

Mental Health

Each year in Australia, it is estimated that 1 in 5 adults aged 16–85 (3.9 million) and 1 in 7 young people aged 4–17 (591,000) experience mental ill-health. Suicide is the leading cause of death among Australians between 15 and 44 years of age, and rates for Aboriginal and Torres Strait Islander peoples are approximately twice that of non-Indigenous Australians.

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).

The economic cost of mental ill-health is estimated to be between \$43 billion and \$51 billion a year, plus an additional \$130 billion per year of costs associated with diminished health and reduced life expectancy due to mental ill health. The Productivity Commission estimates that in 2018 the quantifiable cost of suicide and suicide attempts was between \$16-34 billion.

In 2018 the Productivity Commission began a national inquiry examining the impact of mental health on the Australian population, economic productivity and the economy. The draft report released October 2019, identified a highly fragmented system in vital need of sustainable long-term reform. It proposed a staged reform agenda with over 25 sets of recommendations outlining both short- and long-term goals. The final report is due to be handed to the Australian Government by May 2020.

Victoria is also conducting a Royal Commission into its mental health system with a final report expected in October 2020.

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. 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, focusing on early childhood identification and intervention, employment opportunities and supports, and homelessness and housing.
- ✧ Integration and coordination of evidence-based, needs driven mental health services should be facilitated, commissioned and monitored at a local level by local commissioning services that incorporate PHNs and Local Hospital Networks (or their equivalent).
- ✧ The development and expansion of community-based programs and flexible funding of initiatives, that support safe, appropriate and cost-effective alternatives to hospital admission must be prioritised.
- ✧ A reform agenda must include both short- and long-term priorities to ensure acute patient need is met as services develop prevention and integration strategies. Sufficiently resourced acute services must continue to be available to those in need.
- ✧ 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 mental health programs should be led by, and co-designed with Aboriginal and Torres Strait Islander health services and communities.
- ✧ Governments must prioritise and incentivise mental health research, evaluation and data collection from patients, carers and health services to ensure a strong evidence base underpins mental health policy.
- ✧ The development and resourcing of a diverse health workforce must be supported and incentivised to address the varying needs of people suffering from mental ill health, particularly in rural and remote communities.
- ✧ Innovative technologies should be used to improve access to services and support.