

Mental Health



Each year in Australia, it is estimated that more than 3.6 million adults and 60,000 children experience mental ill-health. In 2007, an estimated 65,000 Australians attempted to end their own life, and more than 2,800 died by suicide in 2014.

The economic cost of mental ill-health is estimated to be up to \$40 billion a year in direct and indirect costs, and lost productivity and job turnover. In 2012–2013, the Commonwealth spent almost \$10 billion on mental health and suicide prevention programs.

The *Report of the National Review of Mental Health Programmes and Services* released in April 2015 describes a poor experience of care by those with lived experience of mental illness, their families and support people. It describes a mental health system that doesn't prioritise people's needs or see the whole person, a system that is fragmented and responds too late, and a system that uses resources poorly.

In establishing the new Primary Health Networks from 1 July 2015, one of the key priorities set for targeted work is in mental health.

AHHA POSITION:

- ❖ Expenditure on health, including mental health, must be viewed as an investment in a productive community and economy.
- ❖ Mental health services must be user focused and based on prevention, early intervention and support for recovery. As such, greater investment in well-planned, evidence-based, cost-effective, community-based mental health services is required.

- ❖ The social determinants of mental health must be addressed, with particular attention to supporting families and communities to prevent (as well as support those impacted by) childhood maltreatment and trauma.
- ❖ Integration and coordination of services around the needs of the individual are an important component of care and which can be facilitated and monitored at a local level by Primary Health Networks.
- ❖ The development and expansion of programs and bundled funding packages that support safe, appropriate and cost effective alternatives to hospital admission must be a priority for governments and health services.
- ❖ Any major funding shift from crisis teams, emergency departments and acute hospital services towards prevention, early intervention and community services, needs to be planned and delivered over time in the context of an integrated service approach to mental health. Funding shifts should avoid exacerbating difficulty of access and availability to acute services for those with mental illness.
- ❖ To achieve the best possible mental health and well-being for Aboriginal and Torres Strait Islander people, all Commonwealth, State and Territory programs and initiatives must consider, reflect and complement the *National Aboriginal and Torres Strait Islander Health Plan*.
- ❖ Innovative technologies should be used to improve access to services and support.

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