

# Not a fit state of mind

Budget deals a blow to mental health, **LESLEY RUSSELL** writes

**B**y now everyone is aware that, inexplicably, the major financial commitments made by the Rudd Government in its goal to improve health care includes nothing for mental health.

The glossy brochure provided with the budget papers would have readers believe otherwise as the Government trumpets that it is “building the foundations for better mental health care”. But these are hollow claims, exposed by the calculation that last week’s budget provides only \$31.4 million of new funding for mental health services over the next four years.

Mental illness imposes a huge burden on individuals, society and the economy. It accounts for 13 per cent of Australia’s total burden of disease and injury and is estimated to cost \$20 billion annually, including lost productivity and labour participation.

Almost 50 per cent of Australians aged 16-85 years will experience a mental disorder in their lifetime, but only one-third of these people will receive treatment.

Despite this, Australia spends only 6 per cent of the health budget on mental health, and with the dramatic increase in health spending announced this year, this spending gap has widened.

The Government’s budget numbers and the Health Minister’s interpretation of them are a sleight of hand. Minister Nicola Roxon has publicly claimed that the Government has doubled funding for mental health programs on top of the Medicare and Pharmaceutical Benefits Scheme spending on general health.

But this is only true if the comparison is between funding for the years 2004-05 to 2007-08 (before

and in the early implementation phases of the Council of Australian Governments’ mental health programs) with that for 2008-09 to 2011-12 (when there is full implementation of the programs introduced by the Howard government, including the cost blow-out of the Better Access program).

Over the past three budgets, a total of \$354.6 million has been cut from mental health programs.

Even where new money has been provided, it is inexplicably meagre. Prime Minister Kevin Rudd has called evidence-based policymaking the key element of his government’s agenda, so it is disappointing to note that evidence-based models 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, have received inadequate funding.

This year’s Australian of the Year, Professor Patrick McGorry, has pointed out that the funding will help just 3 per cent of the 750,000 young Australians currently locked out of the mental health care that they and their families desperately need.

It appears that Australians who are dissatisfied with what has been delivered on mental health will have to wait until 2011 for any reforms to governments’ roles and responsibilities for mental health.

Roxon has said this about mental health reform, “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.”

To some extent this statement is true, but as the huge growth in the Better Access program shows, this is already capacity in the system – if the right incentives are provided.

But the really concerning issue behind the Roxon’s statement is that it betrays her sense that mental health exists in a silo, isolated from the rest of the health care system. An examination of the literature shows the fallacy of this approach; the Government’s proposal to improve the management of diabetes will fail unless depression, an important comorbidity that dramatically increases hospital stays and has a severe impact on quality of life, is also tackled.

To the extent that the Government’s proposed policies are about prevention, early intervention, better primary care, coordinated care and chronic disease management (and to the extent they should also be about quality, equity and “bending the curve” of burgeoning health costs) then they are inevitably about the expansion of better mental health services and the integration of these with the rest of the health care system.

Australians desperate to see improved and expanded mental health services in the near future could hope that the Prime Minister has a change of heart during the upcoming election campaign and makes mental health a real priority, backed up by real funding increases.

■ **Dr Russell is the Menzies Foundation Fellow at the Menzies Centre for Health Policy, University of Sydney / Australian National University. She is currently a Visiting Fellow at the Centre for American Progress in Washington, DC.**