Mental Health

Each year in Australia, it is estimated that more than 3.6 million adults and 60,000 children experience mental ill-health. Suicide is the leading cause of death among Australians between 15 and 34 years of age, and rates for Aboriginal and Torres Strait Islander peoples are approximately twice that of non-Indigenous Australians.

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.

The 5th National Mental Health Plan (2017–2022) targets eight priority areas, including: regional planning and service delivery, suicide prevention, coordinated treatment for people with severe and complex mental illness, Aboriginal and Torres Strait Islander mental health and suicide prevention, the physical health of people with mental illness, stigma and discrimination, safety and quality, and system performance and improvement.

Mental health is one of the key priority areas identified for targeted work by Primary Health Networks (PHNs).

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 consumer 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 evidence-based services around the needs of the individual are an important component of care and should be facilitated, commissioned and monitored at a local level by Primary Health Networks.

✳ The development and expansion of community-based 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 must ensure continued access to and availability of acute services for those with mental illness.

✳ To achieve the best possible mental health and wellbeing for Aboriginal and Torres Strait Islander peoples, all Commonwealth, state and territory programs and initiatives must consider, reflect and complement the *National Aboriginal and Torres Strait Islander Health Plan 2013–2023*. Aboriginal and Torres Strait Islander programs should be led by, and co-designed with Aboriginal and Torres Strait Islander health services and communities.

✳ Innovative technologies should be used to improve access to services and support.