeism –30 million lost working days/year;  
estimated cost \$2.3billion/year

Estimated health system costs

\$4-5 billion pa

# Cost of mental illness

## Direct health care costs (AIHW 2006-07 data)

States and Territories	\$3 billion
- hospitals	\$1.53 billion
- community services	\$1.1 billion
Australian Government	\$1.59 billion
- MBS	\$549 million*
- PBS	\$704 million

\* Will be higher now due to blow-out in Better Access program

# Why we cannot ignore mental health

- Burden of disease
- Cost
- Links to physical health

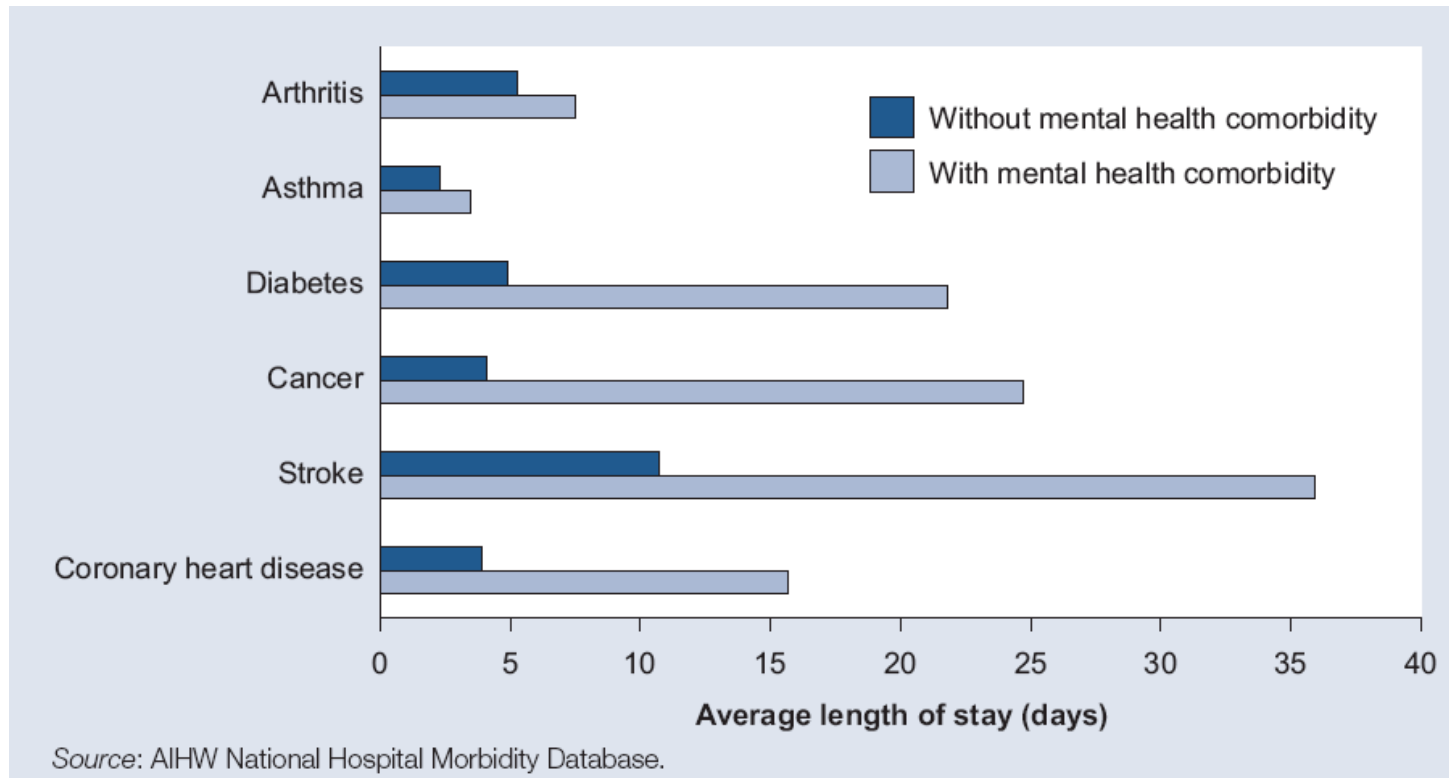
# Mental and physical health are linked

- People with mental illness have much higher rates of physical illness than the general population
  - up to 90% report having a chronic physical condition.
- Death rates from all main causes amongst people with mental illness are 2.5 times higher than the general population
  - but hospitalisation rates are considerably lower for many conditions.
- People with mental illness are more likely to engage in high risk behaviour such as smoking, alcohol or drug abuse, and less likely to engage in health promoting behaviours.

# Mental and physical health are linked

- Half of all Australians living with a chronic health condition experience depression or anxiety (2x rate for general population).
- Comorbid depression increases the death rate of the underlying illness by as much as 4.3x, regardless of whether the patient was previously healthy or not.
- Compared with non-depressed patients, those with comorbid depression have increased mortality, prolonged length of hospital stay and greater number of days in hospital on follow-up.

# Increased hospital stays with mental health comorbidity



# Why we cannot ignore mental health

- Burden of disease
- Cost
- Links to physical health
- Social justice and equity

## Social justice and equity

- Only one-third of people with a mental disorder get any treatment. What proportion of these get the treatment they need?
- 54% of people who have ever been homeless have a mental disorder.
- 41% of people who have ever been incarcerated have a mental disorder.
- In Victoria, 1/3 of people fatally shot by police had been diagnosed with a mental illness.

# Rudd Government's failed promises

- Fourth National Mental Health Plan 2009-2014
- Mental health reforms
- Funding for mental health

# Where was mental health in health care reform?

Unanswered questions:

- Most mental health services are delivered by GPs - primary care reforms and expanded workforce numbers and training are important.
- Who will have responsibility for community mental health services?
- Will mental health get a fair share of the 1,300 new sub-acute beds?
- What is the fate of the COAG mental health programs run by FaHCSIA?

# Where was mental health in health care reform?

Wait until 2011:

*“The Government will continue to review how existing government expenditure might be better targeted to improve community based mental health care.*

*Governments will report back to COAG in 2011 on:*

- *the potential for further reforms to governments’ roles and responsibilities for mental health;*
- *better integrating local services for people with severe mental illness, including with Local Hospital Networks and primary health care organisations.“*

April 20 media release from the Health Minister

## Why this delay?

*“It isn't possible for us to do everything at once and it's not possible for the system to absorb everything being done at once... You have to grow within your capacity... and there is a lot in mental health in money that we already spent that is not yet properly in order.”*

Health Minister Nicola Roxon

# Where's the money for mental health?

- Over the past three budgets the Government has cut a total of **\$354.6 million** from mental health programs
- This year's budget contains **\$181.3 million / 4 years** for mental health programs, but only **\$31.4 million** of this is new funding. There is **\$84.3 million** in continued funding for current programs and **\$65.4 million** in restored or repositioned funds.

## Meagre funding commitments

- Promised expansions of evidence-based programs targeted to youth cannot be fully delivered with funding provided.
- Estimated that new programs will reach just 3% of the 750,000 young people in need of these services.

# Changing the focus of mental health programs

- Occupational therapists and social workers no longer have direct access to the MBS through Better Access program. What does this mean for the populations who currently access these services?
- What does ATAPS expansion to provide care packages to the severely mentally ill mean for the people from rural areas who currently rely on these services?

# Broken promises

The Government's claims that it is  
*'building the foundations for better mental  
health care'* ring very hollow.

Will the drive for election votes change this?